Province of the
EASTERN CAPE
HEALTH

ANNUAL REPORT

2024/25

FINANCIAL YEAR

VOTE NO.3





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PART A

GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

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2. LIST OF ABBREVIATIONS / ACRONYMS

ABT	Alternative Building Technology
ACLS	Advance Cardiac Life Support
ACSM	Advocacy, Communication and Social Mobilisation
AHA	American Heart Association
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
CEEGA	Centre for Economic and Enterprise
CEO	Chief Executive officer
COS	Community Outreach Services
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
CPG	Clinical Practice Guidelines
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams
DDG	Deputy Director-General
DHIS	District Health Information System
DHIMS	District Health Information Management 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
DFFE	Department of Forestry, Fisheries and the Environment
DSP's	District Support Partners
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

ENT	Ear Nose and Throat
EPWP	Expanded Public Works Programme
ERM	Enterprise-wide Risk Management
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETR	Electronic TB Register
EVM	Effective Vaccine Management
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
GPP	Good Pharmacy Practice
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HCU's	Heads of Clinical Units
HFM	Health Facilities Management
HIIPS	Health Infrastructure Information and Planning System
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
IAMP	Infrastructure Asset Management Plan
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information and Communications Technology
ICROP	Integrated Community Registration Outreach Programme
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Development Improvement Programme
IEC	Information, Education & Communication
ILS	Intermediate Life Support
INP	Integrated Nutrition Programme
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISA	Information Systems Audit
ITU	Institutional Transformation Unit
ISHP	Integrated School Health Programme
LSS	Laboratory Systems Strengthening
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
PALS	Paediatric Advanced Life Support
PATA	Paediatric Adolescent Treatment for Africa
PMTSF	Provincial Medium Term Strategic Framework
PMU	Project Management Unit
PISC	Provincial Infrastructure Steering Committee
PTC	Pharmacy Therapeutic 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
OHSC	Office of Health Standards Compliance
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
POCUS	Point of Care Ultrasound
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
POPI	Protection of Personal Information
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Maintenance
PIP	Provincial Implementation Plan
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
RPC	Rescue Practitioner Course
RPHC	Re-engineering of Primary Health Care
RTC	Regional Training Centre
RTCQI	Rapid Test Continuous Quality Improvement
SABS	South African Blood Services
SAM	Severe Acute Malnutrition
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
SRHR	Sexual Reproductive Health and Rights
Stats SA	Statistics South Africa
SVS	Stock Visibility Solution
TWG	Technical Working Group
TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total Clients Remaining on ART
TV	Television
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
UPS	Uninterrupted Power Supply
VMMC	Voluntary Medical Male Circumcision
WBPHCOTs	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

3. FOREWORD BY MEC OF THE DEPARTMENT



It is with great pleasure that we present the 2024/25 Annual Report of the Eastern Cape Department of Health. This report reflects the department's activities, achievements, and challenges during the financial year under review. It also provides critical financial information on how we have managed the resources entrusted to us in our ongoing effort to accelerate the delivery of quality health care services across our province.

The past year has been marked by significant challenges, particularly those affecting service delivery and organisational performance. Staff shortages, influenced in part by resignations linked to uncertainty surrounding the introduction of the two-pot pension system, placed additional strain on our workforce. Despite these pressures, the department continued to uphold its mandate and deliver essential services to the people of the Eastern Cape.

Accountability remains central to our work. We are answerable to the Eastern Cape Provincial Legislature, governance structures, and, most importantly, the citizens of this province. This Annual Report serves as a key instrument of such accountability, providing transparency on our stewardship of public health services, including emergency medical care, forensic pathology, and frontline primary health care delivery.

Our achievements are aligned with national policy directives, the Medium-Term Strategic Framework, and the department's strategic plan. In keeping with the Constitution of the Republic of South Africa - specifically Section 27(1) - we continue to affirm every citizen's right to access quality health care. We understand health not merely as the absence of disease but as a state of physical, mental, and social well-being. Accordingly, our efforts extend beyond treatment to include health promotion, prevention, rehabilitation, and the creation of environments that support healthier living.

As part of preparing for the implementation of the National Health Insurance (NHI), the department has pursued health systems strengthening, quality improvement models, and the re-engineering of primary health care. Our Ward-Based PHC Outreach Teams currently cover 82% of wards in the province, ensuring that services reach even the most rural and underserved communities.

During the year under review, the Department achieved 50% of the targets set in the Annual Performance Plan (APP). A notable highlight was the 490,894 active patients who accessed their medicines through the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme. Infrastructure development has also remained a priority, with the delivery of world-class projects, such as the launch of Phase 1 of integrated security solutions at Jose Pearson TB Hospital to enhance staff and patient safety.

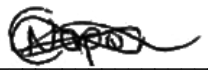
Financially, the Department spent R30.309 billion against an adjusted appropriation of R30.307 billion, resulting in a marginal over-expenditure of 0.01%. While conditional grants were almost fully utilised, pressures linked to wage increases, medico-legal settlements, and fiscal constraints continue to impact our financial position.

Social challenges such as teenage pregnancies, particularly among girls aged 10 to 14, remain a concern, with young people accounting for 18% of all deliveries in our facilities. We remain committed to addressing such pressing issues through both health and social interventions.

The department has achieved an unqualified audit opinion (2024/25) from Auditor General South Africa for the financial year under review, reflecting our commitment to governance and accountability. In partnership with the provincial AIDS Council, we have intensified the fight against HIV/AIDS and TB, aligned with the 95-95-95 strategy, and launched initiatives such as the "One Million Campaign" to improve patient experiences of care.

I would like to extend my gratitude to my predecessor, MEC Nomakhosazana Meth, whose leadership laid the foundation for much of the progress reported here. I also acknowledge the oversight role of the Portfolio Committee, under the leadership of Chairperson, Hon. Kholiswa Vimbayo (MPL), as well as the dedication of the Head of Department, executive management, and all cadres of health professionals and administrative staff. The contributions of our governance structures, organised labour, and sector stakeholders have been invaluable in advancing our shared vision of quality health care.

This Annual Report provides a comprehensive account of our performance during the 2024/25 financial year. While challenges remain, we remain steadfast in our mission to strengthen the health system and improve the lives of all who depend on it. To the people of the Eastern Cape, we recommit ourselves to delivering on the vision and mandate of the Seventh Administration.



Hon. N. CAPA (MPL)
Member of the Executive Council
31 August 2025

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 consists 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 A1: Overview of the Financial Results of the Department:

APPROPRIATION PER ECONOMIC CLASSIFICATION								
	2024/25						2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current payments	**28 367 353**	**-**	**-**	**28 367 353**	**28 542 385**	**(175 032)**	**27,361,386**	**27,499,448**
Compensation of employees	20 010 479	292 000	-	20 302 479	20 401 409	(98 930)	19,983,901	19,952,151
Goods and services	8 356 874	(292 000)	-	8 064 874	8 056 620	8 254	7,377,485	7,528,082
Interest and rent on land	-	-	-	-	84 356	(84 356)	-	19,215
Transfers and subsidies	**456,230**	**-**	**-**	**456,230**	**554,841**	**(98,611)**	**371,722**	**520,844**
Departmental agencies and accounts	14,401	-	-	14,401	14,401	-	14,970	14,721
Non-profit institutions	35,942	-	-	35,942	35,190	752	41,729	35,450
Households	405,887	-	-	405,887	505,250	(99,363)	315,023	470,673
Payments for capital assets	**1,483,260**	**-**	**-**	**1,483,260**	**1,211,980**	**271,280**	**1,384,004**	**1,106,521**
Buildings and other fixed structures	683,004	-	-	683,004	621,875	61,129	381,494	352,588
Machinery and equipment	800,256	-	-	800,256	590,105	210,151	1,002,510	753,933
TOTAL	**30,306,843**	**-**	**-**	**30,306,843**	**30 309 206**	**(2 363)**	**29,117,112**	**29,126,813**

ECONOMIC CLASSIFICATION VARIANCE ANALYSIS

The Department has spent 100.01% - R30,309 billion against a final adjusted appropriation of R30,307 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R2.363 million or 0.01% of the final budget allocated, continuing to operate within a fragile space bedded within intractable service pressures on a daily basis. This fragility has been fuelled by reduced budgets, the magnitude of payables and accruals linked to historic medico-legal lump sum settlements, together with underfunded (medico) legal and wage increases.

Overall, conditional grants have spent at a level of 99.99% of the adjusted appropriation - spending R5.779 billion against a final adjusted appropriation of R5.780 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R1.024 million or 0.001%. of the final budget allocated. As the Conditional Grants have been fully spent, no application for rollovers has been made in the circumstances.

COMPENSATION OF EMPLOYEES - This budget spent at a level of 101% of the 2024/25 adjusted appropriation - spending R20.401 billion against a final adjusted appropriation of R20.302 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R98.930 million of the final budget allocated - primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts.

COE has been under significant pressure throughout the financial year which situation necessitated the reprioritisation of cash flows away from the department's other economic classifications. In analysing the overspending, R313.690 million arose from the disallowance by Provincial Treasury to incorporate the reinstatement to COE from Goods & Services in the 24/25 AEPRE.

GOODS AND SERVICES - This budget spent at a level of 99% of the 2024/25 adjusted appropriation - spending R8.057 billion against a final 2024/25 adjusted appropriation of R8.064 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R8.254 million of the final budget allocated. This arose in order to finance the overspending on compensation of employees.

TRANSFERS AND SUBSIDIES - This budget spent at a level of 122% of the 2024/25 adjusted appropriation - spending R554.841 million against a final adjusted appropriation of R456.230 million for the financial year ending 31 March 2025, resulting in a net over expenditure of R98.611 million of the final budget allocated. This is attributable primarily to the payment of several underfunded and unfunded medico-legal claims.

PAYMENT FOR CAPITAL ASSETS - This budget spent at a level of 82% of the 2024/25 adjusted appropriation - spending R1.212 billion against a final adjusted appropriation of R1.483 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R271.280 million (equitable share in nature) of the final budget allocated. This arose in order to finance the overspending on compensation of employees and transfers and subsidies.

Departmental Receipts

Table A2: Departmental receipts

DEPARTMENTAL RECEIPTS	2024/25			2023/24		
	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	305 558	164 743	140 815	291 768	203 350	88 418
Interest, dividend and rent on land	458	106	352	304	307	-3
Sale of capital assets	42	344	-302	805	1 734	-929
Financial transactions in assets and liabilities	18 724	5 781	12 943	17 919	22 228	-4 309
Total	**324 782**	**170 974**	**153 808**	**310 796**	**227 619**	**83 177**

The Department collected R170.974 million in its own revenue for the 2024/25 financial year, representing a substantial decrease compared to the R227.619 million collected in 2023/24. Against the projected revenue of R324.782 million, this resulted in an under-collection of R153.808 million.

A significant portion of this collection shortfall is primarily attributable to delayed payments from the Road Accident Fund (RAF) and the Department of Justice and Constitutional Development (DOJ), who did not settle claims as anticipated during the year. Patient fees constitute R135.772 million (97%) of the amount of R153.808 million of which R57.643 million vests with the DOJ and R74.329 million vests with the RAF.

An intra and extra-departmental RAF revenue task team continued ongoing engagements for the collection of the outstanding amounts. A key challenge is that RAF has its internal challenges (restructuring and litigations) which negatively impact claims processing and payments to the department.

In addition, the Department provincially and nationally is further continuing to engage with the DOJ for the collection of the outstanding amounts, which are earmarked for debt setoff against the State Attorney fees owed by the department – as recorded in year-end payables and accruals at 31 March 2025.

The migration to the HMS2 patient administration and billing software has expanded significantly during the financial year, increasing to 41 institutions. The rollout has included 4 Emergency Management Services (EMS) sites in Chris Hani District, Amathole District, Buffalo City Metro and Nelson Mandela Metro.

This growth aligns with the Department of Health's broader eHealth Strategy aimed at enhancing digital healthcare delivery across public sector facilities. The implementation is progressing smoothly, with no major challenges reported to date, reflecting effective planning and execution. Continuous close monitoring and evaluation of the rollout is being maintained to ensure seamless integration and functionality before the system is fully deployed across all hospitals. This phased approach supports improved patient administration, billing accuracy, and overall hospital service delivery efficiency, contributing to better healthcare management and patient outcomes.

The implementation of electronic data interchange (EDI) functionality in the HMS2 billing module has markedly enhanced collections, which surged by 197%, from R5.154 million in 2023/24 to R15.298 million by 31 March 2025.

Provision for doubtful debts

Of the R211.231 million provision for doubtful debts, 77% is attributed to the RAF, which is the primary contributor. This is followed by H1 patient fees, with the DOJ accounting for the remainder, due to the departmental policy requiring all debts older than one year to be classified as doubtful.

Tariff Policy

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.

Patients without external funding receive income-based subsidies:

- H0: Formally unemployed or social grant recipients receive free healthcare (100% subsidy).
- H1: Patients earning under R70,000 annually get about 80% subsidy.
- H2: Patients earning below R250,000 receive subsidies ranging from 50% to 90%, depending on services.
- H3: Self-funded patients above the means test receive subsidies averaging 45% to 70%.

These tariffs are reviewed annually to reflect inflation and cost-of-living changes; in the financial year, tariffs were increased by 4.9% across all patient categories.

Free Services

The Department of Health is mandated to provide healthcare services to the nation's citizens. In fulfilling this mandate and according to policy, certain patients receive services free of charge regardless of whether they are full-paying or subsidized. These include individuals with infectious or communicable diseases, pregnant women, children, and patients classified under the H0 category. The cost of these free services cannot be precisely quantified. However, elective healthcare services are not included among free services; patients must pay the full, undiscounted Uniform Patient Fee Schedule (UPFS) fee upfront for such services. This framework aligns with the Department’s broader mission to improve health access and equity, as established under the National Health Act of 2003 and related policies.

4.3 Programme Expenditure

Table A3: Programme Expenditure

Voted funds and Direct charges	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1 Administration	888.670	676.310	212.360	760,293	756,508	3,785
2 District Health Services	15.857.194	16.192.604	(335.410)	15,323,290	15,618,193	(294,903)
3 Emergency Medical Services	1.526.377	1.526.242	135	1,398,607	1,360,385	38,222
4 Provincial Hospital Services	4.350.027	4.443.679	(93.652)	4,253,816	4,253,340	476
5 Central Hospital Services	5.143.043	5.153.643	(10.600)	4,928,987	4,928,873	114
6 Health Sciences and Training	1.033.262	921.987	111.275	1,151,721	1,076,571	75,150
7 Health Care Support Services	228.887	129.209	99.678	184,900	112,696	72,204
8 Health Facilities Management	1.277.122	1.263.271	13.851	1,113,339	1,018,088	95,251
Programme sub total	**30,304,582**	**30,306,945**	**(2.363)**	**29,114,953**	**29,124,654**	**(9,701)**
Statutory Appropriation	**2,261**	**2,261**	**-**	**2,159**	**2,159**	**-**
Member of Executive Council Salary	2,261	2,261	-	2,159	2,159	-
TOTAL	**30,306,843**	**30,309,206**	**(2.363)**	**29,117,112**	**29,126,813**	**(9,701)**

The Department has spent 100.01% - R30,309 billion against a final adjusted appropriation of R30,307 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R2.363 million or 0.01% of the final budget allocated, continuing to operate within a fragile space bedded within intractable service pressures on a daily basis. This fragility has been fuelled by reduced budgets, the magnitude of payables and accruals linked to historic medico-legal lump sum settlements, together with underfunded (medico) legal and wage increases.

In terms of the analysis in the tables above, Programmes 2, 4 and 5 overspent on their equitable share budget by R335,410 million, R93,652 million and R10,600 million respectively after adjusting for funds shifts and virements. Programmes 1, 3, 6, 7 and 8 gave up portions of their (equitable share) cash flows in favour of mitigating the COE and Goods and Services pressures within these two Programmes to continue delivery of public health care services uninterrupted at the respective healthcare levels.

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 A4: Programme 1 – Administration

PROGRAMME 1: ADMINISTRATION							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	**Office of the MEC**	10,793	11.022	(229)	11,899	10,108	1,791
2	**Management**	877,877	665,288	212,589	748,394	746,400	1,994
	TOTAL	**888,670**	**676.310**	**212.360**	**760,293**	**756,508**	**3,785**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**813,861**	**625.268**	**188.593**	**689,337**	**719,006**	**(29,669)**
Compensation of employees	496,472	411.449	85.023	430,172	409,316	20,856
Goods and services	317,389	205.651	111.738	259,165	305,606	(46,441)
Interest and rent on land	-	8.168	(8.168)	-	4,084	(4,084)
Transfers and subsidies	**2,107**	**2.572**	**(465)**	**2,072**	**3,303**	**(1,231)**
Households	2,107	2.572	(465)	2,072	3,303	(1,231)
Payments for capital assets	**72,702**	48.470	24.232	**68,884**	**34,199**	**34,685**
Machinery and equipment	72,702	48.470	24.232	68,884	34,199	34,685
TOTAL	**888,670**	**676.310**	**212.360**	**760,293**	**756,508**	**3,785**

Programme 1 spent at 76.2% underspending by R212.360 million after adjusting for funds shifts and virements of minus R77.400 million post the 2024/25 AEPRE.

The Programme gave up R39.000 million of its cash flows in favour of mitigating the COE pressures and R30.849 million of its cash flows in favour of mitigating the Goods & Services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20.000 million of its cash flows in favour of mitigating the COE pressures in Programme 5.

PROGRAMME 2: DISTRICT HEALTH SERVICES

Table A5: Programme 2 – District Health Services

PROGRAMME 2: DISTRICT HEALTH SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	District Management	1.074.930	1.020.167	54.763	1,039,141	1,035,993	3,148
2	Community Health Clinics	2.960.088	3.358.711	(398.623)	3,003,660	3,284,094	(280,434)
3	Community Health Centres	1.540.347	1.562.778	(22.432)	1,512,766	1,541,482	(28,716)
4	Community Based Services	864.597	819.467	45.130	849,577	789,961	59,616
5	Other Community Services	75.956	71.994	3.962	51,569	54,756	(3,187)
6	HIV/AIDS	2.833.681	2.839.110	(5.429)	2,664,744	2,696,995	(32,251)
7	Nutrition	38.720	24.155	14.565	40,067	30,355	9,712
8	Coroner Services	122.156	149.263	(27.107)	143,394	142,661	733
9	District Hospitals	6.346.720	6.346.959	(239)	6,018,372	6,041,896	(23,524)
	TOTAL	**15,857,194**	**16,192,604**	**(335,410)**	**15,323,290**	**15,618,193**	**(294,903)**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**15,469,915**	**15,784,216**	**(314,301)**	**14,887,748**	**15,202,615**	**(314,867)**
Compensation of employees	10,902,110	11,013,149	(111,039)	10,777,655	10,770,463	7,192
Goods and services	4,567,805	4,759,916	(192,111)	4,110,093	4,424,004	(313,911)
Interest and rent on land	-	11,151	(11,151)	-	8,148	(8,148)
Transfers and subsidies	**206,028**	**287,723**	**(81,695)**	**164,282**	**278,389**	**(114,107)**
Non-profit institutions	35,942	35,190	752	41,729	35,450	6,279
Households	170,086	252,533	(82,447)	122,553	242,939	(120,386)
Payments for capital assets	**181,251**	**120,665**	**60,586**	**271,260**	**137,189**	**134,071**
Buildings and other fixed structures	-	-	-	2,257	2,257	-
Machinery and equipment	181,251	120,665	60,586	269,003	134,932	134,071
TOTAL	**15,857,194**	**16,192,604**	**(335,410)**	**15,323,290**	**15,618,193**	**(294,903)**

Programme 2 spent at 102.1% overspending by R335.410 million after adjusting for funds shifts and virements of plus R197.149 million post the 2024/25 AEPRE.

Overspending has occurred primarily in COE, Goods & Services and Households. Compensation of employees overspent by R111.039 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services overspent by R192.111 million as a result of vesting pressures in order to continue the delivery of public health care services uninterrupted. It arose primarily within the space of the payment of payables and accruals of R2.661 billion at the programme level at the beginning of the current financial year being treated as a first charge of the 2024/25 budget allocation.

The knock-on effect being that the current year 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. Households overspent by R82.447 million arising primarily from the underfunded budget for the settlement of medico legal claims.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Table A6: Programme 3 – Emergency Medical Services

PROGRAMME 3: EMERGENCY MEDICAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	**Emergency Transport**	1,239,824	1,215,721	24,103	1,122,684	1,069,678	53,006
2	**Planned Patient Transport**	286,553	310,521	(23,968)	275,923	290,707	(14,784)
	TOTAL	**1,526,377**	**1,526,242**	**135**	**1,398,607**	**1,360,385**	**38,222**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**1,400,071**	**1,395,936**	**4,135**	**1,275,354**	**1,217,706**	57,648
	Compensation of employees	1,124,935	1,067,673	57,262	1,076,571	1,049,361	27,210
	Goods and services	275,136	328,263	(53,127)	198,783	168,345	30,438
	Transfers and subsidies	**4,216**	**2,922**	**1,294**	**4,012**	**2,846**	1,166
	Households	4,216	2,922	1,294	4,012	2,846	1,166
	Payments for capital assets	**122,090**	**127,384**	**(5,294)**	**119,241**	**139,833**	(20,592)
	Machinery and equipment	122,090	127,384	(5,294)	119,241	139,833	(20,592)
	TOTAL	**1,526,377**	**1,526,242**	**135**	**1,398,607**	**1,360,385**	**38,222**

Programme 3 spent at 99.9% underspending by R135.566 thousand after adjusting for funds shifts and virements of minus R38.206 million post the 2024/25 AEPRE.

The Programme gave up R38.000 million of its cash flows in favour of mitigating the Cost of Employees pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. Further the Programme gave up R0.206 million of its cash flows in favour of mitigating the Cost of Employees pressures within the Central Hospital Services Programme.

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Table A7: Programme 4 - Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	General (Regional) Hospitals	3.174.779	3.261.195	(86.416)	3,048,687	3,181,458	(132,771)
2	TB Hospitals	443.398	416.930	26.468	489,100	411,707	77,393
3	Psychiatric Mental Hospitals	731,850	765,554	(33,704)	716,029	660,175	55,854
	TOTAL	**4,350,027**	**4,443,679**	**(93,652)**	**4,253,816**	**4,253,340**	**476**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**4,186,167**	**4,281,525**	**(95,358)**	**4,173,984**	**4,103,701**	**70,283**
Compensation of employees	3.327.718	3.422.613	(94.895)	3,248,704	3,323,115	(74,411)
Goods and services	858.449	858.026	423	925,280	777,252	148,028
Interest and rent on land	-	886	(886)	-	3,334	(3,334)
Transfers and subsidies	**93,033**	**129,754**	**(36,721)**	**68,426**	**140,192**	**(71,766)**
Households	93,033	129,754	(36,721)	68,426	140,192	(71,766)
Payments for capital assets	**70,827**	**32,400**	**38,427**	**11,406**	**9,447**	**1,959**
Machinery and equipment	70,827	32,400	38,427	11,406	9,447	1,959
TOTAL	**4,350,027**	**4,443,679**	**(93,652)**	**4,253,816**	**4,253,340**	**476**

Programme 4 spent at 102.2% overspending by R93.652 million. Compensation of employees overspent by R94.895 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services underspent by R423 thousand in order to reprioritise cash flow in favour of mitigating the overspend on COE. Households overspent by R36.721 million arising primarily from the underfunded budget for the settlement of medico legal claims. Machinery and Equipment underspent by R38.427 million in order to reprioritise cash flow in favour of mitigating the overspend on POE.

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Table A8: Programme 5 - Central Hospital Cervices

PROGRAMME 5: CENTRAL HOSPITAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Central Hospital Services	1.741.206	1.829.990	(88.784)	1,648,590	1,751,326	(102,736)
2	Provincial Tertiary Services	3.401.837	3.323.653	78.184	3,280,397	3,177,547	102,850
	TOTAL	**5.143.043**	**5.153.643**	**(10.600)**	**4,928,987**	**4,928,873**	**114**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**4.880.057**	**4.934.718**	**(54.661)**	**4,719,533**	**4,718,032**	**1,501**
	Compensation of employees	3.503.805	3.601.965	(98.160)	3,465,164	3,465,164	-
	Goods and services	1.376.252	1.328.070	48.182	1,254,369	1,249,219	5,150
	Interest and rent on land	-	4.683	(4.683)	-	3,649	(3,649)
	Transfers and subsidies	**87.736**	**62.222**	**25.514**	**46,679**	**53,869**	**(7,190)**
	Households	87.736	62.222	25.514	46,679	53,869	(7,190)
	Payments for capital assets	**175.250**	**156.703**	**18.547**	**162,775**	**156,972**	**5,803**
	Buildings and other fixed structures	41.587	31.705	9.882	15,959	14,449	1,510
	Machinery and equipment	133.663	124.998	8.665	146,816	142,523	4,293
	TOTAL	**5.143.043**	**5.153.643**	**(10.600)**	**4,928,987**	**4,928,873**	**114**

Programme 5 spent at 100.2%, overspending by R10.600 million, after adjusting for funds shifts and virements of plus R57.612 million post the 2024/25 2 AEPRE.

The Programme gave up R146.185 million of its equitable share goods and services cash flows in favour of mitigating the compensation of employees overspending by R98.160 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Households as well as Buildings, Machinery and Equipment underspent by R25.514 million and R18.547 million respectively in order to further reprioritise cash flow in favour of mitigating the overspend on COE.

Programme 6: Health Sciences and Training

Table A9: Programme 6 - Health Sciences & Training

PROGRAMME 6: HEALTH SCIENCES AND TRAINING							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Nursing Training Colleges	272,070	220,160	51,910	293,144	235,211	57,933
2	EMS Training College	33,717	19,514	14,203	16,046	13,248	2,798
4	Bursaries	61,542	43,712	17,830	89,008	38,549	50,459
5	Other Training	665,933	638,601	27,332	753,523	789,563	(36,040)
	TOTAL	**1,033,262**	**921,987**	**111,275**	**1,151,721**	**1,076,571**	**75,150**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**954,688**	**863,462**	**91,226**	**1,037,486**	**1,022,218**	**15,268**
Compensation of employees	829,502	769,060	60,442	830,988	829,418	1,570
Goods and services	125,186	94,402	30,784	206,498	192,800	13,698
Transfers and subsidies	**60,328**	**46,951**	**13,377**	**85,130**	**41,812**	**43,318**
Departmental agencies and accounts	14,401	14,401	-	14,970	14,721	249
Households	45,927	32,550	13,377	70,160	27,091	43,069
Payments for capital assets	**18,246**	**11,574**	**6,672**	**29,105**	**12,541**	**16,564**
Machinery and equipment	18,246	11,574	6,672	29,105	12,541	16,564
TOTAL	**1,033,262**	**921,987**	**111,275**	**1,151,721**	**1,076,571**	**75,150**

Programme 6 spent at 89.2%, underspending by R111.275 million, after adjusting for funds shifts and virements of minus R89.849 million post the 2024/25 AEPRE.

The Programme gave up R69.849 million of its equitable cash flows in favour of mitigating the COE and goods & services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20.000 million of its equitable cash flows in favour of mitigating the COE pressures within the Central Hospital Services.

Programme 7: Health Care Support Services

Table A10: Programme 7 - Health Care Support Services

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Orthotic & Prosthetic Services	68,872	55,127	13,745	106,334	49,762	56,572
2	Medicine Trading Account	74,915	64,902	10,013	78,566	62,934	15,632
3	Medico-Legal Compensatory Services	85,100	9,180	75,920	-	-	-
	TOTAL	**228,887**	**129,209**	**99,678**	**184,900**	**112,696**	**72,204**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**194,224**	**127,528**	**66,696**	**167,898**	**110,619**	**57,279**
	Compensation of employees	79,845	77,409	2,436	96,338	71,912	24,426
	Goods and services	114,379	50,119	64,260	71,560	38,707	32,853
	Transfers and subsidies	**2,782**	**601**	**2,181**	**1,121**	**431**	**690**
	Households	2,782	601	2,181	1,121	431	690
	Payments for capital assets	**31,881**	**1,080**	**30,801**	**15,881**	**1,646**	**14,235**
	Machinery and equipment	31,881	1,080	30,801	15,881	1,646	14,235
	TOTAL	**228,887**	**129,209**	**99,678**	**184,900**	**112,696**	**72,204**

Programme 7 spent at 56.5% (under by R99.678 million) after adjusting for funds shifts and virements of minus R19.900 million post the 2024/25 AEPRE.

The underspending 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.

Programme 8: Health Facilities Management

Table A11: Programme 8 – Health Facilities Management

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Community Health Facilities	441,229	353,963	87,266	212,191	207,593	4,598
2	Emergency Medical Rescue Services	-	-	-	3,000	-	3,000
3	District Hospital Services	508,435	519,225	(10,790)	697,922	621,985	75,937
4	Provincial Hospital Services	306.610	377.748	(71.138)	171,874	173,426	(1,552)
5	Other Facilities	20.848	12.335	8.513	28,352	15,084	13,268
	TOTAL	**1.277.122**	**1.263.271**	**13.851**	**1,113,339**	**1,018,088**	**95,251**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**466.109**	**527.471**	**(61.362)**	**407.887**	**403.392**	**4.495**
	Compensation of employees	35.831	35.830	1	56.150	31.243	24.907
	Goods and services	430.278	432.173	(1.895)	351.737	372.149	(20.412)
	Interest and rent on land	-	59.468	(59.468)	-	-	-
	Transfers and subsidies	**-**	**22.096**	**(22.096)**	**-**	**2**	**(2)**
	Households	-	22.096	(22.096)	-	2	(2)
	Payments for capital assets	**811.013**	**713.704**	**97.309**	**705.452**	**614.694**	**90.758**
	Buildings and other fixed structures	641.417	590.170	51.247	363.278	335.882	27.396
	Machinery and equipment	169.596	123.534	46.062	342.174	278.812	63.362
	TOTAL	**1.277.122**	**1.263.271**	**13.851**	**1.113.339**	**1.018.088**	**95.251**

Programme 8 spent at 98.9% (underspending by R13.851 million) after adjusting for funds shifts and virements of minus R29.406 million post the 2024/25 AEPRE.

The Programme gave up R29.406 million of its equitable share cash flows in favour of mitigating the COE and goods & services pressures within the Central Hospital Services Programme to continue the delivery of public health care services uninterrupted.

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 the vote towards the defrayment of excess expenditure under another main division within the vote, not having been directed otherwise by Provincial Treasury. Virement of funds amounted to R254.761 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 R5.779 billion against a final adjusted appropriation of R5.780 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R1.024 million or 0.001%. 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

The department has spent 100.01% - R30,309 billion against a final adjusted appropriation of R30,307 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R2.363 million or 0.01% of the final budget allocated, continuing to operate within a fragile space bedded within intractable service pressures on a daily basis. This fragility has been fuelled by reduced budgets, the magnitude of payables and accruals linked to historic medico-legal lump sum settlements, together with underfunded (medico) legal and wage increases.

The Department has incurred overspending of R439.662 million at the programmes level summarised as Programme 2: -335,410,071, Programme 4: -93,651,775 and Programme 5: -10,600,000.

Programme 2 overspent by R335.410 million , which has primarily been caused by COE pressures of R111.041 million from the net impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts; Goods and Services pressures vesting to continue the delivery of public health care services uninterrupted (R192.111 million) and the payment of underbudgeted and unbudgeted medico and legal settlements (R82.450 million) mitigated by net underspending primarily in the capital expenditure budget of the programme.

Programme 4 overspent by R93.652 million which has primarily been caused by net COE pressures of R94.468 million (mitigating current payments) from the net impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts and the payment of underbudgeted and unbudgeted medico and legal settlements (R36.724 million) mitigated by net underspending primarily in the capital expenditure budget of the programme.

The budget pressures experienced by the department have arisen primarily from 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 2024/25 budget allocation, with the knock on effect being that the 31 March 2025 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.

COE has also been under significant pressure throughout the financial year. The COE budget spent at a level of 102% of the 2024/25 adjusted appropriation - spending R20.401 billion against a final adjusted appropriation of R20.302 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R98.930 million after significant mitigation.

It is primarily due to the severity of cuts into warm body headcount - underfunded carry through costs of improvement in conditions of services (ICS) [2023/24] and [2024/25] as well as the adverse impact of COE fiscal consolidation cuts that led to budget allocation reductions.

The net total number of employees of the Department decreased from 49,589 in March 2024 to 46,326 at the end of March 2025 which is a net loss of 3,263 employees (6.6% reduction) in the baseline including inter alia: Doctors Cadre - 2,469 in March 2024 to 2,356 in March 2025 - a net reduction of 113 (4.6%) across all categories; Nursing Cadre - 20,767 in March 2024 to 19,233 in March 2025 - a net reduction of 1,534 (7.4%) across all categories; Emergency Medical Services - 2,323 in March 2024 to 2,228 in March 2025) - a net reduction of 95 (4.1%) across all categories).

Programme 5 spent at 100.2% overspending by R10,6 million, after adjusting funds shifts and virements of plus R57,7 million post the 2024/25 2 AEPIRE.

The Programme received R57,6 million from other Programmes to mitigate net over expenditure. Goods and Services gave up cash flows in favour of mitigating the Compensation of Employees overspending by R98,160 million arising primarily from underfunded 24/25 wage increase and fiscal consolidation. Households as well as Buildings, Machinery and Equipment underspent by R25,5 million and R18,5 million respectively in order to further reprioritize cash flow in favour of mitigating the overspend on COE.

Irregular and Fruitless & Wasteful Expenditure

During the 2024/25 financial year, irregular expenditure (IE) of the department increased significantly, primarily due to audit findings by the Auditor-General of South Africa (AGSA). The AGSA identified that the Department's telecommunications contracts with Telkom, Vodacom, and MTN had expired early in 2023, yet services continued to be rendered without valid contractual arrangements. This resulted in the IE for 2024/25 rising to R149,961 million (2023/24: R132.414 million, restated) thus pushing the closing balance to R281.273 million (2023/24: R202.200 million, restated)

The Department has instituted investigative processes to determine the underlying causes, confirm accountability, and recommend remedial actions in line with National Treasury Instruction Note 4 of 2022, which prescribes the detection, investigation, recovery, condonation, and prevention of financial misconduct. The strengthening of contract management processes through implementing measures for immediate review and tracking of all contracts to ensure renewal or procurement before expiry is very critical among other measures. These proactive measures include regular monitoring and linking of the contract register linked to the procurement plan.

- Developing checklists for compliance testing jointly by the Preaudit Unit of the Internal Control Directorate and the Procurement section of Supply Chain Management.
- Disciplinary referrals where non-compliance with contract management responsibilities is confirmed.
- Engagement with National Treasury to regularise unavoidable extensions within prescribed frameworks.

Fruitless and Wasteful Expenditure (FWE) for the year amounted to R78.675 million (2023/24: R15.405 million), This increase was primarily driven by a once-off litigation settlement of approximately R60 million to Ikamva Architects following a court ruling and interest payments on medico-legal claims due to delayed settlement of court-ordered amounts.
The Department is also facing ongoing litigation with a Public–Private Partnership (PPP) partner, which is likely to result in additional interest-related FWE in the coming year.

These payments occur due to delayed settlement of claims; however, no individual officials can be held personally liable as such payments are budget-funded court-ordered obligations. This financial year the department had to settle a legal claim jointly with the Department of Public Works and Infrastructure (DPWI)which was lodged as a contractual dispute with a service provider.

The Department is implementing enhanced measures to mitigate the risk of future litigation and interest accruals, including improved litigation management. These preventative and proactive measures include earlier engagement with claimants, alternative dispute resolution mechanisms through the medico-legal strategy already in place, strengthening legal risk management and early detection mechanisms, and strengthened financial management processes for court-awarded settlements.

The department, assisted by Provincial Treasury continues to embark on rigorous capacity building programmes around supply chain and contracts management. This is aimed primarily at addressing root causes and preventing recurrence of these incidents which is evident on the continued decline in irregular expenditure. Furthermore, emergency procurement processes are now subject to enhanced pre-approval procedures and stricter oversight. Contract management has also improved with ongoing monitoring of validity and proactive renewal processes to prevent unauthorised extensions. Programme managers are also conscientized to align procurement activities with the approved procurement plan and progress is presented to top management on a monthly basis.

In terms of manging the scourge of medico-legal claims which consumes a large portion of the budget, whilst not funded, the department has developed a medico legal implementation strategy divided into three main intervention areas, namely:

- Administration interventions;
- Clinical Interventions; and
- Legal Interventions.

This integrated strategy puts emphasis on the clinical interventions as being the priority intervention, while the remaining ones are supportive in nature. The three departments involved in this tripartite arrangement to oversee the management of medico legal cases in the EC Department of Health are:

- Department of Health (DOH) – clinical and administrative interventions; (Prevention, detection and correction)
- Office of the Premier (OTP) – take-over of the medico legal defence; (Correction) and
- Provincial Treasury (PT) – investigation of suspected fraudulent medico legal claims as well as funding for medico legal settlements.

There is also a standard operating procedure (SOP) for legal payments whose aim is to manage flow of documents and fast-track payments.

All fruitless and wasteful expenditure cases are investigated for possible recovery and consequence management, with interest amounts written off only after thorough verification and approval in accordance with applicable frameworks.

The department remains committed to improving financial governance, strengthening internal controls, and fostering a culture of compliance and accountability.

4.5 Strategic Focus over the short to medium term period

The department continues to implement its turnaround strategy focusing on the following three goals:

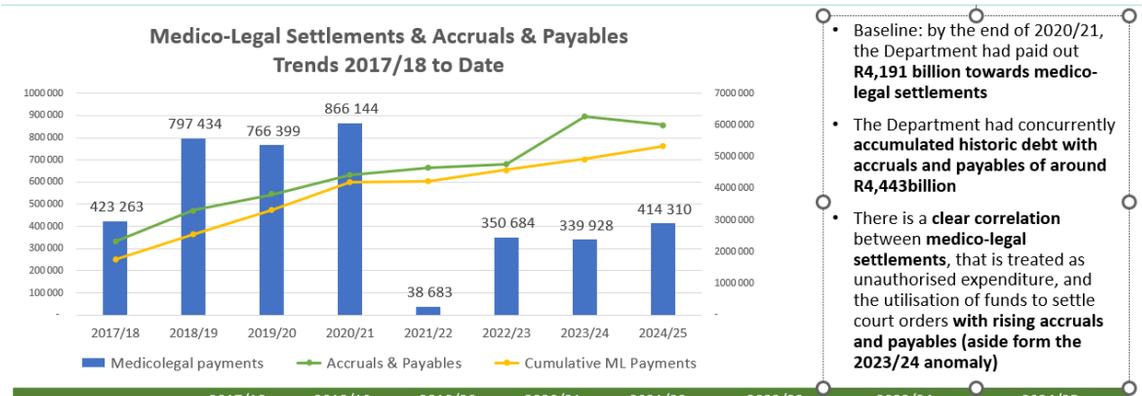
- Sustainable financing for Health and Care
- Compassionate and Quality Health and Care
- Systems Strengthening for organisational excellence

Towards Sustainable Financing for Health and Care

- The department continues to operate within a fragile financial space and experiences intractable service pressures daily. This is in the face of increased demand for care as we recover from COVID19 and undergo the epidemiological and demographic transition.

- According to StatsSA 2022 survey, 64% of our people are under the age of 35 years – this typically equates to a high demand for basic services, women's reproductive health, and child and adolescent services; but, at the same time, around 11% of our people are over the age of 60years. The latter requires us to provide for diseases typically seen in the elderly such as diabetes, hypertension, strokes, cardiovascular diseases, cancers and so on.

- The greatest challenge we face is the accruals and payables that arise out of the historic medico-legal settlements in prior years (see **correlation between accruals and payables and medico-legal settlements** in the Figure below).



- Baseline: by the end of 2020/21, the Department had paid out **R4,191 billion towards medico-legal settlements**
- The Department had concurrently **accumulated historic debt with accruals and payables of around R4,443billion**
- There is a **clear correlation** between **medico-legal settlements**, that is treated as unauthorised expenditure, and the utilisation of funds to settle court orders **with rising accruals and payables (aside form the 2023/24 anomaly)**

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Accruals & Payables	2 324 926	3 304 284	3 808 167	4 433 170	4 659 982	**4 764 773**	6 273 891	6 004 597
Medicolegal payments	423 263	797 434	766 399	866 144	38 683	350 684	339 928	414 310
Cumulative ML Payments	1 761 018	2 558 452	3 324 851	4 190 995	4 229 678	**4 580 362**	4 920 290	**5 334 600**

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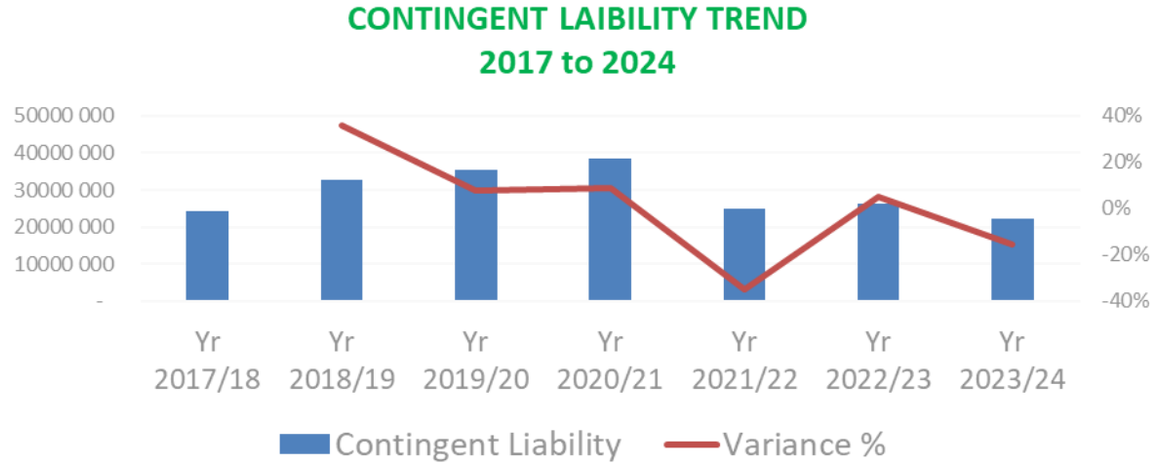
4.5.2 Sustainable financing for Health and Care

The Department will achieve sustainable financing through:

- Reduction of losses from the budget through an integrated strategy to reduce medico-legal claims and settlements
- Optimisation of the available budget through improvement of the service delivery platform, human resource deployment and infrastructure
- Debt restructuring and cost-containment, focusing on cost-drivers, strengthening controls in pursuit of an unqualified audit opinion; and strategic sourcing in SCM
- Innovating and deploying disruptive technologies and digitalisation to introduce efficiencies
- Increase Income streams through revenue generation projects, strategic partnerships and accessing donor funding

The Department has invested much effort into ensuring that the accounting policy on how to deal with medico-legal claims, aligning court processes with accounting frameworks, development of a reliable and accurate eLiability register with valid claims and thus valuation of contingent liability is more accurate.

The department registered 233 new claims in 2022/23 whilst in 2023/2024 this number reduced to 214 claims. This is an 8% reduction in new claims registered in 2023/24 compared with the previous year, and a further 62 % reduction compared to the peak number of 566 claims in 2017/18.



Compassionate and quality Health and Care

Eastern Cape Health will strive to achieve the following objectives:

Optimal health outcomes, addressing the social determinants of health through collaborations with stakeholders. Positive experience of care – implementation of QIP at clinics and hospitals focused on cleanliness; physical and clinical safety; waiting times; drug availability; infection prevention & control; and staff attitudes – We Care programme. Healthcare workforce that is engaged and inspired – ensuring regular employer and employee engagements at facility level to promote sound relations & labour stability; recruitment of critical leadership positions & establishing mentorship programme Cost-effective care – (this relates back to the financial sustainability initiatives)

System Strengthening for Organisational Excellence

This will be accomplished through the following interventions:

- Leadership and governance - a motivated and inspired workforce led by proficient teams and supported by streamlined and automated corporate and clinical business processes
- Alignment of individual and organisational performance, facilitated by health and business intelligence
- Strategic engagement, marketing, and communication with key stakeholders as a compassionate, caring, and interconnected health service.

Responsiveness to Citizen Needs and Complaints

The Department will relaunch the Complaints Management system, to raise awareness of how to lodge concerns and obtain responses and support at the point where problems arise, Track complaints and compliments and ensure appropriate complaints management at facility level. Educate the line management on customer engagement and redress.

Call Centre mechanism:

Improving communication with citizens through improved and re-branded Contact Centre, not only be available for calls and complaints but will serve as an interface with officials of department and citizens Improvement in communication systems: Customer Relationship Management – multiple access channels (apps, emails; over and above normal calls) Working with SITA and OTP to facilitate CRM system upgrade.

Organisational Development

The Department is finalising the review of the service delivery model (SDM) to ensure that the Department has an organizational structure that is fit for purpose. An Organogram Steering Committee was established to conduct physical site verification visits at Districts and Institutions on identified unique parameters. The aim of the visits was also to determine opportunities within the system for maximising efficiencies in the Human Resource (HR) Provisioning & Service Delivery Platform, at the same time with no negative impact on the Patient Quality of Care. Analysis and consolidation of the inputs culminated in the development of the final draft (proposed) SDM. To this effect, there have been deliberations with key stakeholders i.e. Social Partners and Leadership of the Department around final inputs on proposed SDM streamlining to align their post-establishment to the funding envelope of the Department over the MTEF period.

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)

The Department did not approve any unsolicited bids during the year under review.
Annual workshop was held to address red flag areas identified during the year. Management of contracts has been identified as an area which requires strengthening as a result of contracts scope variations and extensions without following due processes.

Challenges experienced in SCM and how they were resolved
Extensions of bid validity period as a result of delays in implementation of the procurement plan. Measures have been put in place to monitor implementation of the procurement plan including shared services/resources approach.

Implementation of developed tender management system to monitor implementation of the procurement plan and records management, developed in partnership with the Clinton Health Access Initiative (CHAI) organisation. Re-training initiatives were held during the year under review to improve utilisation.

Increased number of fraud SCM related cases investigated internally and through the Special Investigation Unit (SIU). The department is in the process of implementing various automation projects to improve controls and transparency in the procurement of goods and services.

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

Table A12: Gifts and Donations received

NAME OF DONOR	AMOUNT	NATURE OF DONATION
Assent Group obo National Department of Health	R402 616,15	ICT equipment for the support of the RX Solution
Be Safe Paramedical obo National Department of Health	R702 624,75	AEDs for Ideal Clinic status
CA Computer Solutions Int obo National Department of Health	R2 582 356,84	ICT equipment for the support of the RX Solution
CHM Vuwani Computer Solutions obo National Department of Health	R214 503,90	ICT equipment for the support of the RX Solution
Elite Noble obo National Department of Health	R1 889 929,80	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Lionshare Developers obo National Department of Health	R234 375,00	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Modiko Technologies obo National Department of Health	R5 986 785,00	ICT equipment for the support of the RX Solution
Prime Cleaning Solutions obo National Department of Health	R64 749,83	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Rutiworx obo National Department of Health	R293 386,99	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Total	**R12 371 328,26**	

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

No 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

No 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 year under review has seen the Department moving forward in ensuring that health service delivery and patient care remain prioritised. The Accounting Officer acknowledges and appreciates 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 2024/25 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 2024/25 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 in the year under review, the gains need to be consolidated and work in critical areas will be accelerated through the Health Intervention.

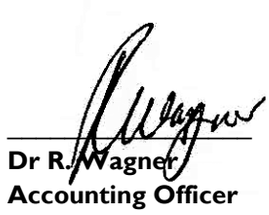
The Health Intervention is a partnership between ECDOH and OTP, PT, NT, and NDOH in recognition of the need for practical interventions that will unlock and enable the Department to perform in critical areas. The Project Workstreams address the building blocks of a health system:

- 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



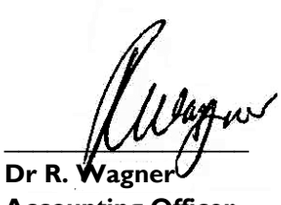
Dr R. Wagner
Accounting Officer
31 August 2025

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 2025.

Yours faithfully



Dr R. Wagner
Accounting Officer
31 August 2025

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.

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

Disaster Management Act 2002 (no 57 of 2002) – establish framework to prevent, reduce the risk of 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.

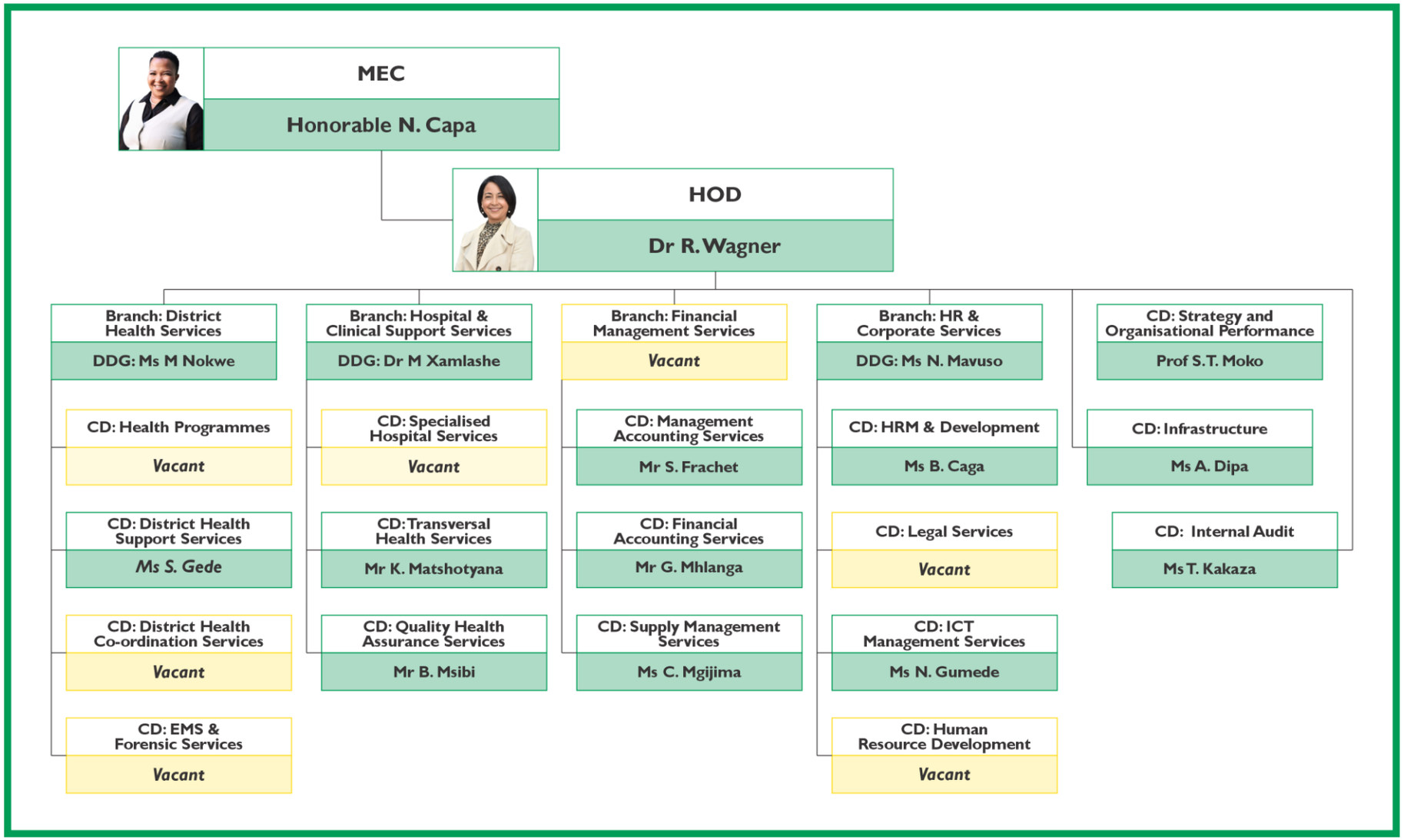
The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate,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

Fig. A1: Organizational structure



9. ENTITIES REPORTING TO THE MEC

Table A13: 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 481 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 Overview of the Province

The Eastern Cape is located on the east coast of South Africa between the Western Cape and KwaZulu-Natal provinces. Inland, it borders the Northern Cape and Free State provinces, as well as Lesotho. The region boasts remarkable natural diversity, ranging from the semi-arid Great Karoo to the forests of the Wild Coast and the Keiskamma Valley, the fertile Langkloof, and the mountainous southern Drakensberg region.



Fig. B1: Map of the Eastern Cape (ECDoH)

2.1.2 Demographic Profile of the Eastern Cape Province

According to Statistics South Africa 2024 mid-year population estimates, the Eastern Cape Province is home to 7,176,229 people, comprising 46.7% males and 53.3% females. The youth (15-34 yrs) constitute about 31.5% of the provincial population and about 10.9% of the general population are children under 5 years of age. The Census is, however, showing a declining youth cohort (15-34) years. This decline may have a substantial impact on the province, leading to the skills drainage.

Population Pyramid

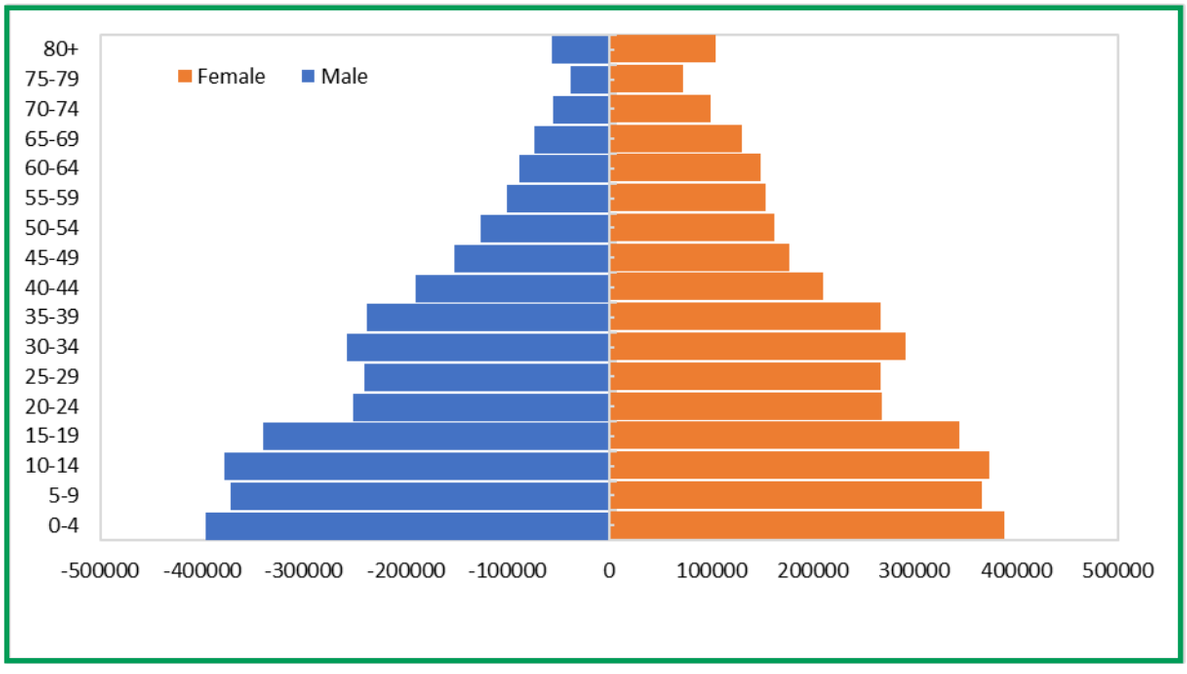


Fig. B2: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2024)

At birth, both males and females have almost the same numbers until becoming young adults. With males having a slight edge over their female counterparts up to age 35 years. More women live beyond the age of 35 years when compared to men. As a result, the capacity of the EC province is usually overstretched due to the high demand for basic services like education, health care services, social services, employment opportunities and housing.

The Province is divided into two metropolitan municipalities (Buffalo City and Nelson Mandela Metropolitan) and six district municipalities, which are further divided into 31 local municipalities.

Table B1: Population Distribution by Health District Municipality (DM), 2024 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	12,5	899 932	383 096	516 836	10 731.2
Amathole	11,8	844 253	399 609	444 644	21 594.9
Buffalo City Metro	12,3	880 910	419 706	461 204	2 535.9
Chris Hani	10,5	752 480	348 123	404 357	36 143.5
Joe Gqabi	5,1	368 767	172 959	195 808	25 662.7
N Mandela Metro	17,6	1 262 388	600 737	661 651	1 958.9
OR Tambo	23,0	1 647 014	774 893	872 121	12 095.5
Sarah Baartman	7,3	520 485	249 478	271 007	58 243.3
Eastern Cape	100.0	7 176 229	3 348 601	3 827 628	168,966.0

Data Sources: [1]Stats SA mid-year population estimates 2024; [2]Population Census, 2022

2.1.3 Social Determinants of Health: EC Province

Poverty, unemployment, low literacy rates, poor housing, access to piped water and decent sanitation are the social determinants of health that characterize the Eastern Cape Province. The Census 2022 revealed an overall improvement in basic services to households, including access to clean water, sanitation, energy, refuse removal, and shelter. Eastern Cape has the lowest proportion of households residing in formal dwellings (83.5%) Access to proper housing is a fundamental human need that promotes physical and mental well-being.

Working-Age Population: The working-age population (15-64 years) increased by 2.3 percentage points in 2022. A larger working-age population can contribute to increased economic productivity and growth potential. Given high levels of unemployment in the Eastern Cape, the Province should focus on creating job opportunities to absorb the increasing number of working-age individuals entering the labour market, supporting entrepreneurship, and providing access to skill development programs to harness this potential.

Dependency Ratio**:** The dependency ratio has decreased by 6 index points. A declining dependency ratio presents both challenges and opportunities for societies. In the Eastern Cape, this ratio is influenced by a declining population of children. Effective policies addressing the social and economic implications can help navigate these changes and promote the well-being of individuals across different age groups.

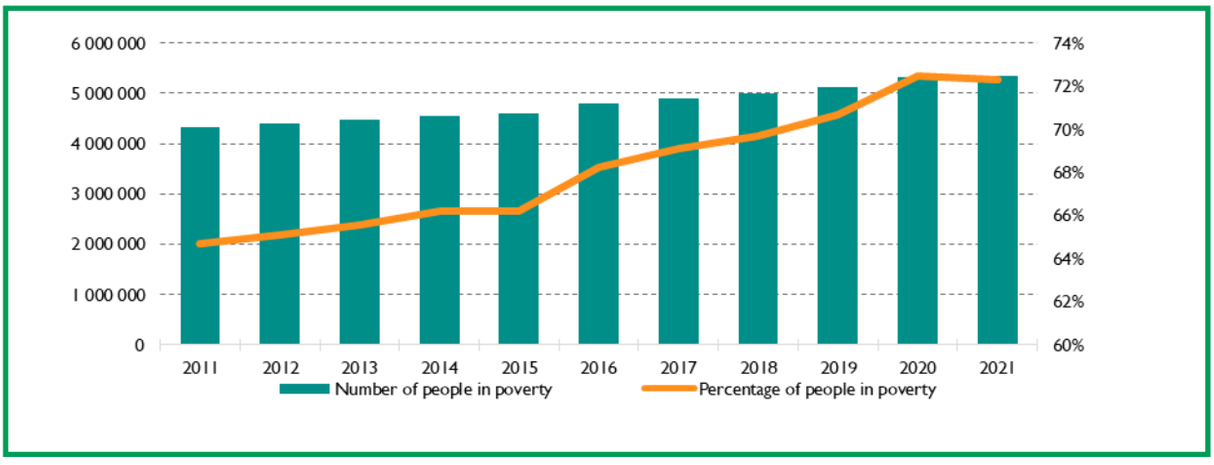


Fig. B3: Number and percentage of people in poverty in the Eastern Cape, 2011-2021 (IHS Markit Regional Explorer)

Educational Attainment: The percentage of individuals aged 20 and older with no education has decreased by 3.3 percentage points, while those with a high level of education increased by 1.5 percentage points. The socio-economic implications of an increased number of highly educated individuals are generally positive, as they can drive economic growth, innovation, and improved living standards.

The figure 4 below reveals significant inequities in basic services throughout the districts of Eastern Cape. Although the Nelson Mandela Bay Metro and Buffalo City Metro have achieved almost complete coverage of piped water, sewage, and electricity, areas such as Alfred Nzo and Joe Gqabi still face challenges, with just 50% having access to piped water and 56% having access to electricity. The uneven distribution of resources emphasizes a need for prioritized efforts to address these disparities and ensure that all individuals have fair and equal access to essential services for their health and well-being.

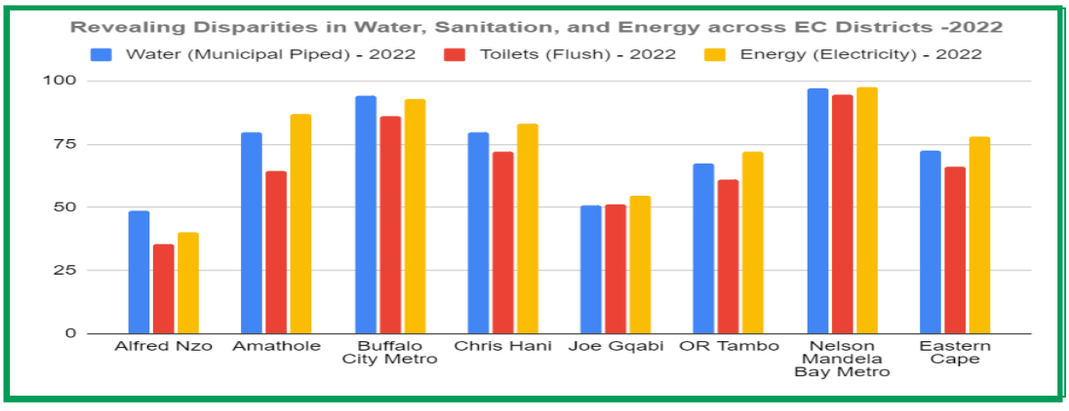


Fig. B4: Disparities in water, sanitation and energy across Districts _ 2022

2.1.4 Epidemiology and Burden of Disease

The disease burden remains high, and the service platform is overburdened due to social determinants of health that the Department alone has no control over. The intervention that the government has put in place to deal with these public health challenges includes Inter-Governmental Relations (IGR) collaboration and integrated planning across sectors.

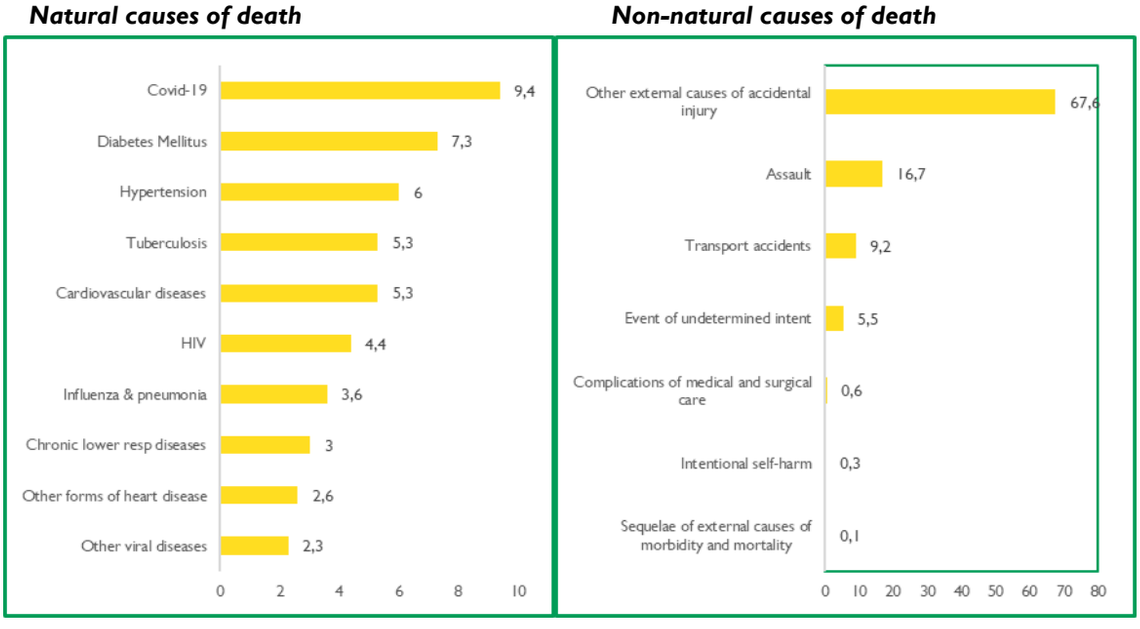
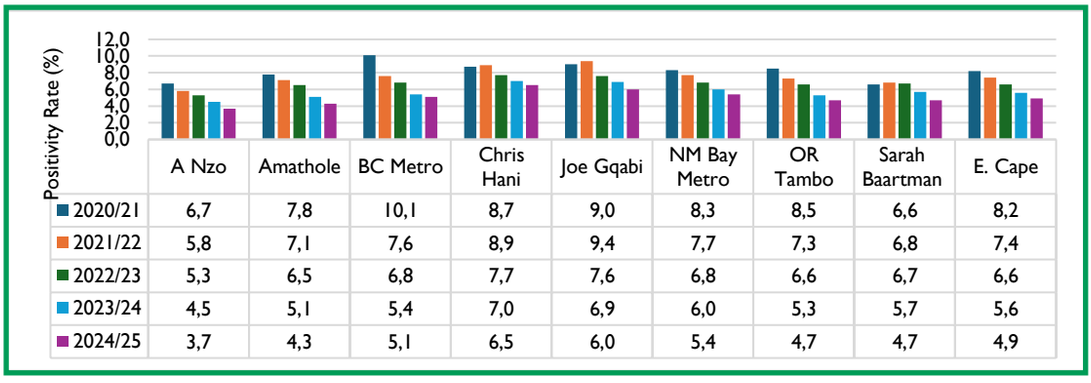


Fig. B5. The underlying causes of natural and un-natural deaths in the Eastern Cape (Stats SA 2024 report)

According to Stats SA 2022, the causes of mortality as per the mortality report; were COVID-19, Diabetes, Hypertension and Tuberculosis were among the top causes of mortality in the Eastern Cape Province in 2020. Other external causes of accidental injury, assault and transport accidents were among the top unnatural causes of death.

HIV/AIDS & STI

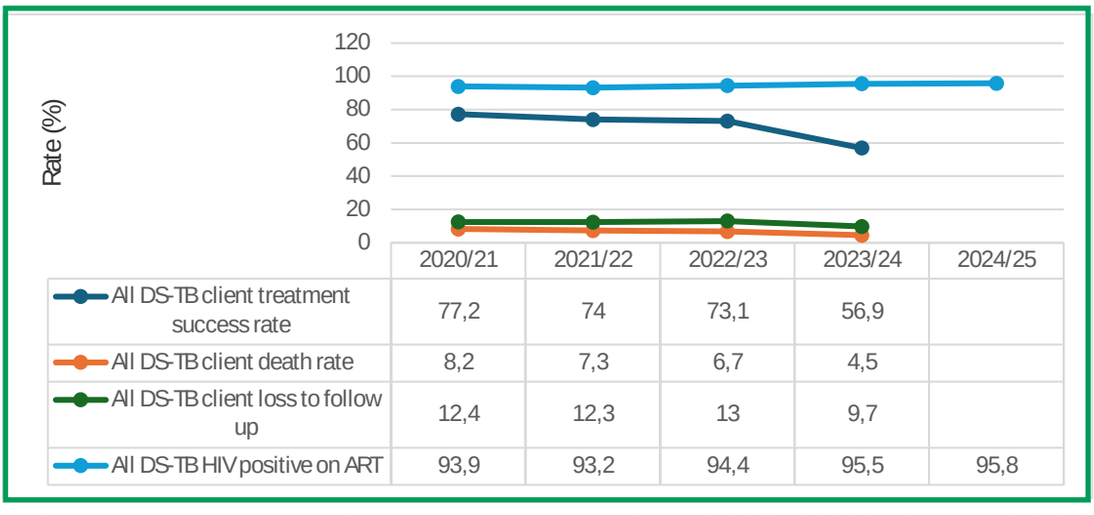
The HIV pandemic remains among the leading causes of morbidity and mortality in the province. Some HIV-positive clients continue to be picked when attending antenatal care. The DS-TB HIV-positive clients on ART remains above 90% in the last five financial years.



	A Nzo	Amathole	BC Metro	Chris Hani	Joe Gqabi	NM Bay Metro	OR Tambo	Sarah Baartman	E. Cape
2020/21	6,7	7,8	10,1	8,7	9,0	8,3	8,5	6,6	8,2
2021/22	5,8	7,1	7,6	8,9	9,4	7,7	7,3	6,8	7,4
2022/23	5,3	6,5	6,8	7,7	7,6	6,8	6,6	6,7	6,6
2023/24	4,5	5,1	5,4	7,0	6,9	6,0	5,3	5,7	5,6
2024/25	3,7	4,3	5,1	6,5	6,0	5,4	4,7	4,7	4,9

Fig. B6. Antenatal client HIV 1st test positive rate in the Eastern Cape Province, 2020/21-2024/25 (WebDHIS 2025)

The HIV 1st test positive rate among the antenatal care (ANC) attendees has decreased by 40.2% from 8.2% in 2020/21 to 4,9% in 2024/25. A similar decrease was observed in all the districts in the Province. Two districts reported more than 6% ANC HIV 1st test positive rate compared to the others, i.e., Chris Hani and Joe Gqabi districts, with Alfred Nzo district reporting the lowest rate.



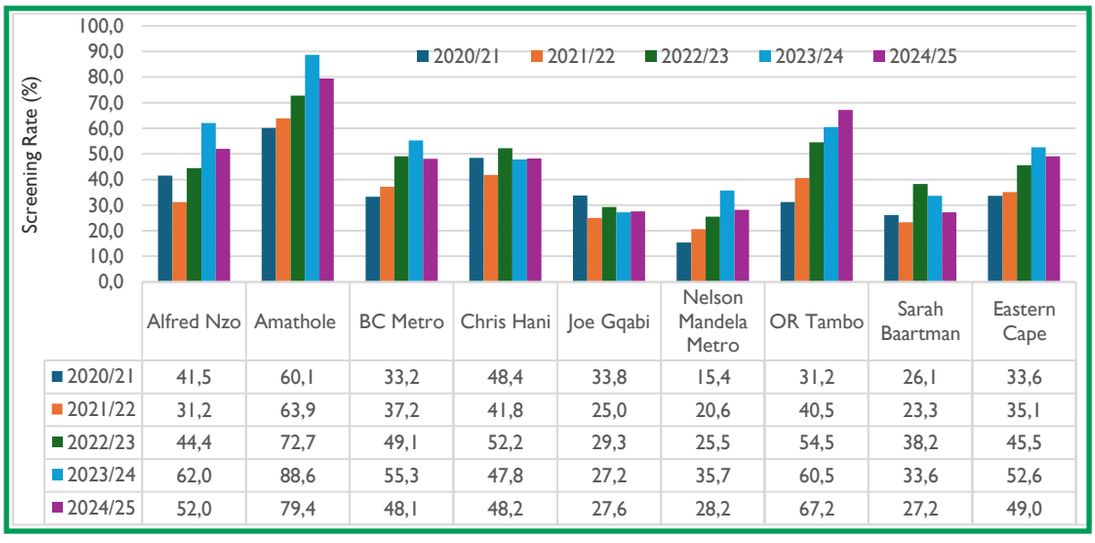
	2020/21	2021/22	2022/23	2023/24	2024/25
All DS-TB client treatment success rate	77,2	74	73,1	56,9	
All DS-TB client death rate	8,2	7,3	6,7	4,5	
All DS-TB client loss to follow up	12,4	12,3	13	9,7	
All DS-TB HIV positive on ART	93,9	93,2	94,4	95,5	95,8

Fig. B7: DS-TB treatment outcomes & HIV positivity rate in E Cape, 2020/21-2024/25 (WebDHIS 2025)

The WebDHIS data shows a 26.3% decrease in treatment success rate from 77.2% to 56.9% during 2020/21 to 2024/25. However, the DS-TB client loss to follow up has decreased by 21.8% from 12.4% to 9.7%, with the death rate decreasing by 45.1% from 8.2% to 4.5% during the same period.

Maternal & Child Health

The Department is implementing cervical cancer screening which seeks to early detect precancerous cervical cell changes and prevent cancer from developing by providing treatment.

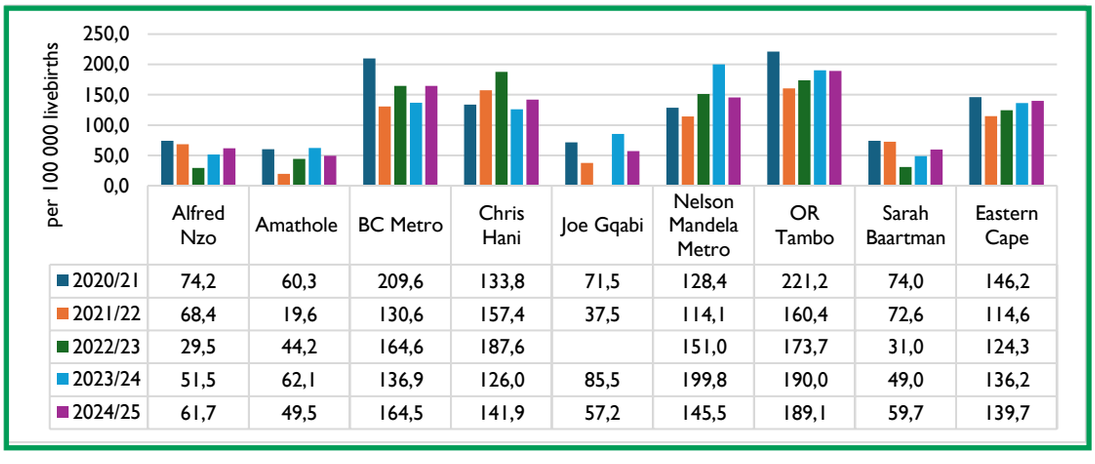


	Alfred Nzo	Amathole	BC Metro	Chris Hani	Joe Gqabi	Nelson Mandela Metro	OR Tambo	Sarah Baartman	Eastern Cape
2020/21	41,5	60,1	33,2	48,4	33,8	15,4	31,2	26,1	33,6
2021/22	31,2	63,9	37,2	41,8	25,0	20,6	40,5	23,3	35,1
2022/23	44,4	72,7	49,1	52,2	29,3	25,5	54,5	38,2	45,5
2023/24	62,0	88,6	55,3	47,8	27,2	35,7	60,5	33,6	52,6
2024/25	52,0	79,4	48,1	48,2	27,6	28,2	67,2	27,2	49,0

Fig. B8: Cervical cancer screening (%) in the E. Cape Province by district, 2020/21-2024/25 (WebDHIS 2025)

The WebDHIS data shows a 45.8% increase in the cervical cancer screening rate from 33.6% in 2020/21 to 49.0% in 2024/25. In the past 3 years, more than 70% of the eligible women were screened for cervical cancer in Amathole district. Three districts reported more than 50% screening rate in the past 2 years, i.e., Amathole, Alfred Nzo and OR Tambo districts. The lowest screening rate was observed in three districts, i.e., Joe Gqabi, Nelson Mandela Bay Metro, and Sarah Baartman.

A qualitative study conducted in South Africa shows that low screening provisions and uptake are related to insufficient training support, poor knowledge of the cancer screening policies and techniques by healthcare professionals, and poor patient cancer and screening knowledge for cancers (Tshabalala, Blanchard, Mmoledi, et al 2023).

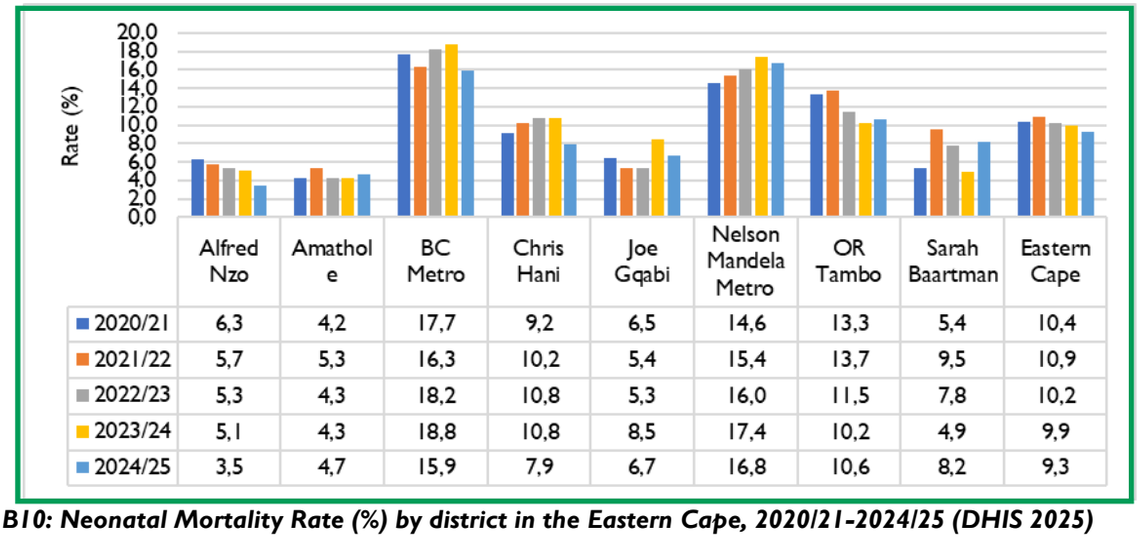


	Alfred Nzo	Amathole	BC Metro	Chris Hani	Joe Gqabi	Nelson Mandela Metro	OR Tambo	Sarah Baartman	Eastern Cape
2020/21	74,2	60,3	209,6	133,8	71,5	128,4	221,2	74,0	146,2
2021/22	68,4	19,6	130,6	157,4	37,5	114,1	160,4	72,6	114,6
2022/23	29,5	44,2	164,6	187,6		151,0	173,7	31,0	124,3
2023/24	51,5	62,1	136,9	126,0	85,5	199,8	190,0	49,0	136,2
2024/25	61,7	49,5	164,5	141,9	57,2	145,5	189,1	59,7	139,7

Fig. B9: Maternal Mortality Ratio by district in the Eastern Cape, 2020/21 – 2024/25 (DHIS 2025)

Consistent increases on maternal mortality rate were observed in Nelson Mandela Metro and OR Tambo districts in the past three years. Maternal mortality increased from 108,2 per 100 000 in 2019/20 to 136.2 per 100 000 in 2023/24 with the highest increase (146.2 per 100 000) noted in 2020/21 during the COVID-19 pandemic.

The province has reported an increase in 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 districts. There is a concern with the Amathole, Chris Hani and Nelson Mandela Metro where there were constant increases over the past 5 financial years.



	Alfred Nzo	Amathole	BC Metro	Chris Hani	Joe Gqabi	Nelson Mandela Metro	OR Tambo	Sarah Baartman	Eastern Cape
2020/21	6,3	4,2	17,7	9,2	6,5	14,6	13,3	5,4	10,4
2021/22	5,7	5,3	16,3	10,2	5,4	15,4	13,7	9,5	10,9
2022/23	5,3	4,3	18,2	10,8	5,3	16,0	11,5	7,8	10,2
2023/24	5,1	4,3	18,8	10,8	8,5	17,4	10,2	4,9	9,9
2024/25	3,5	4,7	15,9	7,9	6,7	16,8	10,6	8,2	9,3

Fig. B10: Neonatal Mortality Rate (%) by district in the Eastern Cape, 2020/21-2024/25 (DHIS 2025)

There was a steady decline in the diarrhoeal case fatality rate among children under 5 years of age in the past four financial years. The case fatality rate for severe acute malnutrition has been fluctuating over the years.

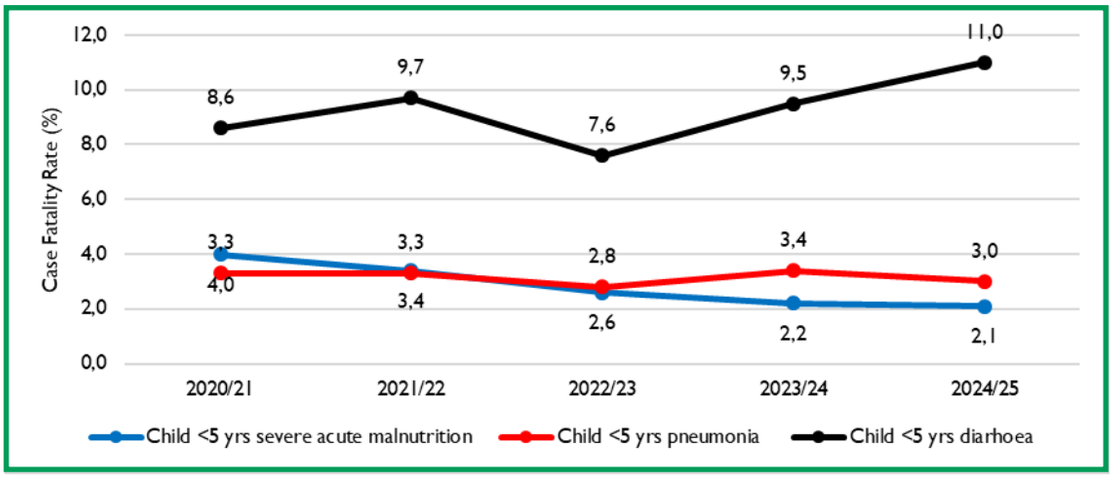


Fig. B11: Under-5 child case fatality rate in facility rate by district in the EC, 2020/21 - 2024/25 (DHIS 2025)

The death of under-5 years children due to diarrhoea, pneumonia and severe acute malnutrition remains a public health challenge. In the past 5 financial years, deaths due to pneumonia and severe acute malnutrition have decreased by 9.1% and 47.5%, respectively (see Figure 13). However, the case fatality rate for under-5 years children who died of diarrhoeal diseases has increased by 27.9% during the abovementioned period. Government departments are working together to address these developmental challenges.

Non-Communicable Diseases

Diseases of lifestyle such as obesity, hypertension, and diabetes result, inevitably, in costly hospital admissions for complications such as stroke, renal failure, heart disease and blindness.

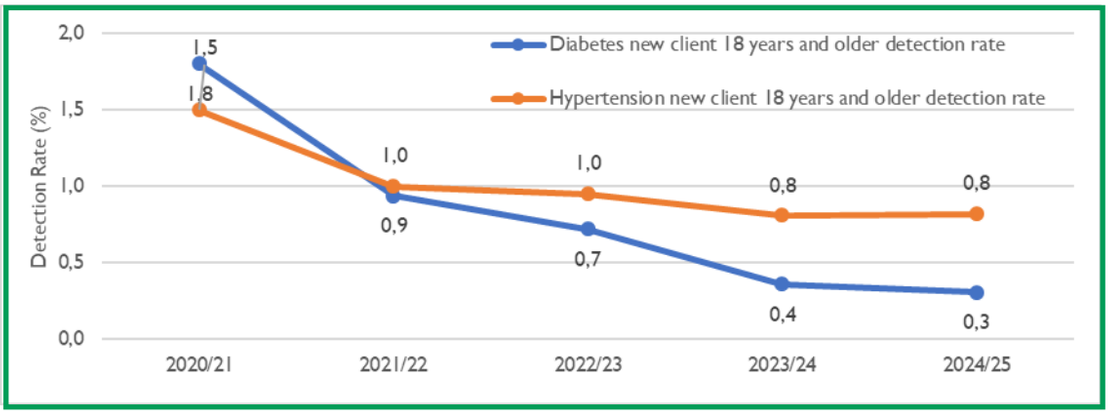
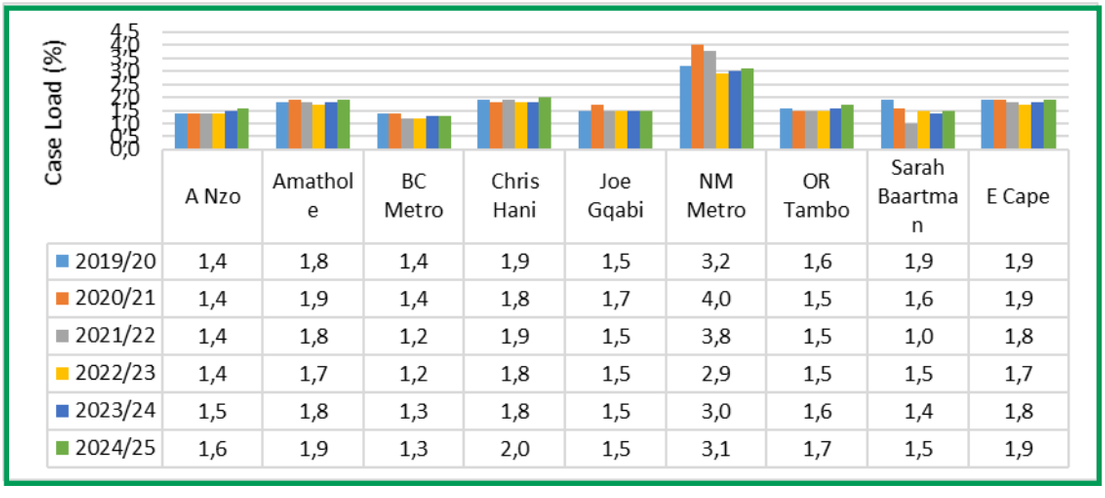


Fig. B12: New hypertension and diabetes detection rate among ≥ 18 years, 2020/21-2024/25 (WebDHIS 2025)

In the 5 financial years, the detection rate of hypertension has decreased by 46.7% from 1.5% in 2020/21 to 0.8% in 2024/25, among the 18 years and above population. Similarly, detection rate of diabetes has decreased by 83.3% from 1.8% to 0.3% during the same period. According to Sahanew and Singaram (2019), 12.4% of the population in the province are new diabetes cases, with OR Tambo having the highest prevalence (27%), followed by Amathole (16%), Nelson Mandela Bay Metro (14%), and Chris Hani (12%).

Mental Health

Mental health problems are a growing public health concern in South Africa. In the Province, 34.7% and 22.0% of adult population suffer from depression and anxiety, respectively (Craig, Rochat, Naicker et al 2022). Mutai, Stone, Scheibe, et al (2024) reported a 21.6% decrease in the prevalence of illicit drug use among individuals 15 years and above in the Province, from 13.9% in 2002 to 10.9% in 2017. These illicit drugs include cocaine, cannabis, opioids, amphetamines, and others.



	A Nzo	Amatholе	BC Metro	Chris Hani	Joe Gqabi	NM Metro	OR Tambo	Sarah Baartman	E Cape
2019/20	1,4	1,8	1,4	1,9	1,5	3,2	1,6	1,9	1,9
2020/21	1,4	1,9	1,4	1,8	1,7	4,0	1,5	1,6	1,9
2021/22	1,4	1,8	1,2	1,9	1,5	3,8	1,5	1,0	1,8
2022/23	1,4	1,7	1,2	1,8	1,5	2,9	1,5	1,5	1,7
2023/24	1,5	1,8	1,3	1,8	1,5	3,0	1,6	1,4	1,8
2024/25	1,6	1,9	1,3	2,0	1,5	3,1	1,7	1,5	1,9

Fig. B13: Mental health case load by district in the Eastern Cape, 2020/21-2024/25 (WebDHIS 2025)

The WebDHIS data (see figure 14) shows that mental health caseload has not changed in the province from 2019/20 to 2024/25. Nelson Mandela Bay Metro district has consistently reported the highest caseload, while Buffalo City Metro reported the lowest. There was an increase in the mental health case load which was observed in Alfred Nzo, Amathole, Chris Hani and OR Tambo during the same period.

Cancers in the Eastern Cape

In the world, 70% of the cancers are from Sub-Saharan Africa (SSA) including South Africa and bears high cancer mortality and increasing cancer incidence. These poor outcomes are partially attributed to high levels of late diagnoses and late or poor access to treatment. The predictors of late diagnosis are complex and may include community, patient, provider, health system, and environmental factors.

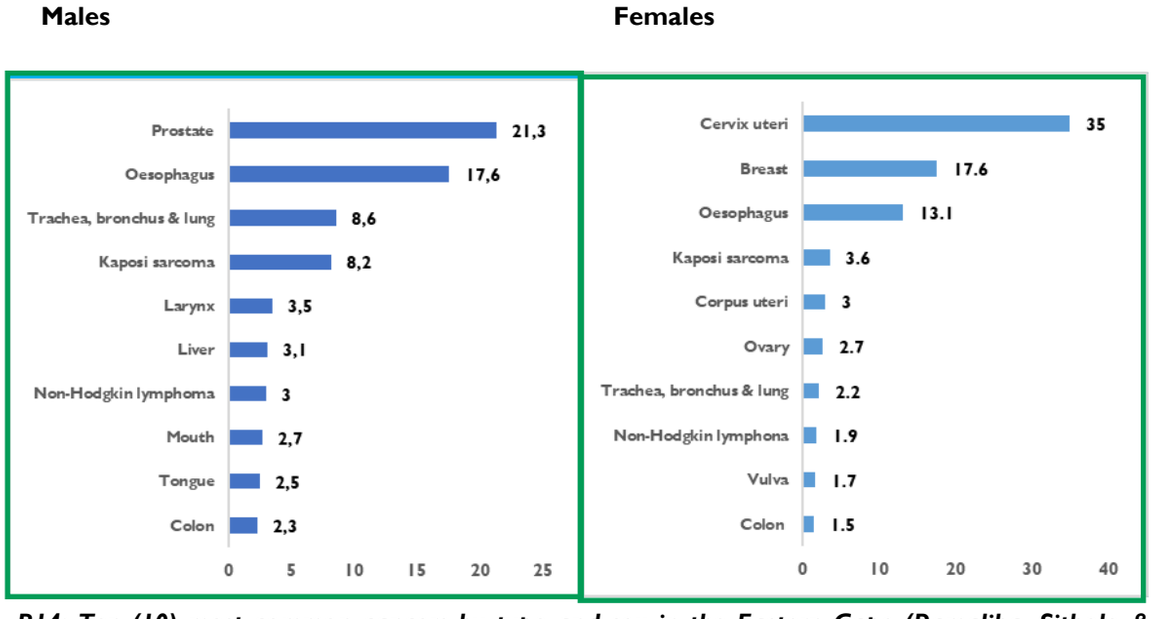


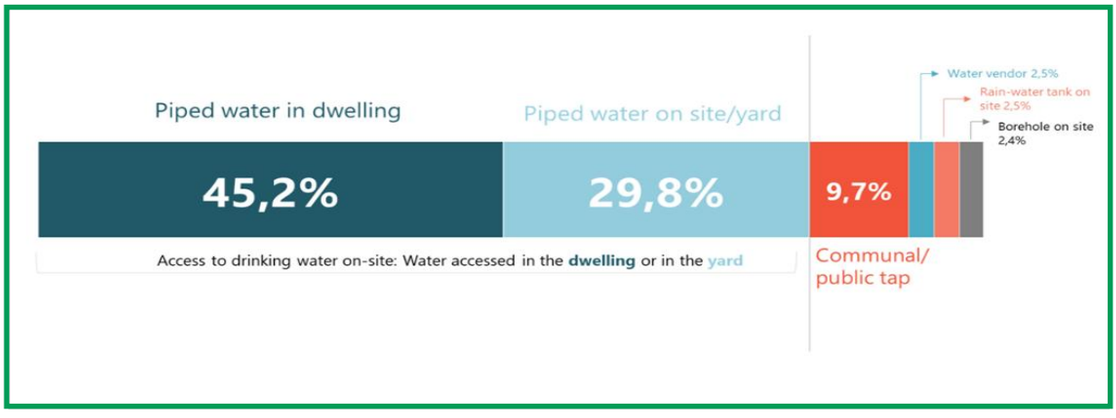
Fig. B14: Ten (10) most common cancers by type and sex in the Eastern Cape (Ramaliba, Sithole & Ncinitwa 2020 SAMRC)

Among males, prostate cancer followed by oesophageal cancer are the most common cancers among male population. However, the trachea, bronchus and lunger cancers and Kaposi sarcoma are among the most common cancers among males. Three cancers are common among the female population, i.e., cervix uteri, breast and oesophageal cancers. In the South African Medical Research Council report (2020), cancers among children constituted 1.0% of all the cancers reported. In another research, 13.5% of cancers among the under 15 years children were managed in the private sector, and the rest in the public sector.

2.1.4 Service Delivery Platform

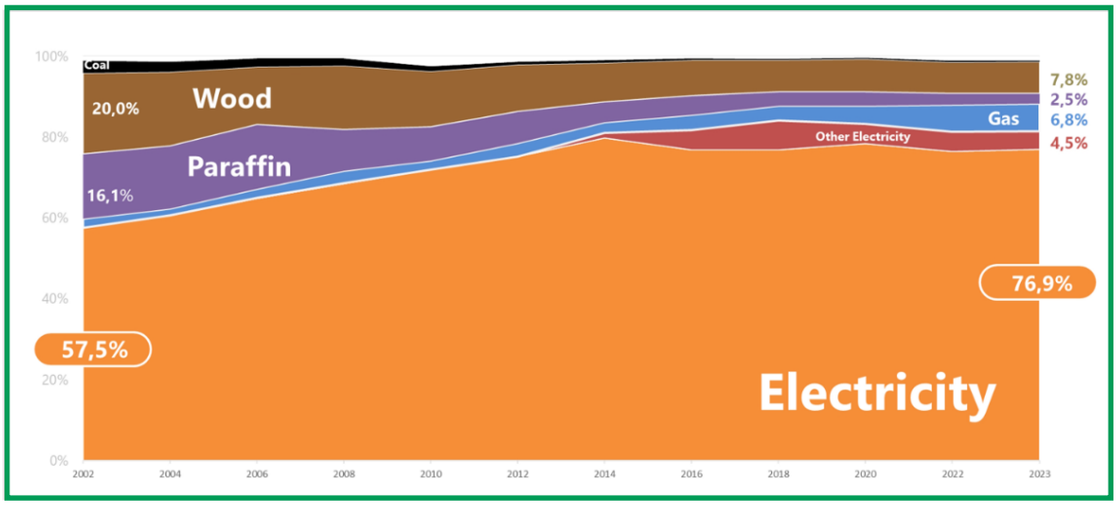
The Department provides comprehensive and integrated health services that are based on the Primary Health Care model driven through the District Health System. Various programmes are implemented in order to meet the strategic goals of the Department. Some of the programmes are outlined below.

Fig. B15: 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 777 PHC facilities across the province, which are made up of 735 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 South Africa's strategy to achieve universal health coverage. The desired outcome is that **"**all people have access to the full range of quality health services they need, when and where they need them, without financial hardship".

The key milestone in the journey towards universal and comprehensive quality health coverage was the signing of the NHI Bill into law on the 15th of May 2024 by the President of the country, the National Health Insurance Act, No. 20 of 2023.

The department is continuing to embark on NHI readiness interventions composed of health systems strengthening and quality improvement models. The progressive implementation of these models gradually addresses the required dimensions of Universal Health Coverage (UHC) which are the population coverage, health service coverage and cost coverage.

The re-engineering of the PHC is the DOH strategy to improve access to health services, intended to take health services to the people where they live, individuals, families and communities in households through implementation of Ward-based Primary Health Care Outreach Teams (WBPHCOTs), Integrated School Health Program (ISHP), the Districts Clinical Specialist Teams (DCSTs) and Contracting of Health Practitioners (HPs).

PROGRESS ON PLANNED NHI READINESS INITIATIVES

Table B2: Planned National Health Insurance (NHI) readiness initiatives

NHI INTERVENTION	PROGRESS
Ward Based PHC Outreach Teams are to bring healthcare closer to communities, families, and individuals, even in the most rural and underserved areas. The focus of the program is on promotive and preventive health strategies i.e. primary prevention, secondary prevention, and tertiary prevention.	▪ Provincial WBPHCOTs, ward coverage is at 82% (580/706 wards). ▪ A total of 3483 Community Health Workers were contracted to provide preventive, promotive, and rehabilitative health services to the households and in community settings. ▪ Four districts with shortfall in CHWs to cover all wards coverage, are Alfred Nzo 255, Sarah Baartman 239, Amathole 118 and Chris Hani 68, lead to a province shortfall of 680 CHWs to cover all wards). ▪ The department has managed with 25% (59) health promoters in the province. There is a provincial shortfall of 165 Health Promoters (HPs) to cover all wards, at a rate of one HP per three wards.
Thirty-nine (39) identified poorest wards were prioritized through social cohesion and conscientization Programmes for changed behavior that includes household visits and outreach services.	▪ A total of 35 055 household visits were conducted in the thirty-nine (39) identified poorest wards. ▪ Total number of people seen is 47 317 of which children were 25 453; youth 17 528 and women 4 336.
Integrated School Health Services (ISHS): Provision of ISHS is aimed at early identification, management, and prompt referral of all those health issues that might be barriers to teaching and learning including reproductive health services.	The number of schools visited to provide a single dose Human Papilloma Virus vaccine, to young girls 9 years and above was at 95% (3883 out of 4066), with Buffalo City Metro and Joe Gqabi reached 100% of the schools targeted.
The ISHS is key in the provision of Human Papilloma Virus Vaccination to the young girls to protect them	▪ Learner coverage was reached at 94%, with Alfred Nzo and Nelson Mandela Metro

NHI INTERVENTION	PROGRESS
against cervical cancer in their adult life. .	performed below 90%. ▪ About 158 School Health Professional Nurses were appointed for the financial year, which is a shortfall of 564 nurses to cover all targeted schools. ▪ The strategy used to increase school coverage is the PHC facilities doing outreach to nearby schools, which put constraint on PHC facilities.
Ideal Health Facility Realisation and Maintenance (IHFRM) program is a health system strengthening initiative to improve quality of care rendered through PHC facilities. ICRM status prepares health facilities for NHI accreditation by the OHSC.	There is noticeable gradual improvement of the health facilities towards achievement of Ideal status. ▪ 62% (485/777) PHC facilities achieved Ideal Clinic status after the facility status determinations concluded by the end of the financial year, 2024/25. ▪ Three (3) districts with more than 70% facilities that obtained Ideal clinic status (Sarah Baartman 93%, Nelson Mandela Metro 83% and Amathole 72%
Office of Health Standards Compliance (OHSC) performance. A person who is eligible to receive health care services must register as a user with the Fund at ***an accredited health care service provider or health establishment*** *(NHI Act, No. 20 of 2023, chapter 2, Section 5 (1).*	The Department is progressing in preparing health facilities to be accredited and ensure access to quality health services by communities under NHI fund. ▪ A total of three hundred and eighty-three (383) facilities were certified compliant by the Office of Health Standards Compliance (OHSC). This is a remarkable increase of 182 PHC facilities from the previous financial year. This number could be more as, not all facilities assessed by the OHSC so far.
Health Patient Registration System (HPRS) A person seeking health care services from an accredited health care service provider or health establishment must be **registered as a user of the Fund** *(NHI Act, No. 20 of 2023, Section 4).* The HPRS is a component of National Health Insurance (NHI) Information Systems that supports the tracking of utilisation for services and linkage to electronic health records to create a register of patients.	▪ HPRS utilisation rate in PHC facilities is at 68% (578) provincial average. Five districts HPRS utilisation rate ranges between 70% to 95% and three districts are below average score of 68% (NMBM, BCM & Sarah Baartman).
Centralised Chronic Medication Dispensing and Distribution (CCMDD) The program improves access to chronic medicine by patients who have been stabilised as well as to assist with decongestion of health facilities which is achieved by determining medicine collection points	▪ During this reporting period, there were 490,894 active patients who collected their medicine packs through the Central Chronic Medication Dispensing and Distribution (CCMDD) programme. ▪ The number of external pick-up points (PUPs)

NHI INTERVENTION	PROGRESS
called Pick Up Points (PUP) and fast lanes.	increased to 257, there was also an increase in the number of patients collecting their medicine parcels from external pick-up points, from 162,191 in Quarter 3 to 167,428 in Quarter 4 accumulatively.

District Clinical Specialist Teams (DCSTs)

Table B3: below shows distribution of specialists across districts & metros) Red – vacant post; Yellow – filled but on OHS & Green – filled post 2024/25.

DISTRICT	NO	PHC Nurse	Advanced Midwife	Paeds Nurse	Paediatrician	Obstetrician & Gynaecologist	Family Physician
Alfred Nzo	5	1	1	1	-	1	1
Amathole	5	1	1	1	-	1	1
BCM	4	1	1	1	1	-	-
Chris Hani	5	1	1	1	1		1
Joe Gqabi	0	-	-	-	-	-	-
NMM	2		-	1	1	-	-
OR. Tambo	2		1	1	-	-	-
Sarah Baartman	4	1	-	1	-	1	1
Total	**27/48**	**5**	**5**	**7**	**3**	**3**	**4**

*Amber: DCSTs highlighted in amber are seconded due to ill health but continue with PHC services at District Health Services (DHS) under District Development. One DCST is allocated as a District Manager at Sarah Baartman but is still managing MNCWH tasks in different CHCs and hospitals.

DCSTs are health care professionals, allocated in the District Offices. They are responsible for provision of clinical services in Primary Health Care (PHC) facilities and for mentorship of health professionals in the districts to improve quality of patient care. Their special focus is on Maternal, neonatal, child and women's health.

Achievements: DCSTs continue with in-service education, mentoring and coaching of clinicians. They have targeted insertion of intrauterine contraceptive device (IUCD) to curb unplanned and unwanted pregnancy. The districts have an increasing number of clients on long term contraceptives. They continue with capacity building of clinicians in different topics every Friday through a virtual platform led by Regional Training Centre.

Key Human Resource Personnel

Table B4: Employment and vacancies by critical occupations as on 31 March 2025

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	Appoint-ments 2024/25	Termina-tions 2024/25
Medical Officers	2 069	287	299	2 124	329	163	2189	131	166	138	123
Medical Specialist	211	18	13	209	18	11	207	18	30	12	26
Dentist *(Practitioner, technicians and therapy)*	15	13	20	198	21	6	187	8	12	10	12
Dieticians and nutritionists	145	6	14	137	16	7	140	5	6	0	7
Prof Nurses	11 781	1 661	2 038	11 629	1 591	1 016	12027	1086	960	305	1080
Nursing Assistant	6 121	2 267	2 399	5 353	407	200	5314	261	236	24	328
Enrolled Nurse	4 148	1 986	1 828	3 542	573	242	3574	225	250	13	380
Auxiliary and related workers	595	37	17	544	35	11	529	0	23	0	0
Pharmaceutical assistant	9	46	59	600	95	23	580	39	36	3	32
Pharmacist	980	163	33	966	41	21	320	0	18	11	18
Physiotherapists	194	9	17	199	41	23	189	17	16	0	11
Emergency Medical staff	2 193	12	193	2 443	74	54	2383	21	14	0	106
Occupational Therapists	171	12	25	163	21	30	154	22	16	0	12
Radiographers	420	20	69	402	45	27	401	29	37	2	24
Grand Total	**29 052**	**6 537**	**7 024**	**28 509**	**3 307**	**1 834**	**28194**	**1862**	**1820**	**518**	**2159**

Service Delivery Outputs

Table B5: Key provincial service volumes, 2020/21-2024/25

INDICATOR	2020/21	2021/22	2022/23	2023/24	2024/25
PHC headcount – Total	12 950 671	13 692 661	14 117 664	13 943 191	13 607 520
PHC headcount under 5 years	1 868 758	2 070 631	2 201 577	2 031 312	1 972 255
OPD Headcount - Total (all hospitals)	1 899 292	2 867 546	2 254 282	2 346 021	2 379 050
Deliveries in facility	107 469	108 975	99 915	89 881	81 862
Total births in facility	112 146	110 833	101 566	91 201	82 871
Hospital separations – Total	392 169	422 163	399 853	406 158	401 124
Patient Day Equivalent in district hospitals	1 224 675,6	1 576 417	1 502 161	1 577 172	1 602 786
*Patient Day Equivalent in provincial hospitals	543 411,3	695 292	648 470	692 420	666 226
Patient Day Equivalent in specialized TB hospitals	118 932,7	117 880	132 908	132 779	115 477
Patient Day Equivalent in specialized Psych hospitals	375 117,7	284 225	285 127	290 993	403 342
BUR (% - District hospitals)	42.2%	46%	41%	48.8%	48,5%
BUR (%) Provincial Hospitals	60.4%	68.3%	69%	74.5%	72%
BUR *(%)* in specialized TB hospitals	24.8%	25.5%	31%	31%	26,7%
BUR *(%)* in specialized Psych hospitals	79.1%	21.9%	80%	79%	86,2%
Average length of stay *(District hospitals)*	4.4 days	4.5 days	4.7 days	4.9 days	4,9 days
Average length of stay *(Provincial Hospitals)*	5.7 days	5.8 days	6.8 days	6.8 days	6,9 days
Average length of stay *(Specialized TB hospitals)*	45.1 days	41 days	42.4 days	37.1 days	37,4 days
Average length of stay *(Specialized Psych hospitals)*	305.8 days	286.2 days	314.9 days	231.3 days	186,2 days
Expenditure per day Equivalent *(Rand)* - District hospitals)	R4 849	R3 288.8	R3 826	R4 079.2	R4 592,8

INDICATOR	2020/21	2021/22	2022/23	2023/24	2024/25
Expenditure per day Equivalent *(Rand)* - Provincial Hospitals	R3 738.80	R3 921	R4 020	R4 433.9	R5 149,0
Expenditure per day Equivalent *(Rand)* - specialized TB hospitals	R3 832.90	R3 887.5	R3 286	R3 461.4	R4 077,5
Immunisation coverage	83.4%	88.7%	82.3%	78.6%	73%
Total clients remaining on ART at end of the month	526 288	567 839	594 015	618 710	627 519
Total clients started on ART– naïve	50 059	50 541	55 077	47 221	39 616

2.1.5. Problems encountered in Service Delivery and Corrective Measures Taken

Pharmaceutical Services

The department is faced with financial difficulties imposed by the medico-legal litigations and implementation of the austerity measures. The current situation led to the department experiencing serious cash flow problems resulting the department not meeting its financial obligations to pay suppliers.
This led to the pharmaceutical companies stopping supplying medicines to the department. The implications of the pharmaceutical companies not supplying medicines resulted in the interruption of medicines access and availability. This has led to communities not receiving basic medicines and leading to poor compliance with treatment schedules and protocols.

The departmental financial sustainability intervention assisted by the office of the Premier, Provincial Treasury and National Department of Health sought to implement turn around strategies that will lead to reduction of wastage and back the department into financial stability.

The department has initiated the mechanisms to leverage medicines funding through conditional grants to relieve pressure from equitable share funding. In monitoring medicines availability, the department has implemented medicines monitoring systems i.e. Stock Visibility System (SVS) in Primary Health Care facilities and RX Solution in hospitals.

Financial Constraints

The government shrinking fiscal space has resulted in the implementation of the austerity measures to curb expenditure that will lead to shortfall in budget availability. The department has been constrained in expanding services due to shortfall in budget and poor revenue generation collection.

As a result of the budget reductions, the department was constrained to employ in critical positions like operational staff at entry level, supervisory positions and leadership levels. The health facilities struggled to procure critical commodities (goods & services) that compromised the delivery of quality clinical care.

The financial constraints have led to the department unable to pay suppliers within prescribed thirty days payment circle. This situation has resulted in some service providers cutting provision of services due to non-payment by the department.

The department has leveraged the use of conditional grants in funding certain critical staff positions to alleviate shortages of staff. the Center for Disease Control and Prevention (CDC) and Developmental Partners have contributed significantly to augment service delivery gap.

Industrial Actions

The department has experienced some disruptions in service delivery due to rampant unprotected strikes. These incidents have happened mostly in Nelson Mandela Metropolitan and few in some districts.

The unprotected industrial actions have led to disruptions in service delivery which prevented access to health facilities.

The department has consistently engaged with labour unions to stabilise relations and implemented no work no pay principle to ensure there are rules of engagement and are properly maintained and respected.

2.1.6. External Factors that Impacted on Service Delivery

Crime and Riots in communities

The high incidents of crime and violent riots in many communities of the Eastern Cape especially crime in OR Tambo and Nelson Mandela Metro (extortions) have severely affected the delivery of services where clinics were closed due to safety threat.

There were serious breakages in clinics, computers and health technology items were stolen. In some instances, staff were harassed, their cell phones, car keys and other items were forcefully confiscated by criminals. The stolen computers caused delays in the functioning of the health facilities.

The construction mafias`have caused disruptions in infrastructure projects to build health facilities. These incidents results in polarization of communities and cause serious tensions that result to delayed implementation or building infrastructure facilities.

The department has sourced support of the Clinic Committees, Ward Committees and local Policing Forums to mobilise communities to protect community health facilities assets. The department has sought assistance from the South African Police Service (SAPS) to patrol the streets in the vicinity of the health facilities.

Socio-Economic Factors

The economic inequalities often translate into health inequalities that leads to those with lower socioeconomic status experiencing worse health outcomes. The economic turndown and unemployment have led to increased financial strain for individuals and families making it difficult access health care facilities.

This result in delayed or missed appointments to consult or collect medicines. The high levels of poverty due to unemployment have led to increased child malnutrition. The department has engaged the Social Protection Community and Human Development (SPCHD) cluster to comprehensively promote and foster integration of government interventions.

The Provincial Anti – Poverty strategy rallies all stakeholders to foster integrated efforts in addressing the child malnutrition. The government has continuously implemented the Expanded Public Works Programme (EPWP) to improve social services and reduce unemployment and poverty.

The department has improved access to quality medicines through implementation of Central Chronic Medicines Dispensing and Distribution (CCMDD). In this programme, patients whose conditions have stabilised are decanted into local pick-up points (at local chiefs places, Unjani Clinics, Private Pharmacies) to ease the costs of travel to health facilities.

2.2. Service Delivery Improvement Plan

Table B6: Main services and standards

Main services Main sites	Beneficiaries	Baseline	Desired standard of service	Actual achievement
Maternal Health	Women of Childbearing age	136.2 / 100 000	120/100 000	139.7/100 000
Child Health: • Neonatal death in facility rate • Child mortality reduced	All neonates born in facilities	15.1/1 000	12/1000	15.7/1000
	Children under 5years	<2%	2.5%	-0.5%

The access to health is made possible through free services to the women and children as to prevent and reduce maternal mortality that are leading causes of deaths in women. Risk factors include HIV and TB, Obstetric haemorrhage, complications of hypertensive disorders during pregnancy.

Death under 5 years against live birth rates and neonatal death in facility are one of the areas of concern. Health promotion events and outreaches are some of the strategies used for information sharing on access to health services as to educate the community on risk factors that are not limited to pneumonia and severe acute malnutrition case fatality.

The promotion of access to care through PHC, clinics operating 5 days a week, with CHC that are operating 7days /week, over 24hours. All health care facilities are implementing waiting time guideline as to reduce waiting times.

Batho Pele arrangements with beneficiaries (Consultation, access, information, redress etc)

Patient Experience of Care (PEC) survey, patient satisfaction results and process is used to determine user's expectations. The results are used to promote Batho Pele principles implementations. All health care facilities are mandated to conduct the annual survey as to obtain feedback from the health care users. The survey is used to identify gaps and assist with the improvement of services, from the user's point of view.

The PEC results of 2024-25 demonstrated that the health care users are satisfied with the strategies that have been implemented by the department on meeting the health needs of the citizens.

Table B7: PEC Survey results

CURRENT/ACTUAL ARRANGEMENTS	DESIRED ARRANGEMENTS	ACTUAL ACHIEVEMENTS
PEC Survey rate	80%	85%
PEC Satisfaction Rate	80%	84%

The PEC survey focuses on six priority areas that enhance patient experience at the facility level.

- Access to health services;
- Availability of medicines;
- Patients' safety;
- Cleanliness and infection prevention and control;
- Values and attitudes of staff, and
- Patient waiting time for care.

Table B8: Service delivery information tool

CURRENT/ACTUAL INFORMATION TOOLS	DESIRED ARRANGEMENTS	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 on a monthly basis.
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.
Social media platform	To reach wider population, the department face-book page, Eastern Cape Department of Health.	The Communication directorate moderate this page and convey relevant information.

Table B9: Complaints mechanism

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLAINTS MECHANISM	ACTUAL ACHIEVEMENTS
Complaints resolution rate within 25days	85%	97%
Complaints resolution rate	90%	97%
Complaints reporting rate	80%	85%

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. Once the investigation is concluded the person or family is redressed.

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.

2.3. Organisational Environment

Service Delivery Model (SDM) and Organogram Review

The Department has been engaged in an extensive review of its Service Delivery Model (SDM) and Organogram. The critical path activities of the project which are:

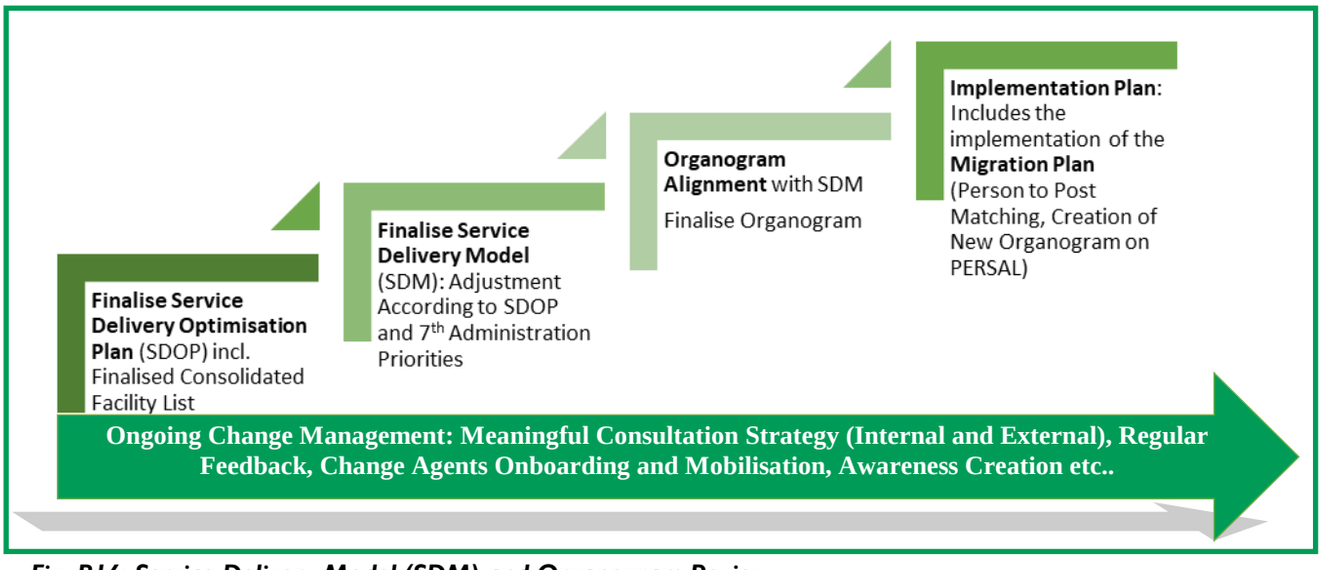


Fig. B16: Service Delivery Model (SDM) and Organogram Review

To oversee and govern this critical project, a Departmental Task Team (DTT) has been established. This team comprises members from management, social partners, the Office of the Premier OD Unit, and technical task team members. The DTT is tasked with ensuring the successful development and implementation of the new SDM and Organogram.

By 31 March, the Organogram was 74% complete—short of the 100% target. While organograms for Primary Health Care (PHC), District Health Services (DHS), and lower-level facilities were finalised, those for higher levels of care, including Regional, Tertiary, and Central Hospitals, along with the Head Office structure, remained in development. A critical factor in the delay was the lack of national staffing norms, which required the TTT to formulate a new framework from scratch. Despite this, the team excelled in developing norms now recognised as a benchmark for other provinces. Their efforts laid a vital foundation for all subsequent components such as costing and post provisioning.

Staffing norms reached 80% completion by 31 March. These norms were fully developed for PHC and DHS, incorporating international workload indicators (WISN), patient-day equivalence, and South African service packages. Norms for higher care levels, such as hospitals and EMS colleges, were still in progress. The TTT's ability to develop context-specific, evidence-based norms without national input demonstrated innovation and commitment.

Costing was 70% complete by 31 March. This component was entirely dependent on staffing norms development and constrained by the Medium-Term Expenditure Framework (MTEF) budget. The process required analysis of functions, determination of post types, application of workload indicators, and a financial translation of those provisions. Where initial costs exceeded the budget, the TTT initiated a Version 2 costing—adjusting staffing models while preserving service delivery integrity.

Headcount, turnover and vacancy rates as at the end of the 2024/25 financial year

As at the end of the financial year, the department has a head count of 46 091 employees on the establishment.

The departmental turnover rate was at 9.2% with 3 620 appointments made and against 3 734 terminations in the period. The clear trend emerging is that the department loses more employees than appointing, resulting in severe skill shortage especially in non-clinical categories and in critical clinical categories in rural districts that are not funded through the conditional grants.

The departmental vacancy rate was at 14.4% with 6 447 vacant posts against 46 091 total number of positions on the Establishment. The major attributing factors to the non-filling of attrition posts in the financial year are:

- Pressures on Compensation of Employees budget specifically on Equitable Share.
- Directive 49 issued by the MPSA in terms of section 41(3) Public Service Act 1996, on implementation of control measure in the filling of posts in the Public Service.

Filling of posts for the 2024/25 financial year

The department had an approved Annual Recruitment Plan for 2024/25 which comprised one thousand and eighty-three (1083) posts. During the 2024/25 financial year, the department made 2 887 appointments inclusive of 1 063 posts against the Annual Recruitment (ARP) allocation, transfers in, mid-year cycle of community service personnel and the balance posts being filled through the replacing employees who had left through attrition through the available budget with specific focus on clinical categories.

The Department further received a PCMT approval to fill twenty-three (23) leadership posts which were deemed as priority in the towards service delivery. A Recruitment Roadmap was developed outlining the strategy on fastracking the recruitment and selection process. Recruitment and selection processes have been concluded for the following SMS posts: Deputy Director General: Hospitals & CSS, Director: Capacitation & Utilization. Director: ICT, Director: Internal Audit, Director: Epidemiology; as well as CEO posts for Dora Nginza Regional Hospital and Jose Pearson Hospital. The posts have since been filled. The Chief Financial Officer (CFO) is among the posts that were also prioritised and will be filled first quarter of 2025/26 financial year.

Recruitment Selection process for the remaining SMS and CEO posts have been scheduled for conclusion with appointments also targeted for the first quarter of the next financial year.

To ensure that strategic leadership is maintained for continued and effective service delivery, the Department appointed acting CEO in Frontier Regional Hospital, Livingstone Tertiary Hospital, Frere Tertiary Hospital, and Nelson Mandela Academic Hospital.

Skills development

Table B10: 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

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**
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
Professionals	Perioperative Nursing	Lack of qualification due to new Nursing Education dispensation and high attrition rate
Professionals	Primary Care Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Critical care child Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Forensic Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Mental Health Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Orthopeadic Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Child Nursing	Lack of qualification due to new Nursing Education dispensation and high attrition rate
Professionals	Emergency Nursing	Lack of qualification due to new Nursing Education dispensation
Professionals	Advanced Midwifery	Lack of qualification due to new Nursing Education dispensation and high attrition rate
Professionals	Oncology and Palliative Nursing	Lack of qualification due to new Nursing Education dispensation and increased health service demand
Professionals	Orthopaedic Surgery	Lack of relevant qualifications
Professionals	Neurosurgery	Lack of relevant qualifications
Professionals	Psychiatrist	Lack of relevant qualifications
Professionals	Anaesthetists	Lack of relevant qualifications
Professionals	Cardiothoracic Surgery	Lack of relevant qualifications
Professionals	Nephrologists	Lack of relevant qualifications
Professionals	Radiotherapists	Lack of relevant qualifications
Professionals	Oncologists	Lack of relevant qualifications
Managers	Financial Management	Lack of relevant qualifications
Professionals	People and Performance Management	New Policy

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	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
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 2024/2025 financial year, the ECDOH supported a total of One hundred and ninety-seven (197) bursary holders in South African universities.

- Seventy-eight (78) of these students exited the program during the year because they have successfully completed their studies.
- The Department also supported a total of thirteen (13) medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme.
- Seven of these students exited the program, of which 4 of them have completed their studies.

New Bursary Intake

- No new bursaries were awarded in the 2024/25 Financial Year

Table B11: 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	37 x Artisans *(on 1 Year Contract)* 100 x Apprentices	137	86	51	136	0	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 15 x HWSETA IT Interns 395 x NSF Interns	1370	519	851	1362	8	0	0	0
	82 x HWSETA TVET Learners 541x NSF TVET Learners 100 x MERSETA TVET Learners	723	261	462	712	11	0	0	0
	300 x Skills Programmes (Arc plate Welding)	300	167	133	300	0	0	0	0
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 0							

**** Youth development programmes report as of 31st March 2025***

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:

- 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 department's overall Performance Management and Development Strategy (PMDS) compliance has declined slightly, from 93% in the 2023/24 financial year to 91% in 2024/25. This decline indicates a challenge that has hindered the department’s efforts to maintain optimal performance standards.

A breakdown of the 2024/25 compliance levels is as follows:

- Level 2–8 (Lower Levels): 93%;
- Level 9–12 (Middle Management): 85%, and
- SMS (Senior Management Service): 100%.

Although the SMS level achieved full compliance of 100%, there is a clear need to strengthen compliance efforts at the lower and middle levels, as these categories contributed to the overall decrease.

In preparation for the 2024/25 PMDS rewards, the department has drafted a memorandum for the Head of Department's approval, proposing a budget allocation of R242 million.

Table B13: The department has approved a budget of R242 million based on the projections for qualifying employees who were as follows for 2024/25 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 and Non OSD Employees	40 463	22 220	22 220	15 345	2 898
SMS Members	84	54	54	1	29
	40 547	**22 274**	**22 274**	**15 346**	**2 927**

Out of R242 Million budget, the projected expenditure paid out was close to R119 million for 22 274 out of 30 630 employees qualifying paid. The payments were not made in line with the policy that is by end July of each financial year, due to financial constraints payments have been made effected from April 2025, the total estimated amount paid is as at the 23rd May 2025, there is a shortfall of R2 796 548,69 for the 349 remaining cases.

Table B14: PMDS contracting (to be updated)

OVERALL SUMMARY	LEVELS	PMDS CONTRACTING (1 APRIL 2023 – 31 MARCH 2024)			
		TOTAL NO. OF EMPLOYEES	NO. OF AGREEMENTS SIGNED	OUTSTANDING	% PMDS COMPLIANCE
	L 1-8	32570	30122	2448	93%
	L9-12	8007	6797	1210	85%
	L13-16	84	84	0	100%
	TOTAL	**40661**	**37003**	**3658**	**91%**

ORGANISATIONAL DEVELOPMENT

2.4. Key policy developments and legislative changes

National Health Act (2024)

In the South African health sector, a major policy change is the National Health Insurance (NHI), which aims to provide universal access to quality healthcare. Signed into law by President on 15 May 2024, the NHI Act establishes a single-payer system to provide universal healthcare access. The NHI Fund will procure services from both public and private providers, ensuring that all South Africans receive care based on need rather than financial means. Funding may be derived from general taxes, mandatory payroll contributions, and income-based surcharges.

Second Presidential Health Compact (2024–2029)

The Presidential Health compact was launched on 22 August 2024, outlining a nine-pillar strategy to unify and improve the health system. Key focus areas included the following:

- Expanding human resources in healthcare.
- Enhancing supply chain management for essential medicines and equipment.
- Upgrading infrastructure to ensure well-maintained health facilities.
- Engaging the private sector to improve access and quality of services.
- Strengthening governance and community-based care

Tobacco Control Legislation (2024)

In July 2024, the government introduced a new anti-smoking bill to align with World Health Organization guidelines. The proposed measures include:

- Plain packaging and prominent health warnings on tobacco products.
- Bans on smoking in all indoor public spaces and certain outdoor areas.
- Prohibitions on advertising, promotion, sponsorship, vending machine sales, and sales to minors

This may have a positive impact on prevention of cancer and other related condition.

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 were 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 79.3%
- Antenatal first visit before 20 weeks rate 65.8%.
- Children under 5 years pneumonia case fatality rate 3.0%.
- Children under 5 years diarrhoea case fatality rate 2.1%.

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) – 13 138 459
- TB treatment success rate – 75.9%
- DS - TB treatment start 5 years and older rate – 93.8%
- Proportion of people living with HIV who know their status – 93%
- Proportion of HIV-positive people initiated on antiretroviral therapy (ART) – 92.9%
- Proportion of people on ART who are virally supressed – 83.8%
- Antenatal clients initiated on ART rate – 97.9%

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 490 894 in 2025.
- 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.
- Positivity rate for hypertension 18 – 44 years at 0.7%

- Positivity rate for hypertension ≥ 45 years at 1.9%
- Positivity rate for diabetes 18 – 44 years at 0.4%
- Positivity rate for diabetes ≥ 45 years at 1%
- Cataract surgery rate at 529.4/ 100 000
- PHC Mental disorders treatment rate new 0.05%

Strategic Plan Outcome

- Quality of health services in public health facilities improved.

Impact

- Quality of Health Services Improved.

Progress

- Out of 777 PHC facilities 485 (62.4%) 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.
- 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.

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

ADMINISTRATION

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 B15: Progress and achievements for the office of the MEC

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
April 2024	Bambisana Hospital for oversight visit by the Presidency-Lusikisiki	Oversight visit provision.	Improved oversight provision.
	Khanyisa High School for self-care vending machine for sexual reproductive health and rights launch-Mthatha	Launching of self-care vending machine for sexual reproductive health and rights	Improved sexual reproductive health on adolescent and youth.
	Bumbane Clinic for MEC's unannounced/oversight visit-Qunu Stanford Terrace Clinic for MEC's unannounced/ oversight visit-Mthatha Ngangelizwe CHC for MEC's unannounced/ oversight visit-Ngangelizwe	Oversight visit provision.	Improved oversight provision.
	Mpindweni Clinic Handover-Mount Frere	Mpindweni clinic handover	Improved quality of health for the community served by Mpindweni clinic.
	Maluti CHC for PC Health oversight follow-up visits-Mt Fletcher	Oversight visit provision.	Improved oversight provision.
	Oliver & Adelaide Tambo Hospital for PC Health oversight follow up visits-Mbizana	Oversight visit provision.	Improved oversight provision.
	Mt Ayliff hospital for PC Health follow-up oversight visits-Mt	Oversight visit provision.	Improved oversight provision.

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
	ALYFF		
	Madzikane ka Zulu Hospital for PC Health follow up oversight visits-Mt Frere	Oversight visit provision.	Improved oversight provision.
	All Saints Hospital for rehabilitation services outreach programme-Ngcobo	Provision of rehabilitation services outreach programme-Ngcobo communities.	Improved quality of health for the Ngcobo communities.
	All Saints Hospital for Audiology Unit and equipment handover-Ngcobo	Audiology Unit and equipment handover to All Saints Hospital	Improved quality of health service provision.
	Coega for EC Cannabis Investment Launch-Gqeberha	Empowerment on cannabis investment.	Improved social determinants of health.
May 2024	MEC's church visit and blankets handover to the elderly at John Wesley society-Mthatha	Successful handover of blankets to the elderly at John Wesley society-Mthatha	Social cohesion and nation building.
	Jose Pearson TB Hospital for TB vaccine study site launch-Gqeberha	Successful launching of TB vaccine study.	Improved quality of health and strengthen knowledge through learning.
	Premier and MEC's visit to collapsed wall site and All Saints Hospital- Ngcobo Nelson Mandela Academic Hospital Mthatha for MEC's visit to all the victims of the collapse building at Ngcobo-Mthatha	Oversight visit provision.	Improved oversight provision.
	One-to-One Africa Mobile Clinic Launch-Ngqeleni Sir Henry Elliot Hospital for MEC's oversight visit-Mthatha	Launching of One-to-One Africa Mobile services and Oversight visit provision.	Improved quality of health and oversight visit.
	MEC's oversight visit to Greenville Hospital-Bizana	Oversight visit provision.	Improved oversight provision.
	Madwaleni Hospital Contractor handover-Elliotdale	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
	RUCC Ministries and ECDOH outreach programme-Hankey	Taking health services to the people through outreach services in partnership with RUCC Ministries.	Improved quality of healthcare for the communities of Hankey.
	Livingstone Hospital for unveiling of oncology equipment-Gqeberha	Unveiling of oncology equipment for health services provision improvement.	Improved quality of health service provision.

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
	International Nurses Day Celebration-Peddie	Observing and celebration of International Nurses Day	Improved staff morale and quality of healthcare.
	Batho Pele Service Excellence Awards-East London	Successful conduction of Batho Pele Service Excellence Awards	Motivation of personnel and improvement of staff morale.
	Frere Hospital for unveiling of oncology equipment and tunnel washer-East London	Unveiling of oncology equipment for health services provision improvement.	Improved quality of health service provision.
June 2024	MEC visits Maclear Hospital-Maclear	Oversight visit provision.	Improved oversight provision.
July 2024	Launch of EMS Rescue vehicles-Keiskammahoek	Launching of EMS Rescue vehicles.	Improved service delivery.
	Rio Tinto Pink Drive Early cancer awareness campaign-Ntlaza	Early cancer awareness to Ntlaza community.	Improved awareness and health outcomes.
	Lilitha College Graduation-East London	Successful caping of nursing graduates that was able to access a nursing training.	Competent nursing workforce for provision of quality health care to the citizens of Eastern Cape. Improved employment prospects and a decrease in the young skill deficit.
	Nelson Mandela Day Celebrations-Bizana	Provision of 67 minutes to Bizana communities and political education (umrhabulo).	Legacy preservation and ploughing back to the communities.
	MEC Engagement with Amathole District Management-Butterworth	Stakeholder engagement	Improved service delivery and quality of health service provision.
	Handover of Mobile Clinic-Bedford	Receiving of donated mobile clinic from Cookhouse Windfarm Community Trust and handover to Raymond Mhlaba sub-district.	Improved service delivery and quality of health service provision.
	MECs visit to Greenville Hospital-Bizana	Oversight visit provision.	Improved oversight provision.
	Awareness of youth zones & reproductive health services-Zwelitsha High School: Ntabankulu	Successful provision of awareness to Zwelitsha High School (Ntabankulu) on youth zones & repro-ductive health services-	Improved health outcomes on adolescent and youth. Reduced teenage pregnancy.
August 2024	Opening of the Provincial Legislature-Ntabankulu	Attending opening of Provincial Legislature-Ntabankulu	Improved accountability.
	MEC Engagement with Alfred Nzo District Management-Mt	Stakeholder engagement.	Improved service delivery and quality of health service

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
	Frere		provision.
	Provincial Commemoration of Women's Day-Misgund	Successful observing and commemoration of Women's Day.	Improved spirits among women.
	Handover of Asylen Ventilator-Pretoria	Successful handover of Asylen Ventilator.	Improved quality of health service provision.
	Opening of newly renovated labour ward & additional maternity operating theatre-Mthatha	Successful opening of newly renovated labour ward & additional maternity operating theatre.	Improved quality of health service provision.
	Herolim Hospital Grand Opening-Mthatha	Successful opening of Herolim Hospital in Mthatha.	Improved quality of health service provision.
	Handover of Centuli Clinic-Centuli	Successful handover of Centuli Clinic-Centuli communities.	Improved quality of health service provision.
	MEC visits Idutywa CHC-Idutywa	Oversight visit provision and assess the damage caused by wildfire.	Improved oversight provision.
	MEC visits to Holy Cross Hospital-Lusikisiki	Oversight visit provision and assess the damage caused by wildfire.	Improved oversight provision.
	Grand Opening of the Linac Radiation Oncology Machine-Gqeberha Celebration of the African Traditional Medicine Day-NMU	Successful handover of the Linac Radiation Oncology Machine and celebration of the African Traditional Medicine Day.	Improved service delivery and quality of health service provision.
September 2024	MEC joins the Minister of Health Retreat-Magaliesburg	Attending of Minister of Health Retreat.	Improved accountability.
	Premiers Intergovernmental Forum-East London	Attended Premiers Intergovernmental Forum	Improved intergovernmental relations with other sister departments.
	MEC engagement with OR Tambo District management-Mthatha	Stakeholder engagement.	Improved service delivery and quality of health service provision.
	Handover of Ambulances and PTV-Holy Cross: Lusikisiki	Successful handover of Ambulances and PTV to Lusikisiki communities.	Improved service delivery and quality of health service provision.
	RUCC Outreach-Libode	Taking health services to the people through outreach services in partnership with RUCC Ministries.	Improved service delivery and quality of health service provision.
	Provincial Heritage Day Celebrations-Willovale	Successful celebrations of Provincial Heritage Day.	Improved social cohesion and nation building.
	World Environmental Health Day 2024 Commemoration-Mzamba	Successful celebration and commemoration of World Environmental Health Day	Improved staff morale and quality of environmental health services.

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
October 2024	MEC visit to KTC Clinic	I care Services at KTC Clinic- Khanyayo – Ward 25 Ingquza Hill	Expand access to Primary Health Care services through
	Convened and engaged with Stakeholder Engagement to Nelson Mandela Bay District Office	Governance structures, unions, partners and employees to ensure good governance and administration	Ensure good governance and administration
	MEC Stakeholder Engagement to Sarah Baartman District Office	Governance structures, unions, partners and employees to ensure good governance and administration	To provide political direction and set policy priorities for intervention and play an oversight over the Department to ensure alignment to its mandate.
	MEC Meeting with Auditor General on the Audit Outcomes - AGSA	Ensure that findings by internal and external auditors are addressed fully	Ensured strategies to be undertaken to achieve the desired audit outcome of unqualified audit opinion
	Oversight all departmental reports and responses that need to the oversight committees and Structures	1 Half yearly report submitted to the legislature	Compliance with all legislative and statutory requirements toward achieving departmental priorities and deliverables
	Launched a state-of-the-art security system at Jose Pearson Hospital	Access control and guards' allocation strengthened, and additional cameras installed	Ensured safety of the staff and patients at the facilities
	Resource mobilisation and Stakeholder Engagement	Delivery of Ventilator- NMAH Turkey Ambassador	The new unit that will improve treatment of to patients.
November 2024	Operation Smile SA cleft lip and cleft palate surgeries at Nelson Mandela Academic Hospital	885 patients reached	Outreach with partners
	MEC Stakeholder Engagement to BCM District	Governance structures, unions, partners and employees engaged to ensure good governance and administration	Provided political direction and set policy priorities for intervention.
	Resource mobilisation and Stakeholder Engagement	8 mobile clinics and equipment from our reliable partners, the DG Murray Trust funded KeReady	Enhancing access to comprehensive primary healthcare services
	Audit Committee	Governance structures engaged to ensure good governance and administration	Oversight over the Department to ensure alignment to its mandate
	Doctors Day Recognition Day in East London	100 doctors were acknowledged for their	To honor the invaluable contributions of doctors

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
		contribution	that deliver healthcare to all communities.
	MEC's meeting with Lilitha College Council Members	Governance structures engaged to ensure good governance and administration	Oversight over the Department to ensure alignment to its mandate
	MEC Stakeholder Engagement to Chris Hani District	Governance structures, unions, partners and employees engaged to ensure good governance and administration	Provided political direction and set policy priorities for intervention.
	Safer seasons launch	32 new ambulances released	Ensure that the Dept is ready and has the capacity to respond to emergency
December 2024	World AIDS Day Commemoration at Sisa Dukashe Stadium Mdantsane	Over 5000 attended the World AIDS day.	Awareness to curb the spread of HIV/AIDS and access of services on wheels
	Outreach Port St Johns at Matane SPS, Ward 11, PSJLM	Ensuring that our people have access to quality healthcare services.	Expand access to Primary Health Care services
	Resource mobilisation and Stakeholder Engagement	Stakeholder Engagement for collaboration with SA military Health Service	Establishment of working and service delivery platforms
	Resource mobilisation and Stakeholder Engagement and outreach	Outreach Cofimvaba in partnership with Ingqanga Group	Expand access to Primary Health Care services through
	Christmas babies delivered	196 babies delivered in all Eastern Cape facilities	The Departments efforts to reduce neo-natal deaths have been realised.
01 January 2025	New Year Babies	Dora Nginza Hospital	The Departments efforts to reduce neo-natal deaths have been realised.
February 2025	Empilisweni Hospital oversight	Governance structures, unions, partners and employees were engaged to ensure good governance and administration	Ensure good governance and administration
	Pregnancy Awareness Session conducted	Umthawelanga Senior Secondary School- Maclear	Encourage learners, boys and girls to focus on studies and to keep the main thing, the main thing to curb the high rate of teenage pregnancy
	Outreach Centane eGodidi	Wheelchairs distributed, dental services and people	Expand access to Primary Health Care

DATE	ACTIVITIES/EVENTS	ACHIEVEMENTS	IMPACT
		access to quality healthcare services and CCMD	
	STI awareness campaign	Youth reached and services offered to students at iQhayiya College in Gqebera	Encourage the youth, to take care of their health and bodies by using condoms.
	Youth Zone Launch- Health Promoting Churches -St Stephens	Youth friendly services for youth to have access to quality healthcare services	Expand access to Primary Health Care
March 2025	MEC oversight visit Nessie Knight Hospital	Governance structures, unions, partners and employees were engaged to ensure good governance and administration	Ensure good governance and administration
	Pregnancy Awareness Session conducted Mzontsundu High School-eQonce	500 learners reached and 350 dignity packs distributed	Encourage the youth, to take care of their health and bodies and focus on education.
	Oversight visit Nelson Mandela Metro	Governance structures, social partners and employees engaged to ensure good governance and administration	Ensure good governance and administration
	CEO's forum at Cecilia Makiwane	13 CEO of the Big Hospitals reached	Ensure good governance and administration
	Planting of seedlings ar Edameni Clinic in Kariega	400 seedlings and gardening tools distributed	One Clinic, One garden as part of alleviating malnutrition, promoting food security and healthy communities.
	Resource mobilisation and Stakeholder Engagement	Stakeholder Engagement for collaboration with SA military Health Service	Establishment of working and service delivery platforms
	World TB Day Commemoration eNdumageni in Cathcart	500 people were reached and promotional material distributed	Awareness to ensure that TB is curable and access of services on wheels to access to quality healthcare services

Table 4.1.1: Performance against the re-tabled Annual Targets from 2024/25 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 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	7 statutory documents	8 statutory documents	10 statutory documents	10 statutory documents	Nil	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

Human Resource Management (HRM)

Recruitment and Filling of posts

The department had an approved Annual Recruitment Plan for 2024/25 which comprised one thousand and eighty-three (1083) posts. During the 2024/25 financial year, the department made 2 887 appointments inclusive of 1 063 posts against the Annual Recruitment (ARP) allocation, transfers in, mid-year cycle of community service personnel and the balance posts being filled through the replacing employees who had left through attrition through the available budget with specific focus on clinical categories.

The Department further received a Provincial Coordinating Management team (PCMT) approval to fill twenty-three (23) leadership posts which were deemed as priority towards service delivery. A Recruitment Roadmap was developed outlining the strategy on fastracking the recruitment and selection processes. Recruitment and selection processes have been concluded for the following SMS posts: Deputy Director General: Hospitals & CSS, Director: Capacitation & Utilization. Director: ICT, Director: Internal Audit, Director: Epidemiology; as well as CEO posts for Dora Nginza Regional Hospital and Jose Pearson Hospital. The posts have since been filled. The Chief Financial Officer (CFO) is among the posts that were also prioritised and will be filled first quarter of 2025/26 financial year.

Recruitment Selection process for the remaining SMS and CEO posts have been scheduled for conclusion with appointments also targeted for the first quarter of the next financial year.

To ensure that strategic leadership is maintained for continued and effective service delivery, the Department appointed acting CEOs in Frontier Regional Hospital, Livingstone Tertiary Hospital, Frere Tertiary Hospital, and Nelson Mandela Academic Hospital**.**

Service Delivery Model and Organogram Review

During the financial year 2024/25, the Service Delivery Model (SDM) and Organogram Review Project for the Eastern Cape Department of Health recorded steady and measurable progress. Functional organograms were fully completed (100%), the Migration Plan reached 95% completion, and the revised Service Delivery Model is 90% finalised. Staffing norms development, initially delayed, made strong progress and reached 80% by the end of March. Job description development was concluded entirely (100%), and the Change Management Programme remains stable at 70%, supported by the DTT. These achievements reflect improved governance by the Departmental Task Team (DTT) and the strong coordination from the Office of the Premier.

Despite these gains, a number of indicators have not met their intended targets. Organogram development concluded the quarter at 74%, falling short of the 100% target. Similarly, costing progress reached only 70%. These delays are largely due to the absence of national staffing norms, which required the Technical Task Team (TTT) to design a new framework and initiate a revised costing model within the Medium-Term Expenditure Framework constraints. Job Evaluations (0%) were delayed due to the Head Office organogram (80%) not being finalised, which is a prerequisite for evaluation processes. Staff engagements progressed to only 35%, impacted by limited participation from key managers, while Political Change Management reached 25%, requiring further stakeholder alignment.

To address areas of underperformance, the TTT is finalising the Head Office organogram to enable Job Evaluation processes, including benchmarking with other departments. A second version of the organogram costing is being developed to ensure affordability without compromising service delivery. Wider staff engagements, led by district managers and supported by HO Management and the TTT, will be rolled out from early May 2025.

Employee Wellness Programme

The department's Employee Health and Wellness (EHW) Operational Plan focuses on addressing:

- HIV & AIDS, STI and TB in the Workplace;
- Health and Productivity;
- Safety, Health, Environment, Risk and Quality, and
- Wellness.

Planned HCT awareness and preventive programme sessions, TB/ HIV screening, case management and counselling &reach out to affected individuals have been conducted.

To mitigate the impact of psychosocial and mental health challenges of health workers, provided individual counselling support, trauma debriefing sessions, psychoeducation sessions and training of supervisors.

ECDOH provided individual counselling support to 2457 employees as well as 29 Trauma debriefing sessions to 200 referred employees; 77 psychoeducation sessions reaching 2438 employees and trained 117 supervisors on how to manage troubled employees.

To reduce the negative impact of sick absenteeism, 92 PILIR cases were attended to with 28 employees returning to work; 3 finalised ill-health retirement; 9 taking normal retirement and 3 exiting through resignation. The other cases are still undergoing EW intervention.

To proactively manage health risk there were health screening and testing of Blood Glucose, Blood pressure, Cholesterol, Body Mass Index, HIV, TB and mental illness screening. This was done at wellness events and at Occupational Health clinics.

Medico-legal

Medico-legal claims and ballooning contingent liabilities associated with medicolegal continues to impact the State's ability to provide quality services and threatening the financial liquidity of the EC Department of Health, and the EC province at large. This huge contingent liability serves as a source of qualification by the AGSA and further threatens the going concern of the ECDOH, hence it is also an audit focus area. The integrated EC Medico-legal strategy aims to:

As part of its strategy, the department focused on the following;

- Halting of the outflow of funds from the Department of Health through upfront lump sum settlements,
- Strengthening of the administrative systems and the legal defence of current cases; and
- Targeting of clinical and forensic interventions with a view to reduce the risk of future litigation.

To mitigate this impact, the Department of Health has adopted strategies such as reducing upfront lump-sum payments and instead providing periodic compensation or services in kind, as allowed by recent legal precedents. One key approach has been the establishment of Centres of Excellence for Cerebral Palsy rehabilitation, aiming to improve access to specialized care and reduce future medico-legal liabilities. These centres are designed to deliver comprehensive, high-quality care, thus addressing the root causes of such claims while offering a more sustainable model of compensation and support for affected patients.

In strengthening PHD, the department is investing in building, renovating and also equipping the CP centres as vehicles to deliver this strategy.

Table B16: Various interventions on the development of CP Centres through infrastructural investments

Province of the EASTERN CAPE HEALTH

PROJECT DASHBOARD

STAY SAFE

***TABLE 1** : ECDoH CP Centres of Excellence : Project Progress*

Facility Name	Project Lifecycle						
	Stage 1 Initiation	Stage 2 Feasibility	Stage 3 Design Development	Stage 4 - Design Tender documentation	Stage 5 - Construction	Stage 6 - Handover, commissioning & occupation	Stage 7 - Close-out
Sir Henry Elliot	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	0%
Dora Nginza Hospital	Achieved	Achieved	Achieved	Achieved	0%	0%	0%
Cecelia Makiwane Hospital	Achieved	Achieved	Achieved	Achieved	0%	0%	0%
Frere Hospital	Achieved	Achieved	Achieved	0%	0%	0%	0%

EASTERN REGION: SIR HENRY ELLIOT

- The **renovations at the Sir Henry Elliot precinct** in Mthatha is **99% complete,** the remaining scope of work is commissioning of the Lift Installation.

CENTRAL REGION: CMH AND FRERE HOSPITALS

- For Frere Hospital the bid document is **ready to be presented to the Bid Specification Committee**.
- **Appointment of a contractor** for CMH has taken place, the anticipated site handover will take place in June 2025.

WESTERN REGION: DORA NGINZA HOSPITAL

- PT IBAC has issued correspondence **provisionally supporting the award** of this bid to the recommended bidder
- In the **interim, a contractor was engaged** to **refurbish space in the casualty unit** at Dora Nginza for use as outpatient CP care, this was completed.

The department acknowledges the pertinent role that proper administration systems play in reducing exposure to ML and there has been a number of interventions ranging from;

- Training,
- records management,
- proper management, and
- response to PAIA and LODs

Digitalisation of Records

Digitalisation of records and health management systems, as manual systems have proven to also add in the challenges facing the department. Proper management of the e-liability register to eliminate duplication whilst facilitating learning from the cases. The department is still heavy on paper systems, thus making it difficult for the department to guarantee safekeeping and accessibility as and when required. The chart below displays the location of digitisation centers.

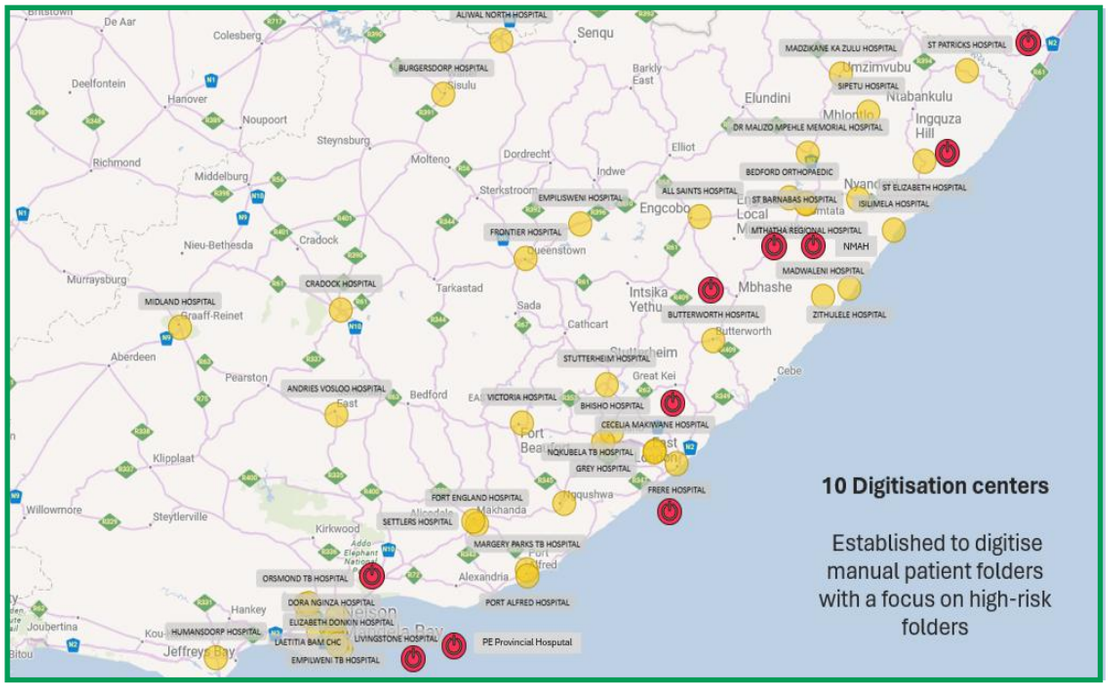


Fig. B17: Digitisation centers

Progress on Manual Folder Scanning

The chart below shows the progress on manual folder scanning as from January 2024 to March 2025 and so far, 20 902 files have been scanned. Furthermore, the chart displays the number of patient files scanned in the top 8 facilities.

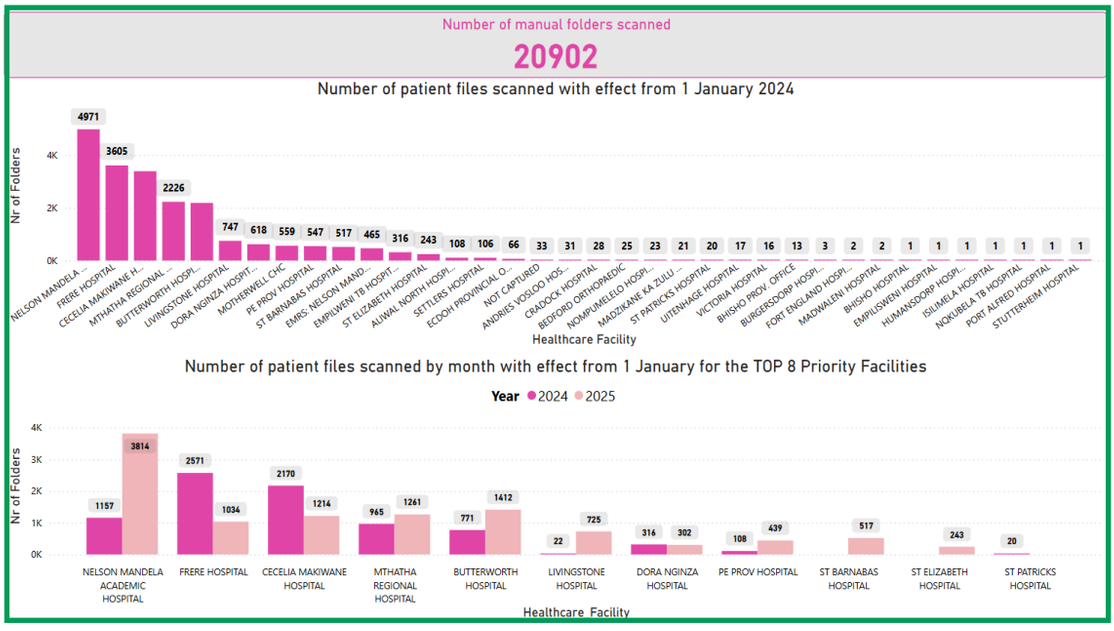


Fig. B18: Progress on manual patient folder scanning

Medico Legal Cases

The department continues to experience downward trend on the new medico legal cases. registered 233 new claims in 2022/23 Whilst in 2023/2024, this number has further reduced to 214 claims. This is 8% reduction in new claims registered in 2023/24 compared to previous year. 62% reduction compared to the peak number of 566 claims in 2017/18. Notably is further reduction of claims in 24/25 to 144 new registered claims. The chart below shows status of claims over 10 years.

YEAR	NUMBER OF CLAIMS	VARIANCE YEAR ON YEAR	
		Numbers	%
2012/13	104		
2013/14	207	103	99%
2014/15	334	127	61%
2015/16	458	124	37%
2016/17	389	-69	-15%
2017/18	566	177	46%
2018/19	525	-41	-7%
2019/20	418	-107	-20%
2020/21	350	-68	-16%
2021/22	364	14	4%
2022/23	233	-131	-36%
2023/24	214	-19	-8%

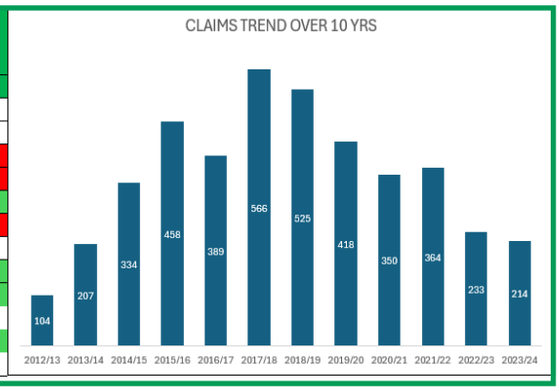


Fig. B19: Status of Medico Legal claims

As indicated, the department has observed the downward trend in the cases registered on our e-liability register, which does not only reflect the effectiveness of interventions, but also might be affected by the case that is currently at the SCA. The department is working closely with the Specialised Litigation Unit (SLU) and the external service provider to ensure that our legal defence is fortified.

The focus for the 7th Administration is to revise the medico legal strategy to ensure that the province keeps up with the developments on the medico legal field, whilst also acknowledging the lessons learned in implementing the previous strategy.

Information, Communication and Technology (ICT)

- Upgraded ICT Infrastructure to 50 Healthcare Facilities, including 41 of the most litigated hospitals.
- Upgraded ICT Infrastructure for the PAIA and Medico Legal Offices.
- Provided ICT infrastructure to District office and ICT support teams.
- Upgrading of seven (7) Data centers for transversal systems and Health Technology Solutions across the Eastern Cape.
- Established 8 X digitisation centers for digitisation of high-risk manual patient folders.
- District ICT strengthened with 75 ICT interns.
- Cloud migration project completed.

As part of financial viability, the regions were requested to submit their verifications for Telkom lines as part of the decision to decentralize the account:

- Active lines,
- Lines to be cancelled, and
- Unknown.

List of "unknown" numbers have been sent to Telkom to determine which type of services they are and to confirm whether they belong to the department.

HMS2 Progress

The chart below displays the milestone or the journey of HMS2 implementation for the financial year 2021/22 to the end of financial year 2024/25.

FINANCE

Revenue Generation

- The migration to the HMS2 patient administration and billing software has expanded significantly during the financial year, increasing to 41 institutions. The rollout has included 4 Emergency Management Services (EMS) sites in Chris Hani District, Amathole District, Buffalo City Metro and Nelson Mandela Metro.

- The implementation of electronic data interchange (EDI) functionality in the HMS2 billing module has markedly enhanced collections, which surged by 197%, from R5.154 million in 2023/24 to R15.298 million by 31 March 2025.

Table B17: Comparison of previous years revenue collection

DEPARTMENTAL RECEIPTS	2024/25			2023/24		
	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	313 248	164 743	148 505	291 768	203 350	88 415
Interest, dividend and rent on land	272	106	166	304	307	-3
Sale of capital assets	344	344	-	805	1 734	-929
Financial transactions in assets and liabilities	10 918	5 781	5 137	17 919	22 228	-4 309
Total	**324 782**	**170 974**	**153 808**	**310 796**	**227 619**	**83 174**

The Department collected R170.974 million in its own revenue for the 2024/25 financial year, representing a substantial decrease compared to the R227.619 million collected in 2023/24. Against the projected revenue of R324.782 million, this resulted in an under-collection of R153.808 million.

A significant portion of this collection shortfall is primarily attributable to delayed payments from the Road Accident Fund (RAF) and the Department of Justice and Constitutional Development (DOJ), who did not settle claims as anticipated during the year. Patient fees constitute R135.772 million (97%) of the amount of R153.808 million of which R57.643 million vests with the DOJ and R74.329 million vests with the RAF.
An intra and extra-departmental RAF revenue task team continued ongoing engagements for the collection of the outstanding amounts. A key challenge is that RAF has its internal challenges (restructuring and litigations) which negatively impact claims processing and payments to the department.

In addition, the department provincially and nationally is further continuing to engage with the DOJ for the collection of the outstanding amounts, which are earmarked for debt setoff against the State Attorney fees owed by the department – as recorded in year-end payables and accruals at 31 March 2025.

Table 4.1.2.1: Performance against the originally tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	*Actual Achievement 2024/25 until date of retabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Diagnosis of any medical condition in ex minors identified	6.8.1 Number of benefit medical examination conducted during outreach	New Indicator	New Indicator	2000	0	-2000	Target not achieved. No outreaches conducted due to austerity measures and the fact that partnership with other partners did not materialise. The Project Management Unit was not able to conduct the BMEs.	Management decided to track performance in the Operational Plan.

Table 4.1.2.2: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
7. Improved financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion of Provincial DoH	Qualified	Qualified	Unqualified	Unqualified	None	Target achieved.
	Approved procurement plan in place	7.1.2 Approved Annual Procurement Plan	2023/24 Approved Annual Procurement Plan submitted to Treasury before 31 March 2023	2024/25 Approved Annual Procurement Plan submitted to Treasury by 29 February 2024	2025/26 Approved Annual Procurement Plan	2025/26 Approved Annual Procurement Plan submitted to Treasury by 28 March 2025	None	Target achieved.
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	186,7mil	227,6 mil	324.8 mil	170.9 mil	-153.9 mil	Target not achieved. A significant portion of the collection shortfall is primarily attributable to delayed payments from

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								the Road Accident Fund (RAF) and the Department of Justice and Constitutional Development (DOJ), who did not settle claims as anticipated during the year. Patient fees constitute R135.772 million (97%) of the amount of R153.808 million of which R57.643 million vests with the DOJ and R74.329 million vests with the RAF.
6. Quality of health services improved	Approved costed HRH Strategy to create share	6.4.1 Holistic Human Resources for Health (HRH)	New Indicator	New Indicator	Approved HRH Strategy	Draft for HR Plan has been finalised and undergoing	HR plan still under consultation.	Target not achieved due to protracted consultation

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	vision to realise NHI	strategy approved				consultation.		processes.
8. Reduced causes of medical legal claims in facilities by 80%	Medico legal claims reduced	8.1.1 Contingent liability of medico-legal cases	R26,345,655bn	R26,442,526bn	R23,857 bn	R22,234 bn	R1 623 bn	Target overachieved due to improved management.
6. Quality of health services improved	Improved connectivity in health facilities	6.7.1 Percentage of Hospitals with connectivity	New indicator	50.6%	52.8%	57.3%	4.5%	Target overachieved. Sites forecasted for outer year planning were brought forward for installation as per OTP. In the geographical area where an installation was taking place, an adjacent site next to it planned for future years, also received installation.
		Numerator:		45 (23 new)	47 (10 new)	51 (7 new)		
		Denominator:		89	89	89		

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		6.7.2 Percentage of fixed PHC facilities with connectivity	13.4%	29.7%	32%	38%	6%	Target overachieved. Sites forecasted for outer year planning were brought forward for installation as per OTP. In the geographical area where an installation was taking place, an adjacent site next to it planned for future years, also received installation.
		Numerator:	104	230 (128 new)	249 (50 new)	292 (62 new)		
		Denominator:	776	775	777	777		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
7.1.3 Amount Revenue generated (R)	• Provide ongoing support and monitoring of revenue generation at the facilities. • Follow up on outstanding fees through relevant channels. • The Office of the Chief Financial Officer, through the designated Chief Directorates will facilitate stakeholder (internal and *external)* engagements with identified partners.
6.4.1 Holistic Human Resources for Health (HRH) strategy approved	• Incorporation and addressing of the comments on the draft HRP.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 1: ADMINISTRATION

Programme 1 spent at 76.2% underspending by R212.360 million after adjusting for funds shifts and virements of minus R77.400 million post the 2024/25 AEPRE.

The Programme gave up R39.000 million of its cash flows in favour of mitigating the COE pressures and R30.849 million of its cash flows in favour of mitigating the Goods & Services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20.000 million of its cash flows in favour of mitigating the COE pressures in Programme 5.

PROGRAMME 1: ADMINISTRATION							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Office of the MEC	10,793	11.022	(229)	11,899	10,108	1,791
2	Management	877,877	665,288	212,589	748,394	746,400	1,994
	TOTAL	**888,670**	**676.310**	**212.360**	**760,293**	**756,508**	**3,785**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**813,861**	**625.268**	**188.593**	**689,337**	**719,006**	**(29,669)**
	Compensation of employees	496,472	411.449	85.023	430,172	409,316	20,856
	Goods and services	317,389	205.651	111.738	259,165	305,606	(46,441)
	Interest and rent on land	-	8.168	(8.168)	-	4,084	(4,084)
	Transfers and subsidies	**2,107**	**2.572**	**(465)**	**2,072**	**3,303**	**(1,231)**
	Households	2,107	2.572	(465)	2,072	3,303	(1,231)
	Payments for capital assets	**72,702**	48.470	24.232	**68,884**	**34,199**	**34,685**
	Machinery and equipment	72,702	48.470	24.232	68,884	34,199	34,685
	TOTAL	**888,670**	**676.310**	**212.360**	**760,293**	**756,508**	**3,785**



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

Compliance with the District Planning and Monitoring framework has improved to 100%, with all six districts and two Metros successfully conducted the district performance reviews, and developed improvement plans to progressively improve performance. This achievement marked a 50% increase from previous year 2023/24 which had only four districts complied fully with the monitoring framework. The mentioned achievement is associated with constant provincial district management meetings held and close monitoring through participation of provincial managers to scheduled district reviews.

Compliance with the National Health Act, No. 61 of 2003, chapter 4, section 27 (1) (a) and 28 (2) is achieved at 100% with the Provincial Health Council (PHC) lead by the Honourable MEC met successfully on the 22nd of August 2024 and on the 27th of March 2025 to ensure governance and oversight on health issues that affect communities. The Provincial Health Consultative forum met on the 28th of March 2025 lead by the Honourable MEC for Health to promote and facilitate interaction, communication and the sharing of information on provincial health issues with community stakeholders, public and private sector.

Table B18: below shows District Performance Reviews status conducted during the FY 2024/25

DISTRICTS	DISTRICT QUARTERLY REVIEW SESSION: HELD DURING APRIL – JUNE 2024 Q1		DISTRICT QUARTERLY REVIEW SESSION: JUL -SEPTEMBER -2024 Q2		DISTRICT QUARTERLY REVIEWS SESSION: OCTOBER-DECEMBER 2024 Q3		DISTRICT QUARTERLY REVIEWS SESSION JANUARY- MARCH 2025 Q4	
POE	ATTENDANCE REGISTER	COMPLIANCE	ATTENDANCE REGISTER	COMPLIANCE	ATTENDANCE REGISTER	COMPLIANCE	ATTENDANCE REGISTER	COMPLIANCE
Alfred Nzo	Yes	100%	100%	100%	Yes	100%	Yes	100%
Amathole	Yes	100%	100%	100%	Yes	100%	Yes	100%
BCM	Yes	100%	100%	100%	Yes	100%	Yes	100%
Chris Hani	Yes	100%	100%	100%	Yes	100%	Yes	100%
Joe Gqabi	Yes	100%	100%	100%	Yes	100%	Yes	100%
NMM	Yes	100%	100%	100%	Yes	100%	Yes	100%
OR Tambo	Yes	100%	100%	100%	Yes	100%	Yes	100%
Sarah Baartman	Yes	100%	100%	100%	Yes	100%	Yes	100%

Improved leadership and management in PHC facilities

Leadership workshop was conducted targeting ten PHC facility managers per districts, of which a total of seventy-seven (77) successfully participated. The Leadership training was strengthened by a Mentor/Mentee training to extend the skill to other facility managers that did not attend the initial training. Additionally, thirty (30) Professional nurses obtained diploma in Clinical Nursing Science, Treatment and Care as a required standard for PHC facilities to improve the clinical care and patient management.

Table B19: Distribution of training in leadership in per district

DISTRICTS	CLINICAL NURSING SCIENCE, TREATMENT AND CARE 2024/25	LEADERSHIP AND MANAGEMENT
Alfred Nzo	0	11
Amathole	1	5
BCM	0	10
Chris Hani	11	10
Joe Gqabi	0	12
NMM	0	8
OR Tambo	18	10
Sarah Baartman	0	11
Province	**30**	**77**

Primary Health Care Facility Supervision

Supervision of Primary Health Care Facilities is a means by which the department monitors and facilitates quality of care standards and norms, in health facilities and ensures the effective and efficient use of resources, equity and access by served communities to a comprehensive integrated service package according to their needs.

Primary Health Care (PHC) supervision visits rate increased from 98% to 99% (724/734) during the reporting period. The number of PHC supervisors continue to decrease from 51 mid- year to 46 by end of the 4th quarter 2024/25. The reduction is due to inability to fill vacant post due to financial constraints. However, optimisation of the available resources resulted to the supervision rate of the facilities improved to 99%, due to integrated coordination of PHC facility visits by districts through sub districts teams. All districts and Metros are above 95% supervision rate.

Table B20: Spatial distribution of PHC supervisors and performance per district.

District	Total Clinics	No of Supervisors expected per district	No of appointed supervisors per district	District supervisor Coverage	Average number of clinics with supervisor 1:10	No of clinics visited for supervision	Clinic supervision rate
Alfred Nzo	72	7	4	56%	40	**72**	**100%**
Amathole	143	14	10	70%	100	**141**	**99%**
BCM	74	7	7	95%	70	**74**	**100%**
Chris Hani	152	15	6	39%	60	**149**	**98%**
Joe Gqabi	52	5	3	58%	30	**50**	**96%**
NMBM	39	4	1	26%	10	**39**	**100%**
OR. Tambo	142	14	11	77%	110	**140**	**99%**
Sarah Baartman	60	6	7	100%	60	**59**	**98%**
Province	**734**	**73**	**46**	**65%**	**480/734**	**724**	**99%**

Table 4.2.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.1-District Management

Outcome (as per SP 2020/21 -2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	6	8	8	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	

Improved access and efficiency in health service delivery:

To improve access of Primary Health Care services to Eastern Cape communities, the department has increased the number of mobile clinic vehicles from one hundred and seventy-seven (177) previous year to two hundred and four (204) this financial year.

- Eighteen (18) modernized fully equipped mobile clinic vehicles which are multipurpose types were procured, suitable for well-structured and poorly structured roads within the districts.

- Additional one (1) mobile vehicle was donated by the Cookhouse Wind Farm Community Trust to serve the Bedford and Adelaide communities, enhancing healthcare access for farm workers and vulnerable communities at Raymond Mhlaba sub district, received by the Honourable MEC on the 17th of September 2024,

- Further additional eight (8) mobiles were received by the department, donated by DG Murray Trust which were handed over on the 21st of November 2024, to the various districts by the Honourable MEC.

Table B21: Distribution of mobile clinic vehicles per district 2024/2025

DISTRICT	CLINICS	CHC	MOBILE CLINICS 2023/24	MOBILES ANNUAL 2024/2025	DONATED/ PUBLIC PRIVATE PARTNERSHIP MOBILES	TOTAL MOBILES PER DISTRICT
Alfred Nzo	72	3	21	22	1	23
Amathole	143	5	20	22	2	24
Buffalo City M.	74	5	16	18	2	20
Chris Hani	152	7	34	36	1	37
Joe Gqabi	52	0	15	17	1	18
Nelson Mandela	39	9	22	24	1	25
OR Tambo	143	11	26	29	0	29
Sarah Baartman	59	3	23	27	1	28
Total	**734**	**43**	**177**	**195**	**09**	**204**

Progress on Digital intervention in Primary Health Care Facilities

PHC Comprehensive Electronic Tick Register(e-Tick) is a patient data collection tool used in PHC facilities which is an essential part of providing high-quality patient care and decision making based on high-quality routinely collected medical information. The Electronic PHC Comprehensive Tick Register is introduced to reduce paper-based data collection and improve efficiencies in PHC information management.

Progress on Digital intervention in Primary Health Care Facilities

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PHC Facilities implementing comprehensive electronic tick register improved from five hundred and thirteen (513) previous year to six hundred and forty (640) in 2024/25. This marked an increase of one hundred and twenty-seven (127) new facilities implementing e-Tick register. Although there is progress, the destructive effects of heavy storms to facilities' infrastructure and equipment had bad effect in some districts, as well as breakages and theft of computers, which is managed through intersectoral collaboration.

Table B22: Comprehensive electronic tick register performance per district 2024/25

Districts	PHC fixed facilities	# of Facilities implementing e tick register by end 2023/24	# of Facilities implementing e tick register by end 2024/25
Alfred Nzo	75	**12**	**25**
Amathole	148	**142**	**144**
BCM	79	**62**	**74**
Chris Hani	159	**153**	**152**
Joe Gqabi	52	**22**	**38**
NMBM	48	**12**	**22**
O.R. Tambo	153	**98**	**148**
Sarah Baartman	63	**12**	**37**
Province	**777**	**513 (66%)**	**640 (82%)**

Table 4.2.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.1-District Management

Outcome (as per SP 2020/21 -2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	6	8	8	0	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	

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

Ideal Health Facility Realization and Maintenance (IHFRM) Program:

- All districts conducted the Status Determinations as per the Ideal Health Facility Realisation and Maintenance (IHFRM) Monitoring Framework cycle to continuously improve health facilities towards Ideal Clinic status. The final Status Determination (SD) was done during the fourth quarter through Peer Review Updates (PRU) for those facilities that never achieved the Ideal Clinic Status and Permanent Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) for those that lost their status along the way, which marked the outcomes for 2024/25 financial year.

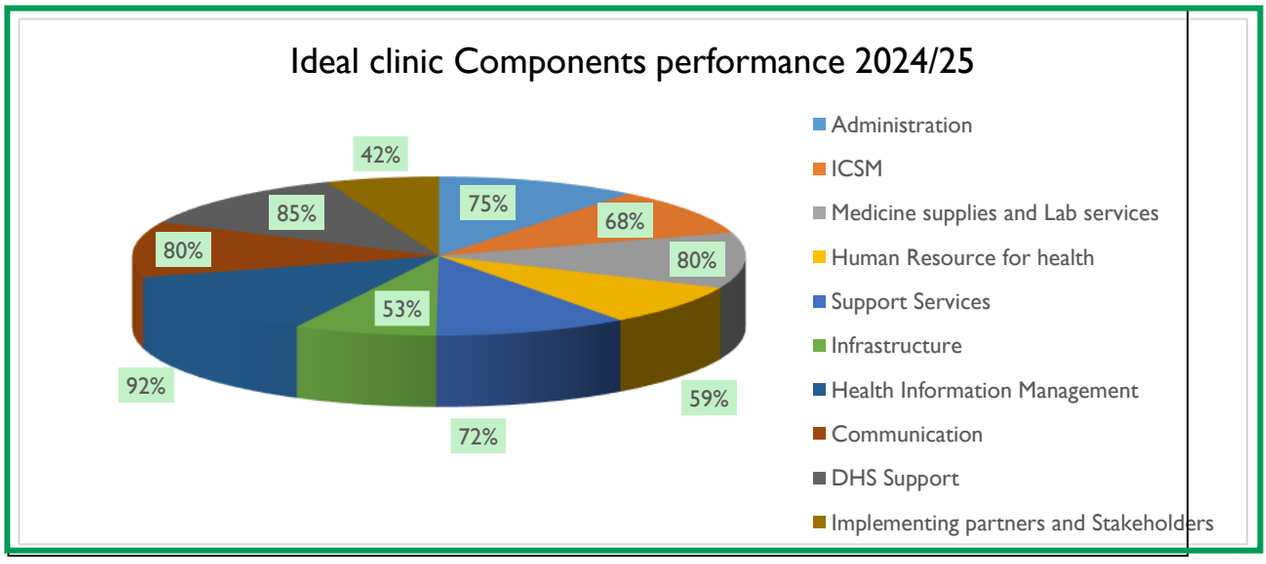
- Seven hundred and seventy-one out of seven hundred and seventy-seven (771/777) 99.2% of PHC facilities conducted Peer Review Updates and PPTICRM SDs, of which 62% (485/777) achieved Ideal Clinic status. Three (3) districts achieved more than 70% of facilities with Idea Clinic Status (Sarah Baartman 93%, Nelson Mandela Metro 83% and Amathole 72%).

- There were sixty-three (63) new facilities that achieved the Ideal Clinic status this financial year. Factors affected achievement of Ideal Clinic status includes the introduction of the Merged version of Ideal health facility monitoring framework and recurring destructive weather storms. Although Alfred Nzo district is mostly affected, by the additional Non-Negotiable Vital elements, in the new version, the average performance score obtained is 80.4%.

Table B23: Progress and outcome of status determination conducted: FY 2024/25 per district

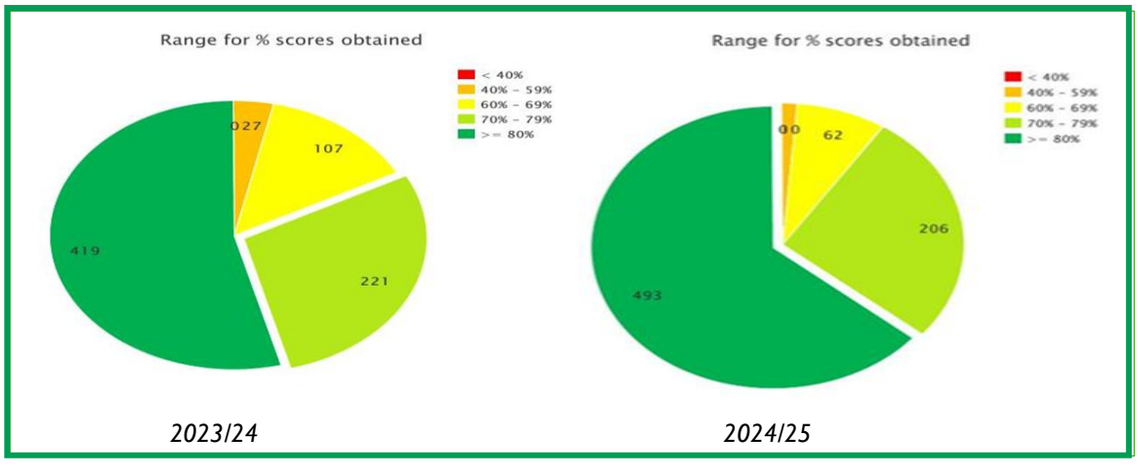
Districts	# of Facilities	# Facilities conducted SD	% of Clinics conducted SD	Average % scored	# Facilities with IC status	% of Facilities with Ideal status
Alfred Nzo	75	75	100%	80.4%	0	0.0%
Amathole	148	148	100%	87.6%	107	72.3%
Buffalo City	79	79	100%	79.0%	55	69.6%
Chris Hani	159	158	99,3%	77.1%	99	62.7%
Joe Gqabi	52	52	100%	80.2%	28	53,8%
Nelson Mandela	48	47	97.9%	79.3%	40	85.1%
Oliver Tambo	153	151	98.6%	82.7%	97	64.2%
Sarah Baartman	63	61	96.8%	74.8%	59	96.7%
EASTERN CAPE	**777**	**771**	**99.2%**	**80.9%**	**485**	**62,9%**

Fig. B20: Ideal clinic Components performance 2024/25



There was noticeable improvement in the overall performance in ICRM with 493 facilities achieved more than 80%, 206 scored between 70-79% with 62 scored between 60-69%. None scored less than 40% which is an increase from the previous financial year as shown on the pie graphs below.

Fig. B21: Range for percentage of scores obtained 2024/25 and 2023/24



Progress on Updated Facility Profiles for clinics.

The clinics with updated facility profiles are at 97% (712), only 3% (22) outstanding, which includes facilities that are under renovations. Three districts have 100% of clinics updated their facility status (Amathole, NMBM, Sarah Baartman) Facility profiles are updated annually to monitor the health service delivery platform, governance and service delivery package to the catchment population per facility as well as collaboration and partnerships. This System assist to determine service capacity and capability and equitable resource allocation per clinic.

Table B24: Updated facility profiles per district

DISTRICT	NO OF CLINICS	NO. COMPLETED FACILITY PROFILES	%	OUTSTANDING PROFILES
Alfred Nzo	72	66	92%	6
Amathole	143	143	100%	0
BCM	74	73	99%	1
Chris Hani	152	145	95%	7
Joe Gqabi	52	46	88%	6
NMBM	39	39	100%	0
O.R. Tambo	142	140	99%	2
S. Baartman	60	60	100%	0
Total	**734**	**712**	**97%**	**22**

Office of Health Standards Compliance (OHSC) performance

By the end of 2024/25 financial year, three hundred and eighty-three (383) facilities were certified compliant by the Office of Health Standards Compliance (OHSC). This is a remarkable increase of 182 PHC from the previous financial year. This is a promising performance towards accreditation of these facilities for the implementation of National Health Insurance.

Table B25: Number of facilities that are OHSC compliant per district.

DISTRICT	NUMBER OF PHC FACILITIES OBTAINED OHSC CERTIFICATES OF COMPLIANCE	
	2023/24	2024/25
Alfred Nzo	8	11
Amathole	56	84
Buffalo City	29	46
Chris Hani	17	91
Joe Gqabi	9	10
Nelson Mandela	21	27
Oliver Tambo	50	72
Sarah Baartman	11	42
Province	**201**	**383 (182 new)**

To improve on Integrated Clinical Service Management in PHC

To improve quality of care provision in PHC, seven out of eight districts conducted Integrated Clinical Service Management (ICSM) training during this financial year with the assistance of the NDOH regarding accommodation and catering for the participants and facilitators. There were 301 participants trained on ICSM across the districts inclusive of Clinic Supervisors, Operational Managers, Professional Nurses and some programme managers like Non-Communicable Disease managers, General Health Program managers, Information Managers, DCST's and Clinical trainers. This will assist in cascading this training to Sub-districts ensuring that all Professional Nurses are trained on ICSM.

Progress in Basic Life Support (BLS) skills

The Provincial progress in capacity building of Professional Nurses on Basic Life Support (BLS) improved from 607 by end 2023/24 to 1244 during 2024/25, with Amathole, Buffalo City and OR Tambo increasing facility saturation gradually.

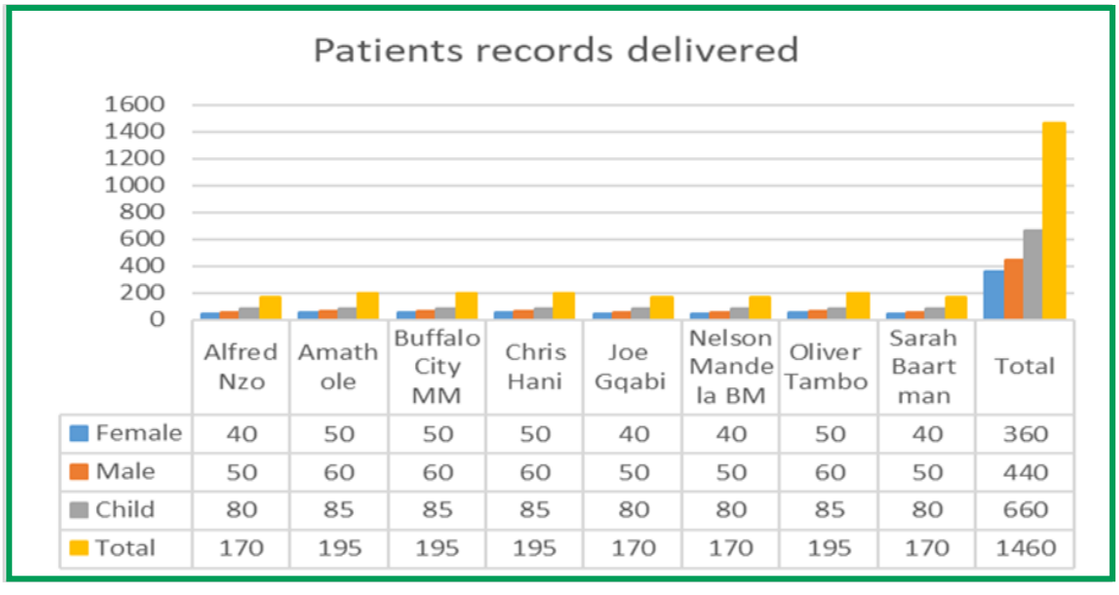
Table B26: Progress on PHC Nurses trained on Basic Life support skills: 2024/25

DISTRICT	NO OF FACILITIES	TARGETED NURSES	END FINANCIAL YEAR 2023/24	Q4 2024/25	% OF NURSES WITH BLS SKILLS
Alfred Nzo	75	363	129	178	49%
Amathole	148	615	72	288	47%
BCM	79	548	69	130	24%
Chris Hani	159	548	17	93	17%
Joe Gqabi	52	182	02	30	16%
NMM	48	478	31	137	29%
OR Tambo	152	890	52	130	15%
Sarah Baartman	64	258	235	258	100%
Province	**777**	**3882**	**607**	**1244 (637 new)**	**32%**

Improving clinical data management in PHC facilities

To improve availability of patient's records, female, male and child health records were procured and delivered to facilities during this financial year. This is intended to improve the documentation of the patient's journey seen at the health facilities for proper management of patients and continuity of care.

Fig. B22: Distribution of patients records during this quarter



During this year 135 facilities were identified by the districts for procurement and installation of the Bolted shelves for filing and safe keeping of patient records as prescribed by the National guideline for filing, archiving and disposal of patient records in primary health care facilities. The table below depicts the distribution and installation of these bulk filers. This process is expected to be completed by the end of April 2025; on rainy days the delivery of shelves is delayed due to muddy bad roads to facilities. Table below shows the distribution of bolted shelves.

Table B27: Progress on installation of Bolted shelves during 2024/25 FY per district.

DISTRICTS	TOTAL BOLTED SHELVES INSTALLED
Alfred Nzo	19
Amathole	19
Buffalo City MM	22
Chris Hani	25
Joe Gqabi	2
Nelson Mandela BM	30
Oliver Tambo	13
Sarah Baartman	5
Total	**135**

Medical equipment and surgical consumables procured during this FY.

To improve Ideal Clinic status of PHC facilities several medical equipment were procured to enhance clinical care and treatment of patients.

Table B28: Procured medical equipment and surgical consumables during 2024/25 FY

NELSON MANDELA METRO	SARAH BAARTMAN	O.R. TAMBO	AMATHOLE
• Examination couch • First aid kits • HB meters • HB meters - strips • Infant radiant warmer • Mattress covers waterproof. • Scales adult • Space / Thermal blankets • Suction machines • Surgical packs already made. • Thermometer room wall • Transport stretcher • Ultrasound machine (awaiting delivery)	• BP cuffs different sizes for Med hold Dinamap machines • Patient records Male, female and Children's records • Maternity case records • Batteries different sizes • Pulse oximeters for each clinic • Printing paper • Adult and Paeds AED pads • AED adult pads • Stitch scissors	• Adult scales • Patient records • Ambubags • ET tube's (cuffed & uncuffed) • Defibrillators • Guedel Airways • Catheters • Non re breather masks • Patient Monitors	• Diagnostic sets • Vital signs monitors • Laryngoscope sets with blades • Laryngoscope bulbs • Defibrillators • Emergency trolleys • Foetal Doppler's • Magill's forceps • Suction machines • ET Tubes uncuffed and cuffed • Nasogastric tubes • Laryngeal masks • Introducers

NELSON MANDELA METRO	SARAH BAARTMAN	O.R. TAMBO	AMATHOLE
• Urine jars • Vital signs monitor (awaiting delivery) • MUAC tapes adults • MUAC tapes paeds • Oxygen gauge pin index • Oxygen gauges bull nose • Vaginal speculums ums large • Wheelchairs • Wheelchairs • Suction catheter 8g (awaiting delivery) • Stitch scissors (awaiting delivery) • Patella hammer (awaiting delivery) • Dressing pack 25cm (awaiting delivery) • Tuning forks (awaiting delivery)			

Table 4.2.2: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.2-Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal increased	6.2.1 Ideal clinic status obtained rate	24.7%	63%	38%	62%	24%	Target over-achieved due to several intervention strategies implemented such as performance reviews conducted on Ideal Health Facility Realisation and Maintenance (IHFRM) and in-service trainings on Integrated Clinical Services Management (ICSM) that were during the reporting period.
		Numerator:	181	491 (125 new)	292 (100 new)	485 (63 new)		
		Denominator:	734	777 (2 new facilities)	777	777		
	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	85%	86%	86.3%	85%	-1.3%	Target not achieved due to patients mostly complaining of a lack of cleanliness in clinics.
		Numerator:	304 824	722 463	309 270	591 365		
		Denominator:	358 366	838 831	358 366	691 896		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Patient safety improved	6.3.8 Severity assessment code (SAC)1 incident reported within 24 hours rate	New Indicator	71%	86%	60%	-26%	Target not achieved due to poor implementation of PSI guidelines by the clinicians leading to delayed case reporting and most were identified misclassified during performance reviews.
		Numerator:		5	24	9		
		Denominator:		7	28	15		
		6.3.17 Patient Safety Incident (PSI) case closure rate	New Indicator	95%	88%	95%	7%	Target overachieved due to performance reviews that were conducted on Ideal Health Facility Realisation and Maintenance (IHFRM) during the reporting period.
		Numerator:		74	28	53		
		Denominator:		78	32	56		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.3.8 Severity assessment code (SAC)1 incident reported within 24 hours rate	Training of the Clinicians on the Patient safety guidelines by Quality Assurance and monitoring of reporting.
6.1.1 Patient experience of care satisfaction rate	• Training of cleaners on cleaning protocols and procedures. • Monitoring the implementation of cleaning according to the available cleaning schedule • Supervision of cleaners • Facilitate appointment of cleaners

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

Ideal Health Facility Progress and Impact in CHCS

Forty-two out of forty-three (98%) CHCs conducted Status Determination during 2024/25 financial year. There were 16 (38%) that achieved Ideal Health Facility status with an overall average performance score ranging between 67% and 92% which shows consistent improvement. Number of CHC's that achieved the Ideal Facility Status has decreased compared to previous financial year due to the changes effected during November 2024, when National updated the monitoring framework version 20 with additional Non-Negotiable Vital elements. All districts have embarked on improvement plans to adjust to the new requirements

Progress on Office of Health Standard Compliance (OHSC)

There is much improvement in Community Health Centres obtaining compliance certificates by the Office of Health Standard Compliance (OHSC). Out of 43 CHCs, 32 (74%) obtained certificates of compliance from the assessment done by the OHSC progressively. This is a good progress towards implementation of National Health Insurance. The table below CHC performance per district:

Table B29: Number of Community Health Centres (CHCs) Compliant with OHSC

DISTRICT	NO. OF CHCS	NO. OHSC COMPLIANT	PERCENTAGE COMPLIANT
Alfred Nzo	3	1	33%
Amathole	5	5	100%
Buffalo City Metro	5	3	60%
Chris Hani	7	5	71%
Joe Gqabi	No CHC	No CHC	No CHC
Nelson Mandela Bay Metro	9	8	89%
Oliver Tambo	11	7	64%
Sarah Baartman	3	3	100%
Average / Total	**43**	**32**	**74%**

Community Health Centres Facility Profiles 2024/25

There were 41/43 (95%) CHCs that updated their profiles during this financial year as shown on the table below. This update is conducted during the 1st quarter of each financial year. Health facility profile updates, is a system by which health facility capacity and capabilities are determined and influence equitable resource allocation, composed of service delivery package, social determinants of health, human resource available, infrastructure, supporting partners and Governance Structures as well as operating hours.

The table below shows Facility profiles updated per district during 2024/25.

Table B30: 2024/25 CHC facility profiles updates

PROVINCE / DISTRICT	# OF FACILITIES	# FACILITY PROFILES COMPLETED
A Nzo DM	3	2
Amathole DM	5	5
Buffalo City MM	5	4
C Hani DM	7	7
N Mandela Bay MM	9	9
O Tambo DM	11	11
Sarah Baartman	3	3
Total	**43**	**41**

Table 4.2.3: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.3-Community Health Centres

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	75.7%	79%	83%	79%	-4%	Target not achieved due to patients mostly complaining of a lack of cleanliness in CHCs.
		Numerator:	20 972	80 154	22 996	83 895		
		Denominator:	27 706	100 979	27 706	105 618		
	Patient safety improved	6.3.9 Severity assessment code (SAC)1 incident reported within 24 hours rate	New Indicator	62%	60%	42%	-18%	Target not achieved due to poor implementation of PSI guidelines by the clinicians leading to delayed case reporting and most were identified misclassified during performance reviews.
		Numerator:		13	12	20		
		Denominator:		21	20	48		
		6.3.18 Patient Safety Incident (PSI) case closure rate	New Indicator	93%	100%	69%	-31%	Target not achieved due to poor implementation

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Numerator:		37	24	42		of PSI guidelines by the clinicians leading to delayed case reporting and most were identified misclassified during performance reviews.
		Denominator:		40	24	61		

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 the Clinicians on the Patient safety guidelines by Quality Assurance and monitoring of reporting.
6.3.18 Patient Safety Incident (PSI) case closure rate	• Training of the Clinicians on the Patient safety guidelines by Quality Assurance and monitoring of reporting.
6.1.2 Patient experience of care satisfaction rate	• Training of cleaners on cleaning protocols and procedures. • Monitoring the implementation of cleaning according to the available cleaning schedule • Supervision of cleaners • Facilitate appointment of cleaners

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.

PROGRESS AND ACHIEVEMENTS

- All health districts have achieved annual performance of all positivity rates for the annual period 2024/2025:
- **Hypertension 18 -44 years positivity rate.** Two million nine hundred and seventy-seven thousand one hundred and twenty- five (2 977 125) clients 18-44years were screened for hypertension against target of six hundred and seventy - seven thousand seven hundred and twenty – four (677 724).
- Nineteen thousand two hundred and seventy – nine (19 279) clients required / referral for hypertension treatment and eleven thousand nine hundred and sixty - four (11 964) were confirmed and put on hypertension treatment new.

Table B31: Hypertension 18 – 44 years – District Performance for 2024/25

District	Screened for hypertension ages 18–44, April 2024 – March 2025	Clients aged 18-44 screened and referred for hypertension treatment, April 2024 – March 2025	Hypertension clients 18-44 years put on treatment (new)
Alfred Nzo	497 424	3 678	1 234
Amathole	2697 17	3 696	1 390
Buffalo City Metro	380 862	1 959	1 638
Chris Hani	357 224	1 872	1 793
Joe Gqabi	246 457	975	605
NM Bay	404 249	2 236	2 176
O.R. Tambo	610 980	2 805	1 975
Sara Baartman	210 212	2 058	1 153
EC	**2 977 125**	**19 279**	**11 964**

- **Hypertension 45 years and older positivity rate**. One million four hundred and fifty – one thousand five hundred and thirty - five (1 451 535) clients 45 years & > screened for hypertension against target of four hundred and ninety-eight thousand six hundred and seventy – one (498 671).
- Twenty -seven thousand five hundred and fifty – four hundred (27 554) clients required / referral for hypertension treatment and twenty - two thousand and sixty – nine (22 069) were confirmed and put on hypertension treatment new.

Table B32: Hypertension 45 years & older – District Performance for 2024/25

District	SCREENED FOR HYPERTENSION AGES 45 YEARS & OLDER, APRIL 2024 – MARCH 2025	CLIENTS AGED 45 & OLDER SCREENED AND REFERRED FOR HYPERTENSION TREATMENT, APRIL 2024 – MARCH 2025	HYPERTENSION CLIENTS 45 & OLDER YEARS PUT ON TREATMENT (NEW)
Alfred Nzo	231 660	5 480	3 063
Amathole	157 069	4 853	3 076
Buffalo City Metro	195 252	2 991	2 793
Chris Hani	220 973	2 865	3 424
Joe Gqabi	126 914	1 886	1 304
NMB ay	164 622	3 741	2 985
O.R. Tambo	283 105	3 185	4 320
Sara Baartman	71 940	2 553	1 104
EC	**1 451 535**	**27 554**	**22 069**

- **Diabetes 18 -44 years positivity rate.** Two million eight hundred and fifty-seven thousand one hundred nine (2 857 109) clients 18-44 years were screened for diabetes against target of one million one hundred and thirty – four thousand eight hundred and eighty (1 134 880).

- Eleven thousand eight hundred and twenty - three (11 823) clients screened and requiring / referral for diabetes treatment and four thousand nine hundred and four (4 904) were confirmed and put on diabetes treatment new.

Table B33: Diabetes 18 -44 years– District Performance for 2024/25

DISTRICT/ METRO	ANNUAL ACTUAL SCREENED FOR DIABETES 18-44 YRS APRIL 2024 - MARCH 2024	ANNUAL ACTUAL CLIENTS 18-44 YRS SCREENED & REQUIRING/ REF DIABETES TREATMENT APRIL 2024 - MARCH 2025	ANNUAL ACTUAL PUT ON TREATMENT NEW
Alfred Nzo	494 515	2 078	305
Amathole	263 609	4 235	365
Buffalo City Metro	354 662	763	508
Chris Hani	357 233	1 065	678
Joe Gqabi	247 245	422	478
NM Bay	358 801	864	1 360
O.R. Tambo	577 902	1 774	908
Sara Baartman	203 142	622	302
EC	**2 857 109**	**11 823**	**4 904**

- **Diabetes 45 years and older positivity rate**. Tow million and sixty – eight thousand and forty -five (2 068 045) clients 45years and older were screened for diabetes against the target of eight hundred and thirty – four thousand and forty-seven (834 047).
- Twenty thousand seven hundred and eighty (20 780) clients required / referral for diabetes treatment and seven thousand eight hundred and sixteen (7 816) were confirmed and put on diabetes treatment new.

Table B34: Diabetes 45 years & older – District Performance for 2024/25

District/ Metro	Screened for diabetes ages 45 years & older, April 2024 – March 2025	Clients aged 45 & older screened and referred for diabetes treatment, April 2024 – March 2025	Diabetes clients 45 & older years put on treatment (new)
Alfred Nzo	319 404	3 617	944
Amathole	265 731	9 075	1 187
Buffalo City Metro	243 019	1 220	906
Chris Hani	341 358	1 150	1 001
Joe Gqabi	200 004	767	459
NMBay	206 001	1 636	1 245
O.R.Tambo	371 379	2 321	1 694
Sara Baartman	121 149	994	380
EC	**2 068 045**	**20 780**	**7 816**

- During 2024/25 financial year the NCD program has integrated into the Operation Phuthuma model and collaborated the program managers, district mentors and partners for in-service training.
- For the annual period 2024/ 2025 four hundred and thirty – one (431) spectacles issued to children and twenty – two thousand and sixty - two (22 062) spectacles issued to adults.
- As end of the financial year 2024/2025, two hundred and two (202) clients have been registered on Long Term Domiciliary Oxygen (A Nzo – 3, Amathole – 22, BCM - 89, Chri Hani - 19, Joe Gqabi – 1, N M Bay – 34, O.R. Tambo – 30 and Sara Baartman – 4.
- Five (5) ophthalmic chairs and stand have been delivered to five district hospitals (Butterworth, Stutterheim, Settlers, Nompumelelo, and Grey). The remaining five ophthalmic chairs will be delivered to five hospitals in the first quarter (April – March 2025/26).

Table 4.2.4.1: Performance against the originally tabled Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
4. Morbidity and Premature mortality due to non-communicable diseases reduced	Clients early detection of illness and prevention	4.2.1 Positivity rate for hypertension 18 – 44 years	New indicator	0.5%	5%	0.6%	-4.4%	Target not achieved due to the indicator being over-targeted. By the end of July—the final month before re-tabling of the Annual Performance Plan (APP)—a total of 1 054 784 clients aged 18–44 years were screened for hypertension provincially, exceeding the mid-year target of 613 627. However, only	Revised target was informed by past performance and results of the study that was conducted.
		Numerator		15 513	61 362	6 733			
		Denominator		3 368 187	1 227 254	1 054 784			

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								6 733 clients in this age group presented with symptoms of hypertension.	
		4.2.2 Positivity rate for hypertension ≥ 45 years	New indicator	1.4%	5%	1.7%	-3.3%	Target not achieved due to the indicator being over-targeted. By the end of July—the final month before re-tabling of the Annual Performance Plan (APP)—a total of 527 289 clients aged 18–44 years were screened for hypertension provincially, exceeding the	Revised target was informed by past performance and results of the study that was conducted.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		Numerator		24 993	40 247	9 095		mid-year target of 402 471. However, only 9 095 clients in this age group presented with symptoms of hypertension.	
		Denominator		1 724 382	804 941	527 289			
		4.3.1 Positivity rate for diabetes 18 – 44 years	New indicator	0.4%	5%	0.4%	-4.6%	Target not achieved due to the indicator being over-targeted. By the end of July—the final month before the re-tabling of the Annual Performance Plan (APP)—a total of 1 005 570 clients aged 18–44 years were screened for	Revised target was informed by past performance and results of the study that was conducted.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								diabetes provincially, approaching the mid-year target of 1 027 547. However, only 3 681 clients in this age group presented with symptoms of diabetes.	
		Numerator		13 488	102 754	3 681			
		Denominator		3 232 040	2 055 093	1 005 570			
		4.3.2 Positivity rate for diabetes ≥ 45 years	New indicator	0.8%	5%	0.9%	4.1%	Target not achieved due to the indicator being over-targeted. By the end of July—the final month before re-tabling of the Annual Performance Plan (APP) - a total of 745	Revised target was informed by past performance and results of the study that was conducted.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								315 clients aged 18–44 years were screened for diabetes provincially, exceeding the mid-year target of 673 956. However, only 6 379 clients in this age group presented with symptoms of diabetes.	
		Numerator		17 936	67 395	6 379			
		Denominator		2 350 033	1 347 911	745 315			
	Reduction of blindness	4.5.1 Cataract surgery rate	344.4/1 000 000	513.4/1 000 000	582.7/1 000 000	500.7/1 000 000	-82.7/1 000 000	Target not achieved. The 3 out of 4 eye units with ophthalmologists did not perform well. Only the NMB unit, also serving Sarah Baartman,	Revision was due to budgetary constraints and reduced partner support from National Council for the Blind.
		Numerator	2 069	3 083	3 500	3 006			
		Denominator	6 006 715	6 004 621	6 006 715	6 003 438			

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								exceeded targets. The other three units—BCM, Chris Hani, and OR Tambo—underperformed significantly against their cataract surgery targets.	

Table 4.2.4.2: Performance against the re-tabled Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
4. Morbidity and Premature mortality due to non-communicable diseases reduced	Clients early detection of illness and prevention	4.2.1 Positivity rate for hypertension 18 – 44 years	New indicator	0.5%	<2%	0.7%	1.3%	The target was overachieved. The districts have conducted in-service training on the National Indicator Data Set (NIDS), data verification, validation, and programme performance reviews. Integrated health Information activities including education on diabetes, blood pressure healthy lifestyles, treatment adherence were done in Chris Hani, Nelson Mandela Bay, and Sarah Baartman districts.
		Numerator		15 513	13 554	19 279		
		Denominator		3 368 187	677 724	2 977 125		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		4.2.2 Positivity rate for hypertension ≥ 45 years	New indicator	1.4%	<2%	1.9%	0.1%	Target achieved. The slight overachievement is attributed to increased screening coverage at facility.
		Numerator		24 993	9 973	27 554		
		Denominator		1 724 382	498 671	1 451 535		
		4.3.1 Positivity rate for diabetes 18 – 44 years	New indicator	0.4%	< 2%	0.4%	1.6%	The target was overachieved. The districts have conducted in-service training on the National Indicator Data Set (NIDS), data verification, validation, and programme performance reviews. Integrated health Information activities including education on diabetes, blood
		Numerator		13 488	22 698	11 823		
		Denominator		3 232 040	1 134 880	2 857 109		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								pressure healthy lifestyles, treatment adherence were done in Chris Hani, Nelson Mandela Bay, and Sarah Baartman districts.
		4.3.2 Positivity rate for diabetes ≥ 45 years	New indicator	0.8%	< 2%	1%	1%	The target was overachieved. The districts have conducted in-service training on the National Indicator Data Set (NIDS), data verification, validation, and programme performance reviews. Integrated health Information activities including education on diabetes, blood pressure healthy
		Numerator		17 936	16 701	20 780		
		Denominator		2 350 033	834 047	2 068 045		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								lifestyles, treatment adherence were done in Chris Hani, Nelson Mandela Bay, and Sarah Baartman districts.
	Prevention and early detection of mental illness	4.4.1 PHC Mental disorders treatment rate new	0.1%	0.03%	0.2%	0.1%	-0.1%	The target was not met. Mental health service users' visits to and preference for hospital treatment over Primary Health Care (PHC) facilities contributed to this outcome.
		Numerator	12 663	4 440	28 235	6 136		
		Denominator	14 117 664	13 943 191	14 117 664	13 607 520		
	Reduction of blindness	4.5.1 Cataract surgery rate	344.4/1 000 000	513.4/1 000 000	350/1 000 000	591.5/1 000 000	241.5/1 000 000	The target was overachieved due to a cataract surgery marathon conducted at Cecilia Makiwane Hospital, resulting in an additional 253 surgeries. A

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								further 75 cataract surgeries were performed through the Oliver and Adelaide Hospital Tour, a partnership between the South African National Council for the Blind (SANCB), the National Department of Health, and the Eastern Cape Department of Health.
		Numerator	2 069	3 083	2 102	3 551		
		Denominator	6 006 715	6 004 621	6 006 715	6 003 438		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
4.4.1 PHC Mental disorders treatment rate new	• To promote understanding of mental health through targeted awareness and education campaigns. • The Mental Health Directorate, together with the District Health Services Directorate, will collaborate in monitoring the indicator on a monthly basis, and reports will be shared with the Health Programme Manager for the purposes of support and enforcement. • Training of PHC staff on identification and reporting on the indicator will continue with the support of Trainers and Foundation for Professional Development (FPD).

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 metropolitan municipalities (health care waste management and other hazardous substances control)

Institutional outcomes

- 6. Quality of health services improved.
- Community engagement improved.

PROGRESS AND ACHIEVEMENTS

Health Care Waste Management

The Department of Health is a major generator of health care risk waste, an activity monitored by the Department of Forestry, Fisheries and the Environment (DFFE). As such, the DFFE closely oversees how this waste is managed by the Department of Health. Efficient and effective management of health care waste is crucial, as it helps prevent environmental pollution resulting from improper handling.

To support this, the Department has outsourced certain aspects of health care waste management to a service provider, as this is a specialized and highly regulated activity. The outsourced services include ongoing training of waste handlers, which improves waste segregation at the point of generation. Effective segregation reduces the volume of waste that must be collected, transported, treated, and disposed of—thereby lowering the overall cost of the contract.

Training of waste generators is included in the contract. The service provider is responsible for training personnel at health facilities. Specifically, the service provider conducted training for health care workers (both clinicians and general workers) from hospitals and Primary Health Care (PHC) facilities on the management of health care risk waste.

Table B35: Training of waste generators

DISTRICT	NO. TRAINED
Alfred Nzo	907
Amathole	531
Buffalo City Metro	526
Chris Hani	1 160
Joe Gqabi	334
Nelson Mandela Metro	484
OR Tambo	1 392
Sarah Baartman	840
TOTAL	**6 174**

The contract is paid based on the number of kilograms collected. This necessitated the development of a waste register by the Department. The register records both the type and weight of waste collected. These registers are procured at the Head Office and distributed to health facilities, with additional copies supplied upon request.

Waste collection registers were distributed to the following districts: Sarah Baartman, Nelson Mandela Bay, Joe Gqabi, and Alfred Nzo.

Re-engineering Primary Health Care (RPHC)

At the end of the 2024/2025 reporting period, the department had a total of three thousand eight hundred and forty (3,840) Community Health Workers providing much-needed Ward-Based Primary Health Care Outreach Services across the province.

As a result of this resource, the department was able to conduct a total of one million four hundred and fifty-nine thousand one hundred and fifty (1,459,150) first and follow-up household visits—an increase from one million three hundred and seventy-five thousand two hundred and sixty-nine (1,375,269) in the previous period. Notably, one hundred and thirty-nine thousand nine hundred and ninety-seven (139,997) of these visits were conducted in the 39 identified poorest wards.

During these household visits, a range of services were offered, including pregnancy testing for one hundred and seventy-nine thousand four hundred and sixty (179,460) women of childbearing age, of whom seven thousand and seventy-one (7,071) were found to be pregnant. This reflects significant progress in the department's efforts to bring essential health services closer to communities, enabling timely initiation of Antenatal Care (ANC) services.

The Ward-Based Primary Health Care Outreach Teams, in which Community Health Workers play a vital role, also administered Vitamin A supplementation to a total of two hundred and seventy-five thousand one hundred and forty-three (275,143) children aged 12 to 59 months. This supplementation is key in preventing diarrhoea and pneumonia in children.

As part of the department's efforts to support integrated service delivery at community level, various activities were implemented in collaboration with stakeholders, including government departments and non-profit organizations:

- The department fully participated in integrated outreach activities organized by other stakeholders, such as the Integrated Community Registration Outreach Programme (ICROP) led by the Department of Social Development. These outreach efforts were focused on the identified poorest wards, particularly in Alfred Nzo and Chris Hani districts.
- The department also took part in Sexual Reproductive Health and Rights (SRHR) and teenage pregnancy awareness campaigns, led by the Department of Education in Chris Hani (August–September) and the Eastern Cape AIDS Council in OR Tambo. These campaigns included school-based dialogues with learners and the provision of integrated services. Over twenty schools and three thousand learners were reached in Chris Hani, and more than five schools were reached in OR Tambo.
- The Department of Education also led the Integrated School Health Week; a national calendar event held in the first and second week of October 2024. During this campaign, seven schools were visited, with educational sessions on topics such as drug abuse and SRHR. Over three hundred learners received integrated health and psychosocial services. In support of these efforts, the Department of Education provided accommodation for outreach teams during the week of 3rd October 2024.

As part of efforts to increase community knowledge, the department conducted awareness campaigns across the province. The following topics were among those covered during the period under review:

- Teenage pregnancy;
- Drug and substance abuse awareness;
- Condom promotion;
- PrEP awareness;
- Breast, cervical, and prostate cancer;
- Multi-drug resistant (MDR) TB awareness;
- World AIDS Day build-up;
- Mental health awareness;
- Global handwashing;
- Deworming, and
- Environmental hygiene in school.

Table 4.2.5.1: Performance against the originally tabled Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
Community engagement improved	Households advocate for accessibility to health services increased	6.4.6 Number of CHWs on Stipend	New Indicator	New Indicator	4 129	4 005	-124	The target has not been achieved due to insufficient budget.	Target was revised to align to the revised business plan and conditional grants.

Table 4.2.5.2: Performance against the re-tabled Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2022/2023	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	69.6%	74.1%	79%	70.8%	-8.2%	The target was not met primarily due to inadequate management of healthcare risk waste by clinicians and general staff in some hospitals. Furthermore, the absence of facility assessments in the KSD Sub-district—following the resignation of the Environmental Health Practitioner - also contributed to the overall underperformance.
		Numerator:	62	66	70	63		
		Denominator:	89	89	89	89		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2022/2023	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Community engagement improved	Households advocate for accessibility to health services increased	6.4.6 Number of CHWs on Stipend	New indicator	New indicator	4 373	3 840	-533	The target was not achieved due to financial constraints within the department, which resulted in the inability to replace the CHWs during the review period.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	• Enhance the training of clinicians and general staff on proper healthcare waste management. • Advocate for the appointment of an Environmental Health Practitioner in OR Tambo District to sustain ongoing assessments of healthcare facilities. • Conduct catch-up assessments for facilities that were previously not evaluated in order to meet the district target.
6.4.6 Number of CHWs on Stipend	• The department will capacitate the 567 Community Health Workers funded through the District Health Programmes Grant (HIV component) in data management. This initiative will commence in the second quarter of the 2025/2026 financial year. • Supported by TB HIV Care, the department has also begun stakeholder mapping in OR Tambo, KSD. The aim is to identify all stakeholders providing community-based services, with the intention of comprehensively capacitating these cadres to ensure a holistic package of services is delivered during household visits.

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 reduced.

PROGRESS AND ACHIEVEMENTS

Project Management and Monitoring and Evaluation (M&E)

- Facilitated a two-day Eastern Cape AIDS Council-led stakeholder engagement on 13–14 May 2024 as part of the input into the Annual Evaluation Report (AER), in line with conditional grant requirements.
- Compiled, consolidated, and submitted the AER and Quarter 4 Division of Revenue Act (DoRA) report timeously, as required by the conditional grant. Programme Managers from HIV, AIDS, and STIs (HAST), Community Outreach Services (COS), Human Papillomavirus (HPV), and the Regional Training Centre (RTC) contributed inputs for their respective sub-programmes to ensure accurate communication of progress.
- Led quarterly and annual updates of HAST Information Systems user lists in line with Information Management and Protection of Personal Information (POPI) Act requirements to safeguard patient confidentiality.
- Facilitated the timely availability of quarterly HIV and TB cohort datasets by assisting sub-districts with dispatch uploads onto the cloud, as required by the National Department of Health (NDoH) for data import into the District Health Information System (DHIS).
- Participated in the Auditor-General (AG) business process and entry meetings; supported districts and facilities during visits to build facility capacity and reduce adverse audit findings.
- Coordinated and prepared the Eastern Cape Department of Health (ECDoH) delegation for attendance at the 8th South African TB Conference held at the Durban ICC from 4–7 June 2024, where 29 officials participated.
- Initiated a three-year, rates-based contract for printing stationery and materials to improve turnaround time and efficiency in meeting programme material needs. The process is currently at the bid specification stage.
- HAST Managers participated in a two-day Provincial Implementation Plan (PIP) session organized by the Eastern Cape AIDS Council (ECAC) and facilitated by the South African National AIDS Council (SANAC) to operationalize the National Strategic Plan (NSP) 2023–2028.
- All managers contributed to various World AIDS Day Steering Sub-committees and participated in weekly World AIDS Day Nerve Centre meetings coordinated by the National Department of Health.
- Successfully coordinated provincial logistics and collaborated with District Support Partners (DSPs) to host the 2024 National World AIDS Day event.
- Continued support was provided by the Provincial HAST unit for district implementation of Operation Phuthuma through active participation in District Phuthuma Management Rooms (DPMRs), according to allocation.
- Coordinated the finalization of the conditional grant business plan in collaboration with programme managers and the finance team for submission to the NDoH.

- Led logistics for the Provincial STI-Condom Week commemoration build-up activities and main event, held in collaboration with Nelson Mandela Bay Metro (NMBM) TVET Colleges (East Cape Midlands College, St Stephen's Anglican Church, and PE College – Iqhayiya Campus) during February 2025.
- Collaborated with the ICT Unit to coordinate preparations for the distribution of TB HIV Care-donated cell phones and desktop computers, ensuring compliance with asset management policies.

HIV Prevention Programmes (HTS, STIs, PrEP, PEP, VTP, AYP, Condom, Key Pops Intervention, VMMC)

HIV Testing Services (HTS)

- Facilitated HIV Testing Services (HTS) and Rapid Test Continuous Quality Improvement (RTCQI) capacity-building sessions for lay counsellors and clinicians throughout the year across all eight districts, reaching 351 participants to enhance performance towards achieving the first '95' of the 95–95–95 cascade.
- Procured 700 HTS registers, 55 folding tables and 110 folding chairs to support HIV testing during community outreach activities; these were delivered by suppliers and distributed to all eight districts.
- Initiated procurement of 50 gazebos; delivery is expected at the start of the 2025–2026 financial year.

Sexually Transmitted Infections (STIs)

- Procured and delivered a total of 31 826 units of disposable vaginal specula for all districts to improve pap-smear testing and cervical cancer screening among females for early detection of sexually transmitted human papilloma virus (HPV) and treatment thereof to reduce complications related to this virus.
- Coordinated services-on-wheels availability during STI-Condom week commemoration build-up (East Cape Midlands College and St Stephens Anglican Church) and main (PE College – Iqhayiya Campus) events held in NMBM during February 2025.

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

- Facilitated training of clinicians from Thuthuzela Care Centres (TCCs), operational managers, professional nurses, and registered and lay counsellors across all districts on the management of sexually offended clients and the provision of post-exposure prophylaxis (PEP) for the prevention of HIV transmission.
- Conducted site visits to all Thuthuzela Care Centres to monitor and support programme implementation.
- Procured and distributed 10 gynaecological examination couches to all eight TCCs and two hospital casualty units (Settlers and Stutterheim hospitals), and six refrigerators to TCCs that had reported broken equipment for medicine storage.
- Finalised a tender process for the procurement of comfort packs, with a signed service-level agreement (SLA); the programme is ready to place orders once budget allocation is finalised in the new financial year.
- Facilitated workshops on the implementation of pre-exposure prophylaxis (PrEP), covering a total of 265 clinical and non-clinical participants.

Adolescent and youth friendly facilities

- Procured Park home to be used as youth zone for Joe Gqabi district.
- Conducted AYFS training for 275 professional nurses covering all districts to increase number of established youth zones.
- Launched youth zone in Buffalo City and Joe Gqabi and NMMM (St Stephens church)
- Conducted BE-Wise departmental website launch event in Buffalo City to increase accessibility to sexual reproductive health information for adolescent and youth.

Vertical Transmission Prevention

- Procured and distributed 182 vital signs machines to all districts in support of ante natal care services.
- Procured and distributed 500 HB metres and 1420 HB meter strips to all districts for management of pregnant women who are on ART.
- Conducted 3 VTP policy update sessions for 150 professional nurses to promote quality service delivery for pregnant women.

Condoms & Key Populations Interventions

- Coordinated procurement of 17 condom storage containers and distribution to all 8 districts as means of ensuring uninterrupted condoms availability.
- Coordinated the implementation of the festive season condom blitz in Nelson Mandela District supported by Provincial Managers targeting the taxi ranks, taverns and hard to reach areas (Seaview and Colchester) whereby 282 000 Male condoms, 4 300 Female condoms, 6 000 Lubricants and 500 finger cots were distributed.
- Spear-headed STI/Condom week commemoration awareness through radio interviews on Keith Ngesi on-line radio station with 81 000 followers and Umhlobo Wenene FM programme with an estimated 601 000 listenership.

Male Circumcision

- Facilitated timeous payment of RT35 Voluntary Medical Male Circumcision (VMMC) service providers (Sunrise Medical Services and DR. Masinga and Partners)
- Timeous compilation and submission of both 2024 winter and summer seasons circumcision reports for tabling at Provincial Initiation Task Team (PITT) evaluation meetings.
- Procured 50 back-bags and successfully secured additional 50 sponsored by Beyond Zero which are used by Nurses, Doctors and Clinical Associates (CA) when conducting monitoring visits to initiation schools. The bags come pre-packed with medical supplies that might be required in cases of emergency identified during the visits.

ART Care Treatment and Support

- Conducted rapid assessments, in collaboration with the National Department of Health (NDoH), to evaluate the feasibility of six-month multi-month dispensing (6-MMD) scale-up strategies in 32 facilities across Alfred Nzo, OR Tambo, Chris Hani, Buffalo City and Amatole districts.
- Delivered in-service training on Differentiated Models of Care (DMoC) and child and adolescent disclosure across all districts.
- Provided orientation for the acting NGO Coordinator in OR Tambo District.

- Carried out monitoring and support visits to the four funded non-profit institutions (NPIs) in Nelson Mandela Metro, Amatole and Buffalo City districts to ensure services aligned with their mandates.
- Partnered with Amathole District and Médecins Sans Frontières (MSF) to identify Eastern Cape Department of Health–funded NPIs suitable as CCMDD pick-up points; Nywara NPI was successfully established. In total, 23 NPIs are now operating as adherence clubs province-wide, improving access to chronic medication for eligible clients and reducing facility congestion.
- Participated in an Orphaned & Vulnerable Children (OVC) programme meeting, facilitated by MatCH and the Department of Social Development (DSD) on 18 April 2024 in East London, to identify collaboration opportunities for improving outcomes among children and adolescents living with HIV in support of the 95-95-95 targets.
- Attended the national "Undetectable = Untransmittable" (U = U) dissemination workshop on 29–30 April 2024, where the NDoH orientated provinces on the National U = U messaging toolkit. Subsequently, the Eastern Cape AIDS Council led external stakeholder roll-out, and the first provincial orientation was held virtually on 20 June 2024.
- Facilitated a meeting with the CDC Laboratory Branch on 5 April 2024 to discuss laboratory support for the third "95" (viral suppression). CDC support, now under the Laboratory Systems Strengthening (LSS) initiative, includes clinics and hospitals to reduce the National Health Laboratory Service (NHLS) bill. Key indicators monitored include:
    - Use of eLABS devices.
    - Specimens scanned, collected and delivered by courier.
    - Rejected specimens.
    - Turnaround time.
    - Results for action.
- Hosted a virtual LSS workshop for district laboratory coordinators, HAST programme managers, clinic supervisors, trainers, mentors, District Support Partners (DSPs) and facility staff on 19–20 June 2024. The aim was to standardise approaches, re-orientate participants on the NHLS Laboratory Handbook, explore ways to reduce the NHLS bill, and demonstrate the CLI digital training platform, the e-LABS dashboard and performance indicators.
- Continued hybrid support for the national Operation Phuthuma 100-facility initiative via weekly Provincial Phuthuma Management Room (PPMR) meetings in April, May and June 2024.
- Contributed to the development of national U = U communication materials.
- Presented programme performance and priorities at the HAST & MCWH review meeting with TVET colleges, universities and Higher Health.
- Revitalised and led the provincial Operation Phuthuma nerve centre (PPMR meetings), supporting Sarah Baartman in Makana and reactivating Nelson Mandela District's efforts, resulting in full deployment of the strategy.
- Coordinated a hybrid Advanced HIV Disease Guidelines Revision meeting, consolidating expert input for the National Department of Health's revised guidelines.
- With the Eastern Cape AIDS Council, organised the provincial Global Alliance multi-stakeholder engagement meeting, including districts, DSD, Department of Basic Education, DSPs and civil society forums.
- Attended the National HAST Laboratory meeting to present the Eastern Cape cost-containment strategy, sharing baseline findings from the top eight hospitals and best practices in laboratory and Operation Phuthuma integration; followed up with a virtual feedback session for districts, NPIs and DSPs.
- Collaborated with MatCH to place facility team-lead clinicians at high-volume sites for mentorship and service delivery; conducted HIV/ART/TB update trainings, HAST NIDS 2023 and DHMIS SOP sessions for 110 data capturers. Implemented Operation Hlasela Baphilabantwana in Alfred Nzo and Buffalo City during school holidays to improve paediatric viral load suppression.

- Supported TB HIV Care in delivering clinic-lab interface (CLI) and RTCQI trainings across three supported districts.
- Delivered targeted trainings to strengthen ART initiation and monitoring:
    - To address challenges of not meeting the 95% target on Naïve Adult ART initiation in the province, OR Tambo coordinated and facilitated refresher training for 66 professional nurses including DOH Mobile teams on 2023 ART guidelines in collaboration with HAST team, Prevention managers and APC mentors, strengthening Index & HIVSS modalities that assist in improving HIV yield, Phlebotomy and CLI to improve blood rejection rates to effectively manage unsuppressed VL through the implementation of NICD Results for Action (RfA) & RfA Dashboard (RfAD) onboarding clinicians on APC, IMCI and Basic HIV&TB management
    - Amathole Tier.Net training for 60 data capturers and clinicians on HTS, ART, TB modules, viral-load reporting and monitoring roles; OR Tambo delivered a similar session for 60 data capturers.
    - Kheth'Impilo–facilitated Advanced Clinical Care (ACC) Champion workshops for 34 Amathole, 46 Chris Hani and 37 OR Tambo clinicians, establishing district WhatsApp support groups, distributing ACC toolkits and onboarding champions to the Knowledge Hub for CPD-accredited tutorials.
    - Revived the Eastern Cape Provincial Patient Health Record Management Quality Improvement Project (PPHRMQIP) on 1 October 2024, reconvening the task team, finalising priority facilities, updating the Gantt chart and refining the concept document by 16 October 2024.
    - Convened a virtual LSS feedback meeting on 2 October 2024 to share NDoH–PEPFAR lab workshop insights with district HAST managers, medical technologists and DSPs, focusing on cost-containment and third-95 performance.
    - Organised a provincial ACC training for 40 clinicians (14 doctors, 10 pharmacists, 16 nurses) from 21–25 October 2024 at the East London Health Resource Centre, enhancing advanced HIV-disease management and mentorship capacity.
    - Hosted the first provincial Operation Phuthuma Reviews and Awards in East London on 30–31 October 2024, presenting 17 awards to outstanding facilities, sub-districts and districts for excellence in the quality-improvement strategy.
    - Participated in the provincial Global Alliance to End AIDS in Children by 2030 validation workshop on 1 November 2024, contributing to the finalisation of the Eastern Cape Implementation Plan—the first complete plan in the country.
    - Held the provincial Global Alliance to End AIDS in Children by 2030 launch on 30 November 2024, beginning with a political briefing at ECSECC offices, followed by a Mdantsane walkabout and the main launch at Masizakhe Youth Care Centre, featuring speeches by the Premier, the Deputy President's spouse (Mrs Mashatile), the MEC for Health (Ms Capa) and national stakeholders.
    - Supported Nelson Mandela Metro's performance-improvement review meeting on 3–6 December 2024.
    - Convened the 2024–25 Q4 activity-prioritisation meeting on 11 December 2024 with district HAST managers, medical technologists and DSPs to agree Q4 priorities.
    - Facilitated and monitored laboratory-consumable replenishment for facilities affected by a stop-work order, resolving and preventing stock-outs in the three TB-HIV Care supported districts.
    - Coordinated an ACC training from 24–28 February 2025 for 40 participants (24 OR Tambo, 16 Alfred Nzo; 15 nurses, 11 pharmacists, 14 doctors), establishing mentorship WhatsApp groups; early post-training data show a reduction in unnecessary viral-load tests and NHLS billing.
    - Actively engaged in weekly NDoH "Close-the-Gap" campaign meetings to report provincial progress on finding and linking patients to ART.

- Collaborated with NDoH and the Eastern Cape AIDS Council to coordinate provincial U = U, 1.1 million ART Gap and End TB campaigns on 12–13 March 2025.

DS-TB, DR-TB and TB-HIV Collaboration

Programme Performance Monitoring and Data Quality Improvements

- Routine performance monitoring remained a cornerstone of TB programme management (DS_TB, DR-TB and TBHIV) throughout the year. The province successfully conducted quarterly performance reviews, beginning with the Provincial TB Programme Review held from 23 to 25 April 2024. District-level reviews followed, including sessions for Nelson Mandela Bay (NMB) and Sarah Baartman (15-16th May; 4–5 September 2024), Buffalo City Metro DR-TB (20 September 2024), and Amathole District (27 September 2024).
- The province continued to engage with the National Department of Health (NDoH) National TB Programme Reviews, participating in sessions in 2024 July the 25th and 4th-5th December 2024. These sessions provided an opportunity to reflect on national priorities and assess alignment with provincial implementation efforts.
- In collaboration with implementing partners, monthly TB and TB/HIV performance reviews were conducted between October and December 2024 and in January 2025 to monitor progress, identify gaps, and support targeted interventions. Ongoing monthly data monitoring, especially for patients with outstanding outcomes, was prioritised as part of quality improvement.
- In response to feedback from the Auditor General and the NDoH, several interventions were implemented to address data quality issues. These included targeted facility support visits to Phakamisa, Ndevana, and Nontyantyambo CHC, along with data audits and follow-ups at six facilities in NMB during national support visits.
- National Department of Health (NDoH), provincial, and district managers conducted a support visit to six facilities in Nelson Mandela Metro (Shauderville, Missionvale, Algoa Park, West End, Chatty Clinics, and Livingstone Hospital). The objectives were to strengthen TB policy guideline implementation, capacitate clinicians on new TB developments, conduct data audits to improve the accuracy and consistency of data captured in the TIER.net and Web-DHIS systems, assist in formulating Quality Improvement Plans to address gaps, and provide feedback.
- The department embarked on National Information and Data System (NIDS) training for the districts between January and March 2025 to introduce the NIDS 2025, which is used for collating data from all facilities.
- A TB Programme Review was conducted in OR Tambo District from 26–28 February 2025 in partnership with the National Department of Health. Performance and gaps were identified and discussed. Another review took place at Nkqubela TB Hospital on 5 March 2025.
- On 4 March 2025, managers participated in the Provincial Conditional Grant Review to ensure appropriate budget spending. Many programmes were found to be underperforming, and corrective actions were put in place. A national review followed on 14 March 2025. A virtual review with districts had been held earlier on 16 January 2025.

Implementation of TB Guidelines and Policy Enhancements

Significant progress was made in strengthening the implementation of updated TB guidelines and policies. Joint support visits were conducted by NDoH, provincial, and district teams to facilities in NMB to reinforce adherence to TB management protocols. The key highlights included:

- The hosting of the Bedaquiline Resistance Summit on 29 April 2024, followed by strategic support visits to Jose Pearson TB Hospital. The province also participated in a national CAD & Silicosis meeting from 20–22 June 2024 in Johannesburg, with a focus on leveraging artificial intelligence and digital X-rays.

- The department conducted support visit at Jose Pearson TB Hospital on the 30th of April 2024, which emanated from the findings shared in the summit. The purpose was to address the data discrepancies between the hospital staff and the Study Team in the hospital on how they capture information that was outstanding onto EDRweb to improve the Initiation Rate of patients started on BPaL-L regimen.
- The National Department of Health hosted the TB/HIV Summit in the Eastern Cape on 27–28 November 2024 as part of World AIDS Day build-up activities. The event focused on sharing best practices in TB/HIV integration, with active involvement from civil society and the Eastern Cape AIDS Council. Provincial TB Programme Managers from Gauteng, Northwest, and Free State attended to benchmark Eastern Cape strategies. A Gala Dinner on 27 November honoured the five top-performing CCMDD facilities in Buffalo City Metro.
- New regimen rollouts were initiated with technical support from partners. This included the introduction of BPaL-L for DR-TB patients, with testimonies from patients enrolled in the new regimen, and planning for the rollout of Fixed-dose Rifapentine (3HP) and Pretomanid.
- Urine Lipoarabinomannan Assay (U_LAM) workshop was held at Cecilia Makiwane Hospital in October 2024 to enhance clinical confidence in diagnosing TB in people living with HIV.
- In preparation for scaling up interventions, the procurement process for TB stationery was initiated in January 2025 to support continuity of care and effective documentation over the next three years.
- The department and Aurum Institute collaborated on a project to initiate Tuberculosis Preventive Therapy (TPT) in the community, as part of a strategy to increase TPT uptake and curb TB among TB contacts, HIV-positive patients, and high-risk groups. The project was launched in July 2024 in Aurum Institute-supported districts, specifically Nelson Mandela Metropolitan and Sarah Baartman Districts.
- The department participated in the NDoH workshop conducted by Centre for Economic and Enterprise Governance in Africa (CEEGA) whereby the best practices were shared and inputs for improving budget allocation and spending in the TB Program. The meeting took place in Centurion, Johannesburg, on 30 July 2024.
- The department participated in Taylor Bequest DR-TB decentralized site clinical audit in partnership with AURUM Institute on 20 June 2024 as part of engagement to identify areas needing technical support.
- To improve TB stationery procurement, an advert for HAST programme stationery needs was issued through a tender process, aiming for a three-year contract to streamline procurement and ensure availability of collection tools. A bidder briefing session was held in Bhisho on 24 January 2025.

Research, Innovation, and Diagnostic Advancement

- The province maintained its position as a key contributor to TB innovation, participating in national research collaborations such as the DISRUPT II Consortium, facilitated by the TB Think Tank and NDoH.
- One of the most notable innovations was the introduction of tongue swab TB testing, piloted in Buffalo City Metro with AQUITY support. This advancement was further highlighted during a CIDRI-Africa and Nkqubela TB Hospital information-sharing session.
- Engagement with CIDRI-Africa Researchers and Buffalo City Managers on 28th October 2024, to discuss the studies including Mental health and TB behavioural changes on how the individuals are affected whilst on TB treatment and the programme negative impact resulting from treatment interruptions.
- The Community TB Preventative Therapy Initiative, launched in July 2024 in AURUM-supported districts, marked another milestone in enhancing TB prevention in high-risk households and contacts. AURUM also facilitated the rollout of the SAIA-TB model in Sarah Baartman, following

successful training sessions in Gqeberha and Joubertina in 19-23 November 2024. The training forms part of the activities of the study conducted by Aquity Innovations. Interim results were shared by the supporting partner to the district and provincial team.

- Additional field-level support included a CDC-supported technical visit to Xhorha CHC on 20 September 2024, which provided insights on strengthening TB case finding.
- EDR-web system training conducted by NDoH for clinicians, Data Capturers, HAST managers and Information Managers for Buffalo City Metro and Amathole in East London on the 3rd – 4th November 2024, with Sarah Baartman District and Nelson Mandela Metro on the 06th -07th November 2024. The purpose was to ensure that the participants understand how the system operates and how to use it for capturing, drawing the reports and monitoring the performance of the Drug Resistant – TB Programme.

Partnership Development and Stakeholder Engagement

- Strengthened collaborations with key stakeholders through active participation in the Eastern Cape AIDS Council (ECAC) platforms; TB updates were regularly shared, and the ECAC played a central role in planning the 2025 World TB Day event.
- Engaged civil society and community partners via targeted campaigns and dialogues; notably, a TB awareness event was held in Pefferville during Women's Day commemorations, amplifying messaging on TB and gender.
- Held a session with the United Nations Children's Fund (UNICEF) to bolster TB responses among children and contributed to training practitioners on childhood TB; a paediatrician in Gqeberha was appointed to assist with the training.
- Collaborated with the Department of Correctional Services to support screening and awareness campaigns at Middledrift and Alice correctional centres, addressing TB risks in confined populations.
- Secured technical support from the Global Fund and the Aurum Institute to improve patient access to essential diagnostics by providing digital X-ray screenings, supporting linkage to care, and facilitating initiation of TB treatment and tuberculous preventive therapy (TPT).
- Hosted the National Department of Health Global Fund team in February 2025 at Buffalo City Metro for a TB programme review in facilities supported by Aquity Innovations, assessing the impact of TB policy implementation. Facilities visited included Grey Hospital, Grey Gateway, Nontyantyambo CHC, Empilweni Gompo CHC and Pefferville Clinic. Findings and quality-improvement plans were shared at a feedback session in the BCM district office.
- Engaged with the national Primary Health Care (PHC) Integration Platform from 11 to 13 November 2024 to ensure TB was integrated into broader PHC strengthening efforts. Representatives from HAST, MCWH, non-communicable disease managers, DCSTs, district managers and District Health Services managers collaborated to develop an integrated framework aimed at phasing out vertical approaches.
- Convened a session with districts and the NDoH on 28 May 2024 to discuss the Targeted Universal TB Test (TUTT), a strategy to strengthen testing of key populations regardless of screening results.
- Established a TB Technical Working Group (TWG), comprising TB, monitoring and evaluation, project managers and National Technical Support Unit representatives. Although the February meeting was postponed due to scheduling constraints, the TWG conducted a support visit in Nelson Mandela Bay from 25 to 28 March 2025. The group is tasked with identifying indicators requiring close monitoring and facilitating the development of quality-improvement plans.

Advocacy, Communication, and Social Mobilisation (ACSM)

- Implemented robust communication and advocacy efforts across multiple platforms. Weekly radio interviews on Umhlobo Wenene FM in August and September 2024 enhanced public awareness of TB prevention, diagnosis and treatment.
- Organised media engagements for World TB Day: weekly Umhlobo Wenene FM interviews from 11 to 31 March 2025, including three midday and three evening slots; conducted an outside broadcast on the day of the event; and secured post-event coverage in local newspapers.
- Convened an Advocacy, Communication and Social Mobilisation (ACSM) workshop with the HAST unit and Health Promotion teams to streamline messaging and campaigns. Formally established a Social and Behaviour Change Communication (SBCC) team on 3 September 2024 to lead ongoing community engagement.
- Regularly briefed the provincial Health Promotion Directorate on TB activities and supported community outreach campaigns. Notably, conducted a TB and pregnancy awareness campaign at S.S. Gida Hospital on 20 March 2025, focusing on maternal health.
- Extended TB-prevention messaging into schools through a Department of Education partnership, delivering campaigns in five schools during Quarter 4.
- Held a TB Caucus meeting on 7 March 2025 to explore prioritisation of TB on the legislative agenda. Inducted new members of the sixth administration on 29 March 2025, with the session facilitated by the Eastern Cape AIDS Council.

Commemorative Events and World TB Day 2025

- The province hosted a successful TB Vaccine Launch event at Jose Pearson Hospital on 9 May 2024, facilitated by the Wits Consortium. This clinical trial aims to test the efficacy of new TB vaccines, providing improved protection for both children and adults.
- The highlight of the annual advocacy calendar was the World TB Day 2025 commemoration, held on 27 March 2025 in Ndumangeni Village (Amahlathi, Amathole). In the lead-up to the event, a series of build-up campaigns were rolled out across all districts, including:
  - School-based TB awareness campaigns.
  - Community dialogues and roadshows.
  - A TB and pregnancy summit.
  - Correctional services outreach; and
  - Targeted social mobilisation in high-burden areas.
- Weekly planning meetings, co-chaired with the Eastern Cape AIDS Council (ECAC), were held from February to March 2025 to ensure the coordinated delivery of the event and related activities.

Table 4.2.6.1: Performance against the originally Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
3. Morbidity and premature mortality due to communicable diseases reduced	People viral load undetected	3.2.7 ART Adult viral load suppressed rate (below 50) [12 months]	89%	82.8%	92%	85.1%	-6.9%	Target not met. During the reporting period, the NHLS experienced challenges that prevented the processing and sharing of viral load results. As a result, healthcare facilities were unable to access these results or upload them onto the TIER.Net system. This disruption significantly	Target was revised to align to the revised business plan and conditional grants.
		Numerator	18 142	16 924	44 900	8 688			
		Denominator	20 385	20 444	48 808	10 204			

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								affected data reporting, leading to under-reporting by the province and, consequently, an under-performance against key targets.	
		3.2.8 ART Child viral load suppressed rate (below 50) [12 months]	62%	50.2%	65%	58.2%	-6.2%	Target not met. During the reporting period, the NHLS experienced challenges that prevented the processing and sharing of viral load results. As a result, healthcare	Target was revised to align to the revised business plan and conditional grants.
		Numerator	310	271	884	184			
		Denominator	500	540	1 360	316			

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
								facilities were unable to access these results or upload them onto the TIER.Net system. This disruption significantly affected data reporting, leading to under-reporting by the province and, consequently, an under-performance against key targets.	
	TB Positive clients initiated and cured	3.3.8 TB Pre-XDR loss to follow up rate	62%	50.2%	<12%	9.9%	2.1%	Target overachieved. In collaboration	Target was revised to align to the revised

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	* Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
		Numerator	310	271	16	7		with the District Supporting Partner (DSP), the programme revived quarterly reviews for AURUM-supported districts (NMBM, and Sarah Baartman).	business plan and conditional grants.
		Denominator	500	540	132	71			

Table 4.2.6.2: Performance against the re-tabled Annual Targets from 2024/25 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 Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
3. Morbidity and premature mortality due to communicable diseases reduced	HIV new cases identified and initiated on ART	3.1.1 HIV test done - sum	1 896 429	2 061 702	1 697 542	2 133 337	435 795	The target was overachieved due to ongoing HTS capacity building for both Clinicians and Lay Counsellors that were conducted across all the districts.
		3.1.3 HIV Test positive around 18 months rate	New indicator	0.4%	<1.2%	0.3%	0.9%	The target was overachieved due to ongoing HTS capacity building for both Clinicians and Lay Counsellors that were conducted across all the districts.
		Numerator		165	551	132		
		Denominator		42 765	45 935	48 688		
		3.1.2 HIV positive 15-24 years (excl ANC) rate	2%	1.7%	1.8%	1.3%	0.5%	The target was overachieved due to ongoing HTS

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Numerator	12 245	11 655	10 083	9 519		capacity building for both Clinicians and Lay Counsellors that were conducted across all the districts.
		Denominator	616 736	681 771	560 188	717 007		
		3.2.1 ART client naïve start ART during month – sum	48 808	47 221	50 832	39 616	-11 216	Target not achieved. The number of individuals who tested positive was below the planned ART naïve initiation target. Furthermore, not all those who tested positive should be initiated on ART, as the 2023 ART Clinical Guidelines recommend that TB-positive clients must first be started on TB treatment.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	People living with HIV retained on care	3.2.2 ART adult [1]remain in care rate (12 months)	63%	63.3%	72%	64.3%	-7.7%	Target not achieved due to high lost to follow up rate. The provincial adult loss to follow up rate at 33.1%.
		Numerator	27 972	28 207	35 141	26 810		
		Denominator	44 391	44 590	48 808	41 674		
		3.2.3 ART child remain in care rate (12 months)	73.8%	74.8%	77%	75.9%	-1.1%	Target not achieved due to high loss to follow-up at 21.3%.
		Numerator	745	776	1 047	799		
		Denominator	1 009	1 038	1 360	1 053		
	People viral load undetected	3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	89%	82.8%	88%	84.6%	-3.4%	Target not achieved due to a high number of specimen rejection rate by the laboratories.
		Numerator	18 142	16 924	42 952	15 628		
		Denominator	20 385	20 444	48 808	18 481		
		3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	62%	50.2%	60%	56.9%	-3.1%	Target not achieved due to a high number of specimen

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Numerator	310	271	816	316		rejection rate by the laboratories
		Denominator	500	540	1 360	555		
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected client on ART rate	93.3%	94.3%	95%	96%	1%	The slight overachievement is due to consistent integration of TB and HIV services at facility level, which ensures prompt ART initiation among co-infected clients.
		Numerator	14 051	17 426	14 310	16 741		
		Denominator	15 063	18 476	15 063	17 439		
	TB Positive clients initiated and cured	3.3.1 TB test 5 years and older using Nucleic Acid Amplification Test	New indicator	New indicator	351 440	351 751	311	Target achieved. The marginal overachievement is due to routine use of NAAT for eligible client.
		3.3.2 DS – TB treatment start 5 years and older rate	93.1%	91.4%	95%	93.8%	-1.2%	Target not achieved The main contributing district is Chris Hani, which dropped from 95.4% to 84.9% during Q4. This
		Numerator	36 741	38 235	37 492	36 630		
		Denominator	39 465	41 824	39 465	39 053		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								decline coincided with reported stock-outs of anti-TB drugs in the district.
		3.3.10 All DS – TB client death rate	New indicator	New indicator	<5%	6.3%	-1.3%	Target not achieved. The contributing factors include comorbidities such as diabetes, asthma, and hypertension, as well as patients defaulting on antiretroviral therapy (ART).
		Numerator			2 266	2 908		
		Denominator			45 272	46 082		
		3.3.4 All DS -TB client treatment success rate	76.7%	72%	78%	75.9%	-2.1%	Target not achieved due to slight differences in the NIDS being implemented from the previous years. The strengthening of
		Numerator	27 189	32 591	35 312	34 982		
		Denominator	35 436	45 098	45 272	46 082		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								reporting of this indicator will be prioritised.
		3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	New indicator	70%	60%	64.5%	4.5%	Target exceeded. The Tuberculosis (TB) Control Unit hired outreach vehicles to trace patients lost to follow-up. Conducted quarterly performance reviews for Multidrug-Resistant TB (MDR-TB) in collaboration with the decentralised sites and Acuity Innovations, the BCM District partner. An MDR-TB workshop was held for the Raymond Mhlaba
		Numerator		754	856	1 061		
		Denominator		1 082	1 427	1 646		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								decentralised sites at Victoria Hospital. Clinical audits were conducted by the National Department of Health (NDoH), along with support visits to the decentralised sites.
		3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	New indicator	17%	<15%	12.8%	2.2%	Target exceeded. The Tuberculosis (TB) Control Unit hired outreach vehicles to trace patients lost to follow-up. Conducted quarterly performance reviews for Multidrug-Resistant TB (MDR-TB) with the decentralised sites, Acuity
		Numerator		182	214	211		
		Denominator		1 082	1 427	1 646		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								Innovations, and Aurum-supported districts: Buffalo City Metro (BCM), Nelson Mandela Metro (NMM), Sarah Baartman, OR Tambo, and Amathole districts. Virtual performance reviews were also conducted. An MDR-TB workshop was held for the eight districts, and support visits were conducted at Khotsong TB Hospital.
		3.3.7 TB Pre-XDR treatment success rate	New indicator	65%	59%	60.5%	1.5%	The slight overachievement. The availability of newer, more
		Numerator		76	77	95		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator		117	132	157		tolerable drug regimens have contributed to better treatment outcomes.
		3.3.8 TB Pre-XDR loss to follow-up rate	New indicator	17%	<15%	12.7%	2.3%	Target exceeded. The Tuberculosis (TB) Control Unit hired outreach vehicles to trace patients lost to follow-up. Conducted quarterly performance reviews for Multidrug-Resistant TB (MDR-TB) with the decentralised sites and Acuity Innovations, the Buffalo City Metro (BCM) District partner. An MDR-TB workshop was conducted for
		Numerator		20	20	20		
		Denominator		117	132	157		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								the Raymond Mhlaba decentralised sites at Victoria Hospital.
		3.3.9 All DS-TB client lost to follow-up rate	14.7%	14%	<12%	12.7%	-0.7%	The target was not achieved, with the highest loss to follow-up reported in Sarah Baartman and Nelson Mandela districts. The contributing factors include poor tracing due shortage of community health workers for patient tracing.
		Numerator	4 622	6 181	5 432	5 869		
		Denominator	32 881	45 098	45 272	46 082		
	Prevention and early detection of malaria cases managed	4.6.1 Malaria deaths reported	New indicator	1	0	0	0	Target achieved.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
3.2.1 ART client naïve start ART during month – sum	• Support and monitor the implementation of Operation Phuthuma to ensure that at least 95% of eligible individuals diagnosed with HIV initiate ART on the same day.
3.2.2 ART adult remain in care rate *(12 months)*	• Support and monitor the implementation of the 1.1Million Close the ART Gap campaign which seeks to find and restart PLHIV who disengaged from treatment, while keeping tabs on those who are currently on treatment to avoid losing them from care.
3.2.3 ART child remain in care rate *(12 months)*	• Adopt and roll out implementation of the School Holiday Plan to improve child growth monitoring and dosing adjustment.
3.2.7 ART Adult viral load suppressed rate – below 50 *(12 months)*	• Conduct in-service training to improve the capacity for taking specimens.
3.2.8 ART Child viral load suppressed rate – below 50 *(12 months)*	• Conduct in-service training to improve the capacity for taking specimens.
3.3.2 DS – TB treatment start 5 years and older rate	• The matter was reported to the National Department of Health (NDoH), and three response options suggested by NDoH were implemented, with program managers communicating these to the districts. In addition, various stakeholders were involved in addressing the issue and preventing recurrence. These included the Provincial Pharmaceutical Services, the DEPOT in Nelson Mandela Bay, and the district supporting partner. The situation continues to be monitored by both the province and the district.
3.3.4 All DS -TB client treatment success rate	• The department is in the process of developing a standard operating procedure (SOP) or circular to guide districts on the interim measures to be implemented.
3.3.9 All DS – TB client lost to follow – up rate	• Monthly review meetings with the districts will be intensified to identify performance gaps and discuss recommendations to address and close those gaps. • Conduct in-service training.
3.3.10 All DS – TB client death rate	• In-service training will be conducted to address implementation gaps and promote routine screening and testing for the early identification of comorbidities, enabling prompt initiation of treatment to reduce preventable diseases. • An integrated approach will be applied to ensure that patients are managed holistically, addressing all aspects of their health. • Districts will be encouraged to conduct mortality audits to identify contributory causes of death, so that targeted interventions can be implemented to address them.

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 and Women's health

- During the first quarter (2024/25), Clinton Health Access Initiative (CHAI) conducted two rounds of training in the Eastern Cape on the use of Point of Care Ultrasound (POCUS) devices as part of the Siyakubona Project. All districts were represented.
- Following both trainings, the clinicians were provided with 123 portable POCUS devices to conduct point of care ultrasound during antenatal visits. This is aimed at preventing mortality and morbidity through early detection, escalation of care, and management of the key determinants of maternal and neonatal mortality and morbidity.
- 75000 maternity case records, 100 birth registers and 50 Choice on Termination of pregnancy registers were procured and distributed to all districts.
- In July 2024, Rio Tinto and Pink Drive organisations collaborated with the Eastern Cape Department of Health to conduct a five days' campaign to bring services to the people and raise awareness on early detection of cancer and health screening in OR Tambo district. The awareness events took place at Nolitha Clinic, St Barnabas hospital, Mbekweni Community Health Centre and Mthatha Gateway clinic.
- In August, the Province held cervical cancer training in East London. A total of 110 clinicians were trained from all the districts. The training was on implementation of transition from liquid based cytology to HPV DNA testing.
- Memorandum of Understanding (MoU) between Ipas (the non-governmental organisation supporting the province in implementing women's health programmes in Alfred Nzo, Joe Gqabi and Sarah Baartman districts) and Eastern Cape Department of Health was signed by the HOD.
- In September, Ipas conducted training on safe abortion and modern contraceptives in Alfred Nzo, Joe Gqabi and Sarah Baartman districts. A total of 19 clinicians were trained.
- In October, MCWH was invited by Department of Social Development and United Nations Population Fund (UNFPA) to attend official sign off and handing over of Women Empowerment and Gender Equality Strategy. An awareness and prevention strategy on reduction of teenage pregnancy in the communities was done.
- Clinton Health Access Initiative (CHAI) conducted a 3rd Point of Care Ultrasound Training in Gqeberha which targeted Nelson Mandela Bay Metro, Amathole, Sarah Baartman and Alfred Nzo districts. A total of 24 nurses were trained and were issued with 24 devices to hone skills learned in their facilities.
- In February, the Department procured fifty (50) Kangaroo chairs which were delivered in all Regional and Tertiary hospitals' neonatal care units.

- In March, a baseline assessment for HIV Impact Network for Vertical Transmission (HIVE) was conducted in Chris Hani. The district is part of those selected by the National Department of Health based on underperforming Vertical Transmission Programme indicators. Ten (10) facilities were selected. MCWH and HAST programmes are part of the project. It is led by National Department of Health, Paediatric Adolescent Treatment for Africa (PATA), World Health Organisation (WHO) and Clinton Health Access Initiative (CHAI). The purpose of the HIVE project is to monitor and support Vertical Transmission Programme to improve performance.
- Ten (10) facility managers that are supported by Ipas in Alfred Nzo, Joe Gqabi and Sarah Baartman districts on sexual reproductive health and rights (SRHR) were inducted on values clarification for action and transformation (VCAT) in a workshop. This was conducted in February 2025 to capacitate facility managers on processes to follow when supporting their facilities.
- To increase access to Choice of Termination of Pregnancy services, the province is providing the service in 108 facilities (community health centres and district hospitals). The number is increased to reduce load on regional and tertiary hospitals.
- In March, professional nurses from Walter Sisulu and Fort Hare universities were trained on insertion of Implanon and management of side effects thereof. A total number of twenty (20) nurses were trained and mentoring is done continuously.

Child Health and Integrated Nutrition Programme

- During the first quarter (2024/25), UNICEF sponsored workshops that were facilitated by the National Department of Health on appropriate use of registers, data verification and classification of child malnutrition. The aim of the workshop was to significantly reduce data reporting discrepancies of Severe Acute Malnutrition (SAM), pneumonia and diarrhoea performance indicators on District Health Information System (DHIS). The workshop targeted 218 clinicians i.e. doctors, dietitians, Integrated Nutrition Programme managers, nurse mentors, District Clinical Specialists (nurses and doctors) and paediatric nurses. All hospitals admitting paediatric patients in the province were represented.
- The Eastern Cape Department of Health formed part of the Integrated Community Registration Outreach Program with the aim of collaborating with other sector Departments and non-governmental organisations (NGOs. The initiative is continuously implemented to support provision of services aimed at reducing child malnutrition.
- The Department collaborated with UNICEF to conduct a workshop in Johannesburg aimed at capacitating Provincial Nutrition Managers on estimation of malnourished children and forecasting of stock required for the management of children with acute malnutrition.
- During the fourth quarter, workshops on early childhood development (ECD) and health were conducted in OR Tambo and Buffalo City municipalities. These workshops targeted relevant cadres from Department of Health (District Clinical Specialists, nurses, dietitians, health promoters, environmental health officers, outreach teams and school health nurses) and Department of Basic Education. The aim of the workshop was to strengthen collaborations between Department of Health and Department of Basic Education in addressing Child Health and Nutrition programmes in ECD centres. Following the workshops, all districts developed plans on rolling out inter-sectoral collaborative interventions going forward.
- A contract for procuring feeding pumps, tubes and related consumables has been secured for effective and efficient delivery of feeds (enteral route) to patients.

- The training for Effective Vaccine Management (EVM) was conducted in East London. It targeted Expanded Programme on Immunisation (EPI) coordinators, pharmacists, District Clinical Specialist Teams (DCSTs) and general health programmes managers to minimise vaccine wastage and stock outs.
- All districts managed to transition from Measbio to Measles-Rubella (MR) vaccines as per current vaccination guidelines.
- Memorandum of understanding of was signed in second and third quarter with Unjani NPC and all district and with Mom and Baby with Kouga sub-district in making child health services available in all districts.
- An updated EPI training was conducted at Nelson Mandela district on the 10th to 14 July 2024 in OR Tambo from 02nd to 07th September 2024.

Table 4.2.7: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
m1. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	1.1.1 IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	New Indicator	New Indicator	2 000	6 031	4 031	Target achieved. The performance is attributed to in-service trainings conducted in the province which covered all districts in the province.
	Increased ANC visits before 20 weeks	1.1.2 Antenatal 1st visit before 20 weeks rate	63.5%	62.8%	66%	65.8%	-0.2%	Target not achieved. Late presentation of pregnant women for antenatal care has been noticed in districts with a high number of teenage deliveries.
		Numerator:	71 748	63 640	74 523	55 424		
		Denominator:	112 913	101 354	112 913	84 233		
	Increased uptake	1.1.3 Antenatal	89.8%	99.4%	95%	97.9%	2.9%	Target achieved.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	of ART by antenatal client	clients start on ART rate						Improvement in facility capturing of all women initiated on ARTby making sure that files reach the data capture daily.
		Numerator:	6 269	5 076	9 794	4 004		
		Denominator:	6 981	5 105	10 309	4 090		
	Increase access to family planning by teenagers	1.1.4 Delivery in 10 - 14 years in facility	New Indicator	New Indicator	335	396	-61	Target not achieved; children 10 to 14 years old are in school going age. Department of Health has limited access in providing sexual reproductive health services e.g. in some schools, School Health Nurses are not permitted to provide contraceptive services in school premises. They are only

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								allowed to educate children and refer them to the clinic.
	Maternal mortality reduced	1.1.5 Maternal mortality in facility ratio – Per 100 000 live births	124.5/100 000	136.2 / 100 000	<120/100 000	139.7/100 000	-19.7/100 000	Target not achieved. The leading causes of maternal deaths are maternal HIV and TB, Obstetric haemorrhage, complications of hypertensive disorders in pregnancy.
		Numerator:	133	131	128	122		
		Denominator:	107 025	96 157	107 025	87 307		
	Low birth weight reduced	1.2.1 Live birth under 2500g in facility rate	14.9%	16.5%	12%	16.7%	-4.7%	Target not achieved. Significant under-performance is observed in districts with regional and tertiary hospitals which manage referred complicated cases. These districts include
		Numerator:	14 783	14 687	11 940	13 531		
		Denominator:	99 503	89 137	99 503	81 033		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								NMBM, SB, BCM, OR Tambo and Chris Hani. Low birth weight is attributed to prematurity caused by infections in pregnant mothers, hypertension and late presentation to facilities.
	Postnatal care coverage increased	1.2.2 Mother postnatal visit within 6 days rate	80.7%	82.8%	82%	83.8%	1.8%	Target achieved. Mothers who stay in hospital more than six days are done their postnatal check-up and captured in hospital.
		Numerator:	80 488	74 389	81 930	68 623		
		Denominator:	99 915	89 881.0	99 915	81 862		
	Mother-to-child transmission eliminated	1.3.2 Infant PCR test positive around 6 months rate	New indicator	0.7%	<1%	0.4%	0.6%	Target overachieved The Vertical Transmission Prevention (VTP)
		Numerator:		68	100	44		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator:		10 152	9 992	10 016		guidelines have aligned Expanded Programme on Immunisation (EPI) with the HIV exposed infants and mother ART visit together making it easy to monitor viral load and follow up of birth PCR from 6 days post delivery
	Child fully immunised	1.3.3 Immunisation under 1year coverage	82.1%	78.6%	89%	73.0%	-16%	Target not achieved Significant underperformance is observed in rural Districts (Alfred Nzo, OR Tambo and NMB). These districts have hard to reach areas with zero

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								doze communities. Our mobile services are not adequate to cover all areas. During HPV vaccination campaigns, EPI programme is compromised because of focusing resources on HPV campaign. There was a decline in under five PHC utilisation rate during December holidays which affected quarter 3 performance.
		Numerator:	108 031	103 687	116 779	96 566		
		Denominator:	131 213	131 611	131 213	132 313		
		1.3.4. Measles 2nd dose 1 year coverage	81.6%	79.2%	85%	75.8%	-9.2%	Target not achieved. Significant underperformanc
		Numerator:	106 690	103 524	110 947	98 706		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator:	130 526	130 331	130 526	130 202		e is observed rural Districts, Alfred Nzo, OR Tambo and NMB. These districts have hard to reach areas with zero doze communities. Our mobile services are not adequate to cover all areas. During HPV vaccination campaigns, EPI programme is compromised because of focusing resources on HPV campaign. There was a decline in under five PHC utilisation rate during December

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								holidays which affected quarter 3 performance.
	Child mortality reduced	1.3.5 Death under 5 years against live birth rate	2.1%	2.3%	<2%	2.5%	-0.5%	Target not achieved. Neonatal death in facility, pneumonia and severe acute malnutrition case fatality rates contributed to the under-performance of death under 5 years against live birth rates.
		Numerator:	2 095	2 079	1 990	2 039		
		Denominator:	99 503	89 137	99 503	81 033		
		1.3.6 Neonatal death in facility rate (per 1000 live births)	13.8/1000	15.1/1 000	12/1000	15.7/1000	-3.7%	Target not achieved. Underperformance is observed in districts with regional and tertiary hospitals which manage complicated cases. These
		Numerator:	1 374	1 350	1 192	1 273		
		Denominator:	99 503	89 137	99 504	81 033		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								districts include OR Tambo, NMBM and BCM. Severe prematurity, hypoxia, infections and congenital abnormalities contributed to the under-performance.
		1.3.8 Still Birth in facility rate (per 1000 births)	New Indicator	New Indicator	18/1000	22.2/1000	-4.2/1000	Target not achieved BCM, NMBM and OR Tambo had the highest stillbirth rates due to intrauterine deaths related to hypertensive disorders, congenital abnormalities and antepartum haemorrhage.
		Numerator:			1 798	1 838		
		Denominator:			99 915	82 871		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
2.Stunting among children reduced	Micro and macro nutrient malnutrition reduced	1.3.7 Vitamin A dose 12-59 months coverage	75.1%	76.1%	76%	79.3%	3.3%	Target achieved. Vitamin A coverage includes data from the facilities and by the outreach teams.
		Numerator:	809 978	810 011	822 486	831 493		
		Denominator:	1 082 218	1 061 760	1 082 218	1 048 016		
		1.3.9 Child under 5 years diarrhoea case fatality rate	2.6%	2.2%	2.5%	2.1%	0.4%	Target achieved because children are receiving the Rotavirus vaccine as per vaccination schedule for children under 5 years
		Numerator:	119	110	112	116		
		Denominator:	4 539	4 908	4 539	5 445		
		1.3.10 Child under 5 years pneumonia case fatality rate	2.8%	3.4%	2.4%	3.0%	-0.6%	Target not achieved. However, Case Fatality Rate decreased from 3.4% in 2023. Late health seeking behaviour and septicaemia contributed to the under-
		Numerator:	139	127	120	124		
		Denominator:	5 049	3 736	5 049	4 202		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								achievement.
		1.3.11 Child under 5 years severe acute malnutrition case fatality rate	7.6%	9.5%	7.5%	11.0%	-3.5	Target not achieved. This is associated with HIV infection, poor breastfeeding practices and diarrhoea.
		Numerator:	98	109	96	116		
		Denominator:	1 287	1 151	1 287	1 050		
4 Morbidity and Premature mortality due to Non-Communicable diseases reduced	Clients early detection of illness and prevention	4.3.3 Cervical cancer screening coverage	New Indicator	New Indicator	43%	49%	6%	Target overachieved. Implementation of Cervical Cancer Elimination Strategy 90/70/90 Collaboration between Pink drive and RIO TINTO cancer screening in O.R. Tambo 8-12 July 2024.
		Numerator:			698 036	93 419		
		Denominator:			1 623 340	190 695		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
1.1.2 Antenatal 1st visit before 20 weeks rate	• Strengthen and monitor the implementation of the Pregnancy Testing Policy to intensify early identification of pregnant women. • Intensify the administration of pregnancy screening tool by WBCOTs at a community level.
1.1.5 Maternal mortality in facility ratio	• Capacitate midwives and doctors on Essential Steps in Management of Obstetric Emergencies. • Conduct training of all clinicians on Basic Antenatal Care Plus, High Risk ANC • Disseminate and train nurses and doctors on 2024 Integrated Maternal and Perinatal Care Guidelines • Ensure availability of emergency budget to procure critical consumables and medicines. • Resuscitate the availability of dedicated ambulance for maternal, child and neonatal healthcare services. • Review in-transit ESMOE training with EMS. • Monitor 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 pregnancy. Collaborate with community leaders and other stakeholders to identify maternity waiting homes. • 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 e.g. HAST, ACSM, NCD, Health promotion and partners.
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.
1.3.4. Measles 2nd dose 1year coverage	• Hired cars will be allocated to underperforming sub-districts in all in order to conduct catch-up drives to reach those children that were missed. • Data verification and analysis will be conducted in those facilities where data was not properly captured and with capturing errors • Community profiling in all catchment areas to confirm availability of target population as per DHIS population.

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
	• WBCORT is encouraged to carry vaccine cooler boxes to catch up missed children.
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 sexually transmitted infections (STI). • Strengthen use of 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 Integrated Management of Childhood Illnesses 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 proper management of equipment through training of staff on proper handling and monitoring of maintenance plans for neonatal units' 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 ambulances 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.
1.3.8 Still Birth in facility rate (per 1000 births)	• Implement the pregnancy testing circular to diagnose pregnancy and start women on antenatal care early. • Capacitate clinicians on Basic Antenatal Care Plus, ANC High Risk Training and Essential Steps in management of Obstetric Emergencies. • Disseminate and train nurses and doctors on 2024 Integrated and Perinatal Care Guidelines • Monitor adherence to guidelines and protocols by all clinicians on antepartum and intrapartum care. • Conduct clinical audits on stillbirth cases, identify gaps, formulate quality improvement plans. • Monitor the use of Perinatal Problem Identification Programme (PPIP) to identify the causes of deaths and avoidable factors and develop Quality Improvement Plans.

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
1.3.10 Child under 5 years pneumonia case fatality rate	• Promote early antenatal booking at community and facility and hospital levels. • Promote screening of infections in all pregnant women. • Educate pregnant women on identification of danger signs and for seeking help on time. • 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 IMCI guidelines at all levels (community and health facilities).
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	• Monitor programmes targeted at early identification of children with acute malnutrition at community and facility level by involving early childhood development (ECD) practitioners and community development workers in measuring mid-upper arm circumference (MUAC) in all districts. • Establish and monitor assessment of facilities on Mother Baby Friendly Initiative (MBFI) to protect and support breastfeeding practices at community and facility levels. • Intensify nutritional supplementation programme targeting eligible clients in all facilities to improve coverage. • Maximise and monitor training of clinicians on management of children with acute malnutrition to reduce severe acute malnutrition (SAM) death cases. • Monitor commitment of Nutrition Directorate's participation in inter-sectoral collaborative platforms 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

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

- Strengthened cooperation with SAPS.
- Continuous staff/employee motivation.
- Provincial collaboration.

PROCUREMENT

- Mthatha region procured 5000 body bags and 3000 N95 Masks which are critically important for Infection
  Prevention and Control as well as Personal Protective Clothing (PPE) during postmortem examination
  respectively.
- Queenstown region also managed to procure sufficient 3015 gloves, 3260 Coveralls, 1425 Gowns and 2600 Body Bags.

HR AND PERSONNEL WELLNESS

- Six (6) Sessional Medical Officers have been appointed (2 Queenstown, 1 Mthatha and 3 East London regions) to improve postmortem operations.
- All Queenstown Region employees were subjected for Hepatitis B screening and subsequent vaccination at Cecilia Makiwane staff clinic.
- Family redress was conducted regarding a case of death due to rabies in Port Elizabeth region.
- The training to operate Lodox machine for body scanning was conducted at New Brighton to 16 officials of Port Elizabeth region (8 Forensic Pathology Officers and 8 Medical Officers). The Lodox machine can be accessed by other facilities that need its utilisation.

OPERATIONS

Six (6) District Municipalities have managed to bury 114 unclaimed bodies and are as follows:

Table B36: *Pauper burials*

DISTRICT MUNICIPALITY	LOCAL MUNICIPALITY	NUMBER OF BODIES BURIED
Nelson Mandela Bay Metro	NMBM	25
Chris Hani	Chris Hani	14
Joe Gqabi	Joe Gqabi	11
Alfred Nzo	Matatiele	10
	Tabankulu	6
OR Tambo	King Sabata Dalindyebo	31
	Mhlontlo	7
	Nyandeni	9
Sarah Baartman	Sarah Baartman	1
TOTAL		**114**

- Six (6) big ship containers for storage of unclaimed and unidentified bodies have been delivered at Mthatha, Queenstown, Bhisho, New Brighton, Gelvandale and Mount Road Forensic Pathology Laboratories.
- Mt Fletcher Laboratory has made an agreement for gardening and cleaning services with correctional services to utilised inmates.
- Fumigation was conducted in four (4) facilities (Queenstown, New Brighton, Aliwal North and Mt Fletcher)
- Mthatha region had a major accident which took seven (7) lives, autopsy examination was concluded in three days, and all autopsy reports were typed and concluded on time with the assistance of community health workers (CHW).

FORENSIC PATHOLOGY SERVICES (FPS) FLEET

Forensic Pathology Services operated with 44 body loading vehicles in the fourth quarter 2024/25. In 90% achievement planned by the institution for response times to the crime scenes or incidents of death, 62% has been achieved in rural setting and 72% achieved in urban setting. These vehicles were allocated as illustrated in table B37 below:

Table B37: Distribution of forensic pathology body loading vehicles by district

DISTRICT	NO OF VEHICLES FOR FPS-UNNATURAL DEATHS
Alfred Nzo	4
Amathole	4
Buffalo City	7
Chris Hani	2
Joe Gqabi	5
NMMM	10
OR Tambo	7
Sarah Baartman	5
TOTAL	**44**

INFRASTRUCTURE

- Lights were fixed in four Forensic Pathology Laboratories (Bizana, Lusikisiki, Mthatha and Aliwal North).
- At Aliwal North Forensic Pathology Laboratory numerous renovations were done in relation to:
  - Painting of walls.
  - Repair of the facility rear door,
  - Cleaning and repairing of gutters.
  - Fixing and replacement of facia boards.
  - Cleaning of the floors and freezer.
- At Mt Fletcher and Aliwal North, roof leaks were repaired.
- The damaged ceiling at Mt Fletcher and Aliwal North was paired.
- Three (3) air conditioners have been serviced at Mt Fletcher and another one replaced.
- The electric gate motto has been also replaced at Aliwal North.
- Visitor's ablution facility systems for families have been replaced at Mthatha and Aliwal North. Including repair of other three (3) toilets at Mthatha
- Fridges across all 22 Forensic Pathology laboratories in the province have been serviced.
- The water supply has been enhanced at Mthatha facility by fixing a water pump installed in the backup system.
- Grass cutting was done at Lusikisiki and Bizana through EPWP programme and Mt Frere through shared services with Madzikane-KaZulu Memorial Hospital.
- Project of building alterations at New Brighton in pursuit for installation Lodox Machine was finalised at New Brighton facility and the machine is effectively operational.
- Port Elizabeth Region procured 21 body trolleys and 20 body pans. All were delivered by the Service Provider and distributed equitable to New Brighton, Mount Road, Gelvandale Uitenhage, Grahamstown, Port Alfred and Jourbetina.

Extractor fans

- Four (4) Extractor Fans have been installed at New Brighton Forensic Pathology Laboratory in Nelson Mandela Bay Metro and four (4) old industrial ones have been serviced to function optimally.
- Two extractor fans (one Mt Fletcher and one in Aliwal North) have been replaced, and the new system was installed

Refrigeration containers and fridges.

- The inside building freezer at Mount Road was moved out and converted into a normal fridge to open more space for daily postmortem operations.
- Two (2) Fridge doors have been revamped at New Brighton to close properly as well to prevent smell and leaks.

Occupational Health and Safety (OHS) interventions at New Brighton facility

- All fire extinguishers and Hose pipes were services and Certificate of Compliance was issued.
- All five fridges were thoroughly cleaned, and a new drainage system was constructed, new lights have been installed inside, and cooling system was serviced.
- Eleven (11) employees were referred to Empilweni Hospital for medical surveillance for TB and Hepatitis B, five (5) of them who had no antibodies are receiving periodic vaccination.
- Backup water system was revived back on track and is fully supplying the dissection area and the building in cases of water outage.
- Sluice drain system was replaced with the modern system.
- Deep cleaning was done in the whole building including dissection area and storerooms.
- A new cooler system in the engine compressor room was installed.

Table 4.2.8 Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.8: Coroner Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	95%	95.5%	98%	93.4%	-4.6%	Target not achieved. Postmortem examination was affected by the Prohibition notice issue at New Brighton and the expiry of the contract of a medical officer at Mthatha in the third quarter.
		Numerator:	10 354	9 824	10 679	10 285		
		Denominator:	10 897	10 303	10 897	11 006		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR	PROPOSED INTERVENTION
6.4.5 Percentage of post-mortem performed within 72 hours	• The provincial forensic pathology office will enhance management responsibilities through performance management strategies in the two affected regions. • To conduct continuous visit and inspection of facilities to ascertain compliance and strengthen skills on facility and personnel management. The contract of the medical Officer was later renewed.

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

Progress on Ideal hospital Realisation and maintenance

District hospitals Ideal Status self-assessments-

- Compliance with self-assessment during the financial period is at 97% (63/65), of which six (9%) hospitals obtained compliance status.

Table B38: Ideal Status self-assessments

District	Non-Negotiable Vital %	Vital %	Essential %	Score
EC Prov	**88,06%**	**83,79%**	**82,39%**	**83,25%**
A Nzo DM	95,08%	87,42%	86,98%	87,57%
Amathole DM	89,26%	81,92%	82,27%	82,49%
Buffalo City MM	90,24%	81,06%	73,51%	77,37%
C Hani DM	86,83%	86,20%	85,21%	85,70%
Joe Gqabi DM	82,24%	82,39%	81,38%	81,83%
N Mandela Bay MM	95,07%	89,56%	81,14%	85,41%
O Tambo DM	82,34%	81,68%	80,72%	81,20%
Sarah Baartman DM	92,22%	83,72%	80,71%	82,53%

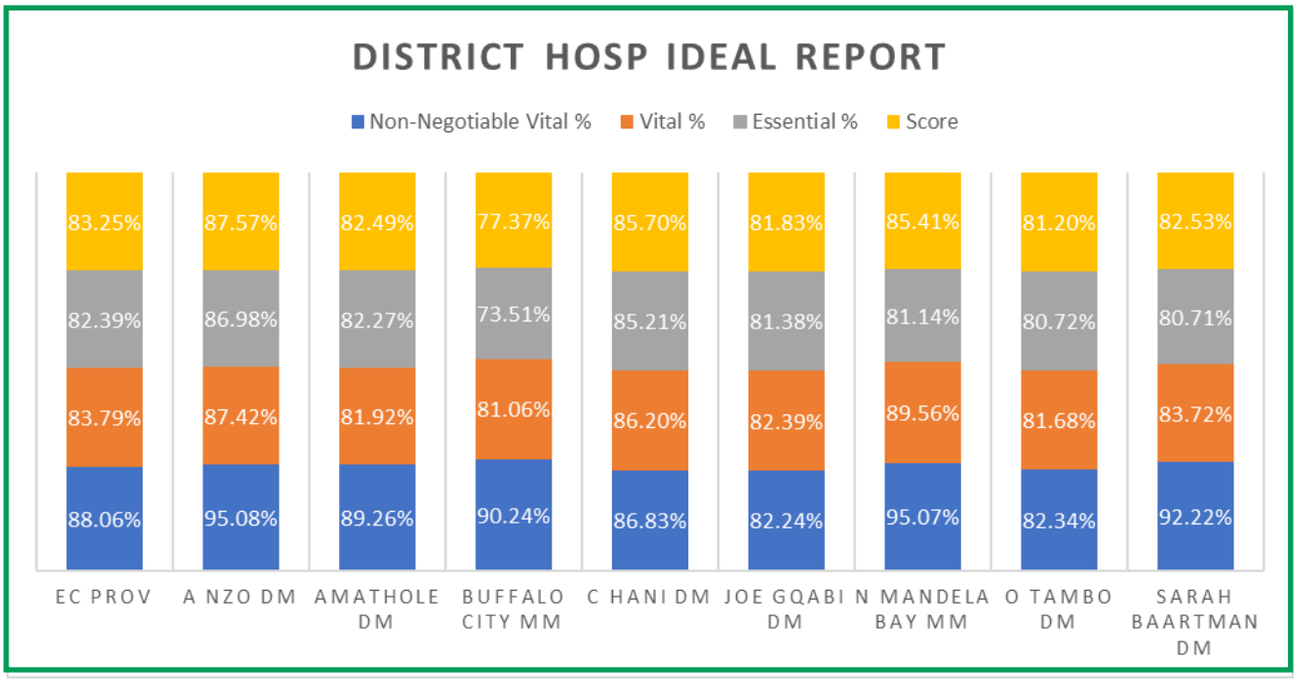


Fig. B23: District hospital Ideal Report

Table B39: Hospitals that have complied with Ideal Hospital framework

DISTRICT	SUBDISTRICT	HOSPITAL NAME	GRADING
Alfred Nzo	Matatiele	Tayler Bequest Matat	Good
	Ntabankulu	Sipethu	Excellent
Amathole	Raymond Mhlaba	Adelaide	Excellent
	Amahlathi	Stutterheim	Excellent
OR Tambo	Port St Johns	Isilimela	Excellent
Sarah Baartman	DR B Naude'	SAWAS	Excellent

Ideal hospital Realisation framework work as a vehicle that enables the hospital to get compliance with OHSC (Office of Health Standard Compliance). The table below illustrates 12 hospitals that have attained compliance with OHSC, of which 5 five of them are compliant with Ideal hospital namely: -

- Stutterheim,
- Adelaide, Sipethu,
- Tayler Bequest Matatiele, and
- Islimela

Progress with Office of Health Standard Compliance (OHSC) Certification

The number of District Hospitals obtained the certificate of compliance by the OHSC has increased to 18% (12/65).

Table B40: Office of Health Standard Compliance (OHSC) Certification

DISTRICT	NO COMPLIANT WITH OHSC	HOSPITAL NAME	LOCAL MUNICIPALITY
Amathole	4	Sutterheim Hospital	Amahlathi LM
		Adelaide Hospital	Raymond Mhlaba LM
		Bedford Hospital	Raymond Mhlaba LM
		Victoria Hospital	Raymond Mhlaba LM
Alfred Nzo	4	Tayler Bequest Hospital (Matatiele)	Matatiele
		Oliver & Adelaide Tambo Hospital	W. Madikizela Mandela LM
		Madzikane ka Zulu Memorial	Mzimvubu LM
		Siphethu Hospital	Ntabankulu LM
O.R. Tambo	4	Holy Cross – Ngquza Hill	Ngquza Hill LM
		Zithulele - KSD	KSD LM
		Dr Malizo Mpehle	Mhlontlo LM
		Isilimela Hospital	Port St' Johns LM
3	**12**	**12**	**10**

Improvement strategies for the efficiency indicators

- The department has made strides in trying to improve inefficiencies regarding the performance of the district hospitals on the three efficiency indicators.
- Several strategies were implemented to improve inpatient bed utilisation.
- the core of the three indicators. If the bed utilisation rate improves, the other two indicators will
- gradually improve.
- The following strategies are being progressively implemented

Hubs & Spokes model – District hospitals and regional hospitals with capacity were identified per region to assist other hospitals for services;

- Decentralisation of Obstetrics & Gynae, Cataracts, Orthopaedic services from regional & tertiary to district hospitals.
- In-reach programmes by (Regional; Tertiary & Specialised hospitals Health) render services in district hospitals).
- District hospitals conducted outreach programmes to the feeder clinics within the catchment to identify patients before complications & refer to the hospital and manage those who do not warrant admission.

Table B41: Hospitals benefitting from the in-reach programmes in district hospitals

DISTRICT HOSPITAL	HOSPITAL CONDUCTING INREACH
Madzikane KaZulu	Bedford Orthopaedic Nelson Mandela Central
Taylor Bequest Matat	Bedford Orthopaedic
Dr Malizo Mpehle	Bedford Orthopaedic
Bisho	Cecilia Makiwane
Butterworth	Frere Hospital
Uitenhage	Livingston specialists
Victoria	Fort England
Nompumelelo	Fort England
Adelaide & Bedford hospital	Fort England
Andries Vosloo hospital	Neonatology Dorah Nginza

- Outreach programmes were conducted by the district hospitals in clinics where patients have opportunity to be seen by doctors and be identified when the need for admission arise. This curbs the influx of patients seen for minor ailments in district hospitals and improve the bed utilisation for the patients in need for hospitalisation.
- The district hospitals identified maternity waiting beds for high-risk pregnant women and those in rural areas staying very far from the hospital.

Table 4.2.9: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 2.9: District Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.3 Patient experience of care satisfaction rate	77%	78%	79%	80.2%	1.2%	Target achieved due to the improvements in six priority areas and hospitality services
		Numerator	61 600	70 657	63 298	53 599		
		Denominator	80 125	90 856	80 125	66 835		
	Patient safety improved	6.3.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	74.4%	74%	75%	80.3%	5.3%	Target overachieved due to: Management meeting, clinical audits discussing and managing PSIs. Formal and In-service trainings conducted.
		Numerator	346	444	348	413		
		Denominator	465	604	464	514		
		6.3.10 Patient Safety Incident (PSI) case closure rate	91.5%	95%	91.7%	96.6%	4.9%	Target overachieved due to: Management meeting, clinical
		Numerator		1 107	1 116	975		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator		1 170	1 216	1 009		audits discussing and managing PSIs. Formal and in-service trainings conducted.
	Hospital efficiencies improved	6.7.1 Average Length of Stay	4.7 days	4.9 days	4.5 days	4.9 days	-0.4 days	Target not achieved due to Orthopaedic, surgical, Mental disorders (including 72-hour assessment) TB/HIV patients and patients with complicated medical conditions.
		Numerator		1 089 938	1 012 207	1 082 968		
		Denominator		222 006	224 934	223 062		
		6.7.6 Inpatient (usable) bed utilisation rates	46.2%	48.8%	48%	48.5%	0.5%	Target achieved due to improved BUR in 4 (four) districts compared to previous year
		Numerator	1 032 948	1 089 938	1 073 743	1 082 968		
		Denominator	2 236 965	2 233 315	2 236 965	2 233 315		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		6.7.11 Expenditure per PDE	R3 826.4	R4 079.2	R3,826	R4,592.8	-R513,6	Target not achieved due to over expenditure on goods and services and Compensation of employees e.g overtime.
		Numerator		R6 433 531 794.2	6 031 374 421	7 361 265 011,3		
		Denominator		1 577 172	1 576 417	1 602 786		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.6 Maternal mortality in facility ratio	65.1/100 000	60.3/100 000	63.4/100 000	70.2/100 000	-6.8/100 000	Target not achieved as a result of women with pre-existing medical conditions e.g cardiac disease and hypertension, late booking for Antenatal care, and Obstetric haemorrhage.
		Numerator	37	30	36	31		
		Denominator	56 813	49 753	56 813	44 167		
	Child mortality reduced	1.3.12 Child under 5 years diarrhoea case fatality rate	2%	1.9%	1.8%	1.7%	0.1%	Target achieved because children are receiving the Rotavirus vaccine

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Numerator	64	68	60	70		as per vaccination schedule for children under 5 years
		Denominator	3 246	3 653	3 246	4 055		
		1.3.13 Child under 5 years' pneumonia case fatality rate	1.7%	1.8%	1.6%	1.7%	-0.1%	Target not achieved as a result of late health-seeking behaviour and septicaemia.
		Numerator	52	41	48	44		
		Denominator	3 097	2 287	3 096	2 634		
	Micro and macro nutrient malnutrition reduced	1.3.14 Child under 5 years severe acute malnutrition case fatality rate	4.7%	8.7%	9.9%	8.4%	1.5%	Target achieved due to Child Perinatal Identification Program meetings that are held monthly to discuss Child health mortality and morbidity
		Numerator	44	76	92	65		
		Denominator	928	873	928	772		
	Child mortality reduced	1.3.15 Death under 5 years against live birth rate	797	1.7%	1.4%	1.9%	-0.5%	Target not achieved as a result of extreme prematurity of

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Numerator		791	744	766		neonates (some infection related), pneumonia, and diarrhoea due to herbal ingestion.
		Denominator		45 935	53 133	40 831		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.1 Average Length of Stay	• Health Care providers must conduct clinical audits to get early diagnosis, treatment & care to keep average length of stay within the norm. • To inculcate the culture of conducting morbidity audits to prevent poor management of patient • Monitoring early referral to the next level of care for identified patients. • The Clinical governance head must oversee the use of clinical guidelines & protocols for management of patients.
6.7.11 Expenditure per PDE	• The management must have standing monthly meetings (including Cost Containment Committee meetings) to implement budget monitoring systems. • The clinical governance teams should manage ALOS & Inpatient BUR effectively to curb over expenditure.
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. • All hospital rendering maternal and obstetric services must have high risk clinics for early identification of maternal challenges. • The provincial Human Resource development unit must coordinate training of all clinicians in maternity on ESMOE (Essential Steps in Management in Management of Obstetric Emergencies.

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
	• All hospital rendering maternal and obstetric services must have maternity waiting beds for high-risk patients who are about to deliver. • The Provincial School Health Unit must enhance family planning to curb the rate of teenage pregnancy. • The hospital management must identify clinicians to be exposed to tertiary hospitals for adequate exposure.
1.3.13 Child under 5 years' pneumonia case fatality rate	• The community-based outreach teams should conduct continuous training in households, educating mothers about the importance of seeking medical care on time. • Health promotion unit should strengthen collaboration with traditional healers for early referral of patients in need of medical intervention.
1.3.15 Death under 5 years against live birth rate	• All hospital OPD (Outpatient Departments) must establish a paediatric unit managed by a dedicated medical officer. • The clinicians managing neonates must be trained on HBB (Helping Babies Breathe). • The Provincial school health programme should lead school health activities enhancing family planning for curbing the rate of teenage pregnancy.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme 2 spent at 102.1% overspending by R335.410 million after adjusting for funds shifts and virements of plus R197.149 million post the 2024/25 AEPRE.

Overspending has occurred primarily in COE, Goods & Services and Households. Compensation of employees overspent by R111.041million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services overspent by R192.111 million as a result of vesting pressures in order to continue the delivery of public health care services uninterrupted. It arose primarily within the space of the payment of payables and accruals of R2.661 billion at the programme level at the beginning of the current financial year being treated as a first charge of the 2024/25 budget allocation.

The knock-on effect being that the current year 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. Households overspent by R82.450 million arising primarily from the underfunded budget for the settlement of medico legal claims.

PROGRAMME 2: DISTRICT HEALTH SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	District Management	1.074.930	1.020.167	54.763	1,039,141	1,035,993	3,148
2	Community Health Clinics	2.960.088	3.358.711	(398.623)	3,003,660	3,284,094	(280,434)
3	Community Health Centres	1.540.347	1.562.778	(22.432)	1,512,766	1,541,482	(28,716)
4	Community Based Services	864.597	819.467	45.130	849,577	789,961	59,616
5	Other Community Services	75.956	71.994	3.962	51,569	54,756	(3,187)
6	HIV/AIDS	2.833.681	2.839.110	(5.429)	2,664,744	2,696,995	(32,251)
7	Nutrition	38.720	24.155	14.565	40,067	30,355	9,712
8	Coroner Services	122.156	149.263	(27.107)	143,394	142,661	733
9	District Hospitals	6.346.720	6.346.959	(239)	6,018,372	6,041,896	(23,524)
	TOTAL	**15,857,194**	**16,192,604**	**(335,410)**	**15,323,290**	**15,618,193**	**(294,903)**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**15,469,915**	**15,784,216**	**(314,301)**	**14,887,748**	**15,202,615**	**(314,867)**
Compensation of employees	10,902,110	11,013,149	(111,039)	10,777,655	10,770,463	7,192
Goods and services	4,567,805	4,759,916	(192,111)	4,110,093	4,424,004	(313,911)
Interest and rent on land	-	11,151	(11,151)	-	8,148	(8,148)
Transfers and subsidies	**206,028**	**287,723**	**(81,695)**	**164,282**	**278,389**	**(114,107)**
Non-profit institutions	35,942	35,190	752	41,729	35,450	6,279
Households	170,086	252,533	(82,447)	122,553	242,939	(120,386)
Payments for capital assets	**181,251**	**120,665**	**60,586**	**271,260**	**137,189**	**134,071**
Buildings and other fixed structures	-	-	-	2,257	2,257	-
Machinery and equipment	181,251	120,665	60,586	269,003	134,932	134,071
TOTAL	**15,857,194**	**16,192,604**	**(335,410)**	**15,323,290**	**15,618,193**	**(294,903)**



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

EMS Priority 1 Response Times

During the reporting period, Emergency Medical Services responded to a total of **116,798 Priority 1 (P1) calls**, comprising **77,922 rural** and **38,876 urban** incidents. These high-acuity cases require urgent intervention, with performance measured against the national response time targets of **60 minutes for rural** and **30 minutes for urban** calls. The data indicates that:

- **60.3%** of rural P1 calls (47,043 out of 77,922) were responded to within the 60-minute target.
- **68.3%** of urban P1 calls (26,561 out of 38,876) met the 30-minute benchmark.

While urban areas are approaching acceptable levels of compliance, the performance in rural districts remains significantly below target, with nearly **40% of rural P1 calls exceeding** the response time threshold. This reflects ongoing challenges in resource distribution, geographic coverage, infrastructure limitations, and operational capacity. The disparity between urban and rural response times points to resource availability in emergency vehicles. Strategic investment in rural EMS capacity—including fleet expansion, improved ECC functionality, and strengthened personnel recruitment—will be critical to closing the gap and ensuring equitable, timely care across the province.

Fleet Management

During the 2024/25 reporting period, the Department of Health maintained a provincial Emergency Medical Services (EMS) fleet of 435 ambulances, leased through the Government Fleet Management Services (GFMS) under the Department of Transport. However, operational challenges persist, with 126 vehicles (29%) currently grounded due to mechanical and service-related issues, resulting in a fleet operational efficiency of only 57.7%. This falls short of the Department's 70% operational target, creating significant service delivery gaps—especially in rural and remote districts. District disparities are notable: Nelson Mandela Bay boasts the highest operational rate at 90.2%, while Alfred Nzo and Sarah Baartman face critical shortfalls, with over 60% of ambulances

grounded. The majority of vehicle downtime is classified as short-term (31–89 days), but long-term grounding (>90 days) affects 53 ambulances, hampering service reliability. To mitigate these challenges, the Department engaged intensively with DOT and GFMS to improve repair turnaround times. A fleet renewal initiative resulted in the procurement and deployment of 152 new vehicles—including ambulances, planned patient transport (PPT) vehicles, and response and rescue units—targeting replacement of aging, maintenance-heavy assets. This was further bolstered by the introduction of 22 Mercedes-Benz vehicles, aimed at enhancing fleet mix reliability and operational efficiency.

Table B42: Grounded Ambulance Report

District	Total Ambulances	<30 days	>90days	31 - 60 days	Grand Total
Alfred Nzo	58	8	1	17	26
Amathole	68	9	0	8	17
Buffalo City	42	8	0	4	12
Chris Hani	57	8	0	12	20
Nelson Mandela Bay	42	0	0	5	5
Joe Gqabi	46	7	0	9	16
OR Tambo	74	3	0	11	14
Sarah Baartman	48	7	2	7	16
Total	**435**	**50**	**3**	**73**	**126**

Administrative Processes Impacting Fleet Availability: RT46 Contract

The administrative procedures associated with the RT46 transversal contract continue to pose significant challenges to emergency fleet availability. The complex and lengthy processes embedded within the contract have contributed to delays in the repair and return of emergency vehicles to service. Notably, there are currently no dedicated mechanisms in place to prioritise emergency vehicles within these workflows, which further exacerbates fleet downtime.

WesBank Report – Analysis of Delays in Ambulance Repairs

A key contributing factor to prolonged vehicle downtime is the delay in the compilation of repair quotations. According to the GFMS report dated 28 March 2025, a total of 126 ambulances were reported as grounded. Of these, 42 ambulances had been out of service for over 30 days due to delays in quote compilation. Across all vehicle categories, the total number of grounded vehicles stood at 212. The responsibility for preparing repair quotations lies jointly with the merchant and WesBank. However, this process currently lacks adequate oversight. It is recommended that the Government Fleet Management Services (GFMS) strengthen its monitoring and oversight functions to expedite turnaround times and ensure prioritisation of emergency vehicles.

Table B43: Replacement Fleet received in the year 2024/ 25

District	Ambulances	PTVs	Response	Rescue	No. of Vehciles
Amathole	8	2	4	1	15
Alfred Nzo	10	9	3	3	25
Buffalo City	9	5	2	2	18
Chris Hani	11	4	5	2	22
Joe Gqabi	10	2	4	2	18
Nelson Mandela Bay	5	7	1	2	15
OR Tambo	9	6	3	2	20
Sarah Baartman	7	7	3	2	19
Total	**69**	**42**	**25**	**16**	**152**

Fleet Age Profile and Its Impact

An analysis of the fleet age profile highlights a significant concentration of vehicles within the 4 to 6-year range, accounting for 596 vehicles. This segment of the fleet is associated with increased maintenance requirements, resulting in higher costs and reduced vehicle availability. Additionally, 205 vehicles are between 0 and 3 years old, while 12 vehicles are over 10 years of age. The overall aging profile of the fleet continues to impact the reliability and operational readiness of emergency medical services.

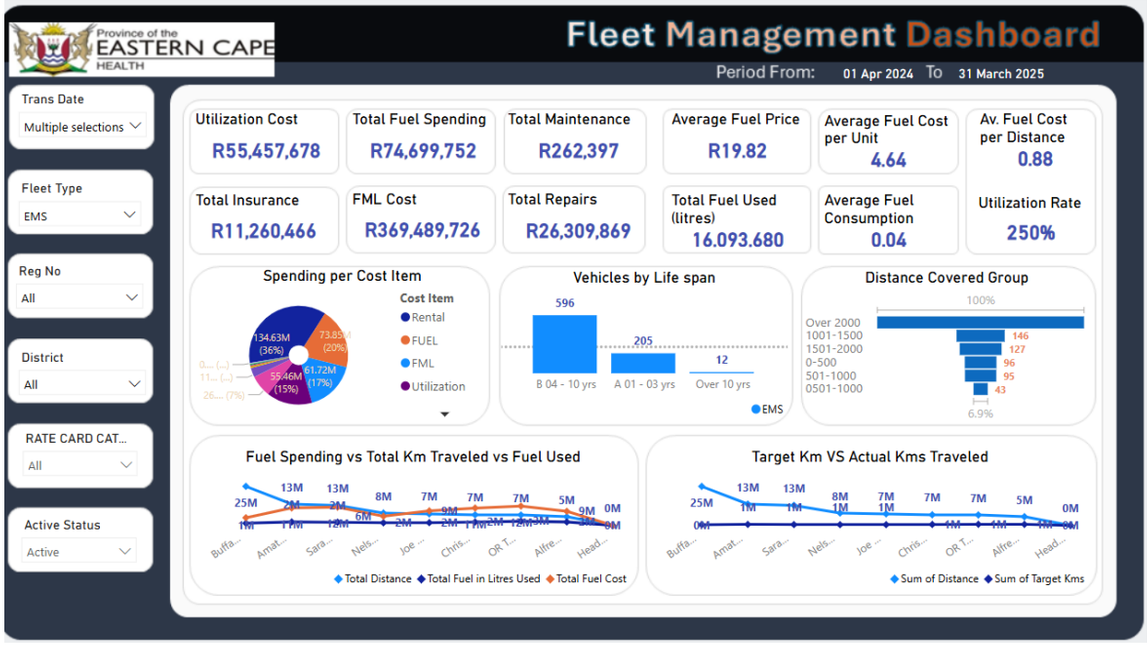


Fig. B24: Fleet Management dashboard

Emergency Communications Services

The Emergency Medical Services communication centres (ECCs) currently operate across seven districts, anchored by centralized hubs in major urban centres. Notable operational advancements have been achieved, including the successful rollout of an electronic call-taking and dispatch platform in Nelson Mandela Bay and will

shortly be followed by Buffalo City and Amathole receiving the same platform, which has streamlined response coordination and improved call handling efficiency. However, systemic challenges continue to hinder optimal service delivery. Persistent network connectivity disruptions—exacerbated by ongoing Telkom service suspensions—combined with infrastructure vulnerabilities such as cable theft and recurrent power outages, have significantly compromised communication reliability. These disruptions disproportionately affect rural districts, where delayed response times and limited-service access raise critical concerns for equitable emergency care.

From a governance perspective, the absence of a dedicated EMS Communications Manager presents a key leadership gap. This deficit curtails the ability to proactively address systemic vulnerabilities, coordinate cross-sector partnerships with telecom providers, and implement robust risk mitigation strategies. This should include investment in staffing to ensure continuous oversight and strategic management of EMS communication services. Addressing these challenges will be essential to safeguarding emergency response capabilities and ensuring timely, reliable access to care for all communities.

Aeromedical Services

The Department's three aeromedical helicopters remain fully operational, providing vital rapid response and patient transfer capabilities across the province's challenging terrain. A total of **583 missions** were completed during the financial year, logging **694 flying hours** despite weather-related operational constraints. These services are critical to bridging healthcare access gaps in remote areas and supporting timely emergency interventions.

Planned Patient Transport (PPT)

The Planned Patient Transport (PPT) programme remains a critical enabler of equitable healthcare access, particularly for patients residing in rural and underserved communities. The service facilitates non-emergency transport for individuals requiring access to specialist consultations, chronic care follow-ups, and the collection of medication—thereby bridging a vital gap between primary care facilities and referral hospitals.

During the 2024/25 financial year, a total of **352,433 patients** were transported through the PPT system. The quarterly breakdown reflects consistent service demand:

- **97,149** patients in Q1
- **100,616** patients in Q2
- **78,510** patients in Q3
- **76,158** patients in Q4

This trend signals sustained and growing community reliance on the PPT service, underscoring its role as a key component of patient continuity of care and health system functionality. A significant portion of PPT utilization is driven by **renal dialysis patients**, who require transport at least twice per week for life-sustaining treatment. This demand highlights the need for continued collaboration between EMS and hospital management teams to decentralize dialysis services where feasible and reduce the transport burden on patients and the health system. Looking ahead, strengthening the operational efficiency, route planning, and vehicle availability of the PPT programme will be vital to maintaining service quality amid rising demand. Enhancing patient scheduling systems, integrating with electronic health platforms, and expanding community-based care models are strategic priorities to ensure the programme remains responsive, patient-centered, and sustainable.

Disaster Management

Between June and December 2024, the Eastern Cape Department of Health (ECDoH) faced significant operational disruptions due to severe weather events, including heavy rainfall and snow in high-altitude regions. These events caused extensive damage to health infrastructure and severely impacted patient transport services,

particularly in rural and mountainous areas. In response, the Department activated rapid assessment and recovery protocols. Infrastructure teams were immediately deployed to conduct damage assessments, and cost estimates were submitted to the Provincial Disaster Management Centre. The formal declaration of the event as a provincial disaster enabled swift access to emergency funding, accelerating the repair and restoration of critical healthcare services. Continuous collaboration with the Department of Cooperative Governance and Traditional Affairs (COGTA) was instrumental in coordinating a multi-sectoral response and recovery effort. This partnership ensured the alignment of emergency interventions with broader provincial resilience planning. Recognizing the growing risks posed by climate change and extreme weather events, the ECDoH has prioritized the strengthening of institutional resilience and disaster preparedness. An Institutional Disaster Management Committee has been established to provide structured oversight and support to health facilities across the province. In addition, a training programme in disaster risk management has been launched to enhance local capacity and readiness at all levels of the health system. These initiatives form part of a broader strategy to ensure continuity of healthcare delivery, protect infrastructure investments, and build long-term resilience against climate-related and environmental disasters.

Table 4.3.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	55.2%	68.8%	56%	68.3%	12.3%	Target overachieved. The Nelson Mandela Metro (NMM) has decentralised EMS stations for quicker responses.
		Numerator:	23 555	25 095	23 882	26 561		
		Denominator:	42 647	36 459	42 647	38 876		
		6.5.2 EMS P1 rural response under 60 minutes rate	64.4%	62.2%	65%	60.4%	-4.6%	Target not achieved Rural ambulances are undertaking more inter-facility transfers and long-distance transfers of patients, this keeps the ambulances away from their area of operations, resulting in delays in response times.
		Numerator:	54 875	52 502	72 040	47 043		
		Denominator:	85 144	84 382	110 831	77 922		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Functional PTVs available	6.5.4 Number of Patients transported on the PTV services	192 616	245 397	193 000	352 433	159 433	Target not achieved. More patients are referred to the higher levels of care due to the limited District Healthcare packages that is offered in the district hospitals.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.5.2 EMS P1 rural response under 60 minutes rate	Additional personnel are required to be recruited for the inter-facility transfers and additional ambulances in the rural areas. Submission made to the Annual Recruitment Plan for these additional personnel to be recruited.
6.5.4 Number of Patients transported on the PTV services	More patients are referred to the Regional and Tertiary Hospitals due to the challenges faced by the districts hospitals to offer full packagers of care. The department will strengthen outreach services to the rural hospitals.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme 3 spent at 99.9% underspending by R135.566 thousand after adjusting for funds shifts and virements of minus R38.206 million post the 2024/25 AEPRE.

The Programme gave up R38.000 million of its cash flows in favour of mitigating the Cost of Employees pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. Further the Programme gave up R0.206 million of its cash flows in favour of mitigating the Cost of Employees pressures within the Central Hospital Services Programme

Table A6: Programme 3 – Emergency Medical Services

PROGRAMME 3: EMERGENCY MEDICAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	**Emergency Transport**	1,239,824	1,215,721	24,103	1,122,684	1,069,678	53,006
2	**Planned Patient Transport**	286,553	310,521	(23,968)	275,923	290,707	(14,784)
	TOTAL	**1,526,377**	**1,526,242**	**135**	**1,398,607**	**1,360,385**	**38,222**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**1,400,071**	**1,395,936**	**4,135**	**1,275,354**	**1,217,706**	57,648
	Compensation of employees	1,124,935	1,067,673	57,262	1,076,571	1,049,361	27,210
	Goods and services	275,136	328,263	(53,127)	198,783	168,345	30,438
	Transfers and subsidies	**4,216**	**2,922**	**1,294**	**4,012**	**2,846**	1,166
	Households	4,216	2,922	1,294	4,012	2,846	1,166
	Payments for capital assets	**122,090**	**127,384**	**(5,294)**	**119,241**	**139,833**	(20,592)
	Machinery and equipment	122,090	127,384	(5,294)	119,241	139,833	(20,592)
	TOTAL	**1,526,377**	**1,526,242**	**135**	**1,398,607**	**1,360,385**	**38,222**



PROGRAMME 4

PROVINCIAL 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

- Successful piloting of HMS2 module 2 has assisted in timeous capturing and reporting of Patient Safety Incidents (SAC1) within 24 hours.
- Successful appointment various specialists at CMH, Frontier, Dora Nginza and Mthatha regional
- Installation of new laundry equipment at Cecilia Makiwane and Dora Nginza has been completed.
- New cooking pots installed and commissioned at Dora Nginza kitchen.
- Total number of 254 cataract cases were operated through catch-up marathons.
- Anaesthetic and Maternity coverage at Frontier has improved due to the appointment of two obstetricians, resulting in fewer referrals to Frere and an improvement in service to the facilities referring to Frontier.
- Infrastructure renovation project has commenced on the 15th of July 2024 at Dora Nginza Hospital and deliverables listed below have been achieved.
- Province identified by the National Department of Health as a pilot site for National Leadership Initiative (NLI) followed by NLI needs assessment was conducted whereby, priority areas for training and priority hospitals of focus were identified.
- The Outreach programme was initiated to Bisho, Madzikane Kazulu, St Barnabas and Butterworth hospital for skills transfer as well as clinical services provision and there has been a significant reduction of referrals to the regional level of care.
- Infrastructure Projects are ongoing at Dora Nginza Hospital and milestones listed below have been achieved
    - Boundary wall done.
    - All hospital outside lights have been repaired and replaced.
    - Guard house repairs.
    - Painting of passage wall and Pharmacy passage done

CHALLENGES

- Water supply from the municipality side was a major problem in Frontier Hospital especially around October, January 2025 and March.
- Electricity outage due to a sub-station breakdown from the municipality in Komani Frontier Hospital was functioning on emergency standby generators.
- A significant deficit in medical and nursing personnel is adversely affecting the reduction of patient waiting times for surgical interventions. This shortage also hinders the provision of medical services, which is crucial for ensuring high-quality healthcare and favourable patient outcomes.

Table 4.4.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 4.1: Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.4 Patient experience of care satisfaction rate	72%	77.6%	74%	79%	5%	Target overachieved due to the implementation of QIP from the previous year.
		Numerator:	27 614	23 640	28 442	26 003		
		Denominator:	38 436	30 443	38 436	33 080		
	Patient Safety Improved	6.3.2 Severity assessment code (SAC)1 incident reported within 24 hours rate	90%	93%	90%	92%	2%	Target achieved due to constant monitoring of the programme performance
		Numerator:	624	438	624	375		
		Denominator:	696	472	696	407		
		6.3.11 Patient Safety Incident (PSI) case closure rate	93.4%	97%	95%	97%	2%	Target achieved due to constant monitoring of the programme performance
		Numerator:		661	476	574		
		Denominator:		679	500	591		
	Efficiency indicators improved	6.7.2 Average length of stay	6.2 days	6.4 days	5.5 days	6.4 days	0.9 days	Target not achieved due to disease profile which require treatment
		Numerator:		543 278.5	488 070	535 021		
		Denominator:		84 259	88 740	83 219		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								regimens of more than 5 days like psychiatric, orthopaedics patients and discharge criteria of preterm babies.
		6.7.7 Inpatient (usable) bed utilisation rates	68.4%	72.6%	70%	71.6%	1.6%	Target achieved. Increased demand of specialised services at regional hospitals which is evident in the OPD headcounts.
		Numerator:	527 157.5	543 278.5	539 654	535 021		
		Denominator:	770 934.1	748 058	770 934	747 601.9		
		6.7.12 Expenditure per PDE	R3 984	R4 276.2	R4,804	R4 417.5	R386.5	Target achieved due to improved bed utilisation rate
		Numerator:		3 264 138 883,3	3 471 773 936	3 319 458 711.2		
		Denominator:		763 329	722 684	751 427		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced.	1.1.7 Number of maternal deaths in facility	50	38	38	37	1	Target achieved due to consistent clinical audits, where maternal deaths and areas of improvement are discussed

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		1.3.16 Child under 5 years diarrhoea case fatality rate	2.3%	2.4%	2.2%	3.4%	-1.2%	Target not achieved due to late referral with underlying conditions.
		Numerator	17	18	16	29		
		Denominator	746	748	744	853		
	Child mortality reduced	1.3.17 Child under 5 years' pneumonia case fatality rate	2.9%	4.2%	2.7%	5.2%	2.5%	Target not achieved due to modifiable factors like late presentation in hospital and underlying conditions.
		Numerator	39	37	36	53		
		Denominator	1 329	886	1 328	1 023		
	Micro and macro nutrient malnutrition reduced	1.3.18 Child under 5 years severe acute malnutrition case fatality rate	13.3%	11.6%	10.7%	18.2%	7.5%	Target not achieved due to severity of the condition with underlying conditions.
		Numerator	40	27	32	43		
		Denominator	300	232	300	236		
	Child mortality reduced	1.3.19 Number of death in facility under 5 years	735	762	550	774	-224	Target not achieved due to prematurity related deaths and hypoxia.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
4. Morbidity and premature mortality due to non-communicable diseases reduced	Clients early detection of illness and prevention.	4.3.6 Cervical cancer screening	New Indicator	New Indicator	500	845	345	Target overachieved due to the implementation of Cervical Cancer Elimination Strategy 90/70/90 Collaboration between Pink drive and RIO TINTO cancer screening in O.R. Tambo 8-12 July 2024.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.2 Average length of stay	• Strengthening of outreach visits Strengthening of outreach visits
1.3.16 Child under 5 years diarrhoea case fatality rate	• Strengthening education for care givers on danger signs and to take actions by the district. • Outreach in PHC and re-emphasize on exclusive breastfeeding education. • Educating care givers on proper use of road to health card on oral rehydration solution.
1.3.17 Child under 5 years' pneumonia case fatality rate	• Strengthening education for care givers on danger signs and to take actions by the district. • Outreach in PHC and re-emphasize on exclusive breastfeeding education. • Educating care givers on proper use of road to health card on oral rehydration solution.
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	• Strengthening education for care givers on danger signs and to take actions by the district. • Outreach in PHC and re-emphasize on exclusive breastfeeding education. • Educating care givers on proper use of road to health card on oral rehydration solution.
1.3.19 Number of death in facility under 5 years	• Institutions to strengthen trainings/in-service on Infection Prevention & Control measures. • WBOTs on district levels to be involved on conducting follow-up visits and strengthen the care givers knowledge.

4.2. SUB- PROGRAMME: SPECIALISED TB HOSPITALS

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Appointment of hospital board

Khotsong TB hospital-

The facility has thirteen applicants for the hospital board, but shortlisting is not yet done. The district shortlisting memo to be approved by the MEC will be submitted on the 22nd January 2025. Health awareness that was done on the 10-02-2025 at KwaLunda location.11 clients were screened and all negative. Joined activities done by Municipality on the 27-03-2025 for challenged people. 05 clients were screened and all negative. DR-TB outcomes support the visit to Oliver and Adeliade hospital on the 28-03-2025. 05 clients were traced successfully, reviewed and retained on treatment. Two families were visited, in Bethesda location and Tsepisong location by the multidisciplinary team.

Clinical Governance

The TB hospitals ate conducting the clinical and mortality audits monthly.

Outreach and service decentralisation

The TB directorate has hired outreach vehicles for tracing of the lost to follow up and contact management**.** MDR TB services are decentralised in all the 8 districts.

Jose Pearson TB hospital

- Procurement of a new mobile fully digitalized X-ray machine.
- Integrated digital security system project completed.
- Replacement of a generator with a new one and a bulk storage diesel tank received from program 8.
- Appointment of the CEO.
- Improvement of health services rendered through procurement of medical equipment

Khostong TB hospital

05 medicine trolleys and blood warmer with stand were procured and delivered in November 2024**.**

Nkqubela TB hospital

Table B44: Equipment procured in the financial year

DESCRIPTON	QAUNTITY
HEMOCUE HB KIT SYSTEM STARTE	12
SCALE NAGATA ADULT AUTON BMI 250KG BM-2200	11
BED HOSPITAL, OBSTETRIC HIGH/LOW MATTRESS AND PRESSURE REDUCING	10
MEDICAL WHEELCHAIRS	08
MC GILLS FORCEPS ADULT AND PAEDS	11
HYDRAULIC BODY LIFT TROLLEY	01

Strengthening of academic platform

- Staff development is happening through the Funda Friday session which is offering CPD points.
- National Department of Health is continuously organising the virtual session as form of Webinars.

Improvement of access to health service & reduction of long waiting time for surgical procedures e.g. cataract extractions and orthopaedic.

- All the TB hospitals are observing the waiting periods in the facilities.
- All the TB hospital achieved 100% on the SAC1and PSI in this financial year.

Table 4.4.2: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 4.2: Specialised TB Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.5 Patient experience of care satisfaction rate	81%	88%	86%	88%	2%	Target achieved. A performance improvement in six priority areas was observed
		Numerator	7 109	5 797	7 526	1 370		
		Denominator:	8 752	6 599	8 752	1 556		
	Patient Safety improved	6.3.3 Severity assessment code (SAC)1 incident reported within 24 hours rate	75%	86%	83%	100%	17%	Target overachieved. The facilities are conducting in house information sharing sessions and a verification.
		Numerator:	6	6	5	4		
		Denominator:	8	7	6	4		
		6.3.12 Patient Safety Incident (PSI) case closure rate	98%	100%	83%	100%	17%	Target overachieved. The facilities are conducting in house information sharing sessions to do data verification.
		Numerator:		77	5	61		
		Denominator:		77	6	61		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Hospital efficiencies improved	6.7.3 Average length of stay	42.4 days	37.1 days	40 days	37.4 days	2.6 days	Target overachieved due to implement-tation of the decentralisation policy.
		Numerator:		129 344.5	111 040	112 360.5		
		Denominator:		3 483	2 776	3 008		
		6.7.8 Inpatient (usable) bed utilisation rates	26.9%	31%	30%	26.7%	-3.3%	Target not achieved. Affected by the decentralisation policy where the TB patients are managed in the community.
		Numerator:	129 296	129 344.5	144 446	112 360.5		
		Denominator:	481 487.8	417 240.7	481 488	421 590.8		
		6.7.13 Expenditure per PDE	R3 286.2	R3 461.4	R3,800	R4 077.5	R277.5	Target not achieved affected by the low BUR while the hospitals have the full complement of staff.
		Numerator:		459 603 682.8	447 944 000	470 851 856		
		Denominator:		132 779	117 880	115 477		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.8 Inpatient (usable) bed utilisation rates	To improve efficiencies in the TB hospitals, the Department should start repurposing them, meanwhile, this indicator needs to be revised as it is contradicting the Decentralisation policy on MDR TB services in the country.
6.7.13 Expenditure per PDE	To improve efficiencies, the Department should start repurposing TB hospitals.

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

- The academic platform has been strengthened in Elizabeth Donkin Hospitals wherein these facilities are training medical students, nursing students and psychiatric registrars. Komani Hospital also provide a training platform for medical and nursing students except for psychiatric registrars.
- Decentralisation of quality health Care through outreach programme by Komani Hospital has benefitted in capacitating district hospitals personnel in their catchment area.
- Mental Health forensic Observations that are conducted in Komani and Elizabeth Donkin Hospitals are assisting in reducing backlogs from correctional service centres.
- Elizabeth Donkin has reduced Patients Safety Incidents by installing a surveillance CCTV camera inside and outside the hospital.
- Elizabeth Donkin Hospitals has significantly increased its workforce by the employment of the following categories of staff: one Sessional Psychiatrist; two Professional Nurse (General); three Professional Nurses (Community Services); Six Clinical Psychologist Interns; One Occupational Therapist (Community Service) and two Medical Officers (Community Service)
- A psychiatrist has also accepted an offer to start working in Komani Hospital, this appointment will improve the mental health outcomes in the Province of the Eastern Cape.
- Elizabeth Donkin, Tower and Komani Hospital conducted their PMDS moderations with officials qualifying for pay progressions thus boosting staff moral.
- Minor infrastructure renovations have taken place in Elizabeth Donkin and Komani Hospital whereas Tower Hospital has been approved to conduct major renovations of the Hospital.
- Approval of guidelines for the establishment of Stepdown facilities will assist in the establishment of community-based services.
- Approval of guidelines on reduction of forensic backlogs will assist in increasing human resource capacity to reduce backlogs of forensic observation in the province.
- Approval of Terms of reference and the constitution of Mental Health Forums will assist in mobilising intersectoral collaboration in addressing mental health related challenges.

Table B45: Challenges and Interventions

CHALLENGES	INTERVENTION
High BUR of 80 -100 % in Mental Health Hospitals	• The pending appointment of a psychiatrist in Komani Hospital will contribute to improve management of patient's thus resulting in better outcomes. • In addition, decanting of sub-acute and chronic patients from specialised hospitals to underutilised hospitals will assist in opening beds.
Backlogs of Mental Health Forensic patients (Observations and State Patients).	• The implementation of the approved guidelines on reduction of forensic backlogs will guide officials in utilisation of current staff and contracting of Psychiatrists to assess more clients, thus reducing backlogs. • The newly appointed psychiatrist in Fort England and the pending appointment of Komani psychiatrist will boost the departmental efforts to reduce these backlogs.
Inability to fund community-based care mental health services	• The establishment of stepdown facilities making use of the underutilised health facilities to rehabilitate chronic stable patients will assist in the integration of mental health users to communities and families.
Shortage of staff in all facilities	• To prioritise critical posts and submit ARP 25/26 for consideration

Table 4.4.3: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme. 4.3 Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
.6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.6 Patient experience of care satisfaction rate	82%	84.5%	85%	92.6%	-7.6%	Target overachieved due to the implementation of the QIP from the previous year and a capacity building workshop conducted at Komani Hospital.
		Numerator:	4 998	3 379	5 154	7 436		
		Denominator:	6 064	3 997	6 064	8 024		
	Patient Safety Improved	6.3.4 Severity assessment code (SAC) 1 incident reported within 24 hours rate	93.3%	100%	88%	100%	12%	Target overachieved. The quality managers are closely monitoring the SAC1 and thus able to capture PSI SAC 1 within 24 hours.
		Numerator:	28	34	28	20		
		Denominator:	30	34	32	20		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		6.3.13 Patient Safety Incident (PSI) case closure rate	98.5%	96%	97%	98.7%	1.7%	Target overachieved due to performance reviews that were conducted on Ideal Health Facility Realisation and Maintenance (IHFRM) during the reporting period.
		Numerator:		343	132	237		
		Denominator:		356	136	240		

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 102.2% overspending by R93.652 million. Compensation of employees overspent by R94.895 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services underspent by R423 Thousand in order to reprioritise cash flow in favour of mitigating the overspend on COE. Households overspent by R36.721 million arising primarily from the underfunded budget for the settlement of medico legal claims. Machinery and Equipment underspent by R38.427 million in order to reprioritise cash flow in favour of mitigating the overspend on COE.

Table A7: Programme 4 - Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	General (Regional) Hospitals	3.174.779	3.261.195	(86.416)	3,048,687	3,181,458	(132,771)
2	TB Hospitals	443.398	416.930	26.468	489,100	411,707	77,393
3	Psychiatric Mental Hospitals	731,850	765,554	(33,704)	716,029	660,175	55,854
	TOTAL	**4,350,027**	**4,443,679**	**(93,652)**	**4,253,816**	**4,253,340**	**476**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**4,186,167**	**4,281,525**	**(95,358)**	**4,173,984**	**4,103,701**	**70,283**
	Compensation of employees	3.327.718	3.422.613	(94.895)	3,248,704	3,323,115	(74,411)
	Goods and services	858.449	858.026	423	925,280	777,252	148,028
	Interest and rent on land	-	886	(886)	-	3,334	(3,334)
	Transfers and subsidies	**93,033**	**129,754**	**(36,721)**	**68,426**	**140,192**	**(71,766)**
	Households	93,033	129,754	(36,721)	68,426	140,192	(71,766)
	Payments for capital assets	**70,827**	**32,400**	**38,427**	**11,406**	**9,447**	**1,959**
	Machinery and equipment	70,827	32,400	38,427	11,406	9,447	1,959
	TOTAL	**4,350,027**	**4,443,679**	**(93,652)**	**4,253,816**	**4,253,340**	**476**



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

Governance

Hospital board

- Nelson Mandela Academic Hospitals board performed its oversight role and of note is that it is on extension until 31 May 2025.
- Four quarterly board meetings set as planned and the board interacted actively with institution reports and advised accordingly. The last board meeting was on 31st March 2025 where the board tabled an extensive report covering its full board term in preparation for exit.
- The board has been part of hospital activities both physically attending and financially assisting. The following items were donated by hospital board in 2024/25 in response to various challenges the institution experienced; 60 chairs for patient waiting area, 3 TVs for paediatric wards, 50 water urns to act as contingency plan in cases of steam failure and non-availability of hot water, twice filled potholes around the hospital.
- The board has been instrumental in forging relationships with non-governmental organisations i.e. Muslim League to assist in pushing backlogs i.e. cataract camp
- **Progress on appointment of new hospital board**: Recruitment processes had been finalised the process is awaiting finalisation by the office of the MEC.

Institutional Transformation Unit (ITU)

The structure is functional with quarterly sittings to ensure smooth functioning of the institution and free flow of information between management and staff.

Strategic Meetings

The following strategic committees have been active throughout the year and meetings sat as per plans: Performance review meetings 04 meetings, Senior & extended management meetings 12 each, Hospital Cost Containment Meetings, Budget advisory committee meetings- 12, Quality assurance meetings-04, Audit meetings -04.

Oversight role by different regulatory councils

- Various regulatory bodies play oversight role and ensure consistent monitoring of standards in their fields of influence
- **Office of Health Standards Compliance** has assessed the institution for compliance with standards of health from 10 to14 February 2025 and was satisfied with institution compliance with a score of 94%.
- **Pharmacy Council** did an oversight visit to monitor compliance with pharmacy standards and was satisfied, certificate of compliance came back in November 2025 as such training is continuous and at present there are 10 pharmacy interns.
- HPCSA - Oversight visit done has been done in 2024 and the latest one has been in March 2025 where focus was on interns
- Dental lab has also been visited HPCSA- New dental lab is on final stages –contractor is on site
- **Nursing Council** assessed Nelson Mandela Academic for compliance with nursing standards in January 2025 and quality improvement plans have been developed on gaps and are monitored on quarterly bases.

Clinical Governance

- The two clinical management structures are functional, and meetings sit to direct clinical services**. Clinical Management Group** consisting of director clinical services meeting with clinical managers and heads of sub-directorates i.e. Nursing Services, Pharmaceutical Services Clinical Support Services sat every first Tuesday of the month, **Heads of clinical departments** (HOD, s) and heads of clinical units (HCU, s) together with clinical management group, every first Thursday of the month to guide and manage clinical services.
- Functionality of Clinical governance committees: Blood and Blood products utilisation committee (BLUC), Pharmacy Therapeutic Committee (PTC), Infection Control Committee (IPC) are available with appointed members. The committees sat as planned to manage issues in their area's jurisdiction.
- National strategic priority programmes were effectively managed against set targets for 2024/25; Bed utilization rate, Average length of stay, Neonatal deaths, Maternal deaths, under 5 deaths, Complaints management, and quality improvement plans to address gaps were developed.
- Review of standardised operational procedures (SOPs) has been continuous throughout the quarter to ensure safe clinical care. 17 Standard Operating Procedure were reviewed in the financial year.
- Clinical effectiveness and efficiency have been managed through management of clinical risk, quality monitoring, clinical audits, patient satisfaction survey and development of quality improvement plans to close the gaps.
- Clinical risk management activities included sitting of clinical risk committee, identification and management of clinical risk. i.e. severe assessment code (SAC1,2&3) has been discussed and mitigation plans were put forth and monitored.
- Infection prevention and control is emphasised through hand washing drives, in-service education and surveys of high-risk areas by infection control co-ordinator.
- Quality improvement plans (QIP) in response to gaps from Office of Health Standards Compliance (OHSC) assessment have been developed, monitored repots utilised to improve service delivery. Clinical Ward rounds, management rounds have been continuous the quarter
- Undergraduate and post-graduate trainings through a memorandum of understanding with W.S.U is continuous
- Ongoing awareness and community engagements through local radio stations – Ngwane FM, Unitra Community Radio and Umhlobo Wenene FM

Flagship services performance is monitored to ensure growth and stability (Reproductive & infertility Medicine, Feto-maternal, Oncology Cath lab, Cochlear implants)

Flagship Programme - Reproductive and infertility medicine

The service is run by a specialist in reproductive and infertility medicine, runs on daily bases as per booking and the main procedures include -hysteroscopy, myomectomy and laparotomy. This is a groundbreaking project for the disadvantage women who do not have necessary funds to access these services privately. While awaiting IVF lab machine the clinic has been open seeing patients, attached is the statistics for 2024/25:

Table B46: Statistics for 2024/25

PERIOD	PATIENTS SEEN	HYSTEROSCOPY	OPERATIONS
Q2	290	55	11
Q3	172	54	09
Q4	135	35	7
Annual performance	**597**	**144**	**27**

- **In-vitro fertilization (IVF) laboratory** - Installation of IVF equipment has been finalised, and the unity is ready to function. Recruitment processes are in place for an embryologist.
- The expectation is for the laboratory to be fully functional by end May 2025.

Flagship Programme -Feto-maternal medicine

- Feto-maternal clinic is run by a specialist in feto-maternal medicine and the main procedure is amniocentesis.
- Statistics for 2024/25. Impact on service delivery: Access to specialised services early diagnosis and care.

Table B47: Statistics 2024/25

Period	Patients seen	Amniocentesis
Q2	106	17
Q3	120	12
Q4	73	17
Annual Statistics	**299**	**46**

Flagship Programme -Oncology services

Oncology out-patient clinic in Sir Henry Elliot is run by an Oncologist. New as well as review patients are seen while patients requiring radiation are still referred to Frere Hospital until oncology complex under construction is finished. Patients requiring admission or surgical intervention are admitted in their respective units.

Table B48: Statistical information

	CHEMO ADMINISTERED	HORMONE THERAPY	REFERRED TO EL-FRERE	NEW PATIENTS	FOLLOW UP	TOTAL
Quarter1	526	90	298	366	2 252	2 618
Quarter 2	807	125	307	236	2 197	2 433
Quarter 3	429	114	218	218	1 932	2 150
Quarter 4	460	95	190	190	1 442	1 632
Annual statistics	**2 222**	**424**	**1 013**	**1 010**	**7 823**	**8 833**

Oncology projects

Building of oncology complex with radiation services is progressing well. Contractor is on site, expected completion date as per project plan is August 2026.

Impact on service delivery: improved access to full package of oncology services.

Flagship Programme -Cochlear implant service

Apart from the complicated surgical procedure of cochlear implant insertion, is the extensive rehabilitation to ensure functionality of the inserted prosthesis.

- Performance against planned targets for 2024/25 -cochlear implant services.
- 09 out of 10 planned implants were successfully performed

Table B49: Number of Cochlear implants inserted

No Indicator	Baseline (2023/24) performance	Target 2024/25	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Annual Output
No of Cochlear implants inserted	06	10	02	01	03	03	09

Cochlear implant rehabilitation services

After insertion of an implant a patient has to undergo intensive rehabilitation to ensure success of the device. The institution is running rehabilitation school for clients with cochlear implants and well-trained therapists in aural health are running the programme and rehabilitation school- has a total of 13 kids are attending rehabilitation classes together with care givers. Care givers are trained to play an active role in rehabilitation hence they are a strong support for the learners.

Cochlear implant rehabilitation school

A total of 13 kids are attending rehabilitation classes. Two of the 13 kids will be graduating in December and the preparations to enrol them in a normal school (Mandela Park primary school in Mthatha) are underway. Care givers are trained continuously to play an active role in rehabilitation process.

Department of health –department of education relationship

There is a formal relationship between Mandela Park and NMAH through the department of education to enrol kids that are leaving cochlear rehabilitation centre. The school has hired an audiologist to continue with the

rehabilitation program. Mandela Primary teaches are capacitated by the unit to be able to fully function with the learners and regular updates are share on the progress of learners.

Cochlear implant proctorship programme

Head of Ear Nose and Throat (ENT) has been assisting i Albert Luthuli Hospital, and they performed two cochlear implant surgeries. Outreach at Livingstone hospital and as a surgeon he conducted ward rounds, reviewed scans and performed a cochlear implant surgery to one patient.

Flagship Programme – Cath lab Services

Cath lab is utilised by cardiology (adult and paediatric) and vascular surgery. Non-availability of a cardiothoracic surgeon limits utilisation of Cath lab by Paediatric cardiology. The institution has a registrar who is specialising in cardiothoracic and is coming back in August 2025.

Table B50: Cath lab services

SUB-SPECIALTY	BASELINE (2023/24) PERFORMANCE	QUARTER 1 2024/25	QUARTER 2 2024/25	QUARTER 3 2024/25	QUARTER 4 2024/25	ANNUAL PERFORMANCE
Adult cardiology	80	74	82	36	33	225
Paediatric cardiology	18	03	02	03	04	12
Endo-vascular	382	80	87	105	85	252

Nursing: Coaching and mentoring of young professional through nursing rounds, skills transfer and daily report meetings, identifying challenged and utilising scientific method in solving them.

- A comprehensive nursing care inspection took place in July 2024 to look closely at the standards of nursing. Gaps were identified and improvement plans were developed and followed closely.
- Inspection focused on patient care, nursing administration, and education component including student support programmes and mentoring.
- Nursing division has been allocated student nurses from Walter Sisulu University, Lilitha College of Nursing to do their practical and experienced professional nurses are assisting them.

Pharmaceutical services: Nelson Mandela Academic Hospital Pharmacy is registered under South African Pharmacy Council and in 2024/25 visitation the council was satisfied.

Availability of essential medicine is 83%

CCMDD programme is gradually decanting patients and reducing long waiting times

Quality assurance-

Assessment has been conducted by office of health standards Compliance and the institution obtained excellent results (94%) thus is awaiting certificate of compliance.

Patient experience of care has been conducted with a score of 88% which is above target. Patient experience of care is monitored, and areas of dissatisfaction are attended through development of quality improvement plan,

Monitoring of waiting times is done on daily bases and a comprehensive report is done both in general waiting times and waiting times for elective procedures. Patient safety incident monitoring is done by units and documented well by quality assurance.

Risk assessment baseline for Nelson Mandela Academic Hospital and Bedford has been performed in November December 2024 and improvement plans have been developed to address the gaps.

Decentralisation of clinical services through in-reach-outreach

The institution has continuously embarked on in-reach outreach initiatives to improve access to clinical services. The target is district and regional hospitals to reduce influx of patients to Nelson Mandela Academic Hospital. Mass exodus of doctors and other clinicians has resulted in gross shortage of workforce such that some disciplines had been forced to temporarily halt outreaches.

Table B51: Statistics for Outreach in 2024/25:

DISCIPLINE	HOSPITAL VISITED	PATIENTS CONSULTED	OPERATIONS DONE
Ophthalmology	Zithulele Hospital	109	Cataracts conducted 41
Obstetrics and gynaecology	04	Cervical cancer screening 30	
Surgery	Dr Malizo Mpehle		Breast = 31

Decentralised sites

- Preparations for opening St Elizabeth Hospital Renal Site are at an advanced stage. Nurses and doctors to open the site have already been trained, equipment has been bought, site prepared and ready, what is pending is that purchase of consumables is in process. The project will be launched soon.
- Madzikane Ka Zulu Hospital orthopaedic site is functional; 01 experienced medical officer was dispatched to operate in this site.

Central Chronic Medicines Dispensing and Distribution (CCMDD)

- The initiative is gradually decongesting pharmacy and reduces long waiting times to collect medication. Responsible pharmacists categorise and plan for patients eligible for this service. The number of patients active on CCMDD as of 22 April 2025 is 2 416.

Table B52: Health Projects

PROJECT	PROGRESS	BENEFIT ON SERVICE DELIVERY	CODED STATUS
Digitalization and leveraging on artificial intelligence: HMS2 Phase 2 implementation .	HMS2 Phase 2 implementation if clinical module has been done successfully with training of more than 300 clinicians. The trained will train others. Ward clerks and clinicians are gradually utilizing clinical modules and that will assist to ensure clean audit in the near future as less papers are utilized	Move towards paperless service and efficiency Will greatly improve audit of predetermined objectives as no files will be lost. Continuity of care as clinicians can access previous data and patient notes easily.	Continuous with positive results

PROJECT	PROGRESS	BENEFIT ON SERVICE DELIVERY	CODED STATUS
EICU-Telemedicine	Utilization of digital platforms without bringing the patient to the institution is continuous.	Urgent intervention thus reduces waiting time. Cost effective –no unnecessary movement of patient.	Continuous – aim to broaden utilization
Records management including digitalization of high-risk files and records archiving.	**Airport Hangers Records Management Site** is operational with project coordinator and staff sorting and scanning files. Computers and scanners had been allocated to this project As of April 2025 ,6420 files have been sorted and scanned for archiving.	Will assist medico legal claims as files will be safely stored and retreated when needed, thus will reduce loss of files Creation of space for active files	Partially achieved, awaiting bulk fillers
Medico legal	Medico legal committee is fully active, and a team of specialists meet to discuss cases and advise defendant.	Improved medico legal defence	Continuous
Prioritised Infrastructure projects: IVF Laboratory	IVF equipment installed and project is finalising tiny issue. Expected to open by May 2025.	Improved access to infertility and reproductive medicine.	Target achieved
Water Borehole for Bedford Orthopaedic Unit	2 Boreholes were drilled and installed successfully	Water challenges sorted	Target achieved
Dental lab	Internal works in progress	Improved access to oral care for disadvantaged communities	Attending Internal works and painting
Oncology	Contractor is on site	Improved access to comprehensive oncology services including radiotherapy	Continuous, contractor is on site
Rehabilitation centre	Contractor still attending to snags in Awaiting Otis inspector expected to inspect the lift for compliance.	Comprehensive rehabilitation centre that will assist in medico legal defence.	Attending snags
Laundry Revamp	Contractor is on site. The site was handed over to the contractor on 01/10/2024.	Improved linen availability	Contractor is on site, machines installed, finalising revamp
Renovation of floors, doors Nelson Mandela Bedford Unit Mental Health	Doors have been inserted awaiting automation tor external doors Contractor busy on site in Mental Health	State of art clinical space Improved infrastructure	Continuous

PROJECT	PROGRESS	BENEFIT ON SERVICE DELIVERY	CODED STATUS
Maternity revamp, level 5	Renovations of maternity and puerperium	Improved infrastructure. Much needed clinical space	Complete and handed over to users
Second theatre for maternity	Second theatre for maternity	Improved waiting times for maternity	Complete and handed over
Sir Henry Elliot Projects (buildings	Contactor is attending sewer	Improved infrastructure. Much needed clinical space.	Sewer contactor on site
Big generator *(Bedford contingency plan in case of power failure)*	Generator to power critical areas i.e. theatre, high care	Availability of contingency plan	Completely installed and handed over and
Establishment of clinical units - Burns, Level 3 trauma, Theatres, building of staff packing			No movement

Strengthening of academic platform

Training and development: Registrar programme

10 specialists produced in 2024/25 = 04 General surgeries, 02 Physicians, 02 Anaesthesia, 01 Obstetrics and gynaecology, 01 paediatrics.

Table B53: Trainings conducted

AREA OF TRAINING	NO OF CANDIDATES	DATES	IMPACT ON SERVICE DELIVERY
Basic computer	08	03-30th July 2024	Increased readiness for digitalisation
Finance for non-financials	19	9-11 September 2024	Capacitation of managers
Customer care	44	02-04 Sept 2024	Reduction of attitude related complaints
Citizen centred service delivery	03	25-27 Sept 2024	Improved quality of services

Research

Medical Research – 35 doctors doing research on various clinical areas

Various units are involved in research i.e. a staff member in Occupational Therapy unit is preparing to publish research paper on "Exploring stakeholders' perception of cerebral palsy intervention at a public sector hospital." NMAH CP Clinic has been utilised as a case study and the results will be beneficial for both care givers and the therapists. The institution is encouraging domains to get involved in research.

Clinical research through Nelson Mandela Academic Research Unit (NEMACRU) has a number of research continuing:

Table B54: The following studies are in process

Study title	Stage	Expected date of completion	Sponsor
A Multicentre, Randomized, Double-Blind, Placebo-Controlled, Phase 2 Study Evaluating the Efficacy and Safety of Daxdilimab in Adult Participants with Active Proliferative Lupus Nephritis	Initiation	November 2025	Horizon Therapeutics
A phase 3 Randomized, Double-Blind, 52-week Placebo-controlled, Multi-Center Study investigating the efficacy, safety, and tolerability of Ritlecitinib in adult and adolescent participants with non- segmental vitiligo.	Initiation	November 2025	Pfizer

Risk assessment

Baseline risk assessment has been done with the assistance of Provincial Head Office and the institution is developing Improvement plans in response to gaps identified.

Table B55: Impact on service delivery

Audit of 2023/24 reported performance	Audit of predetermined objectives (AOPO) Gap was identified in pneumonia under 5 deaths indicator. under reporting was picked up where 01 pneumonias were not reported in - Audit improvement (AIP) has been monitored throughout the quarter. The last AIP has been submitted in February 2025, and the institution is preparing for 2024/25 audit.	Quality improvement plans are monitored on quarterly bases

Improvement of access to health service & reduction of long waiting time for surgical procedures

Decentralisation of services is improving access while reducing waiting times
The challenge of shortage of doctors is crippling outreach initiatives, few disciplines are still consistent in doing outreach. That has negative impact as all patients have to come to the institution.

Central Chronic Medicine Dispensing- CCMDD

- CCMDD is slowly decongesting Nelson Mandela Academic Hospital Pharmacy. Patients are directed to registered medication distribution sites.

Partnerships for service delivery

Partnership with **Operation Smile** (NGO) is assisting the institution in reducing waiting times for cleft repair. The last campaign was in November 2024 where Operation Smile Cleft Lip & Cleft Palate marathon had 28 patients done.

The available theatre time is not enough for the institution thus there is a long waiting time for surgical procedure especially cataract extractions and orthopaedic operations. In an attempt to reduce waiting times, the institution is strengthening outreach/decentralisation of services and utilisation of theatres outside the institution. The Zithulele site is very stable, and Ophthalmology team is utilising it. 41 cataract surgeries in Q4 have been done through that site

Childhood Cancer Foundation of South Africa (CHOC)-

Increasing childhood cancers have propelled childhood Cancer Foundation of South Africa to get out and partner with institutions where cancer is prevalent. Cancer registry is showing increasing cancer statistics in Eastern Cape especially in former region D with bigger municipalities OR Tambo and Alfred Nzo draining direct to Nelson Mandela Academic Hospital.

- A meeting was held on the 19th of March 2025 between Nelson Mandela Academic Hospital management and CHOC group discussing corns and pros of the union.
- The main aim of CHOC is to assist to improve the health and well-being of children and teenagers diagnosed with cancer or life-threatening blood disorders, as well as their families, through advocacy, comprehensive support programs, and early detection effort. The institution has positive expectations from this NGO as seen in other oncology centres.
- National Defence Force Military Health Services has approached the institution and want to assist in management of oncology patients.
- Multisector partnerships will be of great assistance in relieving the overburdened health system.

Malamulele Onward, a **child-centred and family-focused** non-governmental organisation (NGO) assisting with care of cerebral palsy (CP) children trained 2 volunteers as parent facilitators for CP clinic and are giving them stipend. These volunteers are mothers of some of our CP patients. and they also do home visits to check on the defaulters and their reasons thereof. They also run therapeutic groups with the mothers/caregivers of CP patients during CP clinic.

Reach for a dream

Reach for a dream, a non-governmental organisation fulfilling dreams of children with life threatening illnesses has renovated a dream room/playroom for admitted children. A play therapist provided by the organisation is assisting and engaging children in play therapy. Latest dreams fulfilled includes outing of some kids with reach for dream personnel to KFC.

Improved access to orthopaedic services: operations done

Table B56: Quarterly Performance orthopaedic surgeries

Q1 2024/25 Actual output	Q2 2024/25 Actual output	Q3 2024/25 Actual output	Q4 2024/25 Actual output
639	660	437	519

Electricity challenge fixed by new generator bought and water challenges sorted by 2 boreholes

Impact =full capacity utilization of theatres altered thus increased cancellations.> long waiting times >increased complications> increased complaints > litigations.

Table B57: Complaints management

Management of complaints	**Indicator**	**Q3**	**Q4**	Improved patient satisfaction
	Complaints resolution rate	100% (26/26)	100% (13/13)	
	Resolved within 25 working days	88.5% (23/26)	100% (13/13)	

Impact:

- Improved complaints management
- Improved patient satisfaction

Wellness initiatives and strengthening of interpersonal relations

The following occasions have built strong bond of understanding between employees and patients and have been utilized as means of marketing services done by those departments

- Mental health day celebration with fun walk, mini boot camp and motivation from a mental illness survivor – on the 10th October 2024.
- Occupational therapy week celebrations on the 4th of October 2024 with games, heath talk.
- Pink drive cancer awareness drive.

Table 4.5.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 5.1: Central Hospital

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.7 Patient experience of care satisfaction rate	84%	84%	86%	86%	0%	Target achieved
		Numerator:	3 057	1 693	3 117	11 604		
		Denominator:	3 625	2 007	3 625	13 483		
	Patient Safety improved	6.3.5 Severity assessment code (SAC) 1 incident reported within 24 hours rate	85%	92%	87%	93%	6%	Target overachieved. Additional personnel were allocated to the quality assurance office and it improved performance.
		Numerator:	205	196	208	28		
		Denominator:	241	213	240	30		
		6.3.14 Patient Safety Incident (PSI) case closure rate	99%	99%	98%	100%	2%	Target achieved.
		Numerator:		211	212	38		
		Denominator:		213	216	38		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Hospital efficiencies improved	6.7.4 Average length of stay	8.4 days	8.8 days	8days	8.7 days	-0.7 days	Target not achieved. Shortage of theatre time both in Bedford and the Nelson Mandela Academic. The cancelled cases must be booked again, and it takes time.
		Numerator:		208 283	212 840	201 965.5		
		Denominator:		23 655	26 605	23 030		
		6.7.9 Inpatient (usable) bed utilisation rates	73.4%	75.3%	83%	73.1%	-9.9%	Target not achieved due to beds in the ANC puerperium that were affected by renovations
		Numerator:	203 213	208 283	229 661	201 965.5		
		Denominator:	276 700.3	276 700,3	276 700	276 700.3		
		6.7.14 Expenditure per PDE	R5 436	R6 683.9	R6,800	R7 134.5	R334.5	Target not achieved due to payment of accruals during the first quarter.
		Numerator:		R1 909 806 838	R1 879 554 000	R1 989 117 650		
		Denominator:		285 731	276 405	278 803		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
1.Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.8 Number of maternal deaths in facility	35	40		31	1	Target not achieved due to underlying conditions like HIV positive treatment defaulters and unbooked cases.
		1.3.20 Child under 5 years diarrhoea case fatality rate	9.6%	8.4%	8.4%	3.7%	4.7%	Target achieved, better management even though more patients were admitted than the previous financial year.
		Numerator	32	24	28	11		
		Denominator	333	287	332	295		
	Child mortality reduced	1.3.21 Child under 5 years' pneumonia case fatality rate	17.1%	22.3%	13%	11%	2%	Target achieved.
		Numerator	42	46	32	17		
		Denominator	246	206	246	154		
	Micro and macro nutrient	1.3.22 Child under 5 years severe acute	29.3%	14.8%	20%	18.5%	1.5%	Target achieved.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	malnutrition reduced	malnutrition case fatality rate						
		Numerator	12	4	8	5		
		Denominator	41	27	40	27		
	Child mortality reduced	1.3.23 Number of death in facility under 5 years	366	333	320	332	12	Target not achieved Majority of these deaths were prematurity deliveries and demised of complications
4. Morbidity and premature mortality due to non-communicable diseases reduced	Clients early detection of illness and prevention	4.3.6 Cervical cancer screening	New indicator	New indicator	130	385	255	Target overachieved. The oncology specialist encourages screening of patients at risk.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.4 Average length of stay	• Opening a 24-hour theatre for the Bedford Orthopaedic Unit is recommended • Decentralisation of clinic services, replace broken equipment, and procure for decentralised sites to be functional.
6.7.9 Inpatient (usable) bed utilisation rates	• Manage utilisation of beds as per the plan.
6.7.14 Expenditure per PDE	• Ensure that all payments are made in current years' budget
1.1.8 Number of maternal deaths in facility	• Early Referral and strengthening management of obstetric/medical conditions
1.3.23 Number of deaths in facility under 5 years	• To strengthen our outreach programmes to health promotion on nutrition and seeking early treatment

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

- Hundered(100) acute beds were allocated in Livingstone Accident and Emergency and subdivided into Medical (40), Surgical (20), Orthopedic (10), High care (6) & Mental health (5) for patients awaiting admission to the wards and treatment is commenced while patients are waiting for beds some patients get better & discharged home.
- Successful piloting of HMS2 module 2 has assisted in timeous capturing and reporting of Patient Safety Incidents (SAC1) within 24 hours.
- 7 Advanced Midwifes have been appointed at Frere and assumed duties on the 3rd of November 2024.
- High Influx of maternity patients at Frere was addressed by relocating Gynae Ward to C9 consisting of 20 beds, to create space for the Anti-Natal and the Post-Natal patients that were awaiting sitting in chairs at Labour Ward.
- Outreach programme was initiated from Frere to Frontier for skills transfer at Obstetrics and Gynecology ward.
- Ablution facilities were refurbished at Frere maternity.
- Successful Installation and commissioning of new Panorax machine at Livingstone hospital for Maxilo-facial use which resulted to the less burden of CT scanner.
- Accreditation for 5th & 6th year Nelson Mandela University Medical students by HPCSA
- Commissioning of 60m Linac machine (Radiation Oncology) in August 2024
- Successful SMILE WEEKEND (PEPH) on 13-15 July 2024 whereby 20 facial surgeries were performed.
- SAHPRA certification & registration Nuclear Medicine services at Livingstone hospital following appointment of the Chief Nuclear Medicine Radiographer in December 2024.
- There was a painting project at Frere where the following were painted:
    - The Foyer,
    - The waiting admissions area,
    - The stairways, and
    - Trees, shrubs, grass and unwanted were cut.

CHALLENGES

- Gross Shortage in All Nursing and medical categories due to financial constraints.
- Delayed payments of implants at LVH due to suppliers non submission of invoices.

Table 4.5.2: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.8 Patient experience of care satisfaction rate	74%	78%	75%	82%	7%	Target overachieved Implementation of QIP from the previous year.
		Numerator:	33 885	29 384	34 572	20 060		
		Denominator:	46 096	37 685	46 096	24 424		
	Patient safety improved	6.3.6 Severity assessment code (SAC) 1 incident reported within 24 hours rate	88%	68%	89%	92.7%	3.7%	Target achieved.
		Numerator:	130	141	132	244		
		Denominator:	148	208	148	263		
		6.3.15 Patient Safety Incident (PSI) case closure rate	93%	98%	94%	98.5%	4.5%	Target overachieved due to improved management of PSI closure.
		Numerator:		556	264	686		
		Denominator:		568	280	696		
	Hospital efficiencies improved	6.7.5 Average length of stay	6.8 days	6.8 days	6 days	7.9 days	0.9 days	Target not achieved due to nature of illnesses like orthopaedic patients that stay
		Numerator:		476 682.5	460 698	460 200.5		
		Denominator:		70 410	76 783	57 978		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								longer for post operative care and rehabilitation
		6.7.10 Inpatient (usable) bed utilisation rates	68.8%	74.5%	76%	71.9%	4.1%	Target not achieved, due to lack of theatre time, elective surgery patients were not admitted
		Numerator:	447 638	476 686.5	494 380	460 200.5		
		Denominator:	650 501.3	639 550.1	650 501	639 550.1		
		6.7.15 Expenditure per PDE	R4 021	R4 433.9	R5,006	R5 149	R143	Target not achieved due to payment of accruals in the first quarter
		Numerator:		R3 070 107 079	R3 015 287 850	R3 430 414 293		
		Denominator:		692 420	648 449	666 226		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.9 Number of maternal deaths in facility	9	22	15	20	-5	Target not achieved due to underlying conditions like Hypertension.
		1.3.24 Child under 5 years diarrhoea case fatality rate	2.8%	0%	1.9%	2.5%	0.6%	Target not achieved due to underlying conditions.
		Numerator	6	0%	4	6		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator	214	220	214	242		
	Child mortality reduced	1.3.25 Child under 5 years' pneumonia case fatality rate	1.6%	0.8%	<2%	2.6%	-0.6%	Target not achieved. Late presentation with underlying conditions.
		Numerator	6	3	8	10		
		Denominator	377	357	377	391		
		1.3.26 Child under 5 years severe acute malnutrition case fatality rate	11.1%	10.5%	6%	21%	-15%	Target not achieved. Late presentation with underlying conditions.
		Numerator	2	2	1	3		
		Denominator	18	19	18	14		
	Micro and macro nutrient malnutrition reduced	1.3.27 Number of deaths in facility under 5 years	154	172	120	155	-35	Target not achieved. Late presentation with underlying conditions.
4. Morbidity and premature mortality due to non-communicable diseases reduced	Clients early detection of illness and prevention	4.3.6 Cervical cancer screening	New Indicator	New Indicator	400	382	-18	Target not achieved. Tertiary level of care focuses on Diagnosis and Treating.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.5 Average length of stay	Appointment of staff to continue the centralisation of clinical services and utilisation of theatres in peripheral hospitals.
6.7.10 Inpatient (usable) bed utilisation rates	Motivate for the appointment of additional staff
6.7.15 Expenditure per PDE	Ensure payment of invoices in current financial year
1.1.9 Number of maternal deaths in facility	Revive clinical regional meetings with regional and district hospitals to discuss issues affecting clinical care.
1.3.24 Child under 5 years diarrhoea case fatality rate	To involve outreach teams and primary healthcare facilities to ensure mothers recognise danger signs and seek healthcare timeously.
1.3.25 Child under 5 years' pneumonia case fatality rate	Improving health education and promotion efforts at the grassroots level of healthcare.
1.3.26 Child under 5 years severe acute malnutrition case fatality rate	To involve outreach teams and primary healthcare facilities to ensure mothers recognise danger signs and seek healthcare timeously.
1.3.27 Number of death in facility under 5 years	Clinical Audits by Regional, Tertiary and Central Hospitals through peer review process and Regional Clinical Governance Audit Committees.
4.3.6 Cervical cancer screening	Strengthen regional clinical governance meetings.

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

- Fort England Hospital through the Multi-Disciplinary Team, provides Outreach services to district hospitals and Community Health Centres on a monthly basis for continuity of care i.e. follow-up services to discharged mental health users e.g. Port Alfred hospital child and adult clinics; Nompumelelo hospital; Victoria and Fort Beaufort hospital. A draft strategy is in place for Primary Healthcare services, with specific emphasis on Community Mental Health services.
- Our forensic psychiatrist continues to provide outreach services to Komani Psychiatric Hospital every Tuesday and Friday for specialist psychiatrist services i.e. forensic and general psychiatry. This is to ensure continuity of care whilst recruitment of a permanent psychiatrist for Komani Hospital is underway.
- Recruitment of a medical specialist (psychiatrist) was successful with the incumbent commencing duties in February 2025. This assists with the forensic backlogs as there is improvement with the review of patient treatment and compiling of reports for courts for observation and state patients.
- Repairs to floors; paint work in patient areas has been completed in phases throughout the hospital in particular clinical areas
- New kitchen equipment was procured and received e.g. pots and pans
- New back-up generator was procured and received to mitigate loadshedding and ensure safety of staff and patients
- In the laundry: a new industrial washer and dryer was received with the aim of fully in-sourcing the laundry services.
- To assist with clinical management of some mental health conditions e.g. persistent disruptive thought processes (major depressive disorders; suicidal tendencies), an Electro Convulsive Therapy machine was procured with an anaesthetic machine to complete the treatment
- Procured ADOS equipment for Autism diagnosis (Autism Spectrum Disorder Diagnostic set) for Children with autism as Fort England hospital is the only hospital with Child & Adolescent Mental Health services in the Eastern Cape Province

CHALLENGES:

- Inspite of training of medical specialists within the department, there is still a gross shortage of psychiatrists in the field of Mental Health as retention of this cadre within the public health sector remains a challenge. The total number of Registrars on the registrar training program is four. This is a four-year program towards a qualification as specialist (psychiatrist).

- Mental Health qualified nurses are becoming a scarce resource, an impact of the changes in nursing training programs in the country. Current programs produce general nurses with limited chances of advancing in Mental Health due to fewer tertiary training institutions being accredited for training of psychiatry.
- Overburdening of Fort England hospital as a specialised tertiary mental health facility with 72- hour observation patients, who are supposed to be managed at district level.
- Long waiting lists and waiting times for admission of Forensic patients from Correctional Centres across the province with a revolving door. An interdepartmental and intersectoral approach is needed to address the contributing factors to this challenge
- Lack of a functioning CCTV surveillance system poses a serious security risk for Fort England as a facility with a Maximum-Security Unit
- There is a high demand for Rehabilitation services for Substance Abuse, with only limited beds available for this service.

Table 4.5.3: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.9 Patient experience of care satisfaction rate	0%	83%	88%	84%	4%	Target not achieved due to patients mostly complaining of a lack of cleanliness.
		Numerator	0	1 292	1 182	1 357		
		Denominator	0	1 561	1 343	1 614		
	Patient safety improved	6.3.7 Severity assessment code (SAC) 1 incident reported within 24 hours rate	93.3%	100%	100%	71%	-29%	Target not achieved. One incident was not captured due to lack of capacity amongst staff present at the time. Two more staff members have now been trained. The other incident occurred outside the hospital premises involving a social worker. Some of the Multi-Disciplinary Team members
		Numerator	28	3	13	5		
		Denominator	30	3	13	7		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								are not trained on management of SAC 1 incidents.
		6.3.16 Patient Safety Incident (PSI) case closure rate	98.4%	99%	100%	100%	0%	Target achieved
		Numerator		84	80	68		
		Denominator		85	80	68		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.1.9 Patient experience of care satisfaction rate	• Monitoring the implementation of cleaning according to the available cleaning schedule • Supervision of cleaners • Facilitate appointment of cleaners
6.3.7 Severity Assessment Code (SAC)1 incident reported within 24 hours rate	• Identify a second person for training on capturing: Area Manager Nursing and OPM. • Training of the MDT on SAC 1 incident management.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme 5 spent at 100%, overspent by R10,600 million, after adjusting for funds shifts and virements of plus R57.612 million post the 2024/25 2 AEPRE.

The Programme gave up R146.185 million of its equitable share goods and services cash flows in favour of mitigating the compensation of employees overspending by R196.161 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Households as well as Buildings, Machinery and Equipment underspent by R25.512 million and R18.547 million respectively in order to further reprioritise cash flow in favour of mitigating the overspend on COE.

Table A8: Programme 5 - Central Hospital Cervices

PROGRAMME 5: CENTRAL HOSPITAL SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Central Hospital Services	1.741.206	1.829.990	(88.784)	1,648,590	1,751,326	(102,736)
2	Provincial Tertiary Services	3.401.837	3.323.653	78.184	3,280,397	3,177,547	102,850
	TOTAL	**5.143.043**	**5.153.643**	**(10.600)**	**4,928,987**	**4,928,873**	**114**

	2024/25			2023/24		
	Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION						
Current payments	**4.880.057**	**4.934.718**	**(54.661)**	**4,719,533**	**4,718,032**	**1,501**
Compensation of employees	3.503.805	3.601.965	(98.160)	3,465,164	3,465,164	-
Goods and services	1.376.252	1.328.070	48.182	1,254,369	1,249,219	5,150
Interest and rent on land	-	4.683	(4.683)	-	3,649	(3,649)
Transfers and subsidies	**87.736**	**62.222**	**25.514**	**46,679**	**53,869**	**(7,190)**
Households	87.736	62.222	25.514	46,679	53,869	(7,190)
Payments for capital assets	**175.250**	**156.703**	**18.547**	**162,775**	**156,972**	**5,803**
Buildings and other fixed structures	41.587	31.705	9.882	15,959	14,449	1,510
Machinery and equipment	133.663	124.998	8.665	146,816	142,523	4,293
TOTAL	**5.143.043**	**5.153.643**	**(10.600)**	**4,928,987**	**4,928,873**	**114**



PROGRAMME 6

HEALTH SCIENCES AND TRAINING (HST)

4.6 PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

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

LILITHA COLLEGE OF NURSING

OVERVIEW

The College is still operational in 5 Campuses for teaching and learning activities as accredited by the Statutory Bodies (SANC and CHE). The eighteen sub-campuses remain non- functional until progress in the systems improvement and ultimately accreditation status. Compliance with accreditation non-negotiables as set by the Higher Education Regulations continues to challenge this Facility however, optimal use of the available resources remains an intervention strategy.

In the 2024/25 financial year, the College performance has been characterized by the registration of the third Cohort of the 3-year Diploma in Nursing (for the first time) which is an indication of the fact that the College has effectively the finalists in the new programs. The recruitment, selection and admission process of the 2025 Student Intake entailed the main College business during the first month of the last quarter of the year. The graduation ceremony for candidates (GG.R425 and Bridging Course) who completed their training meeting the academic requirements as set by the College and SANC with 4 – year Comprehensive Diploma candidates in their Community Service. The fourth quarter the College operations were dominated by academic activities which include the practical and theoretical examinations for all programs in the platform. Curriculum development continues to be the order of the day being responsive to higher education turn around mandates. Mental Health and Midwifery Post Graduate Diploma progressed together with Advanced Diploma in Midwifery. Policy review processes also took a turn with huge success for the targeted policies including the student recruitment, selection and Admission Policy which is in its draft form currently. College engagement with other Institutions of Higher Learning (Universities and Private Nursing Colleges) regarding integrated training plans continues.

ACHIEVEMENTS

ACADEMIC STREAM

- The main achievement during this period is the admission of the 3rd cohort of the 3-year Diploma in Nursing, 276 Students.
- Graduation ceremony conducted for 440 students GG R425 and 26 Bridging Course Students.
- Lamp lighting and pledge ceremony for the GG. R425 (Comprehensive Diploma in Nursing) as well as the Welcoming of the newly recruited candidates for the GG. R171(Diploma in Nursing) for the 2025 academic year was conducted successfully, graced by the Honourable MEC Capa.
- Fourteen (14) academic policies developed and signed to facilitate program accreditation.
- Academic study material development for GG.R171 completed.
- Review of the Student recruitment, admission and selection Policy, 2nd draft document done and in circulation

- Students' recruitment selection and admission processes for the 2025 student intake for the 3-year Diploma was done across all 5 Campuses, students commenced training in February 2025 and registered with SANC.
- Overall pass rate for the 4- year Diploma Comprehensive Diploma 4th years was 99/113 -88%
- R171 and R425 final 2024/ 25 examinations conducted successfully.
- First Aid training completed by the first year GG. R171 cohort across all campuses.
- A leadership and management workshop were conducted for the GG. R425 finalists and Certificates for attendance were issued in preparation for the exit of the R425

INDIVIDUAL CAMPUS PERFORMANCE ACHIEVEMENTS

- **Lusikisiki Campus**
    - Four sessions on Career exhibitions for schools, churches and municipalities conducted
    - Procurement of the interactive board done to improve the standard of teaching and learning
    - All computers in the offices and computer laboratory are connected to departmental broadband internet.
    - One Senior staff members enrolled for PHD
    - Four Lecturers from Lusikisiki Campus graduated with a Postgraduate Diploma in Research Methodologies at NQF level 8
    - Four Academic staff registered for Masters
    - One Lecturer graduated with Honours in Mental Health
    - Fourteen telephones were installed in staff offices although not functional.
    - Procurement of one (1) pressure cleaning machines for maintenance of the building.
- **Queenstown Campus**
    - Application for the increase of number of intake was approved by SANC from 40 candidates per annum to 80 candidates in Queenstown Campus
    - Five data mounted data projectors with remote controlled screens were fitted.
    - One classroom fitted with blinds.
    - Non - functional air conditioners were removed and replaced by bigger ones in the classrooms.
- **PE Campus**
    - Zero student attrition rate
- **East London Campus**
    - Partnership between Lilitha College of Nursing, WSU and CMH has been established for management of the student residence.
    - Partnership with stakeholders including Clinical Programs, EMS for academic support.
    - Three career exhibitions for schools, and district municipalities were conducted
- **Mthatha Campus**
    - Campus conducted 3 career guidance at the high schools around Mthatha including churches, Nyandeni and KSD local municipality youth events
    - The campus sent a staff member for a PGDP – Mental Health and the candidate passed the programme at more than 75% aggregate

- Four staff members did a NQF level 8 Postgraduate Diploma in research methodologies and all passed.
- Two staff members registered for PHD and 9 for Masters.
- The exit ceremony for 24 Community service Nurses for the group 2025 was done

THE COLLEGE GOVERNANCE AND ADMINISTRATION STREAM ACHIEVEMENTS

The following governance meetings were held: -

- Four (4) College Council meetings held
- Five (5) Council Executive Committee meetings facilitated.
- Four (4) SENATE meetings held with completed
- Three (3) Provincial Student Representative Council meetings with College Management held.
- The project plan for repealing the College Act to align with Higher Education requirements was developed and submitted to OTP; the process is ongoing.
- Local Student Representative Councils elections completed across all Campuses
- Two Interactive engagement meetings with NMU were held progressively for academic and research support.
- Quality Assurance for the moderation of the new program GG. R171 has been solicited from the 3 Sister Universities.

HUMAN RESOURCE STREAM

- One Lecturer appointed on a 3-month (February – April 2025) contract appointment for in Lusikisiki Campus
- Appointment of Acting East London Campus Head done.
- One Manager at Central Administration Office achieved PHD.
- Attained approval for the appointment of 6 Lecturers for Queenstown (2) and Lusikisiki (4) campuses.
- Ninety-eight per cent (98%) compliance on PMDS contracting.

ICT STREAM

- Learner Management System procurement with SITA Bid evaluation done awaiting outcome.
- Procured branding signage material for the College – Central Office and all 5 Campuses.
- College acquired 3 Wi-Fi routers per Campus and 2 for Central Office to enhance connectivity for teaching and learning.
- Procurement of laptops and desktops done as follows: -
  - Central Office Academic and Support Staff – 8 laptops
  - East London Campus – 10 desktops
  - Lusikisiki Campus – 3 laptops
  - Mthatha Campus – 10 desktops and 16 laptops
  - Queenstown Campus – 20 laptops

INFRASTRUCTURE

- Repair of roofs and windows on park homes for temporary student accommodation (CAPCITY) in Lusikisiki Campus was done.
- First phase renovations (ceiling, painting, changing of windows and doors) of the Old OPD Building/ Admin Block renovated in Queenstown.
- Major renovations for 40 roomed student accommodation underway.
- Completion of minor repairs to the nurses' residence.

- Cutting of trees and approval of fencing and security improvements in PE Campus
- Student accommodation renovations underway at Cecilia Makiwane Hospital residence in East London Campus
- In Mthatha Campus, 230 bedded student residence renovations underway.

NEW PROGRAM ACCREDITATION

I. ONE YEAR CERTIFICATE IN NURSING / NURSING AUXILIARY – GG R169

Process of re-submission to SANC and the Council on Higher Education (CHE) underway: Situational analysis conducted from 135 clinical facilities; 50 percent of the situational analysis documents have been transcribed.

II. ADVANCED DIPLOMA IN MIDWIFERY

The programme is conditionally accredited with SANC (2yrs) AWAITING CHE, from 01 January 2025 to 31 December 2026 as follows: -

- EL Main Campus (28 students)
- Mthatha Main Campus (27 students)
- Lusikisiki Main Campus (15 students)
- St Patricks Sub-Campus (14 students)

N.B. Program still to be submitted to CHE for evaluation and SAQA for registration before commencement.

III. POST GRADUATE DIPLOMA IN MENTAL HEALTH, GG: R.635

Obtained provisional accreditation from SANC (2yrs), from 01 January 2025 to 31 December 2026

- Mthatha Main Campus (40 students)
- EL Main Campus (40 students)
- Submission made to CHE for further evaluation, awaiting outcome then registration with SAQA before commencement.

IV. POST GRADUATE DIPLOMA IN MIDWIFERY

Program developed and submitted to SANC for accreditation.

EASTERN CAPE COLLEGE OF EMERGENCY CARE

OVERVIEW

Throughout the 2024/2025 financial year, the Eastern Cape College of Emergency Care faced ongoing challenges in delivering training to various stakeholders including Emergency Medical Services (EMS), our main stakeholder. These challenges were largely due to delays in travel approval, cost-saving austerity measures affecting travel and accommodation, and continued procurement delays, particularly concerning the Basic Life Support (BLS) program. Despite these hurdles, the College successfully implemented key programs and achieved notable progress.

PLANNED ACTIVITIES AS PER ECCOEC STRATEGIC BUSINESS PLAN

The following summarizes the strategic objectives of the ECCOEC over the reporting period:

- Implementation of the National Emergency Care Education and Training (NECET) policy and offering of emergency care programs contained within the NECET policy,

- Augment needs based skills programs (Short Learning Programs) to include clinical and non-clinical programs for a wider target audience,
- Establish additional training sites (sub-campuses) to increase access and ensure equity to EMS education and training,
- Be Operational Ready to assist EMS Operations (Service) as well as other front-line organizations (SAPS, NSRI and SANDF) with specialized equipment and up to date knowledge related to specific scenarios.

ACHIEVEMENTS AGAINST PLANNED ACTIVITIES

Formal Learning Programs (Emergency Medical Care)

Advanced Life Support qualified emergency care providers remain in short supply nationally with the Eastern Cape Department of Health experiencing the same shortage. In an attempt to address the shortage within the ECDOH the department implemented a comprehensive bursary program to encourage staff to enrol in formal emergency care programs.

The following new bursaries were offered during the 2024/2025 financial year:

- Bachelor of Emergency Medical Care: In- service Staff x 6 & Private Students x 8
- Diploma in Emergency Medical Care: In – Service Staff x 7
- Higher Certificate in Emergency Medical Care: In- Service Staff x 3

The following graduates were produced during the 2024/2025 Financial year:

- Bachelor of Emergency Medical Care: In- service Staff x 1 & Private Students x 1
- Diploma in Emergency Medical Care: In – Service Staff x 0
- Higher Certificate in Emergency Medical Care: In- Service Staff x 4

NECET Implementation

The Higher Certificate in Emergency Medical Care (HCert:EMC) program which was developed in conjunction with Nelson Mandela University received Council for Higher Education (CHE) accreditation during the 4th quarter of the 2024/2025 financial year. Once the program receives SAQA registration and HPCSA accreditation the program can be started. Planned intake for the start of the 2026 academic year. Engagements with Nelson mandela University concluded that the first intake will consist of majority ECDOH staff who meet program entry requirements, should all seats not be filled by ECDOH staff, opportunity will be given to school leavers through the ECDOH bursary program targeting students in areas as per the ECDOH strategic objectives.

Short Learning Programs (Skills Based)

Clinical Practice Guideline (CPG) Updates and CPD Sessions:

Clinical Practice Guideline (CPG) Updates are a compulsory requirement from the HPCSA for all providers registered with the Professional Board for Emergency Medical Care and consist of updated scope of practice as well as new pharmaceutical interventions per registration category.

CPG updates for both Basic Life Support (BLS) and Intermediate Life Support (ILS) staff were impacted by travel restrictions and logistical constraints. Despite this, the College adapted and began decentralising CPG training in the 3rd quarter, with successful rollout in four of the eight districts by the 4th quarter.

The following statistics were achieved:

Staff trained on CPG updates across the year:

- **BLS Staff:** 81 (Q1) + 40 (Q2) + 26 (Q4)
- **ILS Staff:** 14 (Q1) + 24 (Q2)

NB: Due to austerity measures implemented against travel logistics only NMB, SB, BCM, Amathole & JQ (in Q4) were serviced with CPG updates, districts affected by fiscal constraints will be prioritised during the 1st semester of the 2025/2026 financial year.

Rescue Training

Rescue training at the College consists of the Rescue Technician Program (RTech) (Advanced Rescue) which focuses on advanced rescue techniques in Urban, Wilderness and Aquatic environments presented over a 10-month period. In addition, the College offers a Rescue Practitioner Course (RPC) (Basic Rescue) which focuses on the three (3) most common rescue requirements which is High Angle Rope Rescue 1, Vehicle Rescue and Fire Search and Rescue. The RPC is presented over a 6-week period.

Rescue Technician Program:

The following was achieved during the 2024/2025 financial year:

- A cohort of **15 students'** representative of the entire province was enrolled in the Rescue Technician program starting in (Q4) of 2023/2024.
- The program, which covers advanced rescue techniques, was successfully completed in (Q3) of 2024/2025.
- The final module (Swift Water Rescue) required off-campus training and was delayed and delivered in the (Q4).
- No intake took place for the RPC program during the reporting period.

Resuscitation Programs

The Eastern Cape Department of Health (ECDOH) through the Eastern Cape College of Emergency Care (ECCOEC) has approached the American Heart Association (AHA) in 2020 with the intent to register and be accredited as an International Training Centre (ITC). The rationale for AHA ITC accreditation status was motivated by the high demand from health care providers to attend AHA accredited courses such as Basic Life Support for Health Care Providers (BLS for HCP), Advanced Cardiac Life Support (ACLS) and Paediatric Advanced Life Support (PALS). Accredited providers are currently in short supply within the Province of the Eastern Cape and as such these courses are costly.

The Strategic objectives for the Resuscitation Programs are as follow:

- Enhance and grow the ECDOH as an AHA ITC by establishing decentralised Training Sites within the districts as well as priority Health Care Facilities,
- Ensure effective and fare role out of AHA accredited programs throughout the province,
- Extend AHA accreditation status to include Advanced Resuscitation Programs such as Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

Over the reporting period the following were achieved against the planned strategic objectives:

- **BLS for HCP** were presented to 691 health care providers throughout the province.
- **ECDOH ITC** were accredited to present both the ACLS and PALS courses.

- **ACLS Instructors:** Four (4) instructors were developed in (Q4) to kickstart the role out of ACLS within the province. Instructors included two (2) ALS Paramedic Lecturers from the ECCOEC and two (2) Medical Doctors (1 from SB and 1 from NMB)
- **PALS Instructors:** Four (4) PALS instructors were developed in (Q4) to kickstart the role out of PALS within the province. Instructors included two (2) ALS Paramedic Lecturers from the ECCOEC and two (2) Medical Doctors from Dora Nginza Hospital.

Additional Training Programs Delivered:

The following skills based Short Learning programs (CPD Accredited) was delivered over the reporting period:

- **CPD Sessions in Districts**: 672 staff attended (Q4).
- **Emergency Services Driver Training:** 14 staff trained (Q1)
- **Advanced Airway Management:** 9 staff trained (Q1)
- **Flight Desk Control Training:** 12 dispatchers from Sarah Baartman District trained (Q2)

Collaborative and External Engagements:

- Participation in a **combined rescue event** hosted by the University of Johannesburg at Gariep Dam (Q2) provided exposure to current best practices and discussions on rescue training standards.
- College assisted both SAPS and NMB Fire Rescue Services with refresher sessions in between scheduled courses.

Ongoing Challenges:

- The **Basic Life Support (BLS) program** continues to experience significant delays due to ongoing
- challenges with manual procurement.
- **Travel restrictions** and **cost-saving measures** affected the delivery of district-based training, particularly in Q1 through Q3.
- Quality assurance and equipment availability remain key considerations in decentralised training initiatives.

Conclusion:

Despite persistent logistical and financial constraints, the Eastern Cape College of Emergency Care has shown adaptability and commitment to fulfilling its training mandate. Key programs have continued, instructor capacity has been strengthened, and decentralised strategies have been successfully initiated. Looking ahead, the College is positioned to expand its training reach and further improve service delivery across the province.

Bursaries

Health Professionals students receiving bursaries

During the financial year 2024/25, the department continued to support students pursuing various health science and related studies.

Health Professionals Students in South African Universities:

- During the financial year 2024/2025 financial year, the ECDOH supported a total of One hundred and ninety-seven (197) bursary holders in South African universities.

- Seventy-eight (78) students completed their studies in 2024/2025 financial year. Fourteen (14) students completed in the first quarter while sixty-four (64) students completed in the fourth quarter
- The Department supported a total of thirteen (13) medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme.
- Four (4) medical students under Nelson Mandela – Fidel Castro Medical Program completed their studies
- In addition, a total of two hundred and seventy-eight (278) employees were supported with bursaries to study various qualifications related to line of duty and departmental strategic goals.
- Fifty-six (56) employees completed their studies during 2024/25 financial year

New bursary Intake

No new bursaries were awarded in the 2024/25 Financial Year

The tables below illustrate the breakdown of the funded bursars per field of study and gender

Table B58: Local Universities

FIELD OF STUDY	TOTAL	FEMALE	MALE
Bachelor of Medicine & Bachelor of Surgery (MBChB)	90	53	37
Dentistry	15	10	5
Bachelor of Oral Hygiene	2	1	1
Bachelor of Nursing	27	22	5
Bachelor of Pharmacy	12	7	5
Bachelor of Occupational Therapy	5	4	1
BSC in Physiotherapy	7	6	1
Bachelor of Emergency Care	2	1	1
Bachelor of Radiography	11	6	5
BSC in dietetics	10	10	0
Bachelor of Optometry	4	2	2
Bachelor of Clinical Medical Practice	10	9	1
BSC in Medical Orthotics & Prosthesis (BMOP)	1	1	0
Masters in Clinical Psychology	1	1	0
TOTAL	**197**	**133**	**64**

Table B59: Nelson Mandela – Fidel Castro Medical Programme

FIELD OF STUDY	TOTAL	FEMALE	MALE
MBChB	13	4	9

Table B60: Internal Bursaries

FIELD OF STUDY	TOTAL	FEMALE	MALE
Bursaries Employees	278	191	87

SKILLS DEVELOPMENT & YOUTH DEVELOPMENT PROGRAMMES

YOUTH DEVELOPMENT PROGRAMMES REPORT AS AT 31st March 2025

During the 2024/2025 financial year, 2630 youth on the ECDOH database were placed on Learnerships, Internships, Traineeships, Skills Programmes and Artisan Apprenticeships, respectively. Of the total placements, 292 were funded by HWSETA, 500 funded by MERSETA, 936 funded by NSF and 902 funded through the departmental Skills Levy budget.

Table B61: Breakdown of the placements

NO	CATEGORY	MALE	FEMALE	TOTAL	COMMENT
1	Generic Interns	244	316	560	Exited 31 August 2024
2	Skills Levy (Medico/ HMS2) Interns	68	127	195	Contract ending 31st May 2025
3	EPWP Funded Artisan Apprentices	19	18	37	Contract ending 31st Aug 2025
4	Post Basic Pharmacists Assistants Interns	49	61	110	Exited June 2024
5	HWSETA IT Interns	2	13	15	Exited September 2024
6	HWSETA funded TVET Learners	15	67	82	Contract 31st Nov 2025
7	Basic and Post-basic Pharmacists Assistant	39	61	100	Exited 31st December 2024
8	HWSETA IT Interns	2	13	95	Exited May 2024
	TOTAL	**445**	**749**	**292**	

Table B62: MERSETA-funded programmes

NO	CATEGORY	MALE	FEMALE	TOTAL	COMMENT
1	Apprentices (Mechanical, electrical & welding)	67	33	100	Contracted in March 2025
2	Skills Programmes (Arc plate Welding)	167	133	300	Contracted in March 2025
3	TVET Learners	48	52	100	Contracted in February 2025
	TOTAL	**274**	**218**	**500**	

Table B63: NSF-funded programmes

NO	CATEGORY	MALE	FEMALE	TOTAL	COMMENT
1	Interns	133	262	395	Contracted in March 2025
2	TVET Learners	198	343	541	Contracted in March 2025
	TOTAL	**331**	**605**	**936**	

SKILLS DEVELOPMENT

During the 2024/25 financial year, the department had planned to prioritise an estimated 4694 employees to benefit from skills levy-funded programmes, however only 594 benefited from the Skills Levy (13% of planned beneficiaries). With regards to in-house trainings, 10210 planned beneficiaries, with a total of 10632 who benefited over the financial year and were trained in various programmes, a more than 100% achievement.

Table B64: In-house trainings offered as per the following table

STRATEGIC OBJECTIVE	PRIORITY TRAINING	PLANNED	MALE	FEMALE	TOTAL	%	COMMENT
Quality Improvement in the Provision of Care	Effective Governance	600	266	893	1059	Above 100%	
	Support Academic Program	300	134	386	520	Above 100%	
	Mental Health	890	315	984	1299	Above 100%	
	NSG Programs	2133	64	177	227	11%	Expired MOA, Delay in getting order from NSG and the Austerity Measures
	Improved Quality of Pharmaceuticals	1015	50	215	318	31.3%	Under reporting & Lack of coordination
Increase life expectancy, improve health and prevent diseases	Non – Communicable Disease	1072	218	562	780	Above 100%	
	Reduce Maternal & Infant Mortality	200	185	807	992	Above 100%	
Achieve universal Health Coverage by NHI	Support NHI	4000	915	4522	5437	Above 100%	
TOTAL		**10210**	**1939**	**7004**	**10632**	**100%**	

The 100 % achievement against the target is due to in-service / on - job training which were conducted in the institutions where there was no need for procurement of accommodation and venues.

Table B65: Planned Prioritized Training 2024/2025 Financial Year funded through the Skills Levy

NO	COST CENTRE	NO PLANNED TRAINING SESSIONS	TOTAL NUMBER OF BENEFICIARIES	TOTAL ACHIEVED	NUMBER OF PRIORITY TRAININGS CONDUCTED	MALE	FEMALE
1	Alfred Nzo	8	636	0	0	0	0
2	Amathole	8	589	38	1	9	29
3	Buffalo City Metro	7	339	73	1	14	56
4	Chris Hani District	7	155	0	0	0	0
5	Joe Gqabi	4	54	0	0	0	0
6	Nelson Mandela Metro	5	140	0	0	0	0
7	O R Tambo	14	621	200	4	33	81
8	Sara Bartman	5	172	0	0	0	0
9	Mthatha Regional	5	58	0	0	0	0
10	Dora Nginza	5 Trainings + 2 Congress	70	0	0	0	0
11	EDH	10	93	0	0	0	0
12	CMH	7 Trainings + 4 Congresses	617	143	4	100	183
13	EMS	7 Trainings	0	0	0	0	0
14	Fort England	4 Trainings	0	0	0	0	0
15	Frere	4 Trainings	135	0	0	0	0
16	Frontier Hospital	4	42	0	0	0	0

NO	COST CENTRE	NO PLANNED TRAINING SESSIONS	TOTAL NUMBER OF BENEFICIARIES	TOTAL ACHIEVED	NUMBER OF PRIORITY TRAININGS CONDUCTED	MALE	FEMALE
17	Head office	5	280	50	0	6	44
18	Komani Hospital	5	73	0	0	0	
19	Lilitha	3	80	0	0	0	0
20	Livingstone	4	69	0	0	0	0
21	Mthatha Medical Depot	8	217	0	0	0	0
22	PE Medical Depot	7	254	0	0	0	0
23	Nelson Mandela Academic Hospital	7	114	82	3	48	116
24	Forensic Pathology Services	4	161	0	0	0	0
25	Oliver & Adelaide Hospital	7	89	0	0	0	0
26	St Elizabeth Regional Hospital	9	77	0	0	0	0
	TOTAL	**152**	**4694**	**594**	**13**	**136**	**458**

Highlights on Achievements based on the Skills Programmes implemented

1. ***Trauma Management Training Programme: Primary Trauma Care (PTC)***

Primary Trauma Care (PTC) training to be implemented as one of the critical, mandatory provincial training program for management of emergency trauma cases and resuscitation skills to address Patient safety and prevent malpractice.

- ***16 x Trainers developed based on post-training competency assessment:***
  - Amatole: 1
  - BCM: 4
  - Chris Hani:2
  - Joe Gqabi: 1
  - NMBM: 4
  - OR Tambo: 2
  - Sara Baartman: 2

- The plan is to decentralise training to regions, districts and institutions respectively.
- Western Region newly established Trainers commenced roll out for the region with EC College of Emergency Care as a training site.
  - Trained 21 Candidates in Q4: 11 Doctors, 5 Clinical Associates (CA) and 5 Emergency Care Practitioners (ECP's) from the Saarah Baartman and Nelson Mandela Bay Districts.

2. **Analysis of Specialist nurses' coverage in specialised areas.**

- Analysis started with big 8 and specialised hospitals (Psychiatry) working with Nursing Directorate to
  streamline study leave programme.
- District hospitals are underway, starting with big District hospitals and 28 priority hospitals.

Challenges:

- Establishment of fully functional training sites that require equipment, specialised skills, support and
  commitment from clinical programmes.
- Committed funding for non-negotiable training requirements (accommodation, catering, as the training is expensive, a long programme with a lot of activities, with no time to get refreshments).
- Incomplete and inaccurate data with delay in response from the facilities.
- Analysis of saturation level

Strategies to mitigate under-performance

- Support and mobilise resources for fully functional training sites by all programmes aligned to the function by supporting the newly established CETU for the clinical teaching platform.
- In 2024/25 financial year the allocated budget for skills levy is R129 millions of which goods and services portion is 52 million,
- Only 33% of that has been utilized representing 13 trainings conducted out of 158 planned.
- Only 542 employees benefited out of 4694 targeted for this financial year.

Table B66: Specialist Nurses coverage in specialised areas for big 8 + 1

Institutions	ADM	Child Nursing	Neonatal/ Critical Care Child	Perioperative	Emergency	Orthopeadic	Critical Care	Oncology	Nephrology	Ophthalmic Nursing
Nelson Mandela Academic Hospital	57%	17%	0	58%	27%	51% Bedford	67%	67	77	100
Frere Hospital	27%	34%	11%	66%	19%	46%	45%	35%	100%	
Livingstone Hospital		13%		30%	30%	29%	51%	5%	83%	
PE Provincial		10%					47%			45%
Dora Nginza Hospital	22%	20%	24%	17%	18%		80%			
Cecilia Makiwane Hospital	69%	29%	42%	17%	35%	47%	91%		100%	
Mthatha Regional Hospital	26%		83%	33%	33%		57%			
St Elizabeth Hospital	15%	26%	15%	29%	28%		40%			
Frontier Hospital	28%	27%	35%	72%	19%		77%			86%
Oliver & Adelaide Tambo Regional Hosp	40%	14%	0	63%	18%		25			

Table B67: Specialist Nurses coverage in Psychiatric hospitals and Mental Units

Institutions	Mental Health
Fort England	23%
Komani	25%
Elizabeth Donkin	19%
Tower	1%
CMH	14%
NMAH	11%
Dora Nginza	31%
PE Provincial	41%

OTHER TRAININGS

ANNUAL PERFORMANCE PLAN – 2024/2025

For the financial year 2023/2024, the Unit had a target of 179 registrars planned to be funded under the SHRT Grant. The Annual target was 30. The actual performance against this target was 23 registrars who qualified and became medical Specialists.

Variance on under performance:

The following reasons were highlighted for under achievement

- Covid 19 Pandemic which resulted in registrars providing clinical service only and not being allowed protected time for their studies as well as to undergo rotation in other provinces.
- The WSU Ethics committee which was not recognised which meant that registrars could not commence with their research component of the programme as ethical clearances were not issued.
- Lack of research supervisors at the university also contributed to registrars not submitting their research work on time.

The above reasons therefore meant that registrars could not complete their training in the stipulated time as most of them requested for additional time for training.

2024/2025 Annual target on funded registrars = 182

Annual Performance Plan on registrars on training, completing to be Specialist = 35 reduced to 20
Actual Performance on completed, graduated registrars = 25

Variance on over-achievement:

WSU Ethics committee was re-established and fully functional with elected committee members

- As Registrars were given extension to be able to finish their studies, more numbers graduated, exceeding the set target.
- More registrars were allowed to go on rotation of registrars to other provinces, allowing them to be exposed to training not available in the provinces. This therefore gave them opportunities to complete their training and become specialists.

Table B68: Registrars that have completed their training in 2024

NO	INSTITUTION	DISCIPLINE	YEAR
1	Frere Hospital	Anaesthesia	2024
2	Frere Hospital	Paediatrics	2024
3	Frere Hospital	Paediatrics	2024
4	Frere Hospital	Radiation Oncology	2024
5	Fort England	Psychiatry	2024
6	Elizabeth Donkin	Psychiatry	2024
7	Livingstone	Psychiatry	2024
8	Livingstone	General Surgery	2024
9	Livingstone	Internal Medicine	2024
10	Livingstone	Anaesthesia	2024
11	Livingstone	Emergency Medicine	2024
12	Livingstone	Paediatrics	2024
13	Livingstone	Surgery	2024
14	Livingstone	Paediatrics	2024
15	Nelson Mandela Academic	Paediatrics	2024
16	Nelson Mandela Academic	Paediatrics	2024
17	Nelson Mandela Academic	O&G	2024
18	Nelson Mandela Academic	Obstetrics & Gynaecology	2024
19	Nelson Mandela Academic	Surgery	2024
20	Nelson Mandela Academic	Family Medicine	2024
21	Nelson Mandela Academic	Internal Medicine	2024
22	Nelson Mandela Academic	Maxillofacial	2024
23	Nelson Mandela Academic	Family Medicine	2024
24	Nelson Mandela Academic	Surgery	2024
25	Nelson Mandela Academic	Surgery	2024

RTC DORA REPORT

REGIONAL TRAINING CENTRE (RTC)

AIM

To facilitate and coordinate clinical in-service training activities for the Eastern Cape Department of Health employees and communities.

KEY OBJECTIVES

1. Set up 4 RTC regional offices in the Eastern Cape.
2. Strengthen facility-based learning, leveraging on 4IR by encouraging virtual/online learning.
3. Facilitate integrated training of TB, HIV and AIDS, Maternal, Child, Non-Communicable Diseases and Mental health using Adult Primary Care approach (APC)
4. Integrate capacity-building activities done by NGOs/ supporting partners with DOH activities.
5. Develop and coordinate an integrated training plan, including capacity-building activities by DCST.
6. Ensure overall performance and achievement of annual targets.

BENEFICIARIES

- Doctors (Including Pharmacists and Clinical Associates)
- Nurses (All categories)
- Non-Professionals (CHWs, Data Capturers, Information Managers, General Assistant
- Community Members including Traditional Surgeons and Traditional Nurses)

KEY PLANNED ACTIVITIES

- Saturate Ideal clinic Indicators as well as TB and HIV Trainings for the Province.
- Saturate the new IMCI that has been loaded in the Knowledge Hub.
- Coordinate and facilitate trainings that are requested by district teams in line with performance assessments through activities like district review meeting etc.
- Coordinate and facilitate implementation cascades for new training modalities from NDOH including updated training versions, refresher courses and priority programs
- Coordinate and facilitate training, mentoring and learning activities for Non-Professionals.

GOOD PRACTICES:

- Despite not having full time Trainers, designated District Trainers and Subdistrict Mentors work around the clock to achieve the targets.
- Support by DCSTs and Clinical Specialists assist districts to achieve targets.
- Trainers are supported with cars, laptops, phones with data and projectors.

AREAS OF ATTENTION:

- Knowledge hub technical issues and poor connectivity in some areas
- Few basic life support instructors, equipment, and manuals.
- Training of Trainers on Facilitation, Moderation and Assessment skills. Although this may be wasteful as there is a high attrition rate due to designated positions instead of full-time filling of posts.
- Urban facilities are resistant to learning times/ training schedules.
- Shortage of leadership (operational managers/clinic supervisors) affects coordination of Trainings.
- Limited training activities in hospitals.

REMEDIAL ACTION:

- A Provincial Administrator to support Knowledge Hub challenges.
- Employment of RTC Coordinators, one per region for a start.
- Extension of Trainings to hospitals

Table B69: Performance

Data Element	Baseline	Business Plan Targets			ECRTC Targets		
		Target	Actual	Variance	Target	Actual	Variance
No of Drs trained on HIV and AIDS, TB, STI and other chronic diseases	1010	213	565	+352 (265%)	500	565	+65 (113%)
No of Nurses trained on HIV and ADS, TB, STI and other chronic diseases	12238	638	5820	+5182 (912%)	5000	5820	+820 (116%)
No of Non-Professionals trained on HIV and AIDS, TB, STI and other chronic diseases	7959	2855	4268	+1413 (149%)	3500	4268	+768 (121%)

NARRATIVE

The final targets allocated for the RTC were very low. The Directorate noted them when the Business Plan was due for implementation already signed at NDOH. However, the Directorate set its own targets in line with what it had suggested.

Despite austerity measures and around 60% expenditure of the budget, Provincial RTC Targets were achieved because several Trainings take place online. However, mentoring and facility-based support could not be done as cars were not available.

PMDS

The department's overall Performance Management and Development Strategy (PMDS) compliance has declined slightly, from 93% in the 2023/24 financial year to 91% in 2024/25. This decline indicates a challenge that has hindered the department's efforts to maintain optimal performance standards.

A breakdown of the 2024/25 compliance levels is as follows:

- Level 2–8 (Lower Levels): 93%
- Level 9–12 (Middle Management): 85%
- SMS (Senior Management Service): 100%

Although the SMS level achieved full compliance of 100%, there is a clear need to strengthen compliance efforts at the lower and middle levels, as these categories contributed to the overall decrease.

In preparation for the 2024/25 PMDS rewards, the department has drafted a memorandum for the Head of Department's approval, proposing a budget allocation of R242 million. This amount is based on projections for employees who are expected to qualify for pay progression during the current cycle.

The statistics of those employees who contracted for the 2024/25 PMDS cycle are as follows:

Table B70: Contracting Quarterly

1 April 2024 – 31 March 2025					
	LEVELS	TOTAL NO. OF EMPLOYEES	NO OF AGREEMENTS SIGNED	OUITSTANDING	%PMDS COMPLIANCE
OVERALL SUMMARY	L 1-8	32570	30122	2448	93%
	L9-12	8007	6797	1210	85%
	L13 – 16	84	84	0	100%
	TOTAL	40661	37003	3658	91%

Table B71: Contracting Quarterly 01 April – 30 June 2024

1 April – 31 June 2024					
DISTRICT AND INSTUTUIONS	LEVELS	TOTAL NO. OF EMPLOYEES	NO OF AGREEMENTS SIGNED	OUITSTANDING	%PMDS COMPLIANCE
OVERALL	L 1-8	32570	29740	2830	91%
	L9-12	8007	6575	1432	82%
	L13 – 16	84	37	47	44%
	TOTAL	40661	36352	4309	89.4%

Table B72: 01 July – 30 September 2024

1 July – 30 September 2024					
DISTRICT AND INSTUTUIONS	LEVELS	TOTAL NO. OF EMPLOYEES	NO OF AGREEMENTS SIGNED	OUITSTANDING	%PMDS COMPLIANCE
OVERALL	L 1-8	32570	30122	2488	92%
	L9-12	8007	6797	1210	85%
	L13 – 16	84	84	0	100%
	TOTAL	40661	37003	3658	91%

Table B73: 01 October – 31 December 2024

1 October – 31 December 2024					
DISTRICT AND INSTUTUIONS	LEVELS	TOTAL NO. OF EMPLOYEES	NO OF AGREEMENTS SIGNED	OUITSTANDING	%PMDS COMPLIANCE
OVERALL	L 1-8	32570	30157	2413	93%
	L9-12	8007	6802	1205	85%
	L13 – 16	84	84	0	100%
	TOTAL	40061	37043	3618	91%

Table B74: 01 January – 31 March 2025

1 January – 31 March 2024					
DISTRICT AND INSTUTUIONS	LEVELS	TOTAL NO. OF EMPLOYEES	NO OF AGREEMENTS SIGNED	OUITSTANDING	%PMDS COMPLIANCE
OVERALL	L 1-8	32570	30122	2448	93%
	L9-12	8007	6797	1210	85%
	L13 – 16	84	84	0	100%
	TOTAL	40661	37003	3658	91%

ACHIEVEMENT ON 2024/25 CONTRACTING

By DPSA Circular No. 7 of 2024, the due date for SMS-level performance contracting was extended to 31 August 2024. The department successfully met this requirement, with 100% of SMS members completing their performance agreements by the revised deadline.

UNDERACHIEVEMENT ON 2024/25 CONTRACTING

Despite efforts to improve performance management compliance, levels 2–12 did not achieve 100% contracting compliance for the 2024/25 PMDS cycle. Several contributing factors have been identified and are as follows:

- Mid-Year Appointment of Community Service Employees: These employees are typically appointed for a 12-month period, often starting mid-year, which makes it operationally difficult to achieve full contracting compliance within the standard timelines.
- Deliberate Non-Compliance by Top Notch Employees: A subset of employees categorized as "Top Notch" continue to display purposeful non-compliance with PMDS requirements.

CHALLENGES

- Mid-year Appointments: Especially of Community Service employees (12-month terms), affecting timing and compliance.
- Top Notch Employees: Some intentionally did not comply.
- Lack of Consequence Management: Non-compliance goes unaddressed by supervisors, weakening accountability.

Key Recommendations

- Enforce consequence management for PMDS non-compliance.
- Improve induction and contracting processes for Community Service and newly appointed staff.
- Review compliance strategies for Top Notch and OSD groups.
- Increase middle management accountability in ensuring contracting and moderation.

Table 4.6.1.1: Performance against the originally tabled Annual Targets from 2024/25 Annual Performance Plan for Programme 6-Health Sciences and Training Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	*Actual Achievement 2024/25 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Qualified and competent staff	6.7.1 Number of students completed the 4 - year comprehensive course	386	446	111	99	-12	The numbers of students have been reduced as compared to previous financial year for feasibility of individual student attention.	4-year nursing diploma is being phased out, the reduction in target reflects the last cohort.

Table 4.6.1.2: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Programme 6-Health Sciences and Training Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
6. Quality of health services improved	Completed training and qualification obtained	6.7.1 Number of students completed the 4 - year comprehensive course	386	446	96	99	3	Target overachieved. The numbers of students have been reduced as compared to previous financial year for feasibility of individual student attention.
		6.7.2 Number of EMS practitioners completed Emergency Care Qualification	17	6	9	4	-5	Target not achieved. Five (5) students did not complete the qualification due to outstanding modules for completion of the studies.
		6.7.3 Number of registrars qualified as specialists	13	23	20	25	5	Target overachieved. Due to a large cohort of registrars from the backlog of

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Achievement 2022/2023	Audited Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								Covid 19, Ethics Committee reinstatement and extension of time provided for studying time.
		6.7.4 Number of bursary students completed training	New Indicator	57	74	82	8	Target overachieved. Due to new bursary intake awarded towards the end of 2023/24 financial year.
		6.7.5 Number of youth placed on youth programs	New Indicator	1 367	1350	2630	1280	Target overachieved. Due to additional funding and additional allocation of TVET Learners, Interns and Corporate Interns from HWSETA, NSF and MERSETA

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.2 Number of EMS practitioners completed Emergency Care Qualification	The ECCOEC will continue to reach out to students studying Emergency Care Qualifications to determine how the college can assist students to be successful in their educational journey.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 6: HEALTH SCIENCES AND TRAINING HOSPITALS

Programme 6 spent at 89.2%, underspending by R111.275 million, after adjusting for funds shifts and virements of minus R89.849 million post the 2024/25 AEPRE.

The Programme gave up R69.849 million of its equitable cash flows in favour of mitigating the COE and goods & services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20.000 million of its equitable cash flows in favour of mitigating the COE pressures within the Central Hospital Services.

Table A9: Programme 6 - Health Sciences & Training

PROGRAMME 6: HEALTH SCIENCES AND TRAINING							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Nursing Training Colleges	272,070	220,160	51,910	293,144	235,211	57,933
2	EMS Training College	33,717	19,514	14,203	16,046	13,248	2,798
4	Bursaries	61,542	43,712	17,830	89,008	38,549	50,459
5	Other Training	665,933	638,601	27,332	753,523	789,563	(36,040)
	TOTAL	**1,033,262**	**921,987**	**111,275**	**1,151,721**	**1,076,571**	**75,150**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**954,688**	**863,462**	**91,226**	**1,037,486**	**1,022,218**	**15,268**
	Compensation of employees	829,502	769,060	60,442	830,988	829,418	1,570
	Goods and services	125,186	94,402	30,784	206,498	192,800	13,698
	Transfers and subsidies	**60,328**	**46,951**	**13,377**	**85,130**	**41,812**	**43,318**
	Departmental agencies and accounts	14,401	14,401	-	14,970	14,721	249
	Households	45,927	32,550	13,377	70,160	27,091	43,069
	Payments for capital assets	**18,246**	**11,574**	**6,672**	**29,105**	**12,541**	**16,564**
	Machinery and equipment	18,246	11,574	6,672	29,105	12,541	16,564
	TOTAL	**1,033,262**	**921,987**	**111,275**	**1,151,721**	**1,076,571**	**75,150**



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: ASSISTIVE DEVICES AND TECHNOLOGY

Wheelchairs

- The program overachieved the set target of 60% for the wheelchairs issued to persons 19 yrs and older, achieving 71.7% during this reporting period. The overachievement of the set targets is attributed to the partnership and delivery of stock of wheelchairs received from the Church of Jesus Christ of Latter-Day Saints (LDS) charities as well as the utilisation of the budget for Medicolegal and compensatory services. This procurement was fast tracked by decentralising of the procurement process to the facilities where the deliveries were done in bulk directly to a facility and were no longer remaining in the O&P.
- Meanwhile, the target for children aged 0 – 18 years underachieved a set target of 100 % achieving by 77.9%. A large number of specialised wheelchairs for the CP children were procured utilising both Medicolegal and equitable share budget. Majority of children with cerebral palsy were issued with specialised devices whether they had litigated or not litigated the department. However, due to austerity measures, there were some limitations as outreach services had to be suspended, and the program was only relying on the patients transporting themselves to the facility.
- The program still has 1 288 wheelchairs in stock at the end of the financial year.
- The wheelchair stock audit is conducted at the end of each quarter.

- There is improvement in the number of hospitals allocating budget to the rehabilitation services for the assistive devices and medical and allied equipment. This financial year 2024/25, Taylor bequest Matatiele in Alfred Nzo cleared their backlog after the hospital procured their wheelchairs.

Hearing Aids

- The programme underachieved the set target of 70% for the hearing aids issued to persons aged 19 yrs & older by achieving 52.1%. The programme under achieved the set target of 100% for the hearing aids issued to children aged 0-18 years by achieving 78,4%.
- This performance is attributed to the reduced number of audiology services due to high staff turnover in various facilities. Frere hospital lost 2 dual qualified audio community service personnel, Zithulele hospital also lost one comserve audiologist, Aliwal North hospital lost dual qualified audio, Mthatha regional hospital lost one audiologist community service, Butterworth is currently operating with one audiologist covering Butterworth, Nqamakwe, Tsomo, Idutywa, Willowvale which do not have hospitals as well as Centane that does not have the audiologist.
- Delays in awarding of the RT274 tender by National Treasury contributed to the delays in procurements as there were no longer funds in the equitable share when it was awarded after September 2024.
- Frequent power cuts at Frontier affected the hearing aids fittings as the patients that were booked had to be turned back and they never return for the service. Some patients are booked but never showed up however cannot be follow up in their nearest clinics due to suspension of outreach services.
- Patients change contact details and don't update the hospitals resulting in missed appointments which impacted on overall number of hearing aid fittings done.
- At the end of the financial year, the program still had stock of 1136 hearing aids available in the various facilities which was not fitted due to the above reasons.

Outreach services

- Facilities started with the wheelchair seating projects by sharing therapists to assist each other to speed up the process of wheelchair distribution to the beneficiaries after the suspension of outreach services.
- Therapists from different hospitals were scheduled to support each other so that the other services do not suffer in the facilities. This is one of the initiatives to take the services closer to the people.



Fig. B25: Outreach services

- One cleanup campaign in Ngcobo subdistrict was conducted from 22-25 April 2024 where 27 areas were visited providing comprehensive Rehabilitation services (Occupational therapy, Physiotherapy, Speech therapy, Audiology and Orthotic & prosthetic services) by Therapists from various facilities in Chris Hani and OR Tambo districts supported by Nelson Mandela bay metro LDS champions .The five teams provided and outreach services to the communities in these areas over3days and the service on wheels on the 4th day which was the day of the official handover of Audiology equipment and unit by the Hon MEC Health Nomakhosazana Meth blessed by the presence of the president of the Church of Jesus .Christ of Latter day saints. A total of 1375 was seen in by the rehabilitation team only. The Outreach was supported by the other services Paediatric specialists, dental services, health promotion, dietetics, nursing services etc

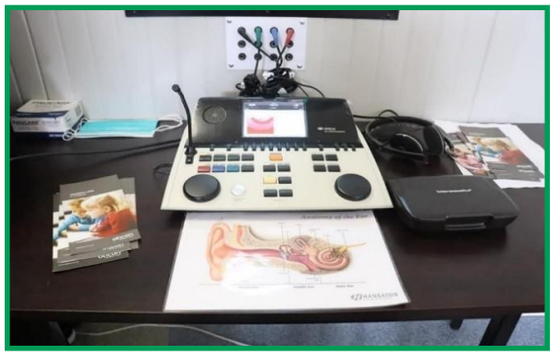



Fig. B26: Outreach services

Outreaches for wheelchair seating were conducted in Bisho hospital on the 18-19 June 2024 supported by the wheelchair trained therapists from Nelson Mandela Bay Metro .18 patients were booked, seven patients were seen in the hospital and six home visits were conducted, 4x wheelchair assessments and 1x wheelchair seating and 2x wheelchair repairs. Second one was conducted in SS Gida hospital on the 20 June 10 patients were assessed, measured and prescriptions were done for wheelchairs. The third one was conducted in Victoria hospital on the 21 June with four patients assessed, measured and prescription.





Fig. B27: Advanced wheelchair seating in Bisho, SS Gida and Victoria hospitals.



- Dr Malizo Mpehle Memoriaal hospital was supported by Mthatha regional hospital and Zithulele hospitals on the 18-20 June ,16 patients were booked and 11 were wheelchair seated.
- Outreach was conducted in Mbizana on the 20th of August 2024; the program sent 5 therapists from the Central region to travel to Mbizana and support the eastern region therapists. This model is also necessary to develop the skills of other therapists while also ensuring that clients are issued with the appropriate wheelchairs. Thirty patients were booked, and 25 patients were seen and wheelchair seated.
- Therapists from Frontier Hospital (Komani) led an outreach clinic in Cofimvaba and Hewu hospitals during this reporting period. Thirty patients were seen and assessed at Cofimvaba and 25 at Hewu hospital.
- Besides wheelchair seating outreach clinics, the programme provides other services during these outreaches. During the reporting period, successful outreach service was conducted by the Mzimvubu subdistrict Audiologist to the Isiphethu hospital twice every month. Isilimela hospital conducted outreaches to Tombo clinic (and surrounding areas), Qandu clinic, Majola clinic, Ludalasi clinic. Other facilities: King Dlovuyeswe School and the Nest Care Centre on a monthly basis. This model also addresses staffing gaps in other hospitals.

Case management

- A panel of therapists were assigned from each proposed CP centre of excellence to strengthen the case management.
- A virtual platform and scheduled program for case management for all proposed CP centres of excellence was established and will start meeting in April 2025 in preparation for the Public Health care defence.
- Secondment for the Noyila case management was done successfully and the case manager was relocated from MRH to Frere hospital.
- Bid specification meetings for the long-term contract for the procurement of medicolegal care giving services were attended.
- Medicolegal consultations were conducted in various facilities with the rehabilitation teams by the Senior counsels.
- Assessments and reports were generated for the medicolegal matters in Frere, Frontier, Nelson Mandela Academic, Grey, Cecilia Makiwane, Madzikane Ka Zulu, Aliwal North, Dora Nginza hospitals.
- Support visit was conducted to Dora Nginza and Uitenhage hospitals with the medicolegal office on the 26& 27 February 2025. Resolutions were taken with the Rehabilitation team regarding the functionality of the proposed CP centre in the new financial year 2025/26.Progress has been made with regards to some of the resolutions.

Finance

- In this 2024/25 financial year, the program was allocated R105 million in the Medicolegal compensatory services for the provision of Health services and undertaking to pay defence to strengthen Rehabilitation services in the facilities throughout the province. In the financial year 2025/26 R107 978 000 is allocated which is a marked increase compared to the previous year.
- Two specification meetings were held in July and the specification for the rehabilitation equipment was finalised and submitted to Health Technology to be able to equip the CP centres of excellence.
- Two tenders for RT 40 for the walking aids & RT274 for the supply and delivery of Hearing aids, implantable devices and equipment were awarded and loaded to the system by the National treasury and EC is the participating province
- Facilitated 2025/26 Budget allocation and itemisation and procurement meetings in the central region on the 28th January, Eastern region on the 3rd February and the Western region on the 6th February 2025 which was a great success.

- The EC 4.1s for the Program 7 .1& 7.3 2025/26 budget were consolidated and submitted on the 11th February 2025 to the budget section. Procurement plans were developed in each region.
- Procurement teams were established in all the 8 districts to fast track the procurement system and allow the deliveries to be done at close proximity to avoid the long storage periods in the O&P centres due to unavailability of transport.
- Facilitated the Provincial Rehabilitation advisory committee meeting virtually on the 23 January to plan for the community service induction for 2025 and to develop the year plan for the program.

Items procured and issued

- Nappies and Food Supplements were supplied to the CP children in various facilities.
- Various equipment, assistive devices and technology for the CP children were procured and distributed

Staffing

- Seven speech therapy community service therapists were appointed for the 2024/25 midterm cycle at All Saints, Victoria, Frontier Settlers, Dora Nginza, Uitenhage Provincial and Frere hospitals. Five of those assumed their duties on the 1st of August, two for All Saints and Victoria couldn't assume to date as they cannot register with the HPCSA.
- One Audiology community service was appointed at Settlers hospital and assumed her duties on the 1st August.
- A total of 195 Rehabilitation service posts were gazetted for community service placement for the year 2025 (Occupational Therapy -70, Physiotherapy- 69, Speech Therapy-25, Speech & Audiology -6).
- A total of 156 health therapists (Occupational Therapy -50, Physiotherapy- 67, Speech Therapy-24, Speech & Audiology -5, Audiologists -10), accepted their placements although not all of them assumed their duties on the 2nd January 2025.
- A total of 68 out of 156 health therapists (Occupational Therapy -22, Physiotherapy- 25, Speech Therapy-13, Speech & Audiology -1, audiology -7) were placed in the proposed CP centres of excellence out of desperation to build capacity though that is not a good idea.

Trainings

- Wheelchair seating Peer to peer training was conducted by LDS in July in the Eastern region.
- In OR Tambo district 22 therapists were trained for New to Seating (26/08/2024,14 for mentored seating clinic that was Shona quip funded (27/08/2024).
- In Chris Hani district, 28 for New to Seating (29/08/2024); 26 for mentored seating clinic (30/08/2024).
- In Sarah Baartman, 26 for New to Seating (02/09/2024); 19 for mentored seating (03/09/2024)
- The New to Seating and mentored seating outreach was a success and seemed positive overall.
- The program was theory and practical where therapists from various hospitals with varied levels of seating skills attended. Some benefited from the basic principles of seating while others engaged more in learning more in depth about products available of tender. Application of the theoretical principles to actual patients during the mentored clinics worked well to help participants understand some of the principles more clearly.
- A wheelchair seating training was conducted to newly qualified and already trained therapists in partnership with CHAI using Shona quip Social Enterprise in the Eastern, Central and Western region from the 26 August to 06th September 2024
- Three physiotherapists were sponsored and sent for training by The Church of Jesus Christ of Latter-day Saints (LDS) to a Advanced wheelchair seating training which is a very critical skill in the management of CP children in Cape Town in November 2024.

- Cecilia Makiwane hospital is training 2 4th year speech therapy students doing electives at speech and audio department.
- Frere hospital is training 2 4th year speech therapy students
- Facilitated the Provincial Rehabilitation community service orientation and induction, which was a great success. 140 community service therapists from various facilities and districts were in attendance on the day, fully engaging blessed with the presentations from Medicolegal (Ms N Maseko) and customer care (Ms P Maseko- Mahanjana) and the professional associations emphasising the importance of ethical conduct, professionalism and upholding the values of the organisation**.**
- Training plan for the 2025/26 annual year was submitted to the HRD to capacitate the rehabilitation services and other clinical support programs in preparation for the Public Health care Défense.
- Meeting was attended with UFH Rehabilitation Science management and HRD dept of Health regarding the Speech Training program and the resolutions were taken.

Partnerships

- The program signed the new MOU addendum with the Jesus Christ of Latter-Day Saints (LDS) for the year 2025/26 as their 6th contractual year.
- The new addendum will provide 900 wheelchairs, establish 6 wheelchair repair centres, provide with repair spare parts and training of therapists and Porters on wheelchair maintenance and repairs in
  - Alfred Nzo -Madzikane ka Zulu 5 May 2025
  - OR Tambo-NMAH 7 May 2025
  - BCM& Amathole -Frere 9 May 2025
  - Chris Hani & Joe Gqabi-Frontier 12 May2025
  - Sarah Baartman -Andries Vooslo 14 May 2025.

- 392 wheelchairs received from LDS waiting for distribution to the facilities in the three regions In the first quarter,
- An additional 454 wheelchairs were received from LDS and distributed to the facilities in the three regions.
- CHAI in collaboration with the department of health and education launched the dual sensory screening in the ECD centres and the hospitals with CHAI being the funder of the project.
- The newborn hearing screening program will be piloted in the first three hospitals, CMH, Dora Nginza, Frere and rolled over to the other Facilities. A meeting was held in CMH with CHAI and the management who welcomed project and saw it as one of the crucial services that will benefit the facility.
- The equipment to the value of R761 639 .94 has been procured and will be delivered handed over to Frere and Cecilia Makiwane hospitals in the May month as the first hospitals to pilot the project. The project will be rolled over to Dora Nginza, NMAH and other facilities.
- In September, the BCM Audiologists from DOH (Frere, CMH, Bisho, DOE, NGOs like Small Project Foundation conducted hearing screening at Vincent mall honouring deaf awareness month.89 patients were screened on the day with 7 patients referred 6 to Frere and 1 to CMH audiology departments for further management.
- Settlers' hospital rehabilitation team has assisted the Association for the disabled in Grahamstown with the assessment and measurement of as well as issuing of wheelchairs to the patients. There has been a good improved shown in some of the children by reaching their milestones.
- Port Alfred hospital rehabilitation team in collaboration with beyond limits Protective workshop Kowie Striders and Ndlambe Municipality organised 5km fun run/walk where 66 people registered in support of the Casual day with the theme "I see you ".

- Port Alfred hospital in collaboration with Ke ready conducted school outreach for hearing screening in five schools in August and 353 learners were screened; 12 learners were referred to the hospital Audiology department for further management.

Achievements

- All Saints hospital Audiology department is fully functional after the placement of the community service Audiologist in January 2025.
- Dora Nginza hospital in OR Tambo district has established the Audiology department after the placement of an Audiology community service in January 2025.
- Dr Malizo Mpehle hospital in OR Tambo district has established a speech therapy service after the placement of community service speech therapist in January 2025.
- Mbekweni CHC in OR Tambo district has established the Physiotherapy services after the placement of a community service Physiotherapist in January 2025 mentored by the MRH.
- Establishment of Early childhood hearing screening in Dora Nginza, CMH and Frere, Bisho, Livingstone, Frontier, Aliwal North, Settlers hospitals and NMBM clinics.
- Signing of the new MOU addendum with the Jesus Christ of Latter-Day Saints (LDS) for the year 2025/26 as their 6th contractual year.
- NIDS consultation meetings were attended by Rehabilitation representatives in most of the districts in March 2025.
- Acknowledgement to the Mthatha Regional hospital Rehabilitation service team for the support and the mentorship provided to the district hospitals in the Eastern region every year despite their staff shortages.
- Frontier Hospital established successful stroke rehabilitation and recovery support group which assisted in creating community awareness of stroke survivors. The aim of this support group is to reduce the treatment duration on individual sessions for the Outpatient Department stroke patients. Dora Nginza Hospital established the high-risk clinic and the early identification of Cerebral Palsy babies.
- Dora Nginza has established High Risk baby clinics and are done every Thursday.
- The rehab team at Dora Nginza Hospital screens patients while they are still in the NICU, neonatal high care and the wards, for early identification and to strengthen early mobilisation as soon as possible.
- These children are then followed up in high-risk clinics by a rehab team.

CHALLENGES

- No public case managers in the CP centres to monitor the implementation of the care plans and the court orders for the CP patients.
- Due to high staff turnover, there are few therapists trained in CP management and intermediate wheelchair seating left in the facilities. The need for training has been identified.
- A high number of patients require both intermediate and advanced levels of wheelchair training.
- Gross shortage of Rehabilitation staff, waiting times for the follow-up treatment in rehabilitation of patients in CMH bookings are already in March 2026 which is increasing the risk of permanent disability.
- Did not treat rate has increased in various facilities throughout the province in increasing.
- Limited treatment space is a big concern in the primary health care facilities in the NMBM district as the rehabilitation service is developing and the demand for the service is increasing (Motherwell, Zwide, Chatty, Letitia Bam and Walmer Gqeberha clinics)
- Limited posts for the rehabilitation health professionals in the organogram, the organogram is not aligned to the needs of Eastern Cape community considering the burden of diseases.
- Very limited speech therapy posts in the organogram despite having the training program with UFH.

- Speech therapy and Audiology posts are still reflecting as dual qualification in the organogram. No alignment to university curriculum /programs as the dual program was phased in the country.
- No career pathing for the rehabilitation health professional despite implementation of the OSD policy which resulted in high staff turnover that we are still currently experiencing.
- Rehabilitation organisational structure was never aligned to OSD policy after OSAD implementation in the EC Unavailability of case managers in the organisational structure of the proposed CP centres.
- High costs with high demand for wheelchairs resulting in ever increasing backlog of patients waiting for wheelchairs, high consumption of budget caused by lack of maintenance and unavailability of wheelchair repair centres.
- Poor accessibility in the Rehabilitation sections in some facilities, not wheelchair friendly with no toilets to accommodate people with disabilities. Cradock & Andries vosloo hospitals, the rehabilitation section, are on the second floor with challenges to use during power outages and toilets that are not wheelchair friendly.
- High staff turn over from the rehabilitation services in the facilities is alarming and is crippling and compromised quality of services as there are no replacements done.

ORTHOTIC & PROSTHETICS PERFORMANCE

- During this reporting period, a total of 8909 out of a set annual target of 10 000 patients were seen at the 3 Orthotic and Prosthetic centres.
- Out of the 8909 patients seen, 586 out of a set annual target of 600 patients were fitted with Prostheses.
- A total number of 7120 out of set annual target of 7 200 were also fitted with orthoses. These underperformances are directly attributed to the renovations that were done in Mthatha O&P centre that took eight months (March 2024- January 2025). The other contributing factor was the shortage of stock in PE O&P centre as the procurement processes were on hold dure to unavailability of procurement officer for almost 6 months.
- Despite these challenges stated above, the program continued providing essential repairs and maintenance services with 1316 patients issued accessories for prosthetic devices ,249 prosthesis repaired, and 650 orthotic devices repaired.

Table B75: Summary of performance

	GQEBERHA	E/LONDON	MTHATHA	TOTAL
Total patients seen	2871	2914	3124	8909
Prostheses fitted	151	368	67	586
Orthoses fitted	1379	2499	3242	7120
Orthotic repairs	204	322	124	650
Prosthetic repairs	112	99	37	248
Prosthetic accessories	700	320	296	1316
Wheelchair repairs	65	0	0	65
Crutches distributed by the centre	253	218	21	492
Walking aids	76	159	165	400
New Prosthesis applicants	**39**	**305**	**88**	**432**

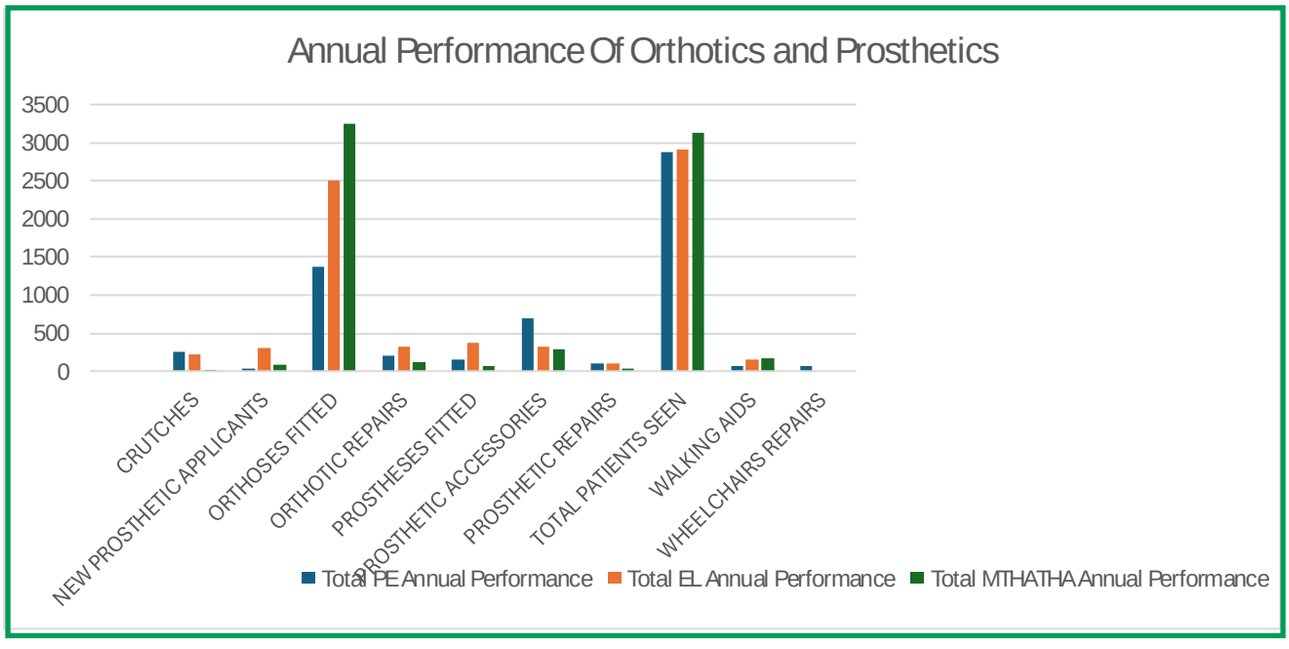


Fig. B28: Annual performance of Orthetics and Prosthetics

- A total of 42 outreach clinic visits out of set target of 180 clinic visits were conducted with 301 out of set target of 700 patients seen.
- Out of the patients seen 218 were fitted with prefabricated orthoses while 45 patients were assessed and measured for custom made orthotic devices. This is attributed to the Austerity measures that restricted accommodation which forced the program to reduce the number of outreaches as most require staff to be accommodated.

Table B76: Summary of Performance

	GQEBERHA	MTHATHA	TOTAL
Total outreach visits	21	21	42
Outreach patients measured for prostheses	-	-	-
Outreach patients measured for orthoses	38	7	45
Referred to the centre for casting	11	4	15
Outreach patients fitted with prefabricated orthoses	139	79	218
Outreach patients fitted with custom-made orthoses	0	0	0
Outreach patients fitted with prostheses	-	-	-
Consulted/conned	4	11	15
Total number of patients seen at outreach	200	101	301

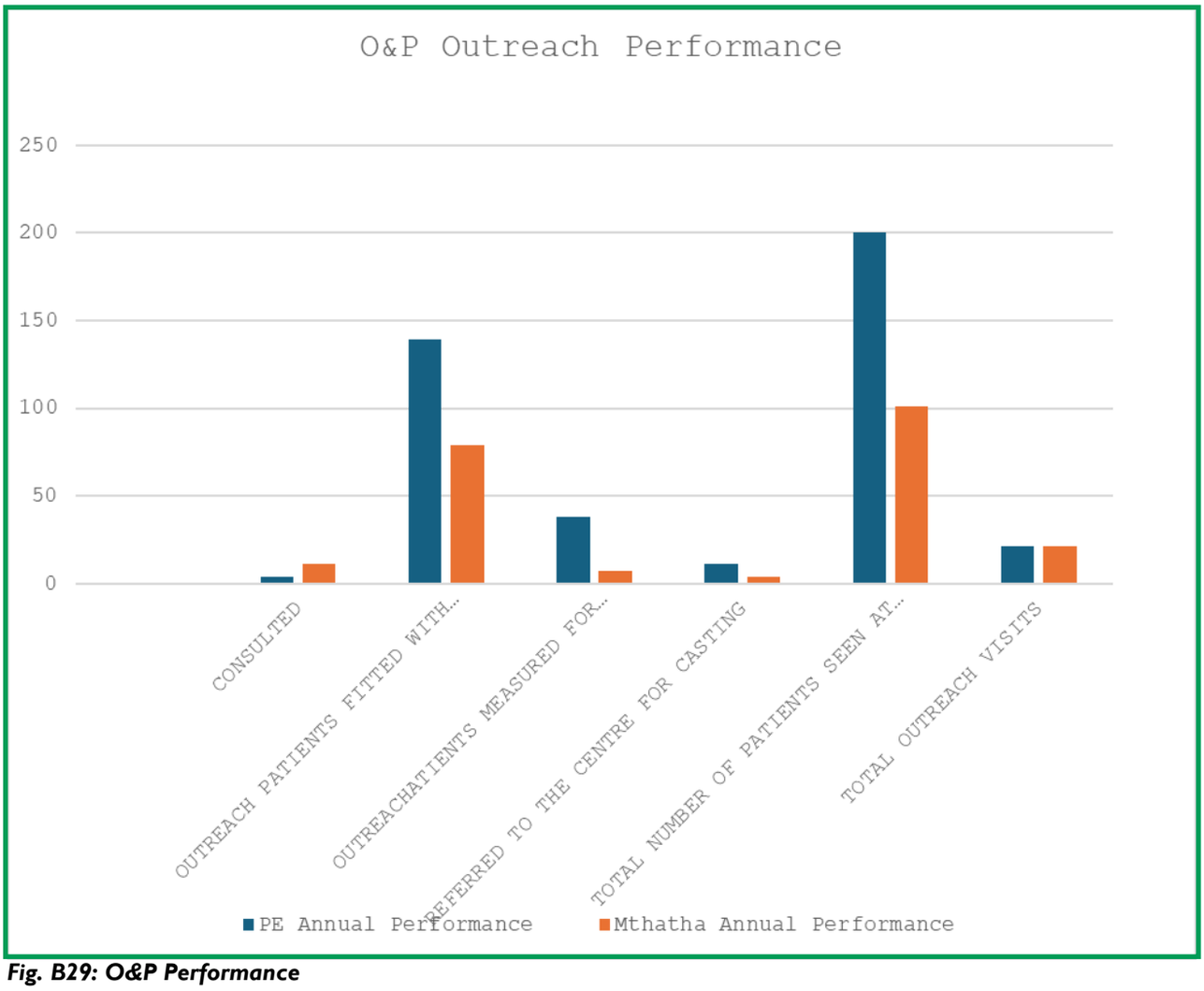


Fig. B29: O&P Performance

Achievements

- The Direct Socket System was successfully rolled out, with 76 patients fitted using this innovative and efficient prosthetic solution.
- A total of 9 Medical Orthotists and Prosthetists received specialized training in fabricating direct sockets, earning 20 Continuing Professional Development (CPD) points each.
- A tender for a 3D scanner has been awarded, with procurement planned for the 2025/2026 financial year, signaling progress towards digital innovation and improved clinical precision.
- The renovation of the Mthatha O&P Centre was completed, which is expected to significantly enhance production capacity and service delivery in the upcoming period.

RADIOLOGY SERVICES PERFOMANCE

- The installation of 5 new Ceiling Suspended Digital X-Ray Units was successful in Port Alfred Hospital, Settlers Hospital, Victoria Hospital, Tafalofefe Hospital, Port St Johns CHC AND Fort Beaufort Hospitals.
- Two (2) New Digital C-Arm Machines were procured for Frontier & Dora Nginza Regional Hospitals
- New Floor Mounted Digital X-Ray Machine was installed at Isilimela Hospital.
- Willowmore Hospital and Meje CHC have active X-Ray Services-Both have 2 new Floor Mounted Digital X-Ray Machines and CommServes.

- Attended a virtual Meetings with the 4 Service Providers regarding the statuses of their install base of Radiological equipment.
- Two (2) new Lodox Machines were installed at New Brighton and Mthatha Forensic Pathology Service Centres.
- Assisted in facilitating the relocation of the Lodox Machine from Frere Hospital to Woodbrook Forensic Pathology Service centre.
- Frere Hospital Management released the machine, and the Woodbrook FPS Management are busy with the SCM processes to complete the relocation.
- Actively participated in the ICSP process for the allocation of 2025 Community Service Radiological Professionals and the following allocations were made as follows:
- 26 Diagnostic Radiography Community Service Professionals
- 2 Radiotherapy Community Service Professionals
- Attended BEC for the Tender on the De-Installation and Disposal of old X-Ray Equipment
- X-Ray Services at Maclear Hospital were restored after the assumption of duty by the comserve Radiographer
- Restoration of X-Ray Services was done at All Saints Hospital after the repairs were done by the Service Provider
- Payments documents for the outstanding ECDoH SABS Dosimeter accounts were submitted to the Payment office and would eventually be paid this quarter.
- Alfred Nzo & O.R. Tambo, Joe Gqabi & Chris Hani Regional Forums introduced to the District Management Team
- Chief Nuclear Medicine Technologist was appointed at Livingstone Tertiary Hospital

CHALLENGES

- Unavailability of wheelchair repair centres in the province.
- High staff turnover and vacancy rate poses a huge risk to the public health care defence and the quality of rehabilitation services at large.
- Lach of parent facilitators and case managers foe the management of cerebral Palsy children
- Inadequate training for therapist on medicolegal report writing.
- Lack of designated space to provide CP services in majority of the facilities providing CP services.

PHARMACEUTICAL SERVICES

The Strategic Focus to achieve the targets over the three-year period (2024/25 – 2026/27)

- Strengthen the Provincial Pharmaceutical & Therapeutics Committee (PPTC) to institutionalise evidence-based medicine use.
- Expand the Central Chronic Medication Dispensing & Distribution (CCMDD) programme to underserved wards.
- Ensure full compliance with South African Pharmacy Council (SAPC) and Office of Health Standards Compliance requirements.
- Drive supply chain efficiency through data driven forecasting, timely supplier payments and depot performance monitoring.

Central Chronic Medication Dispensing and Distribution (CCMDD) programme

During this reporting period, there were 490,894 active patients who collected their medicine packs through the Central Chronic Medication Dispensing and Distribution (CCMDD) programme. This reflects a net growth of **68 275** active patients (+16 %) year-on-year, this growth was driven by prescription-renewal initiatives, radio campaigns during prime-time slot and targeted district support visits.

Eight new external pick-up points (ePUPs) were added during this financial year. Monitoring tool e.g. Dormant-patient dashboards and facility-level monthly scorecards were introduced, these tools enabled rapid interventions. Such close programme monitoring assisted to sustain the positive trajectory as a result the active-patient target was achieved.

Table B77: Growth trend in active patients per district.

District	Active Patients Q1 24/25	Active Patients Q2 24/25	Active Patients Q3 24/25	Active Patients Q4 24/25
Alfred Nzo District Municipality	61401	65204	69476	70884
Amathole District Municipality	66796	70145	74266	77148
Buffalo City Metropolitan Municipality	63143	66803	71235	72198
Chris Hani District Municipality	58247	60513	65085	68413
Joe Gqabi District Municipality	14223	16119	17496	19349
Nelson Mandela Bay Municipality	18284	18623	20209	22278
Oliver Tambo District Municipality	123312	129383	138276	140595
Sarah Baartman District Municipality	17213	17982	18847	20029
Province	**422 619**	**444 772**	**474 890**	**490 894**

To sustain the programme's performance, the department will continue to implement quality improvement plans focused on the timely renewal of prescriptions and regular review of patient registrations on a weekly basis.

CMDD External Pick-Up Points

During this reporting period, the number of external pick-up points (PUPs) increased to 257 as seen in table 1 above. This reflects a growth of 20 new external PUPs from the previous year. These pick-up points include facilities such as private pharmacies and private doctors' practices, among others.

Table B78: External pick-up points (ePUPs)

Indicator	Q1	Q2	Q3	Q4
External pick-up points (ePUPs)	237	245	249	**257**

MEDICINE AVAILABILITY

- Medicine availability is monitored through stock visibility system (SVS) and RxSolution.
- 761 clinics in the province are actively using SVS while 87 hospitals are using Rx Solution
- During this reporting period the combined availability of medicines at facility level was 82%, with a shortfall of 3%.

Table B79: Medicine Availability as per National Surveillance Centre, 31 March 2025

ITEM	TARGET	ACHIEVEMENT	REASONS
Medicine Availability	85%	82%	• Supplier Constraints Challenges. • Accounts suspended by some of the major suppliers of essential medicines due to delayed payments • Falling short by 3% of the target

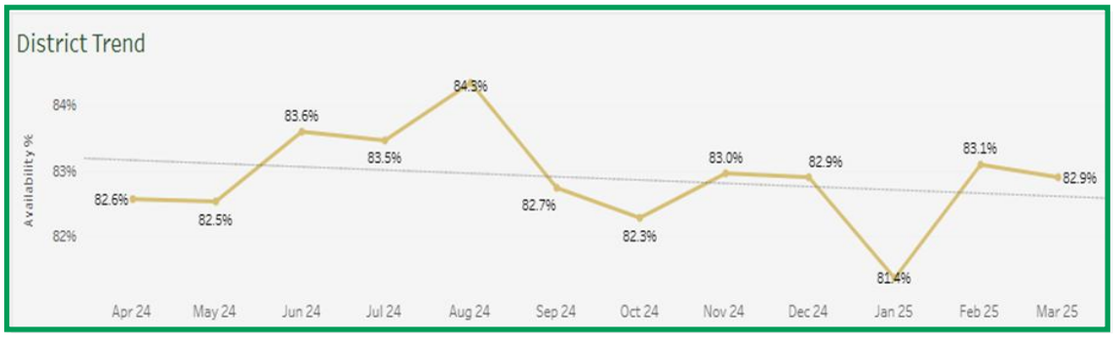


Fig: B30: 1 Provincial Trends in medicine availability from April 2024 to March 2025.

Medicines availability target was not achieved in part the shortfall is attributable to supplier constraints and delayed payments that triggered 21 account suspensions (e.g. Sanofi, Biovac, Oethmaan Biosims). With suppliers not being able to meet the demands for certain stock items, this led to decreased medicine availability at facility level.

Table B80: Medicine Availability across levels of care for 2024/25

Level	Target	Actual (31 Mar 2025)
Medical depots	85 %	70.1 %
Hospitals	85 %	81.6 %
Clinics	85 %	83.9 %
Provincial Combined	**85%**	**82%**

The availability of medicines at the medical depots was recorded at 70.1% while hospitals and clinics recorded 81.6% and 83.9% respectively.

Compliance with South African Pharmacy Council

The South Africa Pharmacy Council (SAPC) which is a statutory council requires that health facilities pharmacies are compliant with Good Pharmacy Practice (GPP) standards to ensure that the public and patients are offered quality pharmaceutical services from health facilities.

Table B81: Facilities licensed by National Department of health and recorded with SAPC

District	Hospitals	CHCs	Grade A	Grade B	Grade C	Grade D	Registered RP
Amathole	7	3	8	0	3	0	9
Alfred Nzo	13	1	11	2	1	0	13
Buffalo City	5	5	9	1	0	0	10
Chris Hani	14	0	13	1	0	0	13
Joe Gqabi	8	0	7	0	1	0	6
Nelson Mandela Bay	8	10	13	0	4	1	16
OR Tambo	13	2	10	0	4	0	14
Sarah Baartman	12	2	14	0	0	0	14
Depot			1	0	1	0	2
Total	**80**	**23**	**86**	**4**	**14**	**1**	**97**

There are 105 public health facility pharmacies (including two medical depots) that are licensed and recorded with the SAPC. 86 of these health facility pharmacies have attained Grade A status (82%) 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%.

Grade C public health facilities pharmacies have now increased to 14.

The main challenges of public health facility pharmacies that have attained a Grade C on the Good Pharmacy Practice (GPP) compliance, are infrastructure that is not meeting the standards of the GPP e.g. lack of equipment and reference books required in the pharmacy and pharmacists that have resigned leaving the pharmacy without the registered Responsible Pharmacist and lastly pharmacies that do not have pharmacy manager posts to take responsibility for being registered RP as required by SAPC.

The Orsmond TB Hospital in Nelson Mandela Bay Metro is the only Grade D –a pharmacy is found to be not in operation, has closed. Orsmond TB Hospital is still not in operation.

46/105 (44%) pharmacies are accredited as training facilities i.e. where pharmacist's assistants and pharmacist interns can be trained, however only seven (7) pharmacies are training Pharmacist Interns due to funded posts of interns not being available in other facilities.

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 provincial efforts to achieve positive health outcomes by ensuring availability and safe use of quality assured medicines.

During 2024/25 financial year, 100 learners enrolled towards Basic & Post Basic Pharmacist's Assistants program in our health facilities have completed and the graduation ceremony is scheduled for June 2025, whilst 60 that were enrolled in the previous cohort graduated as qualified Post Basic Pharmacist's Assistants in 2024/25.

The department benefits from the national allocation of community service pharmacists as part of bringing pharmacy services to underserved communities. 53 Pharmacists joined the department from January 2025 for purposes of performing their 12 months' community service. This is a drop of 17 posts from the 70 that were allocated in the previous year.

Cost-Containment & Efficiency Measures

The pharmaceutical services directorate is implementing various strategies that seek to contribute to the overall plan of cost containment in the department as part of ongoing Provincial Budget Advisory Committee (PBAC). The aim was to contribute to the financial sustainability initiative of the department's Health and Care turnaround strategy

The major focus is to achieve cost efficiency in the expenditure on medicines and surgical sundries through the following actions:

- Implementing activities to realise savings from the allocated pharmaceutical budget savings.
- Introducing efficiencies in the ordering and procurement methods
- Reducing turnaround times on payment of suppliers

These initiatives align with the Provincial Budget Advisory Committee's fiscal recovery plan are projected to realise savings in 2025/26 without compromising service delivery.

Three-Year Programme Performance Summary (2022/23 – 2024/25)

Over the past three financial years, several key indicators within the pharmaceutical services programme have shown both progress and persistent challenges. This summary reflects performance trends and strategic interventions aimed at strengthening the programme.

1. **Stock Visibility System (SVS) Implementation**

   Since 2022/23, 100% of Primary Health Care (PHC) facilities have consistently utilised the Stock Visibility System (SVS), ensuring uninterrupted electronic visibility of medicine availability across the PHC platform.

2. **RxSolution Coverage**

   The number of hospitals utilising RxSolution has grown steadily over the review period:

   - **2022/23:** 73 hospitals
   - **2023/24:** 74 hospitals
   - **2024/25:** 87 hospitals

This reflects a positive adoption trend and indicates improved information management at hospital level.

3. **Pharmaceutical Depot Accreditation (SAHPRA)**

   - **2022/23:** No SAHPRA accreditation.
   - **2023/24:** SAHPRA was invited to inspect depots and provide a gap analysis.
   - **2024/25:** A project, in partnership with the Global Fund (GF), was initiated to address identified compliance gaps and move depots towards meeting SAHPRA standards. This marks a key milestone in regulatory readiness and system strengthening.

4. **Community Service Pharmacists (CSPs)**

   The number of CSPs declined due to budgetary constraints from 69 CSP's in **2022/23:** 69 to 57 CSPs 57 in 2024/25. This reduction has impacted certain aspects of service delivery and resource availability within pharmaceutical services

5. **Medicine Availability**

The province achieved varying levels of medicine availability across the years:

- **2022/23:** 85% (Target met)
- **2023/24:** 80% (Target not met)
- **2024/25:** 83% against a raised target of 85%

While there is an upward trend from the previous year, the new target remains unmet, highlighting the need for further system optimisation.

6. **CCMDD Active Patients**

The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme has shown significant patient uptake:

- **2022/23:** 304,424 active patients (below target of 337,500)
- **2023/24:** 383,761 active patients (exceeding target of 351,500)
- **2024/25:** 490,894 active patients (exceeding target of 445,500)

The programme has exceeded targets for two consecutive years, demonstrating positive growth and acceptance.

7. **Order Fulfilment Rate at Depots**

Order fulfilment rates have remained stable reporting 70 % in **2022/23 and 71% in 2024/25**. Although stable, this indicator is still below the 80% target and therefore there is room for further efficiency improvements in the supply chain.

8. **Human Resource Constraints**

Human resource shortages within depots have persisted since 2022/23. These challenges continue to impact service levels and require urgent intervention, including advocacy for additional staffing through available funding mechanisms.

While there have been notable gains in RxSolution adoption, CCMDD patient coverage, and progress toward depot accreditation, challenges remain with human resources, medicine availability, and CSP coverage. Ongoing collaboration with partners and internal restructuring is critical to sustaining and building on the gains made over this period.

Conclusion

Despite fiscal challenges mentioned above Programme 7.2 sustained critical health-care support services, expanded CCMDD reach, and improved SAPC compliance.

Focused investment in supply-chain responsiveness, digital integration and workforce capacity will be pivotal to meeting the 2025/26 performance targets and securing uninterrupted access to essential health services for all Eastern Cape resident.

Table 4.7.1: Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	34.2%	24.3%	60%	71.7%	11.7%	Target overachieved. 1.The over-achievement of the set targets is attributed to the partnership and delivery of stock of wheelchairs received from the Church of Jesus Christ of Latter-Day Saints (LDS) charities as well as the utilisation of the budget for Medicolegal and compensatory services. 2.This procure-ment was fast tracked by decentralising of the procurement process to the facilities.
		Numerator	1 483	2 240	2100	2409		
		Denominator	4 340	9 389	3500	3417		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		6.4.10 Wheelchair issued child 0-18 years rate	41.6%	27.5%	100%	77.9%	-22.1%	Target not achieved. 1.The program couldn't reach the targeted number due to reduced number of wheelchair trained therapists in the facilities due to high staff turnover with no replacements. 2.The waiting time for the bookings for the wheelchair seatings has increased with some of the facilities already have February 2026 for intermediate wheelchair seating which is specialised cases like Cerebral cases.
		Numerator	373	594	300	505		
		Denominator	897	2 158	300	648		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		6.4.11 Hearing aid issued adult 19 years and older rate	67.6%	50.7%	70%	52.1%	-17.9%	Target not achieved. 1.This performance is attributed to the high staff turnover in various facilities. 2. Delays in awarding of the RT274 tender by National Treasury contributed to the delays in procurements as there were no longer enough funds in the equitable share when it was awarded after September 2024, however the program managed to procure minimal stock.
		Numerator	1 362	1 456	1050	1148		
		Denominator	2 016	2 872	1 500	2205		
		6.4.12 Hearing aid issued child 0-18 years rate	54.6%	58.9%	100%	78.4%	-21.6%	
		Numerator	459	441	400	359		
		Denominator	840	749	400	458		
6. Quality of health services improved	Availability of medicine in depos and facilities	6.4.13 Percentage Order fulfilment for essential drugs at depot	70%	62.8%	82%	71%	-11%	Target not achieved. During this reporting period one of the
		Numerator	367 893	379 893	428 212	377 707		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Denominator	522 210	604 696	522 210	532 038		department's challenges were the increasing difficult to pay pharmaceutical suppliers Certain suppliers accounts were closed due to non-payment.
		6.4.14 Percentage of availability of essential medicine at facilities.	82.9%	80%	85%	83%	2%	Target not achieved.
		Numerator	63.3	64	68	66		
		Denominator	80	80	80	80		
		6.4.15 Number of active patients on CCMDD	304 424	383 761	445 500	490 894	45 394	Target overachieved. The continuous support to districts with partner support has made the programme to be able to improve performance.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.4.10 Wheelchair issued child 0-18 years rate	▪ Strategy is designed for implementation in the 2025/26 financial year by establishing procurement committees in each district for cost effectiveness and efficiency and fast tracking of procurement. ▪ The program signed the new MOU addendum with the Jesus Christ of Latter-Day Saints (LDS) for the year 2025/26 as their 6th contractual year for the sponsorship of wheelchairs.
6.4.11 Hearing aid issued adult 19 years and older rate	The province is participating in Transversal tender RT 274.
6.4.12 Hearing aid issued child 0-18 years rate	The province is participating in Transversal tender RT 274.
6.4.13 Percentage Order fulfilment for essential drugs at depot	▪ Streamline procurement workflows and optimize order management systems to minimize delays and ensure timely delivery of essential supplies. ▪ Implement faster and more efficient payment systems to ensure timely settlements to avoid disruptions in supply continuity. ▪ Improve inventory control and forecasting,

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme 7 spent at 56.5% (under by R99.678 million) after adjusting for funds shifts and virements of minus R19.900 million post the 2024/25 AEPRE.

The underspending 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.

Table A10: Programme 7 - Health Care Support Services

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Orthotic & Prosthetic Services	68,872	55,127	13,745	106,334	49,762	56,572
2	Medicine Trading Account	74,915	64,902	10,013	78,566	62,934	15,632
3	Medico-Legal Compensatory Services	85,100	9,180	75,920	-	-	-
	TOTAL	**228,887**	**129,209**	**99,678**	**184,900**	**112,696**	**72,204**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**194,224**	**127,528**	**66,696**	**167,898**	**110,619**	**57,279**
	Compensation of employees	79,845	77,409	2,436	96,338	71,912	24,426
	Goods and services	114,379	50,119	64,260	71,560	38,707	32,853
	Transfers and subsidies	**2,782**	**601**	**2,181**	**1,121**	**431**	**690**
	Households	2,782	601	2,181	1,121	431	690
	Payments for capital assets	**31,881**	**1,080**	**30,801**	**15,881**	**1,646**	**14,235**
	Machinery and equipment	31,881	1,080	30,801	15,881	1,646	14,235
	TOTAL	**228,887**	**129,209**	**99,678**	**184,900**	**112,696**	**72,204**



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 (HFM)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: -

- Planning Directorate – responsible for providing infrastructure planning services.
- Delivery Directorate – responsible for managing the delivery of infrastructure programmes.
- Engineering Technical Services – responsible for providing guidance, manage & oversee implementation of maintenance and related engineering and technical support services.
- Health Technology - responsible for providing and maintaining health technology equipment.

In 2024/25 fiscal year, Programme 8 has compiled and submitted the following documents as required by Division of Revenue Act (DORA):

- The Annual Implementation Plan (AIP) for 2024/25 financial year was submitted to Provincial Treasury in line with Division of Revenue Act (DORA) requirements.
- The End of the Year Evaluation report for 2023/24 was submitted to the Provincial Treasury, National Treasury- and National Department of Health as required by DORA on the 31 May 2024.
- The Infrastructure Asset Management Plan (IAMP) for **2023/24 – 2032/33 MTEF** period was submitted to Provincial Treasury on 30 June 2024 in line with the Government Immovable Asset Management Act (GIAMA).

- The Infrastructure Implementation Management Plan (IPMP) 2025/26 was submitted to Provincial Treasury, National Treasury, National Department of Health on 31 August 2024.

INFRASTRUCTURE PLANNING

PROJECTS INITIATED IN 2024/25

In delivering on its mandate, which is to improve access to health care services through the provision of new health facilities, Health Facilities Management (HFM) must plan for infrastructure delivery in line with Infrastructure Development Management System (IDMS) and Framework for Infrastructure Delivery and Procurement Management (FIDPM). One of the critical milestones in the planning process is to initiate projects. In the period that is reviewed, HFM has initiated a total of 45 projects as planned. These projects have been initiated with Initiation Reports, and they have advanced to other planning stages of the FIDPM stages. The table below illustrate the list of projects that have been initiated.

Table B82: Initiated projects: -

Infrastructure Improvement	Joe Gqabi	Chris Hani	NMB	SB	AN	Amathole	OR Tambo
45	**12**	4	10	4	11	1	3
	1. Ncembu Clinic 2. Macacuma Clinic 3. Masibulele Clinic 4. Robert Mjobo (Lady Grey) Clinic 5. Sonwabile Zandile (Barkley East) Clinic 6. Sterkspruit Town Cinic 7. Aliwal Poly Clinic: 8. Jamestown Clinic 9. Venterstad Clinic 10. Khayamnandi Clinic 11. Maletswai Clinic: 12. Aliwal North Hospital Nurses Home	1. Sada clinic 2. Xume clinic 3. St Mark's clinic 4. Upper Mncuncuzo	1. Gustav Lamour Clinic 2. Park Centre Clinic 3. Rosedale Community Health Centre (CHC) 4. Middle Street Clinic 5. Silvertown Clinic 6, Booysens Park Clinic 7. Govan Mbeki Clinic 8. Algoa Park Clinic 9. Helenvale Clinic 10. Kwadwesi Clinic	1. Midland Hospital 2. BJ Vorster Hospital 3. Joubertina EMS 4. Kareedouw EMS	1. Madzikane ka Zulu 2. T ayler Bequest Hospital (Matatiele) 3. Queen's Mercy clinic: 4. Magadla Clinic 5. Mnceba Clinic 6. Mfundambini Clinic 7. Qasa Clinic 8. Matatiele Community Clinic: 9. Thabachicha Clinic 10. Tela Clinic 11. Amadiba Clinic:	1. Thanga Clinic	1. Isilimela Gateway Clinic 2. Willowvale CHC 3. Xhora CHC

In 2024/25 financial year, HFM has been implementing a total 120 projects in line with Framework for Infrastructure Delivery Management (FIDPM) (stage 1 to stage 4) and Infrastructure Annual Implementation Plan (AIP) 2024/25 which is informed by IPMP which is a 3-year infrastructure plan and IAMP, a 10-year infrastructure plan. These projects that are in different stages of planning and they include projects that have a high value of infrastructure investment to address health infrastructure's critical needs in different districts:

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.

Buffalo City Metro

- Construction of a new community health centre (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

- The Provision of Alternative Building Technology (ABT) structures to provide health services in Alfred Nzo district at a value of R 500,000.00
- Planned building maintenance at Madzikane Ka Zulu
- Planned building maintenance at Tayler Bequest hospital at Matatiele

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 Nelson Mandela Bay (NMB) and Sarah Baartman (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 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.

INFRASTRUCTURE DELIVERY

PROJECTS AWARDED IN 2023/24

One of the critical milestones in the process of delivering on infrastructure is to award projects to contractors for construction work to commence on site. A total of eight (8) capital infrastructure projects were awarded and handed over to contractors for construction to commence on site.

- Madwaleni Hospital, upgrades and renovations - 4 116 721,77
- Taylor Bequest hospital, Mount Fletcher refurbishment, repairs and upgrades to water & wastewater treatment works– 42 481 329,00.
- Completion contract for refurbishment, additions and alterations to Mthatha medical depot and nurses' home- 26 556 894,09.
- Construction of Haytor clinic, Whittlesea– 9 624 499,50
- Water infrastructure augmentation, borehole drilling and equipping at Bedford Orthopaedic hospital, Mthatha - R 16,480,800.00
- Construction of Greenville hospital - R184 mil
- Construction of a new psychiatric unit and refurbishment of existing staff accommodation St Barnabas hospital- R 32 161 202.91
- Construction of a new clinic in Cebe village - R64,598,699.62

CONDITION ASSESSMENTS

The Programme has initiated a comprehensive condition assessment of health facilities as a strategic measure to evaluate their current state. This initiative is intended to optimally inform the Eastern Cape Department of Health (ECDOH)'s infrastructure planning by identifying which improvements are needed at each facility and determining priority facilities based on their condition assessment ratings. These assessments will serve as a key

input for the development of the Infrastructure Asset Management Plan (IAMP), Infrastructure Programme Management Plan (IPMP), Infrastructure Project Implementation Plan (IPIP), and the Annual Implementation Plan (AIP).

During the reporting period, condition assessments were completed with a cumulative total of 220 facilities, with corresponding reports uploaded to the Health Infrastructure Information and Planning System (HIIPS). For the remaining facilities, the rollout strategy was revised to prioritize Primary Health Care (PHC) facilities over hospitals, in alignment with the Department's strategic focus on strengthening PHC and maximizing coverage.

DIRECTORATE: INFRASTRUCTURE DELIVERY

In the period that is review the Department closed the financial year with several capital projects that are active on site that are at various stages of construction. The focus on infrastructure delivery and investment was on repairs, refurbishment, renovations, upgrades, additions and alterations. Below is the list of projects that are under construction: -

Table B83: List of projects that are under construction

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 81% 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 70% at a value of R21,5m
Chris Hani	• Health professional accommodation repairs, renovations & reconfiguration of existing health professional accommodation, at Frontier hospital, project is at 55% at a value of R81mil. • 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. • 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. • Lady Grey hospital: Provision of a new entrance & guardhouse, accidents and emergencies, outpatients, and Pharmacy Department at a value of R52 372 848,27 • Ugie clinic Phase 1: Provision of temporary clinical parkhome structures at a value of R5,187,937.60 • Thembisa clinic Phase 1 - Provision of temporary clinical (Parkhome structures) - R6,907,366.90
OR Tambo	• Sir Henry Elliot hospital – repairs and renovations work, project is at 98% at a value of R26mil. • Repairs, renovations, and maintenance works at Nelson Mandela Academic

DISTRICT	PROJECT NAME
	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 61% at a value of R104mil. • Construction of 100 beds COVID-19 wards including associated external works and services, project is at 95% at a value of R48mil. • Completion contract for refurbishment, additions and alterations to Mthatha Medical depot and nurse's home at a value of R26 556 894.09 • Construction of new dental laboratory at Nelson Mandela Academic hospital at a value of R11 750 000
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. • Completion of Nokhatshile clinic at a value of R 9 258 071.32 • Construction of Greenville hospital at a value of R184 mil

To deliver on the output that was planned in the APP 2024/25, a total of 18 projects have been completed by the Department where a focus of improving infrastructure was mostly on refurbishment, renovations and revitalisation.

Table B84: Completed Projects 2024/25 Financial Year

DISTRICT	PROJECT NAME
Amathole	1. Adelaide Hospital – Security upgrades
Joe Gqabi	2. St Michaels Clinic: Infrastructure refurbishment and alterations to accommodate patients and staff.
	3. McClear Hospital – Construction of a fencing and guardhouse
	4. Empilisweni Hospital - Refurbishment and alterations to accommodate patients and staff
	5. LSA District Offices: Infrastructure refurbishment to accommodate patients and staff.
OR Tambo	6. Renovations and repairs at Beford Hospital
Sarah Baartman	7. Louterwater Clinic
	8. Masakhane Clinic,
NMB	9. Kwazakhele Clinic
	10. 44 Park Drive Flats
	11. Motherwell NU 2 Clinic
	12. EMS Livingstone Hospital
	13. Soweto Clinic,
	14. Veeplaas Clinic
	15. Walmer 14th Avenue Clinic.
	16. Gqeberha CHC
	17. Jose Pearson TB Hospital
	18. New Brighton Mortuary

The department has invested R82.9mil in upgrading security, where perimeter fencing, guardhouse and staff parking were constructed in health facilities. Phase1 of the programme has been completed in 2024/25 with a total of 67 health facilities.

The infrastructure programme achievements during 2024/25 have directly supported the Department's overarching objective of improving the quality and accessibility of healthcare services. Upgraded facilities, expanded maintenance coverage, and enhanced health technology infrastructure have positively impacted service delivery capacity and patient care environments across the province.

In terms of mitigating the negative effects of climate change and the costs associated with long construction periods. The department through HFM has implemented a programme to provide ABT structures and R123 979 580,00 has been invested for this programme over the Medium-Term Expenditure Framework (MTEF). To date assessments for 13 health facilities have been concluded with two (2) that has advanced to procurement.

DIRECTORATE: HEALTH TECHNOLOGY

As far as the provision and maintenance of Health Technology equipment is concerned, Programme 8 - Health Technology assisted health facilities with appropriate healthcare technologies, including end-user training for the safe application. Health facilities were assisted with capital equipment in line with their needs and the maintenance of existing health technologies.

In 2024-25 financial year, the program contributed to the following priority areas:

- The **improvement of Radiological Services**, by replacing five (5) old, unreliable and costly to maintain digital ceiling suspended x-ray machines with new ones. The cost of each machine was R 4 887 877,56 and the total amount was R 24 439 387.80. Delivery and installation were done in the following facilities: -
  - Victoria Hospital,
  - Port Alfred Hospital,
  - Settlers Hospital,
  - Port St Johns CHC, and
  - Tafalofefe Hospital

- In addition to the above-listed machines, a new digital floor-mounted X-ray machine was provided for R 2 487 084.96 for Glen Grey hospital.

- The **decentralisation of the orthopaedic services program**, by providing new mobile C-arms for orthopaedics. A total investment of R 13 382 815 was made to support the program at R 3 232 186.99 each. Below is a list of the facilities that received the machines: -
  - Frontier hospital,
  - Dora Nginza hospital,
  - Oliver and Adelaide Tambo hospital,
  - Butterworth hospital.

- The **improvement of Oral health services**, through the procurement and installation of new digital suites in various primary healthcare facilities and.
- **Improving the availability of health technologies**, through planned preventative maintenance and reactive maintenance of radiology, life support and other medical equipment in all the districts.

DIRECTORATE: ENGINEERING TECHNICAL SERVICES

As means of providing Engineering Technical Services (ETS) to provide for the effective and efficient management of the maintenance of healthcare facilities laundries, utilities, other infrastructure and the related technical support services that sustain an enabling environment for healthcare delivery in a cost-effective manner, the Department has concluded eleven (9) schedule maintenance contracts which are aimed at undertaking maintenance in all Districts scheduled for a period of 36 months. Maintenance was done on the following: -

- Generators
- Laundry & associated equipment
- Kitchen and associated equipment

Furthermore, there are two (2) contracts that were concluded for replacement of generators. These generators were replaced in the following facilities: -

- Jose Pearson TB hospital
- Tower hospital
- Bedford orthopaedic hospital
- Fort England hospital
- Ngqamakhwe (CHC)
- Midlands hospital

Moreover, the department has been implementing water and sanitation projects in seven (7) facilities have been prioritised to address water and sanitation related challenges, projects cost for the current fiscal year amounts to R46 500 000. These water and sanitation projects are implemented in: -

- St Barnabas hospital,
- Taylor Bequest hospital,
- Bhisho hospital,
- All Saints hospital,
- Tafalofefe hospital.

In terms of load shedding mitigation projects an amount of R20m was allocated to pilot renewable energy interventions targeting six (6) facilities i.e.

- St Mathews clinic
- Mount coke CHC.
- Bhisho hospital
- Butterworth hospital (planning),
- Meje CHC,
- Cecilia Makiwane hospital

NARRATIVE ON APP 2024/25 PERFORMANCE

During the year under review the Health Facilities Management Programme, in the implementation of the APP 2024/25, the programme recorded an overall performance of 93%. The Programme performed exceptionally well in initiating projects by optimally achieving the set target.

A total of 15 scheduled maintenance contracts were planned to be completed in 2024/25. The programme managed to complete 14 scheduled maintenance contracts falling short by one (1). These contracts are aimed at providing preventative maintenance to generators, laundries and associated equipment, kitchens and associated equipment and autoclaves. In addition, a contract for supply and replacement of generators was concluded and generators in the targeted facilities have been delivered and installed. All this maintenance was funded through Health Facilities Revitalisation Grant.

In pursuit of ensuring that health facilities are in a habitable state, a total of 21 capital infrastructure projects were planned to be completed in 2024/25 APP. The Department completed 18 projects falling short by there (3) projects. The non-completion of projects is caused by poor performance of the contractor and delays in payments which were experienced at Sir Henry Elliot Hospital (Repairs and Renovations Works). In addition, in Steynsburg Hospital the non-completion was attributed non -responsive bid of the project which affected the completion date.

Table 4.8.1.1: Performance against the originally Annual Targets from 2024/25 tabled Annual Performance Plan for Programme 8-Health Facilities Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	*Actual Achievement 2024/25 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
6. Quality of health services improved	Health care facilities maintained	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	1	0	30	6	-26	Infrastructure unit decided to cluster 3 districts into one tender to limit the number of contracts to be procured and that led to an over achievement.	The strategy changed from district approach to regional cluster approach

Table 4.8.1 Performance against the re-tabled Annual Targets from 2024/25 Annual Performance Plan for Programme 8-Health Facilities Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	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	111	7	45	45	0	Target achieved.
	Health care facilities maintained	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	1	0	15	14	-1	Target not achieved. The under achievement is due to four (4) schedule maintenance contracts that were presented to BAC in October 2024 and were supported. Three (3) contracts have since been awarded in the period of the 4th quarter by SCM. Infrastructure is waiting for SCM Contracts Management to issue the award letter for the outstanding contract.

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Health facilities with major refurbishment or rebuild	6.6.7 Percentage of Health facilities with completed capital infrastructure project	75%	67%	100%	86%	-14%	Target not achieved. 1.Steynsburg Hospital: Completion contract refurbishment and maintenance: - The tender procurement stage failed to produce a responsive contractor for construction, forcing the project to be restarted in the second quarter of the fiscal year 2024/25. As a result, project completion was not achieved as planned. **2.Upgrading of Butterworth Hospital –** New perimeter fencing: - The contractor has abandoned site due to poor
		Numerator		8	21			
		Denominator		12	21			

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Actual Achievement 2022/2023	Actual Achievement 2023/2024	Planned Annual Target 2024/25	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
								performance. A letter of termination has been issued by the Implementing Agents **3. Sir Henry Elliot Hospital (Repairs and Renovations Works)** - The process to approve variation order delayed, and this affected payment to pay the contractor to complete the snags on time, moreover, water leaks in the lift shaft affected the completion of the project

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 outstanding contract for cluster 2 (Chris Hani and Joe Gqabi) has since been approved by IBAC and SCM needs to finalise the process by issuing the award letter.
6.6.7 Percentage of Health facilities with completed capital infrastructure project	1. **Steynsburg Hospital: Completion contract refurbishment and maintenance**: The project has since been re-advertised and it closed on **11 February 2025**. 2. **Upgrading of Butterworth Hospital – New perimeter fencing** - Due to the limited scope remaining (scope that wasn't covered by the contractor), the work will be covered under another project at Butterworth Hospital. The project name is "Butterworth Hospital – Repairs and renovations". 3. **Sir Henry Elliot Hospital (Repairs and Renovations Works) –** The contractor is currently attending to the outstanding electrical installation works and identified snags list including defects to lift shaft.

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme 8 spent at 99.7% (underspending by R13,851 million) after adjusting for funds shifts and virements of minus R29,406 million post the 2024/25 AEPRE.

The Programme gave up R29,406 million of its equitable share cash flows in favour of mitigating the COE and goods & services pressures within the Central Hospital Services Programme to continue the delivery of public health care services uninterrupted.

Table A11: Programme 8 – Health Facilities Management

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT							
		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
SUB PROGRAMME							
1	Community Health Facilities	441,229	353,963	87,266	212,191	207,593	4,598
2	Emergency Medical Rescue Services	-	-	-	3,000	-	3,000
3	District Hospital Services	508,435	519,225	(10,790)	697,922	621,985	75,937
4	Provincial Hospital Services	306.610	377.748	(71.138)	171,874	173,426	(1,552)
5	Other Facilities	20.848	12.335	8.513	28,352	15,084	13,268
	TOTAL	**1.277.122**	**1.263.271**	**13.851**	**1,113,339**	**1,018,088**	**95,251**

		2024/25			2023/24		
		Final Budget	Actual Expenditure	Variance	Final Budget	Actual Expenditure	Variance
		R'000	R'000	R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION							
	Current payments	**466.109**	**527.471**	**(61.362)**	**407.887**	**403.392**	**4.495**
	Compensation of employees	35.831	35.830	1	56.150	31.243	24.907
	Goods and services	430.278	432.173	(1.895)	351.737	372.149	(20.412)
	Interest and rent on land	-	59.468	(59.468)	-	-	-
	Transfers and subsidies	**-**	**22.096**	**(22.096)**	**-**	**2**	**(2)**
	Households	-	22.096	(22.096)	-	2	(2)
	Payments for capital assets	**811.013**	**713.704**	**97.309**	**705.452**	**614.694**	**90.758**
	Buildings and other fixed structures	641.417	590.170	51.247	363.278	335.882	27.396
	Machinery and equipment	169.596	123.534	46.062	342.174	278.812	63.362
	TOTAL	**1.277.122**	**1.263.271**	**13.851**	**1.113.339**	**1.018.088**	**95.251**

5. TRANSFER PAYMENTS

5.1. Transfer payments to public entities

Not applicable

5.2. Transfer payments to all organisations other than public entities

Table B85: 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 S 38 (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	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Bulungula Incubator	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Camdeboo Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	492	492	Funds Spent
Care Ministry	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Ekuphumleni Joe Slovo Comm	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Empilisweni	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Faith & Hope Intergr Aids Progr	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Grahamstown Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Gwebindlala HIV/AIDS Org	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Harepheleng HCBC	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT. COMPLY WITH S 38 (1) (J) OF THE PFMA	AMOUNT TRANSFERRED (R'000)	AMOUNT SPENT BY THE ENTITY	REASONS FOR THE FUNDS UNSPENT BY THE ENTITY
Hlumanl HIV/AIDS	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Hospice Assoc Of Transkei (HAT)	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	679	Sars Non-Compliance Status on CSD Report. The outstanding amount could therefore not be committed and transferred.
Humana People To People In SA	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Ikaheng Community Association	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Ilitha Community Psychology Serv	Non-Profit Institution	Provision of Community Outreach Services	Yes	492	492	Funds Spent
Ithubalethu Dev Agency	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Ixabiso Lomntu Aids Aware Home C	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Jabez AIDS Health Centre	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Keiskamma Trust	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Kusile Women Empowerment	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Kwa Nomzamo Home Based Comm	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Lesedi Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Light Of Hope	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT. COMPLY WITH S 38 (1) (J) OF THE PFMA	AMOUNT TRANSFERRED (R'000)	AMOUNT SPENT BY THE ENTITY	REASONS FOR THE FUNDS UNSPENT BY THE ENTITY
Lisakhanya Health Care Center	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Lisebanzi Foundation	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Lithemba Support Group	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Living In Peace Multipurpose Cen	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Living Waters Hospice Association	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	531	Sars Non-Compliance Status on CSD Report. The outstanding amount could therefore not be committed and transferred.
Masabelane Education 4 Life Grow	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Masangane HIV/AIDS Programme	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	-	SARS Non-Compliance Status on CSD Report. The outstanding amount could therefore not be committed and transferred.
Masiphilisane Home Based Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Missionvale Care Centre	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Mt Frere Paralegal Adv Centre	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Mzamomhle BCBC Projects	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Nazareth Haven Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT. COMPLY WITH S 38 (1) (J) OF THE PFMA	AMOUNT TRANSFERRED (R'000)	AMOUNT SPENT BY THE ENTITY	REASONS FOR THE FUNDS UNSPENT BY THE ENTITY
Never Give Up Supp Group-Dimbaza	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Noncedo Com Home Based Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	697	697	Funds Spent
Nywara Home Based Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Retired HLTH Care Personal Org	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	518	SARS Non-Compliance Status on CSD Report. The outstanding amount could therefore not be committed and transferred.
Sakhimpilo Home Based Care Proj	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Sinako Wellness & Develop Org	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Siyakhanyisa Hiv/Aids Support Gr	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Siyaphambili Orphan Village	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	532	SARS Non-Compliance Status on Csd Report. The outstanding amount could therefore not be committed and transferred.
Sizanenguqu Home Comm Based Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Social Change	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Social Health And Empowerment	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	646	Funds Spent
Sophakama Comm Based Development	Non-Profit Institution	Provision of Community Outreach Services	Yes	697	697	Funds Spent

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH THE FUNDS WERE USED	DID THE DEPT. COMPLY WITH S 38 (1) (J) OF THE PFMA	AMOUNT TRANSFERRED (R'000)	AMOUNT SPENT BY THE ENTITY	REASONS FOR THE FUNDS UNSPENT BY THE ENTITY
Sophumelela Clinic Incorporated	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
St Bernards Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	697	697	Funds Spent
St Francis Hospice	Non-Profit Institution	Provision of Community Outreach Services	Yes	696	696	Funds Spent
Steve Vukile Multipurpose Centre	Non-Profit Institution	Provision of Community Outreach Services	Yes	646	631	SARS Non-Compliance Status on Csd Report. The outstanding amount could therefore not be committed and transferred.
Ubuhlebethu 1203 Organ NPO	Non-Profit Institution	Provision of Community Outreach Services	Yes	1,195	1,188	SARS Non-Compliance Status on Csd Report. The outstanding amount could therefore not be committed and transferred.
Ukhamba Projects	Non-Profit Institution	Provision of Community Outreach Services	Yes	441	441	Funds Spent
We Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	697	681	SARS Non-Compliance Status on Csd Report. The outstanding amount could therefore not be committed and transferred.
We Care Project Initiative	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
Yizani Home Based Care	Non-Profit Institution	Provision of Community Outreach Services	Yes	544	544	Funds Spent
				35,942	**35,190**	

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 2024 to 31 March 2025.

Table B86: National Tertiary Services Conditional Grant

NATIONAL TERTIARY SERVICES GRANT	
Department who transferred the Grant	**National Department of Health**
Purpose of the grant	• Ensure provision of tertiary health services in South Africa and to compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	• 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)
Actual outputs achieved	• ***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:*** ✓ Development of the Nelson Mandela Central Hospital Sir Henry, Oncology, Cochlear and Urology units set. ✓ Procured Medical and Allied Equipment for the various benefiting specialties, which include digital mobile x-rays, theatre tables, brachytherapy radiation equipment, and other equipment.

NATIONAL TERTIARY SERVICES GRANT	
	✓ Supported the National initiative to fight COVID-19 with the reprioritisation of funds to procure life saving devices, ventilators, cpaps, bipaps, sanitising equipment and consumables, personal protective equipment (PPE) and other medical supplies. • Digital X-rays were procured for all three tertiary facilities
Amount per amended DORA	R 1 255 448
Amount received (R'000)	R 1 255 448
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R 1 255 392
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	N/A
Measures taken to improve performance	• The current measures have been employed to improve performance: ✓ Meetings with NDOH coordinators for guidance and strategic direction. ✓ 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
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 B87: Human Resources, Training and Development Conditional Grant

HUMAN RESOURCES AND TRAINING GRANT	
Department who transferred the grant	**National Department of Health**
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	• 280 Medical Interns & 100 Community Service Drs - Statutory posts funded under the grant. • 7 Medical Officers appointed as preceptors for MBChB undergraduate students. • 133 Registrars appointed and funded under the grant.
Amount per amended DORA	R 581 770
Amount received (R'000)	R 581 770
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R 581 868
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	N/A
Measures taken to improve performance	Monthly monitoring of the implementation of facility plans and ensure compliance to spending according to projections.
Monitoring mechanism by the receiving department	Monthly, Quarterly and Annual Performance Reviews conducted with benefiting facilities.

Programme Grant

<table>
<tr><th colspan="2">DISTRICT HEALTH PROGRAMMES GRANT</th></tr>
<tr><td>Department who transferred the grant</td><td>National Department of Health</td></tr>
<tr><td>Purpose of the grant</td><td>• 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</td></tr>
<tr><td>Expected outputs of the grant</td><td>
<table>
<tr><th></th><th>Expected Output</th><th>Actual Output Achieved</th></tr>
<tr><td>Number of new patients started on antiretroviral therapy</td><td>47 531</td><td>39 616</td></tr>
<tr><td>Total number of patients on antiretroviral therapy remaining in care</td><td>708 636</td><td>627 519</td></tr>
<tr><td>Number of male condoms distributed</td><td>66 776 466</td><td>61 721714</td></tr>
<tr><td>Number of female condoms distributed</td><td>2 704 492</td><td>1 471 298</td></tr>
<tr><td>Number of infants tested through the polymerase chain reaction test at 10 weeks</td><td>25 079</td><td>15 500</td></tr>
<tr><td>Number of clients tested for HIV (including antenatal)</td><td>1 697 542</td><td>2 133 337</td></tr>
<tr><td>Number of medical male circumcisions performed</td><td>25 592</td><td>9 040</td></tr>
<tr><td>Number of clients started on pre-exposure prophylaxis</td><td>57 185</td><td>53 802</td></tr>
<tr><td>Number of HIV positive clients initiated on TB preventative therapy</td><td>37 660</td><td>32 179</td></tr>
</table>
</td></tr>
</table>

DISTRICT HEALTH PROGRAMMES GRANT			
	Number of TB contacts initiated on TB preventive treatment (under five years and five years and older combined	11 512	18 178
	Number of patients tested for TB using TB nucleic acid amplification test	498 949	351 751
	Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	9 240	11 972
	Drug sensitive TB treatment start rate (under five years and five years and older combined)	95%	89,5%
	Rifampicin resistant confirmed treatment start rate	90%	78%
	Rifampicin resistant confirmed treatment start rate and in all settings (in-and-out of schools)	No target	No data
Actual outputs achieved COS	• Number of community health workers receiving a stipend was reached at three thousand, eight hundred and forty (3840) • A total of One hundred and thirty-five thousand, six hundred and thirteen (135613) HIV defaulters were traced. The output was at 104% against the target of one hundred and thirty thousand (130 000) HIV defaulters that were planned to be traced. • During the reporting period, a total of twenty-one thousand, seven hundred and eighty-five (21785) TB defaulter were also traced, against a target of nineteen thousand, sis hundred and sixty-eight (19668) • A total of two thousand, one hundred and forty-nine (2149) were trained. • One million, four hundred and fifty-nine thousand, one hundred and fifty (1 459150) first and follow up household visits were conducted during the reporting financial year. • See also attached POE.		
Actual outputs achieved HPV	• 95% of Grade 5 girl learners in Public and special schools were vaccinated with a single dose of Human Papilloma Virus (HPV) vaccination during the fourth quarter 2024/2025. This is the dose that was previously referred to the first dose. In February 2024/2025 there was a policy shift in that HOV was to be given as the single dose and no longer the first and second dose as it was previously given. • 95% of the public and special schools were reached for the provision of s single dose of HPV. • During the second and third quarter of 2024/2025, 21% of girl		

DISTRICT HEALTH PROGRAMMES GRANT	
	learners in grade 5,6 and 7 in Private and Independent schools were vaccinated with single dose of HPV as per the policy change. • See also attached POE.
Amount per amended DORA	R 3 077 003
Amount received (R'000)	R 3 077 003
Reasons if amount as per DORA was not received	Full funds received
Amount spent by the department (R'000)	R 3 076 985
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) • Quarterly non-financial performance report (DORA)

Table B89: Health Facility Revitalisation Conditional Grant

Health Facility Revitalisation Conditional Grant	
Department who transferred the grant	**National Department of Health**
Purpose of the grant	• 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 revitalised health facilities • To enhance capacity to deliver health infrastructure. • To accelerate the fulfilment of the requirements of occupational health and safety
Expected outputs of the grant	• Number of primary healthcare facilities constructed or revitalised. • Number of hospitals constructed or revitalised. • Number of facilities maintained or refurbished

Health Facility Revitalisation Conditional Grant

Actual outputs achieved

Output Indicator	Planned Annual Target 2023/24	Actual Achievement 2023/2024	from planned target to Actual Achievement	Reasons for deviations
6.6.1 Number of planned health facilities with initiation reports	45	45	0	**Target achieved.**
6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	15	14	1	**Target not achieved.** The under achievement is due to four (4) schedule maintenance contracts that were presented to BAC in October 2024 and were supported. Three (3) contracts have since been awarded in the period of the 4th quarter by SCM. Infrastructure is waiting for SCM Contracts to issue the award letter for the contract that is still outstanding.
6.6.7 Percentage of Health facilities with completed capital infrastructure project	100%	78%	22%	**Target not achieved.** 1.Steynsburg Hospital: Completion contract refurbishment and maintenance: - The tender procurement stage failed to produce a responsive contractor for construction, forcing the project to be restarted in the second quarter of the fiscal year 2024/25. As a result, project completion was not achieved as planned. 2.Upgrading of Butterworth

					Hospital – New perimeter fencing: - The contractor has abandoned site due to poor performance. A letter of termination has been issued by the Implementing Agents 3.Sir Henry Elliot Hospital (Repairs and Renovations Works) - The process to approve Variation Order delayed, and this affected payment to pay the contractor to complete the snags on time, moreover, water leaks in the lift shaft affected the completion of the project

Amount per amended DORA	R 789 942
Amount received (R'000)	R 789 942
Reasons if amount as per DORA was not received	Full funds received
Amount spent by the department (R'000)	R 789 941
Reasons for the funds unspent by the entity	The department spent 100% of the HFRG allocation.
Reasons for deviations on performance	• The deviation in non-financial performance related to Buildings is attributable to several factors. These include a lack of responsiveness from bidders to the initial advertisement, which compelled the department to re-advertise. Furthermore, delays were caused by the poor performance of the appointed contractor on-site, as well as the prolonged approval process for variation orders. • Underperformance was also noted in the Compensation of Employees (CoE) due to several critical vacancies that remained unfilled. These recruitment challenges were primarily due to a shortage of suitable candidates and instances where offers were declined
Measures taken to improve performance	• All posts that remained unfilled during the 2024/25 financial year have been included in the 2025/26 Annual Recruitment Plan for filling. • Furthermore, the department has assumed the chairmanship of the monthly project monitoring meetings to strengthen oversight

	and improve project monitoring. In addition, the department has finalized the appointment of a Project Management Unit (PMU) to support the monitoring of projects and implementing agents. This initiative is intended to enhance and complement the existing capacity within 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 PMIS integration to ensure that the two systems are aligned. • The Department also accounts for the Provincial Infrastructure Coordinating Committee (PICC)chaired by the Director General of the Province

Table B90: Expanded Public Works Programme Incentive Conditional Grant

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT	
Department who transferred the grant	**National Department of Public Works**
Purpose of the grant	• To incentivize the provincial social sector Departments identified in 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
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	• A total of three million, hundred and ninety thousand, two hundred and one (3902701) beneficiaries were seen by the CHWs during the period under review. This includes women, men and children. • There were on average, two thousand, four hundred and thirty-five Ward Based Primary Health Care Outreach teams who visited communities in the catchment areas of the Primary Health Care facilities. • One Million, four hundred and fifty none thousand, one hundred and fifty (1459150), first and follow up household visits were conducted.

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT	
Amount per amended DORA	R 10 720
Amount received (R'000)	R 10 720
Reasons if amount as per DORA was not received	Full funds received
Amount spent by the department (R'000)	R 10 720
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	• 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 B91: EPW Incentive Social Sector Conditional Grant

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT	
Department who transferred the grant	**National Department of Public Works**
Purpose of the grant	To incentivize the provincial social sector Departments identified in 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.
Expected outputs of the grant	• Number of people employed, trained and receiving income through the EPWP. • Number of days worked per work opportunity created. • Number of Full-Time Equivalents (FTEs) to be created through the grant.
Actual outputs achieved	Created 37 work opportunities, 34 artisans and clinical engineers
Amount per amended DORA	R 2 010
Amount received (R'000)	R 2 010
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R 1 952
Reasons for the funds unspent by the entity	Delays in recruitment
Reasons for deviations on performance	Delays in recruitment
Measures taken to improve performance	PBAC for COE sits weekly to ensure that all the posts in the ARP are approved on time

EXPANDED PUBLIC WORKS PROGRAMME INTEGRATED GRANT	
Monitoring mechanism by the receiving department	All positions must be incorporated into the ARP for formal consideration and approval.

Table B92: National Health Insurance Conditional Grant

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	**National Department of Health**
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	• ***Health Professional Contracting:*** ✓ Number of health professionals contracted= 15 ✓ Number of Medical Practitioners contracted = 8 ✓ Number of Nurses =7 ✓ Number of clients consulted = 4000 ✓ Number of sessions held by the HPs = N/A • ***Mental health:*** ✓ Number of psychiatrists contracted: 2. ✓ Number of Psychologist contracted: 2. ✓ Registered Counsellors: 2 ✓ Number of Occupational Therapist: 4 ✓ Number of Social Workers: 4
Actual outputs achieved	• ***Health Professional Contracting*** ✓ Number of HP Contracted = 9 Doctor ✓ Number of Nurses = 0 ✓ Number of sessions held= N/A • ***Mental Health:*** ✓ Number of psychiatrists contracted: 1 ✓ Number of Psychologist contracted: 1 ✓ Registered Counsellors:22 ✓ Number of Occupational Therapist: 0 ✓ Number of Social Workers: 0
Amount per amended DORA	R 63 501
Amount received (R'000)	R 63 501
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R 62 512
Reasons for the funds unspent by the entity	Underspending not material
Reasons for deviations on performance	• ***HP Contracting*** ✓ Number of HP contracted underachieved 9/15. ✓ Medical doctor contracting overachieved by one additional doctor due to increased demand. ✓ Number of clients consulted overachieved due to outreach services that took place in other quarters of the financial year, to 22 469/ 4000.

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
	• ***Mental Health*** ✓ Two psychiatrists were contracted but one resigned before the end of the financial year. ✓ Two Psychologist were contracted however one resigned. ✓ Funds were utilized to appoint 25 Registered Counsellors, however 3 have since resigned hence a total of 22. ✓ The department could not recruit Occupational Therapist and Social Workers due to non-availability of approved organogram.
Measures taken to improve performance	• ***HP Contracting*** ✓ Annual Recruitment Plan (ARP) developed as per the HP Grant Business Plan. ✓ Allocation of finance technical support manager to focus on the HP Grant monitoring. • ***Mental Health*** ✓ There will be a psychiatrist appointed in June 2025 for Komani Hospital in order to improve Forensic Observation management. ✓ There Psychologist post will be advertised in the new financial year. ✓ The department will continue the contracting of the 22 Registered Counsellors. ✓ Continuous training of officials at facility level on matters affecting mental health.
Monitoring mechanism by the receiving department	• Bi-Annual Departmental performance reviews • Monthly IYM financial variance report (DORA) • Quarterly non-financial performance report (DORA)

7. DONOR FUNDS

No cash was received as a donation in 2024/25 financial year.

NAME OF DONOR	AMOUNT	NATURE OF DONATION
Assent Group obo National Department of Health	R402 616,15	ICT equipment for the support of the RX Solution
Be Safe Paramedical obo National Department of Health	R702 624,75	AEDs for Ideal Clinic status
CA Computer Solutions Int obo National Department of Health	R2 582 356,84	ICT equipment for the support of the RX Solution
CHM Vuwani Computer Solutions obo National Department of Health	R214 503,90	ICT equipment for the support of the RX Solution
Elite Noble obo National Department of Health	R1 889 929,80	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Lionshare Developers obo National Department of Health	R234 375,00	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Modiko Technologies obo National	R5 986 785,00	ICT equipment for the support of the

NAME OF DONOR	AMOUNT	NATURE OF DONATION
Department of Health		RX Solution
Prime Cleaning Solutions obo National Department of Health	R64 749,83	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Rutiworx obo National Department of Health	R293 386,99	Movable assets for Infrastructure Programme Management Plan – Bambisana and Zithulele Hospitals
Total	**R12 371 328,26**	

8. CAPITAL INVESTMENT

Compared to the prior year's completion of 8 out of 12 capital projects (67%), the department achieved marked improvement in 2024/25, completing 18 of 21 planned capital infrastructure projects (86%). While the overall infrastructure delivery performance improved significantly, recurring challenges linked to procurement delays, contractor underperformance, and payment-related delays persisted. The Department's interventions — including project reprioritisation, re-advertisements, and contractual management adjustments — have demonstrated early effectiveness, evidenced by the improved project delivery rate.

The following major capital projects implemented by the Eastern Cape DPWI were nearing completion at the end of the 2024/25 financial year, however these projects failed to reach the PC milestone. Factors contributing to these delays in completion are listed below:

Table B93: Factors contributing to delays in completion

No.	Project Name	District/ IA	Planned PC Date	Progress at end of the 2024-25 FY and Reasons for Delay in Achieving PC
1	Taylor Bequest Hospital: New 30 Bed Isolation Facility & Improvements to the Hospital	Joe Gqabi DPWI	PC was anticipated by 15 Dec 24	Progress – 97%. Delays in payment of the contractor due to cashflow constraints by the IA. Delays in processing of variation orders.
2	Sir Henry Elliot Hospital - Renovations, Refurbishments and alterations.	OR Tambo DPWI	PC was anticipated by 3 Dec 24	Progress – 98%. Delays in commissioning of Lift Shaft resulted in delayed PC. Further delays were as result of payment delas to the contractor due to cashflow constraints by the IA.
3	Thembisa Clinic Phase 1 - Provision of temporary clinical (Parkhome structures)	Joe Gqabi DPWI	PC was anticipated by 6 Dec 24	Progress - 80%. Project delayed by late delivery of prefab structures. Payment delays from IA to contractor further contributed to failure to complete the project in time.
4	Construction of New Dental Laboratory at Nelson Mandela Academic Hospital	OR Tambo DPWI	PC was anticipated by 14 Feb 24	Progress – 75%. Extensive delays due to late approval of VO for additional mechanical work. Payment delays from IA to contractor further contributed to failure to complete the project in time.
5	Repairs & Renovations at Matubeni Clinic	Alfred Nzo	PC was anticipated by 14 Feb 2025	Phase 1 - ABT structure has been commissioned and handed over for utilization by the end user, however Phase 2 (Progress – 70%)

No.	Project Name	District/ IA	Planned PC Date	Progress at end of the 2024-25 FY and Reasons for Delay in Achieving PC
		DPWI		is delayed due to delays in / non-payment of service provider by IA.
6	SS Gida Hospital - Renovations & refurbishments	Amathole DPWI	PC was anticipated by 24 Feb 2025	Progress – 81%. Project was delayed due to unavailability of work areas and a challenge with the decanting of Lab, the last block to be done is female ward which was projected for completion by Feb 25, however this target was not attained.

- 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. Provide reasons for material variances (2% variance).

Table B94: Infrastructure projects completed

DISTRICT	PROJECT NAME	VALUE	COMPLETION DATE
Amathole	1. Adelaide Hospital – Security upgrades	R2 808 426.39	30/04/2024
Joe Gqabi	2. St Michaels Clinic: Infrastructure refurbishment and alterations to accommodate patients and staff.	R869 040	06/09/2024
	3. McClear Hospital – Construction of a fencing and guardhouse	R6 764 968	24/07/2024
	4. Empilisweni Hospital - Refurbishment and alterations to accommodate patients and staff	R864 871	20/09/2024
	5. LSA District Offices: Infrastructure refurbishment to accommodate patients d staff.	R607 565	03/09/2024
OR Tambo	1. Renovations and repairs at Beford Hospital	R7 447 135	22/01/2025
Sarah Baartman	2. Louterwater Clinic	R5 447 481,86	20/06/2024
	3. Masakhane Clinic,		20/06/2024
NMB	4. Kwazakhele Clinic	R4 912 783,89	30/04/2024
	5. 44 Park Drive Flats		30/04/2024
	6. Motherwell NU 2 Clinic		24/26/2024
	7. EMS Livingstone Hospital		30/04/2024
	8. Soweto Clinic,		30/04/2024
	9. Veeplaas Clinic		30/04/2024
	10. Walmer 14th Avenue Clinic.	R5 829 145,69	13/08/2024
	11. Gqeberha CHC		13/08/2024
	12. Jose Pearson TB Hospital	R1 155 018,52	01/03/2025
	13. New Brighton Mortuary	R7 279 731	13/01/2025

During the year under review the Health Facilities Management Programme, in the implementation of the APP 2024/25, the programme recorded an overall performance of 93%. The Programme performed exceptionally well in initiating projects by optimally achieving the set target.

A total of 15 scheduled maintenance contracts were planned to be completed in 2024/25. The programme managed to complete 14 scheduled maintenance contracts falling short by one (1). These contracts are aimed at providing preventative maintenance to generators, laundries and associated equipment, kitchens and associated equipment and autoclaves. In addition, a contract for supply and replacement of generators was concluded and generators in the targeted facilities have been delivered and installed. All this maintenance was funded through Health Facilities Revitalisation Grant.

In pursuit of ensuring that health facilities are in a habitable state, a total of 21 capital infrastructure projects were planned to be completed in 2024/25 APP. The Department completed 18 projects falling short by there (3) projects. The non-completion of projects is caused by poor performance of the contractor and delays in payments which were experienced at Sir Henry Elliot Hospital (Repairs and Renovations Works). In addition, in Steynsburg Hospital the non-completion was attributed non -responsive bid of the project which affected the completion date.

- Infrastructure projects that are currently in progress (list projects) and when are they expected to be completed.
- Plans to close down or down-grade any current facilities.

None

- **Progress made on the maintenance of infrastructure.**

  During the 2024/25 financial year, the Department of Health continued to prioritise the maintenance of health facilities to improve the functionality and safety of healthcare infrastructure. A total of 15 scheduled maintenance contracts were planned for completion, with 14 successfully concluded by year-end. These contracts provided preventative maintenance to essential hospital infrastructure, including generators, laundries, kitchen equipment, and autoclaves, primarily funded through the Health Facility Revitalisation Grant. Additionally, a separate contract for the supply and replacement of generators was completed, improving backup power security at key facilities. The Department also undertook a comprehensive condition assessment of 220 health facilities, which will guide future maintenance planning and prioritisation. Despite minor shortfalls attributed to procurement delays, the maintenance programme made notable progress in supporting the operational readiness of public health facilities across the province.

- **Developments relating to the above that are expected to impact on the department's current expenditure.**

  The department had initially anticipated that financial commitments for the capital projects listed above would conclude within the 2024/25 financial year, aligned with the original planned practical completion (PC) dates. However, delays in achieving PC on several projects have resulted in a requirement for budget provision to be made in the first quarter of the 2025/26 financial year to finalise outstanding contractual commitments as these projects reach completion milestones.

  To accommodate these delayed commitments, adjustments were made in the finalised Annual Infrastructure Plan (AIP) for the 2025/26 financial year, and the requisite budgets have been allocated and loaded against these specific projects. While this proactive reprioritisation has ensured the department can honour existing contractual obligations, it has also necessitated the deferment of budget allocations for projects currently in the planning phase.

As a result, the department is required to prioritise available infrastructure budgets toward the completion and close-out of active, contracted projects before committing significant expenditure to new project implementation. This interim shift in budget focus is expected to continue placing pressure on the funding available for planned projects in the early part of the 2025/26 financial year until these outstanding projects are fully completed and closed.

- **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 performed well in ensuring the completion projects in the province, as outlined in the 2024/25 Annual Performance Plan. However, several challenges were encountered in Programme Management, and corrective actions are being implemented to address them. A notable concern has been the rising number of criminal activities targeting health facilities, including incidents of infrastructure vandalism. As a result, enhancing security through the security upgrades programme where perimeter fencing, guardhouse and staff parking are being implemented. Phase1 of the programme has been completed and Phase 2 will commence in 2025/26 financial year.

- **Measures taken to ensure that the department's asset register remained up to date during the period under review.**

Once the Practical Completion (PC) Certificate is received, the completed asset is transferred from the Work-in-Progress (WIP) Register to the Immovable Asset Register of the Eastern Cape Department of Health (ECDOH). This is achieved by reallocating the associated project costs from the WIP and Commitment Registers to the Immovable Asset Register

Any subsequent expenditure incurred on the project is annually capitalized against the relevant asset in the Immovable Asset Register. Assets are only transferred once the PC Certificate has been formally received by ECDOH.

Upon completion of the Close-Out Report, ECDOH notifies the Department of Public Works and Infrastructure (DPWI) and submits all supporting documentation for the project. This transfer process typically takes place at the end of the financial year, when asset registers are reviewed for completed projects.

The asset is officially transferred from the ECDOH Immovable Asset Register to DPWI and recorded as a Section 42 Transfer in accordance with applicable legislation. As the custodian of immovable assets, DPWI records the asset based on the submitted capital expenditure data batches.

While the asset is transferred to DPWI for custodianship, it remains registered under ECDOH and is disclosed accordingly in the year-end notes to the financial statements. DPWI maintains a record of all assets where ECDOH is designated as the User Department.

- **The current state of the department's capital assets, for example what percentage is in good, fair or bad condition.**

The department has embarked on a programme to conduct condition assessment in all health which commenced in 2023/24 financial year. This is a three-year programme which is going to be implemented over the Medium-Term Expenditure Framework (MTEF). To date a total of 220 cumulative condition assessments have been concluded out of 867 that have been targeted Major maintenance projects that have been undertaken during the period under review.

With regard to machinery maintenance, significant progress has been made during the 2024/25 financial year. This includes the replacement of generators at 25 facilities across all districts. Additionally, the Department has completed the replacement of two boilers and installed a batch tunnel washing machine at Frere Hospital.

Furthermore, a three-year transversal contract for the replacement of laundry machines—on an as-needed basis—has been awarded. The first batch of machines is expected to be delivered in the second quarter of the 2025/26 financial year.

- Progress made in addressing the maintenance backlog during the period under review, for example, has the backlog grown or become smaller? Is the rate of progress according to plan? If not why not, and what measures were taken to keep on track.

  To address backlog of maintenance, the Department—under the Engineering and Technical Services (ETS) initiative—has successfully concluded contracts for scheduled and periodic maintenance. The awarded contracts cover the following areas:

  1. Maintenance of generators – Clusters 2, 3, and 4
  2. Maintenance of laundry equipment – Clusters 2, 3, and 4
  3. Maintenance of kitchen equipment – Clusters 1, 2, 3, and 4
  4. Maintenance of autoclaves – Clusters 2, 3, and 4

In terms of buildings maintenance, the department is implementing an Infrastructure Improvement Programme which is aimed at doing refurbishment, renovation, rehabilitation and repairs in all districts. This is aimed at reducing buildings maintenance backlog and converting health facilities into a habitable state. The programme commenced in 2023/24 and it continued in 2024/25 financial year.

Table B95: Infrastructure Projects Expenditure

Infrastructure projects	2024/2025			2023/2024		
	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	68 489	85 488	-16 999	85 073	76 435	8 638
Existing infrastructure assets						
Upgrades and additions	322 820	316 282	6 538	76 440	69 957	6 483
Rehabilitation, renovations and refurbishments	254 346	195 954	58 392	182 271	191 915	(9 644)
Maintenance and repairs	448 892	451 616	-2 724	525 161	368 572	156 589
Non-Infrastructure	381 760	259 302	122 458	553 319	396 820	156 499
Infrastructure transfer						
Current	471 044	521 013	-49 969	1 078 480	765 392	313 088
Capital	1 005 263	787 628	217 635	343 784	338 307	5 477
TOTAL	**1 476 307**	**1 308 641**	**167 666**	**1 422 264**	**1 103 699**	**318 565**

On the Health Infrastructure budget, **R1,309 billion (88,6%)** of the total annual budget of **R1.476 billion** has been spent. The programme achieved **100%** expenditure on the HFRG budget (**R789,942m**) and **149%** on the EPWP fund source **(R2,010m).** 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 leading 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 prioritised the matters that reflect the state of proper governance within the organization. The Department has put in place framework of processes, structures and relationships mechanisms that guide day to day administration. In response to Chapter 10 of the Constitution of South Africa (1996), the Department execute democratic values and principles enshrined in section 195 of the Constitution.

The governance instruments implemented by the Department promote compliance with statutory prescripts that direct economic, efficient and effective utilization of financial, human and material resources to improve the lives of the Eastern Cape population. In promoting and enforcing the public, regulatory and legislative accountability, the Department releases timely, accessible and accurate reports.

To prevent fraud and corruption, the Department has established the Fraud Prevention Unit to coordinate activities that address financial, human and material resources related misconducts and offences. The Department has functional Internal Audit Cluster and Audit Committee that monitor effective and efficient implementation and compliance to correct governance. The Department of Health accounts to the following statutory committees periodically: Auditor-General South Africa (AGSA), Standing Committee of Public Accounts (SCOPA), Health Portfolio Committee, Chapter 9 and 10 institutions.

2. RISK MANAGEMENT

Risk Management Policy Framework and Strategy

The Department has an approved risk management policy/framework whereby the risk management processes are derived from. Included in the Policy/Framework the Departmental objectives in terms of risk management are outlined. The Accounting Officer takes responsibility for risk management in the Department in terms of National Treasury Public Sector risk management framework and PFMA. The Senior Manager Risk Management is the Risk Champion for the Department.

The Department has an approved Risk Management Charter which clearly outlines the responsibility of members and is updated on an annual basis. The Department has adopted Enterprise-wide Risk Management (ERM) that is a prescribed systematic response to all key risks. In Terms of the approved Risk Management 2024/25 Operational Plan training was provided to various facilities.

Progress on Risk Management

The 2024/25 Risk Management Operational Plan was approved by the Risk management Committee, Risk Management Chairperson and the Accounting Officer. During 2024/25 the Risk Management team ensured that all activities per the approved operational plan were completed.

The Risk Management team gathered Portfolio of Evidence (POE) for key mitigations in the following areas:

- Medico Legal Risk;
- Human Resources Risk; and
- Information and Communication Technology (ICT)

An annual Strategic Risk Assessment Workshop was held whereby the Departmental Strategic Risks were identified and updated.

Risk Management Committee (RMC)

For the year under review, the Department had an external appointed RMC Chairperson and Risk Management Committee that conducted duties in terms of an approved RMC Charter. In terms of the approved RMC Operational plan all planned RMC meetings took place. In addition, the Audit Committee Chairperson attended the RMC quarterly meetings. At the Quarterly Audit Committee meetings, the Chief Risk Officer and the Risk Management Committee Chairperson provides the members with the update on the mitigation of risk and new emerging risks. On an annual basis the Internal Audit unit, audits the Risk management function and to date no adverse findings have been found. In addition, the Provincial Treasury provide an oversight report on Risk Management.

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. Following 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.

Table C1: Progress made on fraud and corruption cases

DESCRIPTION	Financial Year 2023/2024	Financial Year 2024/2025
Brought over from previous Financial Year	16	3
Add: Cases received during the year under review	15	2
Less: Finalised Cases	**7**	**8**
Active Cases	**24**	**17**

DESCRIPTION	Financial Year 2023/2024	Financial Year 2024/2025
- Referred to SAPS/SIU	5	
- Referred to Labour	5	13
- Investigation completed (finalising report)	8	4
- Not fraud related	0	0
Cases still under investigation	6	8
TOTAL CASES (Closing)	**24**	**17**

On a quarterly basis, the Fraud Management Unit (FMU) participated in the quarterly case review meetings conducted by the Office of the Premier and all completed cases that were reported through the National Anti-Corruption Hotline (NACH) were forwarded to the Public Service Commission (PSC). Due to the Covid 19 restrictions the Fraud Awareness Campaigns were put on hold until further notice.

In the 2024/2025 financial year, the Fraud Management Unit continued to monitor the speedy implementation of recommendations from the investigation reports. In the roll-out of its Fraud Prevention Plan, the unit will also be working closely 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 of the Public Service Regulations.

The employee in this regard is required to disclose:

a. The extent of his/her involvement in the entities;
b. Whether he/she has performed any approved work outside their normal duties for the stated entities; and
c. 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.

Fig C1: Purchase Orders issued by the Department or other Department to ECDoH Employees

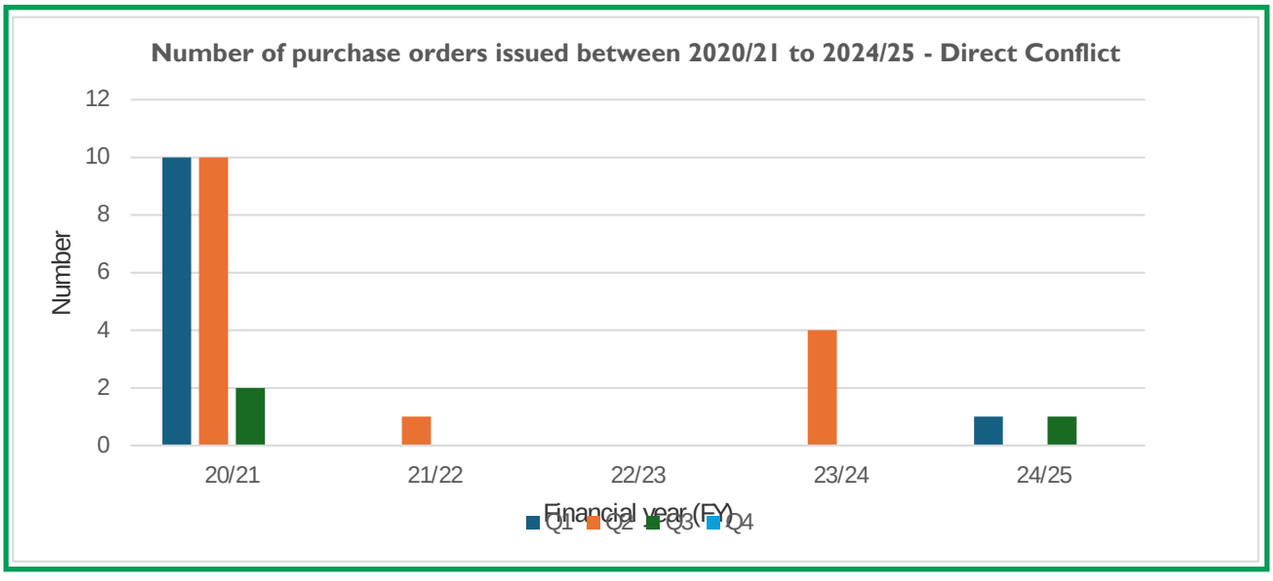


Table C2: Number of Purchase Orders Issued- Direct Conflict

NUMBER OF PURCHASE ORDERS ISSUED- DIRECT CONFLICT				
FINANCIAL YEAR	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
20/21	10	10	2	0
21/22	0	1	0	0
22/23	0	0	0	0
23/24	0	4	0	0
24/25	1	0	1	0

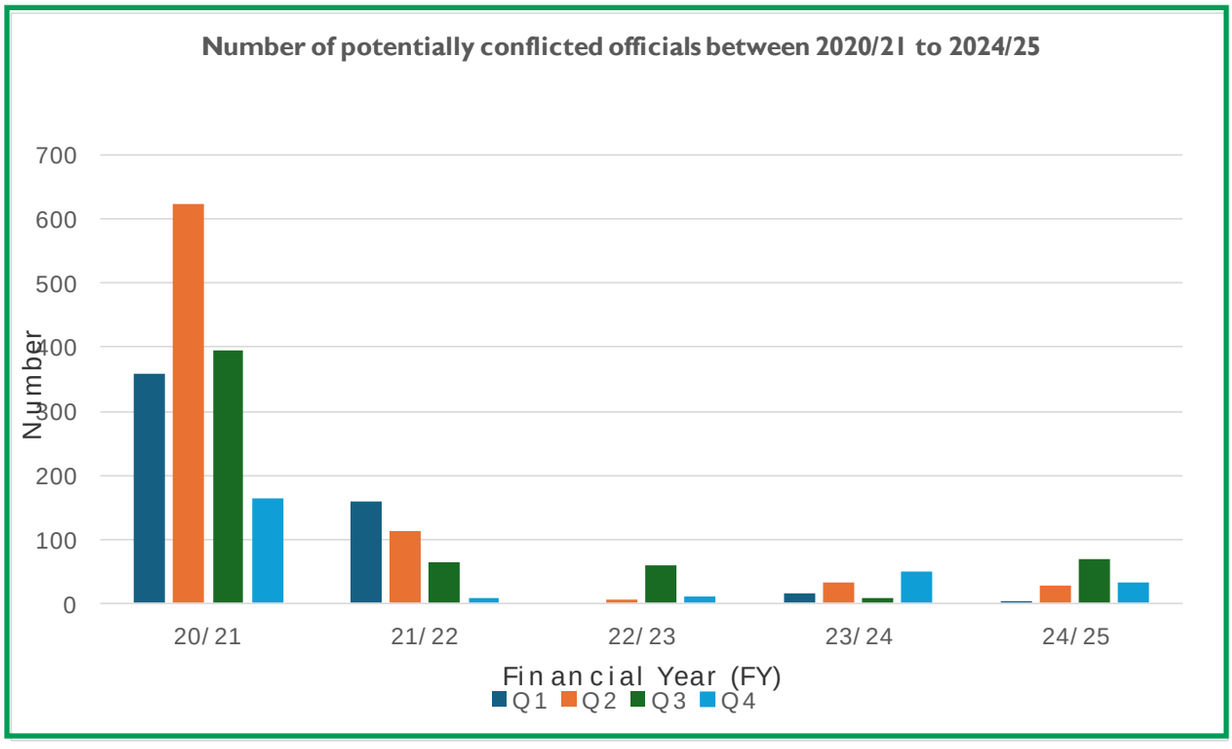


Fig. C2: Number of potentially conflicted officials between 2020/21 to 2024/25.

Table C3: Potentially Conflicted Officials

POTENTIALLY CONFLICTED				
FINANCIAL YEAR	**QUARTER 1**	**QUARTER 2**	**QUARTER 3**	**QUARTER 4**
20/21	359	623	394	164
21/22	159	112	63	8
22/23	0	5	59	9
23/24	14	31	8	49
24/25	2	27	68	32

Provincial Treasury has agreed where possible to remove potentially conflicted officials from the central data base

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 8 years. The Departments challenge is the removal of employees that have "resigned", "pensioned" and "contracts terminated" from the eDisclosure system. Ongoing collaboration with Human Resources Unit and DPSA has helped with the ongoing removal of these employees.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

Health services are by nature a high-risk work environment for both health workers, patients, and communities alike.
The risks / hazards include:

Physical - infrastructure, machinery and equipment (e.g. sharps), safety, and security.
Natural disasters and weather conditions have damaged health infrastructure and created new challenges as priority shifted to repair and rebuilding. Partnership between Occupational Health and Safety (OHS) and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities. However, the Department is still dependent on the Department of Public Works to ensure proper and timeous response to challenges.

Levels of crime have increased significantly, and many health workers and facilities have been affected by violence, robbery, damage to property, hijacking of emergency vehicles. Security services are not adequately equipped to handle the situations and police intervention has not assisted to prevent crime. Health workers have also experienced injury from violent and psychotic patients presenting for health services. SA Police Services, Community Leaders and other external role players have been engaged, and efforts continue to try and protect Health Workers.

2. **Chemical** – pharmaceuticals, cleaning and disinfection material, laboratory chemicals, pesticides, fuel, mercury, and toxins. Chemical and biological hazards are the largest risks with the potential to cause environmental disasters with large scale community impact.

3. **Biological** – bacteria, viruses, and fungi from body fluids/blood, objects, air-borne – contact with patients / corpses, soiled equipment and biological waste. Health professionals, cleaners, artisans and others are exposed to all these biological hazards in the course of their work. There is Protective Clothing and Equipment available but there is still accidental exposure that results in illness. Occupational health services are available for medical screening, vaccination, treatment and post exposure prophylaxis.

4. **Ergonomic** - correct furniture and equipment, lighting, work practice (lifting posture, bending, etc.) and working conditions. These are not always correctly designed or suitable for the health professional working utilization.

5. **Psychological** - care giving role with high cognitive and emotional demands and impact. Health workers are exposed to harassment and violence from patients/ visitors and colleagues, high physical and emotional demand, staff shortages, limited resources and poor management support.

These hazards necessitate detailed proactive intervention to prevent injury, illness, fatigue and burnout for health workers, patients, and visitors to its facilities. These hazards can result in serious injury, illness, and possible death.

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 efforts to improve and sustain improvement in governance and mitigation of risk but the overall level of compliance across health facilities remains inconsistent and unsatisfactory.

7. PORTFOLIO COMMITTEES

Table C4: Portfolio Committees

DATE FOR PORFOLIO COMMITTEE MEETINGS	ISSUES FOR CONSIDERATION
07 August 2024	Consideration of the 2024/25 Policy Speech
23 August 2024	Consideration of the 2024/25 Health Budget vote
30 August 2024	Consideration of the 2024/25 Health Budget vote
05 November 2024	Consideration of the 2023/24 Annual and 2024/25 Half-Year Reports
14 November 2024	Consideration of the 2023/24 Annual and 2024/25 Half-Year Reports
22 November 2024	Consideration of the 2023/24 Annual and 2024/25 Half-Year Reports

8. SCOPA RESOLUTIONS

Table C5: SCOPA Resolutions

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
0	The Department has received a qualified audit outcome for the past five years due to recurring issues with contingent liabilities and non-compliance with certain legislation, leading to stagnation	The Department must continue to establish adequate processes for the preparation, review, and reconciliation of the underlying supporting schedules and records utilised to determine **measurements of contingent liabilities.** The **policy must also be updated** to clearly define classifications and the supporting documentation used to validate the classifications.	The Standard Operating Procedures (SOP) relating to the recording and accounting for claims against the state have been under review. This included input from the Provincial Treasury, Financial Internal Control Directorate and a member of the Audit Committee. The accounting policy relating to claims against the state was amended after the 2023/24 audit to incorporate weaknesses or ambiguities identified during that audit. The amended policy was presented to the Risk Management Committee, the Audit Committee, Provincial Treasury, National DoH CFO Forum and AGSA. Recommendations were then included in the updated policy. The draft policy was tested during the interim audit of the Contingent Liability Register that started on the 7 February 2025. The policy approved by the Accounting Officer has since been submitted with the Annual Financial Statements to AGSA on 31 May 2025.	Yes
b.	The Department has not taken appropriate action for the following material irregularity: • The department made payments of R8,6 million for Microsoft licenses subscription that were underutilised.	The Department must remain committed to its promise by taking appropriate action on all **material irregularities** reported to date. The report on progress made must be submitted to the Committee within 30 days of tabling the report.	The department has since rectified this in that all procured licenses have been allocated to users. This is monitored on a regular basis.	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
c.	Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R6,8 million as required by section 38 (1) (c) (ii) of the PFMA and treasury regulation 9.1.1. The majority of irregular expenditure was incurred due to supply chain management processes not being followed. This a recurring finding.	The Department must stay dedicated to taking appropriate action on all commitments made and provide the Committee with an update on the following issues that have contributed to the irregular expenditure: • The status of the **Organogram and Service Delivery Model**. • The Department had committed to **reskilling employees** and exploring shared services to address the issues relating to filling critical vacant positions how far is the process. • Status of the process of formulating a **forum** with all stakeholders for the management of procurement of assets.	**SDM & Organogram:** The Service Delivery Model (SDM) and Organogram Review Project continues to progress with significant achievements, although there have been delays in certain components. **As of 30 May 2025:** • The overall completion rate for functional organograms has reached 100%. • The broader Organogram and Staff Establishment milestone stands at 82%. • The Migration Plan is also fully developed (100%) and ready for implementation pending final awareness activities and MEC sign-off. The service delivery model itself is stable at 90%, pending health system platform modelling (new updated health facility list) and new policy integration. The outstanding 10% is dependent on the finalisation of the new health facility list, integration of the 7th Administration policy directions, hub & spoke functionality and head office final functional design. The development of the Organogram advanced from 74% in March to 82% in May 2025, narrowing the variance to 18% below the end goal. Substantial completion has been recorded across all primary healthcare, district, sub-district, and clinic levels, with focus now shifting to finalising Head Office, Regional, Tertiary, and Central Hospital structures. Staffing Norms, which underpin organogram development, are now at 85% completion, with benchmarking activities supporting Version 2 of the organogram costing to ensure MTEF compliance.	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
			The rollout of the wider staff engagements and political change management is taking longer than anticipated mainly due to capacity constraints and the need to ensure multiple stakeholders are kept on-board and consulted along the journey. Building and maintaining trust with our social partners and communities is of paramount importance. Resolutions agreed upon in May 2025, including political stakeholder mapping, engagement of Top Management on the Head Office organogram, and the commencement of the schedule of wider staff engagement roadshows, are expected to unlock momentum on these fronts. **Re-Skilling of SCM:** The Department has successfully trained 80 x SCM officials on functionality of Bid Committees and on strategic sourcing during 2024/25 FY. These training interventions target both SCM officials and end-users that participate in SCM processes. ***This year the plan is to train SCM and other relevant officials on:*** • Asset and Inventory • Avoiding irregular, fruitless and wasteful expenditure • Bid Committees (PFMA) • SCM in Public Service • Finance for Non-Financial Management etc. The comprehensive plan indicating targeted numbers per cost centre will follow. With respect to Staffing, SCM and Finance TVET Learners and Interns placed: • 280 learners • 209 interns	

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
			The resource constraints across the SCM directorate remain a risk as we will work within the available budget. **SCM Forum** Internal meetings have been held to prepare for the monthly SCM forums in terms of the relevant agenda items and alignment with the Provincial Treasury SCM forum, to ensure flow of information. The first ECDOH SCM monthly forum will take place in the second quarter of the financial year, from July 2025 onwards.	
d.	The Department has repeat findings of non-compliance on the following: • Annual financial statements • Expenditure management • Procurement and contract management • Consequence management and • Performance management	The Department must implement **consequence management** to the managers who are not implementing the commitments made in the audit intervention plan to register change and improve performance of the Department. The Committee must be furnished with evidence within 30 days after the tabling of this report.	• Audit Controllers have been appointed, in writing, so that they can be held accountable for non-submission of information for the preparation of the Annual Financial Statements. • AFS Team from EC DoH attended AFS Refresher training workshop conducted by Provincial Treasury on 10 April 2025. • Annual Financial Statements Plan was approved by the Accounting Officer on 25 March 2025 and is being implemented. • Request For Information (RFI) are submitted within 3 days to AGSA • Communication of Audit Findings (COAFs) are responded within 5 days. • If there are potential challenges to be encountered, a formal application for extension of time is submitted to AGSA and signed by the Acting CFO. • Attendance of Audit Working Groups Meetings are compulsory for DDGs, GMs, SMs, DMs, CEOs and staff involved in the audit process. • Circular on management of vacation leave during the audit process was signed by HoD on 24 March 2025.	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
			• Circular on recovery of audit inefficiencies was signed by HoD on 24 March 2025. Three (3) managers have been written letters of intention to recover audit inefficiencies, and this is part of the implementation of the consequence management. • Letters are written to managers who fail to submit RFIs within 5 days and COAFs within 3 days. • The Consequence Management Committee (CMC) has been established and is chaired by an independent chairperson. Membership includes an official from COGTA and DDGs in the department. • The CMC has sat three (3) times to monitor and follow up on financial misconduct and other related cases. The progress reports related to misconduct cases are presented to the CMC by Director: Employment Relations. • Further report pertaining to consequence management is captured in (h) below.	
e.	Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R294,9 million as required by section 38 (1) (c) (ii) of the PFMA and treasury regulation 9.1.1	The Department must put **internal controls** in place to prevent and manage occurrence of **unauthorised expenditure** on compensation of employees (**COE)** as it is a repeat finding. The Committee must be provided with a progress report on this matter within 30 days after the tabling of this report.	Notwithstanding the internal controls in place to prevent and manage the occurrence of unauthorised expenditure, COE has continued to be under significant pressure throughout the 2024/25 financial year. Internal control systems allowed for detection and management of the COE expenditure, though it resulted in a reduction in the total number of employees of the Department from 49,589 in March 2024 to 46,326 at the end of March 2025. This is a net loss of 3,263 employees (6.6% reduction) in the baseline including inter alia: • Doctors - 2,469 in March 2024 to 2,356 in March 2025 - a net reduction of 113 (4.6%) across all categories. • Nursing - 20,767 in March 2024 to 19,233 in March 2025 - a net	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/NO)
			reduction of 1,534 (7.4%) across all categories. • Emergency Medical Services - 2,323 in March 2024 to 2,228 in March 2025) - a net reduction of 95 (4.1%) across all categories) The COE budget spent at a level of 102% of the 2024/25 adjusted appropriation - spending R20.401 billion against a final adjusted appropriation of R20.010 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R390.930 million. The is a reduction in unauthorised expenditure for COE from the projected R900m. The projection was anticipated as a result of: • The underfunded, carry through costs of improvement in conditions of services (ICS) [2023/24] and [2024/25] as well as • The adverse impact of COE fiscal consolidation cuts that led to budget allocation reductions. Further, in analysing the overspending, R313.690 million arose from the disallowance by Provincial Treasury to incorporate the reinstatement of COE baselines from Goods & Services in the 24/25 AEPRE. The overall reduction in unauthorised expenditure for COE by year end was achieved primarily by severe cuts into the warm body headcount.	
f.	Payments were not made within 30 days or agreed period after receipt of an invoice as required by treasury regulation 8.2.3.	The Department should explore and implement **strategies to enhance its income streams**. This may include revenue generating projects, forming strategic partnerships, and actively pursuing of donations. A detailed proposal outlining feasible options must be submitted to the	The Department has been constantly engaging with the Provincial Treasury on the issue of Accruals and Payables and the need to finance these. The Department, through Provincial Treasury, has requested SCOPA to approve a Finance Bill amounting to R3,451 billion for the year ended 31 March 2021. The approval of this Finance Bill by SCOPA will have a major positive impact on the Accruals and Payables and compliance to pay creditors within 30 days	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
		Committee within 30 days of reports tabling	as per TR 8.2.3. With respect to the revenue generating projects, progress is as follows: The Department is implementing the EDI at around 39 hospitals which allows us to identify clients with medical aids at the point they use out facilities. This has contributed to the increase in revenue collected in the past year. The licencing unit now tracks payments of private facilities for the issuing of licences. IA will be directed to review this process with a view to strengthen the current collection system. We continue to work with the NDOH and Treasuries to improve the payment of our claims by DoJ and the RAF. We have identified a gap in ensuring revenue from private patients admitted by the private doctors that use our facilities. There is an investigation underway by IA to map the processes and identify any opportunities to strengthen our system in this regard. **STRATEGIC PARTNERS AND DONORS** The OHOD has initiated the project to engage strategic partners thorough its IGR and SOP units. An engagement process has been mapped; and a draft engagement letter to kickstart the process has been drafted. The database of existing donors is under review to update the contact list and new potential donors have been added to the list. Content and promotional material for these engagements are being developed in-house.	

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
g.	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 regulation 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year	The Department must ensure ongoing monitoring of the implementation of **Service Delivery Agreement** with **implementing agencies.** Robust **internal controls** must be established to guarantee that any **deviations or extensions are approved by delegated officials** in compliance with applicable regulations	**SERVICE DELIIVERY AGREEMENTS** The Department finalized the review of the SLAs for the two implementing Agents for infrastructure projects: COEGA and Department of Public Works & Infrastructure. **INTERNAL CONTROLS** In addition, monthly monitoring meetings are held and there has been noticeable improvement on the part of management of contracts/projects. Where challenges have been identified, these are escalated for resolution to prevent any non-compliance issues. The Contracts Management Directorate and capacitation of End Users remain a challenge for the department, but HR support has been given through 15 graduate interns to bolster the unit whilst we navigate the challenges f a constrained budget.	No
h	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. Investigations were not conducted into allegations of financial misconduct committed by officials. As required by treasury regulation 4.1.1.	The Accounting Officer must take **decisive action against all managers** who demonstrate **reluctance** or failure to implement **consequence management measures**. The audit committee has expressed their dissatisfaction with the speed at which matters were being handled and the completeness of consequence management registers.	The department is taking active steps to improve how it handles cases of financial misconduct and irregular spending: 1. **Faster Investigations and Disciplinary Action** All reported cases are being reviewed to ensure investigations start promptly and are finalised efficiently. Where wrongdoing is confirmed, disciplinary steps are taken in line with Treasury regulations and the PFMA. 2. **Holding Managers Accountable** Managers are being reminded of their responsibility to act when misconduct occurs. Where they fail to do so, corrective action will follow. Targets for enforcing consequence management are now part of their performance agreements.	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
			3. <u>Better Tracking and Record-Keeping</u> New internal procedures and improved monitoring systems are being implemented to speed up case resolution and ensure registers are accurate and up to date. Staff handling these records are receiving focused training. **4. <u>Improved Case Management Tools</u>** A SharePoint system is being developed to help the Employment Relations Unit track, manage, and resolve cases more efficiently. **Progress Update**: Only 12 financial misconduct cases remain on our register—a clear sign that our interventions are yielding results. We are committed to maintaining accountability and compliance, and we'll continue to provide updates on our progress.	
i.	Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R19,8 million as required by section 38 (1) (c) (ii) of the PFMA and treasury regulation 9.1.1.	The Department must ensure submission of **CFO and Fraud management reports** to the Audit Committee on fruitless and wasteful expenditure, investigations, recoveries, and law enforcement referrals, while prioritizing recovery efforts and maintaining sustained monitoring into 2024/25 financial year.	**<u>CFO & FRAUD MANAGEMENT REPORTS</u>** The Financial Misconduct Reports are presented by the CFO at all Audit Committee meetings. The Senior Manager – Fraud Management Services Directorate presents the fraud investigations reports at the Audit and Risk Management Committee meetings. **<u>RECOVERIES</u>** The recoveries on fruitless and wasteful expenditures are deducted by the Debt Section of the Financial Accounting Services on the basis of the written reports from the Financial Internal Control Directorate. The SCOPA resolution on the matter of fruitless and wasteful expenditure is noted. Fruitless and wasteful expenditure (F&WE), rose from R19.8 million	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/NO)
			in 2023/24 to about R86 million in 2024/25, with 99% attributed to interest on the late settlement of legal claims. A significant portion, approximately R60 million, relates to interest paid to Ikamva Architects, which is currently under investigation by the Internal Audit unit. The focus is to determine whether delays were due to administrative lapses, negligence, or systemic issues beyond departmental control. The department will provide periodic updates to the Audit Committee, SCOPA and Provincial Treasury as the investigation progresses. Monthly reports are also presented to the internal governance structure; the Provincial Budget Advisory Committee (PBAC) whose membership comprises Programme managers for the 8 programmes of DOH. The interest on medico-legal claims, which has always constituted the bulk of fruitless and wasteful expenditure, stems primarily from **budget shortfalls**, which affect the department's ability to settle liabilities timeously. Thus, no investigation nor disciplinary action is taken. However, these are being disclosed and their growth monitored monthly.	
j.	The Department was in an overdraft position of R1,1 billion and this has led to payments not being honoured within 30 days as re-quired by treasury regulation 8.2.3.	The Department must develop and **implement financial recovery plan** to address the 1,1 billion overdrafts, including strict expenditure control, prioritising essential payments, and engaging Provincial Treasury for financial assistance and guidance. In addition, measures must be introduced to ensure compliance to treasury	The Department's Financial Management Strategy has a programme of action and projects to achieve five strategic objectives in our bid to obtain financial liquidity. The Strategic Objectives for the term ahead: 1. Optimise the available budget through Service Delivery Optimisation and includes HR and infrastructure optimisation. 2. Reduce losses from the budget through an integrated strategy to reduce medico-legal claims and settlements. 3. **Cost-containment and debt management**, focusing on: • Our / in Supply Chain Management	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
		regulation 8.2.3 by strengthening **cashflow management** and monitoring mechanisms to prevent further delays in payments.	4. **Innovating and deploying disruptive technologies** – the rollout of HMS2, and digitalisation. 5. **Increasing our income streams** through revenue generation projects, strategic partnerships and actively pursuing donations and grants. The Department has continued to develop and implement a financial recovery plan primarily through the ECP intervention to support ECDOH. The intervention, termed "A Multi-Dimensional Approach to Sustainable Public Healthcare Delivery" focused on addressing the significant financial and operational challenges which have contributed to the historic debt burden and necessitates urgent attention. This intervention was initiated by the DG in July 2024 as part of a six-month intervention. Its implementation has been structured around five strategic workstreams, each led by a dedicated workstream leader: • Leadership, Organisational Development & Human Resources • Financial Sustainability • Clinical and Specialised Services • Infrastructure, Facilities, and Equipment • Digitization and Litigation The intervention aligns with the Health Turnaround Strategy, aimed at transforming the Eastern Cape health system into a sustainable, digitally enabled and data-driven service platform focused on disease prevention and health promotion. Within the Financial Sustainability workstream the primary objective has been to materially progressively reduce the Department's gross debt.	

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/ NO)
			This concept has included a three-to-seven-year period identified for development and implementation of: a) A repayment plan for the six largest creditors of the department financing plan. b) SCOPA condonement of the unauthorised expenditure associated with medico-legal settlements through a Finance Bill (with funding). This will be used to pay the SMMEs as a priority. This repayment plan is to be funded from Cost-savings from identified cost-pressures. In addition, the World Bank together with Provincial Treasury is conducting an audit into budgeting and expenditure performance with a view to identifying opportunities for allocative efficiencies with the budget and for any further mechanisms to address the accruals and payables.	
The audited financial statements of the Department indicate that it incurred Unauthorised Expenditure of R3 030 998 billion as at 31 March 2024.				
a.	According to reasons submitted by the Department of Health to Provincial Treasury the Department incurred new Unauthorized Expenditure during the 2023/24 financial year amounting to R294, 903 million in Programme 2. This unauthorized expenditure arose because of payment of payables and accruals at the vote level at the beginning of the current financial year 2023/24,	The Committee recommends that for the Department of Health, the Unauthorized Expenditure incurred during 2018/2019 to 2023/2024 financial years amounting to a total of R3 030 998 billion be deferred for a further six months and be considered after the finalization of the outstanding work in the next financial year.	The recommendations of the Committee to defer for a further six months are noted. The Department undertakes to further support the Provincial Treasury in the finalization of the outstanding work which is critical to its financial sustainability.	No

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES/NO)
	Department incurred overspending which has also been caused by goods and services pressures vesting to continue the delivery of public health care services uninterrupted as well as under budgeted and unbudgeted medico-legal settlements.			
b.	There was no evidence of investigations being conducted into health-related issues that contributed to unauthorized expenditure, with no apparent effort to recover the funds. Furthermore, the delegation of authority has not been clearly defined, particularly regarding the powers, functions, and responsibilities associated with instances where payments were made without the necessary and appropriate documentation. The table below is an indication of the status of the reported Unauthorised Expenditure for the previous five years and for the year under review. The House had previously resolved	The Department must establish a dedicated multi-discipline committee to conduct thorough investigations on the processing of the medico-legal claims and any failure by officials to comply with set processes and procedures. The Department, where necessary, must refer cases of non-compliance to the relevant law enforcement agencies. The Committee must be provided with quarterly reports on this matter.	The department has established Clinical Governance structures that serve as the first line of defence in as far as the claim validity is concerned. Led by the Medico Legal Clinical Advisor, representing ECDOH, discussions are hosted on weekly basis by the Specialised Litigation Unit to prepare for the cases and also establish any challenges that might negatively affect the outcomes of the case. Similar structures are being established in the regions to ensure accountability for any medico legal case that gets settled and also to ensure learning from same. Some of the cases that are viewed as unauthorized, on investigation by clinical advisors, have been viewed as emanating from systemic challenges and therefore cannot be pinned to an individual, e.g. where the delivery of the child gets delayed due to shortage of staff. Whilst these systemic issues do not necessarily translate into negligence, when not properly ventilated in court by the defense teams, results in judgement are against the department. This is why, as the department, clinical teams were activated to take lead in	No

<table>
<tr><th>RESOLUTION NO.</th><th>SUBJECT</th><th>DETAILS</th><th>RESPONSE BY THE DEPARTMENT</th><th>RESOLVED (YES/ NO)</th></tr>
<tr><td></td><td>that the outcome for all these financial years of Unauthorised Expenditure be deferred and considered in 2024, due to incomplete work regarding the validity of medico-legal claims paid.</td><td></td><td>defence of the cases and also where the defence has not yielded positive results, the department offers to provide services in lieu of lumpsum payment to the litigant.</td><td></td></tr>
<tr><td></td><td colspan="2">DOH CUMULATIVE UE BALANCES
<table><tr><td>Financial year</td><td>Total UE Incurred in the Financial year</td><td>Outcome deferred</td></tr><tr><td>2018/19</td><td>R648 647</td><td>R648 647</td></tr><tr><td>2019/20</td><td>R548 224</td><td>R548 224</td></tr><tr><td>2020/21</td><td>R1 018 215</td><td>R1 018 215</td></tr><tr><td>Total as of 31 March 2021</td><td>R2 265 086</td><td>R2 265 086</td></tr><tr><td>2021/22</td><td>R277 144</td><td>R277 144</td></tr><tr><td>2022/23</td><td>R193 865</td><td>R193 865</td></tr><tr><td>2023/24</td><td>R294 903</td><td></td></tr><tr><td>TOTAL</td><td>R3 030 998</td><td>R2 736 095</td></tr></table>AUDITED AFS</td><td></td><td></td></tr>
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9. PRIOR MODIFICATIONS TO AUDIT REPORTS

For 2023/24 financial year the department got a qualified audit opinion, and the basis of the opinion were Contingent Liability.

Based on the 2023/24 audit report and changing environment in the department, the department developed the 2024/25 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 22 August 2024 were taken into consideration on this IAIS and for immediate implementation by General Managers.

The above processes have resulted in the department moving from a qualified audit opinion to an unqualified audit opinion in 2024/25.

Table C6: Nature of qualification

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*
Audit qualification 2023/24: 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.	2018/19	The audit qualification on contingent liabilities was cleared in 2024/25 and the department got an unqualified audit opinion.

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*
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 material adjustments having to be made to the AFS to avoid a qualified audit opinion. Further improvements in the control environment will prevent material adjustment to the AFS during the audit process and resolve this finding.
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.	2018/19	The matter had not been cleared by the end of 2024/25 due to funding shortages.
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 2024/25.
Effective steps were not taken to prevent fruitless and wasteful expenditure amount to R 18,9 million, as disclosed in the annual financial statements, as required by section 38(1)©(ii) of the PFMA and treasury regulations 9.1.1	2022/23	Controls have improved; the matter had however not been cleared by the end of 2024/25.
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 2024/25 due to funding shortages.
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 2024/25.
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	2020/21	Controls have improved; the matter had however not been cleared by the end of 2024/25.
Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.	2020/21	Controls have improved; the matter had however not been cleared by the end of 2024/25.

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*
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; the matter has been cleared by the end of 2024/25.
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).	2023/24	Controls have improved; the matter has been cleared by the end of 2024/25.

10. INTERNAL CONTROL UNIT

During the 2024/25 financial year, the Internal Control Unit (ICU) continued to perform its core pre-audit function, aimed at strengthening financial governance, improving compliance, and preventing irregular, fruitless, and wasteful expenditure. The pre-audit process involves verifying procurement and payment documentation before processing to ensure adherence to legislative and procedural requirements.

Despite these efforts, several high-risk expenditure categories remain excluded from the pre-audit process. These include payments for fleet services, Telkom accounts, municipal accounts, infrastructure projects, bursary payments, and travel and subsistence claims including all manually processed personnel-related payments e.g. acting allowances, overtime etc., which are processed without prior verification. This non-compliance is more prevalent at head office of the department as these transactions are mostly prepared here.

In addition to this category are claims for vehicle damage by car hire agencies, with the risk of fraudulent claims not detected. This gap in control presents a persistent financial risk.

Also to be noted is that part of the major expenditure on goods and services of the department is from medicines and medicinal supplies. The procurement and payment processing is done through a system called MEDSAS outside the transversal financial systems LOGIS and BAS thus bypassing the normal procurement and payment protocols. Though this system interfaces with BAS for recording cash flows and expenditure, there is a risk of undermining the controls established by the department.

As part of its broader governance mandate, the ICU drafted a comprehensive Internal Control Framework, which was presented to the Provincial Budget Advisory Committee (PBAC), an internal governance structure for in-year expenditure and revenue monitoring, comprises of the extended top management team with programme managers as members of that committee. The framework is currently with the Chief Financial Officer, pending approval by the Head of Department. Its implementation is expected to formalize and strengthen internal control practices across all functional areas once adopted.

In line with Provincial Treasury Instruction Note 2 of 2023/24, the unit also coordinated and submitted consolidated policy documentation from the Human Resources, Finance, and Supply Chain Management units on a quarterly basis to the Provincial Treasury. This initiative enhances policy alignment, compliance, and standardization across the department.

Notably, irregular expenditure (IE) increased significantly, primarily due to audit findings by the Auditor-General of South Africa (AGSA). The AGSA identified that the Department's telecommunications contracts with Telkom, Vodacom, and MTN had expired early in 2023, yet services continued to be rendered without valid contractual arrangements. This resulted in the IE for 2024/25 rising to R149,961 million (2023/24: R132.414 million, restated) thus pushing the closing balance to R281.273 million (2023/24: R202.200 million, restated).

The department also experienced a sharp rise in fruitless and wasteful expenditure, which increased from R15.4 million in 2023/24 to R79 million in 2024/25 as disclosed in the AFS. In addition to interest paid on late settlement of medico-legal claims, a major contributor to this increase was an interest payment of almost R60 million related to a long-outstanding claim by Ikamva Architects. This matter is currently under investigation by the Internal Audit Unit. Meanwhile, the ICU continues to perform ongoing assessments and determination tests on other cases and submits recommendations to the Head of Department for write-off, where no liability or misconduct is established.

In view of the gap in controls highlighted above, the ICU has drafted a Compliance Management Policy which aims to create and promote awareness by officials to compliance obligations and also seeks to ensure that all transactions processed in the financial systems including those manually processed in the salary administration system PERSAL, must be subjected to independent scrutiny before authorization in those systems. The ICU remains committed to proactive financial control, transparency, and accountability, and continues to advocate for expanded oversight over high-risk transactions to mitigate exposure to irregularities.

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 further operates according to an approved Internal Audit Charter. The Charter is prepared in accordance with the Internal Audit Standards and King IV recommendations. The Charter is presented annually to the Audit Committee for consideration and approval was obtained.

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 (20) 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 addition to the approved Internal Audit Plan, during the year, Internal Audit conducted an extensive assurance review on revenue generating mechanisms and supported in identifying cost inefficient areas of the Department. Based on the results of the assurance review, the project was extended to the following year for inclusion in the Internal Plans of 2025/26 as the review had identified a number of areas where Internal Audit was required to offer further support the Department. Following this review, working committees were established to develop appropriate remedial plans and change management activities. In the new financial year Internal Audit will provide further assurance by following up on the implementation of agreed actions.

In line with the 2024/25 approved internal audit plan, other reviews conducted by Internal Audit encompassed the following areas:

i. Implementation of the action plans towards an unqualified audit opinion.
ii. Supported in ensuring the completeness, accuracy and validity of the legal liability register.
iii. Ensuring implementation of the governance framework by conducting reviews to ensure that all health facilities were adequately resourced at the executive level and that the required oversight structures (Boards & Committees) were established and are functional.
iv. Human Resource Management.
v. Review of performance information - non-financial information.

vi. Reperformed key operational performance metrics (eg activity metrics such as patient days, bed utilisation rate).
vii. Financial Management, Supply Chain Management & Asset Management.
viii. Revenue Management.
ix. Reviewing systems & processes to identify inefficiencies.

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, actions plans have been developed and agreed to. Management is committed to implementing these plans. Implementation will be more actively monitored and reported to top management

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.

We are pleased to report that in 2024, following a lengthy selection process, the appointment of the Senior Manager Internal Audit was concluded. The Senior Manager assumed duty on the 01st April 2025. Although we were sad to see our interns leave without being replaced in September 2024 and May 2025 respectively, our full-time capacity has remained intact and has been strengthened by the arrival of the Senior Manager.

Regarding the governance of Internal Audit, 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 2025.

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. The Audit Committee oversees governance, the scope of combined assurance reporting, Internal Audit's assessment of the Departments' financial, operating, compliance and risk management environment including conflicts of interest. This supports the integrity of information used in internal decision-making and reporting to external stakeholders.

The Audit Committee further assists Management of the Department in discharging its duties by independently monitoring and advising on the effectiveness of the operational, financial and control processes. This includes overseeing internal financial controls, operational controls and ensuring that assurance services and functions enable an effective control environment. The Audit Committee also ensures that assurance providers support to ensure the integrity of information produced in compliance with applicable legal and regulatory requirements. This is achieved through Internal Audit providing independent assurance to the Committee or the relevant line management providing reports to the Committee at its quarterly meetings.

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.

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 meetings by its members for the period 1 April 2024 to 31 March 2025 are set out below. The committee meets quarterly.

The members who are all independent non-executive are:

NAME	QUALIFICATIONS	INTERNAL OR EXTERNAL
Ms Loren Smith (Acting Chairperson)	*CA (SA), RA*	External
Mr Vuyolwethu Tshangana	B Proc; LLM	External
Ms Tracy Cumming	CA (SA)	External
Mr. E Harris	B.Pharm. MBL Unisa SBL, PPL	External
Mr PG Zitumane	BCom, MBL Unisa SBL	External

Committee meetings were held as reflected below:

Member	27 May 2024	28 May 2024	05 September 2024	20 September 2024	28 November 2024	20 February 2025 - March 2025	14 March 2025
Ms Loren Smith (Chairperson)	√	√	√	√	√	√	√
Mr Vuyolwethu Tshangana	√	√	√	√	√	√	√
Ms Tracy Cumming *	N/A	N/A	√	√	√	√	√
Mr Ewan Harris *	N/A	N/A	√	√	√	√	√
Mr PG Zitumane *	N/A	N/A	N/A	√	√	√	√

* Although the members were appointed with effect from 1 April 2024, there were delays in their induction and introduction to the Department. Their induction was held in June 2024 and from then on, were able to participate in the AC meetings of the Department

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, Clinical, Pharmaceutical 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, now Global Internal Audit Standards (GIAS).
- 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 cost effectiveness and efficiencies with the laboratory services – NHLS
- 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 2024/25 Annual Internal Audit Plan as approved by the Audit Committee.

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 further the steps taken by the Department to fill the vacancy for the position of Senior Manager Internal Audit.

Although the Committee is satisfied with the capacitation of Internal Audit for assurance tasks, we are concerned that Internal Audit does not possess any inhouse capacity to conduct special audits, clinical and IT audits. Clinical reviews are conducted with assistance of specialists within the Audit Committee and other assurance reviews are outsourced with assistance from Provincial Treasury.

The Committee remains of the view that Internal Audit needs to be capacitated 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:

- Assigned special duties/ function to its members based on the expertise.
- 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, slow uptake of e tick registers, ineffective use of the automated Health Patient Record System (HPRS) 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 synergise between the legal and clinical streams in compiling the register. We are concerned however with the inadequate capacitation of the registry with human resources as this may affect the completeness, accuracy and validity of the contingent liability register. We note the delays in the capturing and finalisation of the registers as this might affect the year end disclosures.

The Committee is concerned that again, 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. We note that the two projects are seriously delayed and having been transferred from prior years.

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, correct categorisation of 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.
- 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 especially in the Management of the Accruals and the related internal controls

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 noted the resignation of the Chief Financial Officer during the year and has reviewed the performance of the Acting Chief Financial Officer (ACFO) 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 ACFO, 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 and is satisfied with the amendments made, accounting treatment proposed for categorisation and valuation of claims.
- 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 has 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 26 May 2025 to review the draft financial statements to be presented to Provincial Treasury and the Auditor-General on the 31st May 2025. 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 met on the 28 May 2025 and 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 reviewed the annual report to ensure proper explanations are given for over & underperformance together with strategies to improve on performance.

The Audit Committee has also received reports from Internal Audit on the adequacy and sufficiency of the Portfolio of Evidence that supports disclosures and performance in the Annual Report and has recommended to management that the primary source of data is reviewed for accuracy, completeness and validity to ensure alignment with information from the District Health Information System (DHIS) which is submitted to the Auditor General as evidence of performance.

The Committee has been receiving quarterly performance updates and is satisfied through reports received from Internal Audit and GM Strategy & Organisational Performance, that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance.

In addition to the standing items on our annual agenda, in 2024/5 we:

i. Supported Management in identifying and advising on areas where there was inefficient use of resources. These included amongst other areas the following:

a. Review of the National Health Laboratory Account including systems and processes in place at the Department to manage this account.

b. Review of the South African National Blood Services Account including systems and processes in place to manage blood supplies

c. Review of the Telkom account and advising on efficiencies.

d. Advising amongst other things on other areas where revenue could be generated to augment the purse of the Department e.g. Commissions, Medical Aid, Licencing and Inspection of private health care facilities.

e. Review of PERSAL - Incapacity Leave, S&T Management, GFMS, Pharmaceutical Depots, Optimal Staff Deployment

ii. Made progress in increasing our visibility by utilising our individual skills to support the Department in improving its systems, processes and controls.

iii. Conducted ongoing monitoring and review of the implementation of HMS2 module to enhance increased automation of the Department.

iv. Strengthened the effectiveness of internal controls and internal financial controls by supporting with the reviewing, updating of the Contingent Liability policy to enhance better reporting.

v. Oversaw the ongoing enhancement of financial reporting within the Department, which included ensuring continuity of financial operations after resignation of the former CFO.

The key focus areas for 2025/6 will be:

- Monitoring and advising on capacitation of legal services with full time resources to ensure continuity.
- Monitoring, reviewing and advising on cost effective and efficient measures to improve the financial viability of the Department.
- Enhancing proper archiving of legal liability files to maintain a proper audit trail.
- We will continue to monitor and advise on cost cutting measures and areas of wastage.
- Advising further on revenue generating measures.
- Monitor the process to appoint a new Chief Financial Officer and ensure the process is concluded satisfactorily.
- Monitor measures in place to establish rehabilitation centres for cerebral palsy damages arising out of medical negligence as these will address the Departments public liability and resultant claims paid out
- 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 Contingent Liability policy to ensure the Legal liability is valued correctly and recognised correctly in the accounting records.
- Monitoring and advising on the budget and spending of the Department.
- 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 accepts the report of the Auditor General South Africa on the annual financial statements and are of the opinion that the annual financial statements should be accepted and read together with the report of the Auditor General. The Committee will continue to monitor processes to ensure plans are developed and implemented to ensure further improvements in internal controls towards a clean audit opinion.



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Ms. Loren Smith CA (SA), RA
Chairperson of the Audit Committee
Eastern Cape Department of Health
31 May 2025

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

Table C7: 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 licenses, 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 PPPR 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?	No	Comply with Treasury Regulations.
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's Annual Recruitment Plan has served as the basis for filling prioritised, new, and replacement posts during the financial year. The Annual Recruitment Plan is a strategic document that outlines the planned recruitment and selection processes across business functions within the department, aligned with its strategic objectives and taking into account budgetary constraints.

The Annual Recruitment Plan also gives effect to the Department's Medium-Term Expenditure Framework (MTEF) Human Resource Plan, which seeks to provide a structured and coordinated approach to ensuring the availability and optimal utilisation of skilled human resources—critical for delivering on departmental imperatives.

The following strategies have been implemented by the department to promote diversity, gender equity, disability inclusion, and youth employment:

- Recruitment of a targeted, diverse population.
- Employment of medical, nursing, and allied health personnel under the Internship and Community Service Programme.
- Employment of administrative interns, learners, and artisans.
- Awarding of bursaries.

The department has endeavoured to ensure the effective management and coordination of the collective bargaining process, as well as grievances and misconduct cases. Employee relations across the Province remain generally stable. The Eastern Cape Chamber of the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) is functioning effectively, with active involvement from all stakeholders. Throughout the financial year, all meetings were attended by all parties, and all policies introduced by the employer were thoroughly discussed and subsequently adopted by the Chamber. The Chamber held quarterly meetings, and through its Task Team, consultations on six Human Resource (HR) policies took place. These policies, along with the associated Standard Operating Procedures, have since been implemented. Occasional protests did occur but were effectively managed.

The department has been engaged in an extensive review of its Service Delivery Model (SDM) and organisational structure. To govern and oversee this critical project, a Departmental Task Team (DTT) was established. This team comprises members from departmental management, social partners, the Office of the Premier's Organisational Development Unit, and technical task team members. The DTT is responsible for ensuring the successful development and implementation of the new SDM and organisational structure.

The Organisational Structure Review Project, inclusive of the SDM, has been a key departmental priority. A structured Change Management Programme was initiated to ensure smooth engagement and transition processes, resulting in the training and activation of 84 Change Agents. The ADKAR model, along with hybrid change management methodologies, has guided the department's structured approach to awareness-building, consultation, and resistance management.

The SDM and Organisational Structure Review Project recorded steady and measurable progress. Key structural components either completed or nearing completion include:

- Functional organograms (fully completed).
- Migration Plan (95% complete).
- Revised Service Delivery Model (90% finalised).
- Job description development (100% complete).

- Staffing norms development (contributing significantly to progress).
- Change Management Programme (currently at 70% completion).

These achievements reflect improved governance by the DTT. The Migration Plan has maintained steady progress at 95%, with further work focused on broadening awareness through planned staff engagement sessions and obtaining final approval. Once endorsed, the migration process will proceed in phases.

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

The review of the organogram was one of the key priorities during 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 Organisational Structure Review Project and Service Delivery Model (SDM), including the Service Delivery Optimisation Plan (SDOP), aim to enhance healthcare service delivery by addressing inefficiencies and optimising the current human resource workforce. The SDM has served as the basis for the development and alignment of the organogram.

Furthermore, the development of the organogram has been concluded for District Health Services (DHS) and major hospitals, while it is still ongoing for pharmaceutical services, training colleges, and the Head Office. The Department will continue preparations for a validation session of the first-phase submission of the DHS structure to the Department of Public Service and Administration (DPSA).

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

Given the Department's strategic imperatives, the focus on workforce planning is underpinned by the following strategic objectives:

- Implementation of the Attraction and Retention Strategy.
- Implementation of the Department's Annual Recruitment Plan (ARP).
- Implementation of the Employee Wellness Programme.
- Building workforce capacity through training and development (including internship and community service opportunities).
- Managing workforce diversity; and
- Fostering a sound and peaceful labour relations environment.

1.4 Employee performance management

The department overall Performance Management and Development Strategy (PMDS) compliance has declined slightly, from 93% in the 23/24 Financial Year to 91% in 2024/25 Financial Year.

This decline indicates a challenge that has hindered the department's effort to maintain optimal performance standards.

A Breakdown of the 2024/25 Compliance Levels as follows:

- Levels 2-8 (lower levels) is equal to 93%
- Levels 9-12 (Middle Management) = 85%
- SMS (Senior Management Service) = 100%

Although the SMS level achieved full compliance of 100%, there is a clear need to strengthened compliance efforts at the lower and middle levels, as these categories contributed to the overall decrease.

The provision for the payables of PMDS amounted to R242 million for 2023/24 financial year payable in financial year ended 31 March 2025.

Achievement in 2024/25 Contracting

In line with the DPSA directive contained in a DPSA Circular 7 of 2024, the due date for SMS Level Performance Contracting was extended to 31 August 2024. The Department achieved for the 1st time a 100% compliance for SMS contracting.

Whilst accounting for such outstanding achievement, the levels 2-12 did not achieve a 100% contracting compliance for the 2024/25 PMDS Circle due to several contributing factors which includes:

- Mid -year appointment of community service employees.
- Deliberate non-compliance by employees whose salaries are on top notch, and
- Lack of management and ownership of PMDS Process by managers, especially middle managers.

1.5 Employee wellness programme

The Employee Wellness Programme provides support to employees and their household members. The department implemented the Employee Health and Wellness Operational Plan, which encompasses programmes addressing HIV and AIDS, Sexually Transmitted Infections (STIs) and Tuberculosis (TB) in the workplace; health and productivity; Safety, Health, Environment, Risk and Quality (SHERQ); and overall wellness.

Utilisation of the Employee Health and Wellness Programme for the 2023/24 financial year indicates that 2,457 health workers accessed Employee Assistance Programme (EAP) services, translating to a utilisation rate of 5.2%. The top five issues presented by health workers were:

- Work-related – 293 cases
- Mental health – 279 cases (remains the leading concern)
- Substance abuse – 102 cases
- Family-related – 84 cases
- Trauma – 80 cases

Employee wellness services are provided in-house for both employees and supervisors. The programme is delivered by designated Employee Wellness professionals, including Occupational Health and Safety (OHS) Coordinators, staff health clinics, and through partnerships with internal clinical resources—such as the HIV, TB, Mental Health, and Health Promotion programmes—as well as external partners including the Government Employees Medical Scheme (GEMS), Non-Governmental Organisations (NGOs), and financial wellness providers.

Clinical services, such as counselling, are provided by qualified professionals and are supplemented by internal psychologists and social workers when available. The Employee Wellness Programme has successfully delivered a comprehensive range of services, including counselling, incapacity management, occupational health, health promotion, and supervisory support. Additional services have included psychoeducation/health promotion, OHS training for supervisors, programme promotion, and sports and recreational activities.

Governance of OHS and risk mitigation remain challenging, as internal capacity is currently insufficient to meet the demand for psychosocial services, particularly trauma support. As a result, the department initiated a procurement process for an external service provider to increase service coverage. This process was under consideration at the end of the financial year.

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

Although the staffing gap has not yet been fully closed, the department made significant progress during the past financial year in employing critical staff to meet the demand for care and adhere to minimum service standards.

The vacancy rate, at 14.4%, remains considerably high compared to the national norm of 5%. This elevated rate is primarily attributed to pressures on the Compensation of Employees (CoE) budget, particularly in relation to posts funded under the Equitable Share. The austerity measures introduced to manage CoE budget constraints have especially impacted the filling of critical non-clinical posts.

Although the department is classified as an essential service under the Labour Relations Act, there have been recurring instances of employees engaging in work stoppages or abandoning their duties. In response, the department is prioritising targeted training and the capacitation of presiding officers. Efforts include expanding the pool of qualified presiding officers across all districts to ensure equitable distribution and expeditious resolution of cases, supported by guidelines for effective case management. The introduction of a case monitoring system is underway to ensure compliance with legal timeframes, reduce unnecessary financial liabilities, and safeguard employee rights. Additionally, the department has partnered with the Public Service Commission (PSC) to conduct labour relations workshops, focusing on understanding the grievance process. These sessions aim to empower managers to respond decisively and appropriately when grievances arise.

There have been notable gains across several indicators in the Organogram Review and Service Delivery Model (SDM) project. By the end of the financial year, overall organogram development had reached 74% completion. Organograms for Primary Health Care (PHC), District Health Services (DHS), and lower-level facilities were finalised, while those for higher levels of care—including Regional, Tertiary, and Central Hospitals, as well as the Head Office—remained under development.

A key factor contributing to delays was the absence of national staffing norms. Consequently, the Technical Task Team (TTT) had to develop a new framework from scratch, without benchmarks from other provincial departments. Despite this challenge, the team succeeded in formulating staffing norms now regarded as a benchmark for other provinces. The TTT's work laid a critical foundation for subsequent components such as costing and post provisioning. By 31 March, staffing norms had reached 80% completion. These norms were fully developed for Primary Health Care and District Health Services and incorporated international workload indicators (Workload Indicators of Staffing Needs – WISN), patient-day equivalence, and South African service packages.

Staffing norms for higher levels of care, including hospitals and Emergency Medical Services (EMS) colleges, were still in development. The TTT's ability to devise context-specific, evidence-based staffing norms in the absence of national guidance reflects both innovation and a strong commitment to service improvement.

2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1. Personnel related expenditure

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2024 and 31 March 2025

PROGRAMME	TOTAL EXPENDITURE (R'000)	PERSONNEL EXPENDITURE (R'000)	TRAINING EXPENDITURE (R'000)	PROFESSIONAL AND SPECIAL SERVICES EXPENDITURE (R'000)	PERSONNEL EXPENDITURE AS A % OF TOTAL EXPENDITURE	AVERAGE PERSONNEL COST PER EMPLOYEE (R'000)
ADMINISTRATION	678.571	413.710	-	12.262	61	52
DISTRICT HEALTH SERVICES	16.192.604	11.013.149	624	24.486	68	33
EMERGENCY MEDICAL SERVICES	1.526.242	1.067.673	-	-	70	32
PROVINCIAL HOSPITAL SERVICES	4.443.679	3.422.613	-	25	77	39
CENTRAL HOSPITAL SERVICES	5.153.643	3.601.965	-	10	70	51
HEALTH SCIENCES AND TRAINING	921.987	769.060	19.306	-	83	70
HEALTH CARE SUPPORT SERVICES	129.209	77.409	-	-	60	38
HEALTH FACILITIES MANAGEMENT	1.263.271	35.830	-	-	3	42
Total as on Financial Systems (BAS)	**30.309.206**	**20.401.409**	**19.930**	**36.783**	**67**	**37**

Table 3.1.2 Personnel costs by salary band for the period 1 April 2024 and 31 March 2025

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)	1.113.602	5	4.698	237
02 Skilled (Levels 3-5)	4.629.691	23	14.494	319
03 Highly skilled production (Levels 6-8)	5.692.943	28	11.488	496
04 Highly skilled supervision (Levels 9-12)	7.053.846	35	6.543	1.078
05 Senior management (Levels >= 13)	115.578	1	81	1.427
09 Other	19.874	0	41	485
10 Contract (Levels 1-2)	471	0	2	236
11 Contract (Levels 3-5)	87.078	0	352	247
12 Contract (Levels 6-8)	317.354	2	786	404
13 Contract (Levels 9-12)	954.171	5	957	997
14 Contract (Levels >= 13)	4.734	0	3	1.578
19 Periodical Remuneration	5.241	0	15	349
20 Abnormal Appointment	406.826	2	7.194	57
TOTAL	**20.401.409**	**100**	**46.654**	**437**

Table 3.1.3 Salaries, Overtime, Homeowners Allowance and Medical Aid by programme for the period 1 April 2024 and 31 March 2025

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
PRG1: ADMINISTRATION	357.600	86	2.039	0	13.090	3	19.872	5
PRG2: DISTRICT HEALTH SERVICES	9.509.286	86	311.799	3	416.836	4	629.117	6
PRG3: EMERGENCY MEDICAL SERVICES	896.353	84	150.001	14	48.149	5	93.762	9
PRG4: PROVINCIAL HOSPITAL SERVICE	2.942.758	86	227.185	7	118.969	3	210.386	6
PRG5: CENTRAL HOSPITAL SERVICES	3.149.149	87	341.821	9	100.395	3	179.953	5
PRG6: HEALTH SCIENCES & TRAINING	726.666	94	140.685	18	7.661	1	12.618	2
PRG7: HEALTH CARE SUPPORT SERVICES	65.178	84	-	-	3.207	4	5.271	7
PRG8: HEALTH FACILITIES MANAGEMENT	31.918	89	15	0	1.514	4	749	2
TOTAL	**17.678.908**	**87**	**1.173.545**	**6**	**709.821**	**3**	**1.151.728**	**6**

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2024 and 31 March 2025

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)	861.743	4,22	11.893	0,06	98.991	0,49	139.499	0,68
02 Skilled (Levels 3-5)	3.712.038	18,20	160.369	0,79	292.433	1,43	472.856	2,32
03 Highly skilled production (Levels 6-8)	5.033.957	24,67	106.690	0,52	214.155	1,05	370.287	1,82
04 Highly skilled supervision (Levels 9-12)	6.196.065	30,37	681.553	3,34	101.729	0,50	167.934	0,82
05 Senior management (Levels >= 13)	114.496	0,56	23	-	2.124	0,01	643	-
09 Other	21.706	0,11	100	-	86	-	229	-
10 Contract (Levels 1-2)	430	-	-	-	21	-	48	-
11 Contract (Levels 3-5)	97.811	0,48	24	-	21	-	-	-
12 Contract (Levels 6-8)	355.761	1,74	449	-	104	-	159	-
13 Contract (Levels 9-12)	826.044	4,05	212.444	1,04	157	-	73	-
14 Contract (Levels >= 13)	4.956	0,02	-	-	-	-	-	-
19 Periodical Remuneration	310	-	-	-	-	-	-	-
20 Abnormal Appointment	453.591	2,22	-	-	-	-	-	-
TOTAL	**17.678.908**	**86,66**	**1.173.545**	**5,75**	**709 821**	**3,48**	**1 151 728**	**5,65**

3.2. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2025

PROGRAMME	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
PRG1: Administration, Permanent	799,00	660,00	17,40	51,00
PRG2: District Health Services, Permanent	26 652,00	22 647,00	73,30	852,00
PRG2: District Health Services, Temporary	21,00	21,00	0,00	0,00
PRG3: Emergency Medical Services, Permanent	2 882,00	2 377,00	17,50	0,00
PRG4: Provincial Hospital Service, Permanent	8 008,00	7 113,00	11,20	194,00
PRG4: Provincial Hospital Service, Temporary	4,00	4,00	0,00	0,00
PRG5: Central Hospital Services, Permanent	6 545,00	5 660,00	13,50	338,00
PRG5: Central Hospital Services, Temporary	15,00	15,00	0,00	0,00
PRG6: Health Sciences & Training, Permanent	939,00	749,00	20,20	262,00
PRG7: Health Care Support Services, Permanent	196,00	166,00	15,30	2,00
PRG8: Health Facilities Management, Permanent	39,00	32,00	17,90	3,00
TOTAL	**46 091,00**	**39 444,00**	**14,40**	**1 702,00**

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2025

SALARY BAND	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
01 Lower Skilled (Levels 1-2), Permanent	5 363,00	4 698,00	12,40	24,00
02 Skilled (Levels 3-5), Permanent	16 466,00	14 494,00	12,00	46,00
03 Highly Skilled Production (Levels 6-8), Permanent	13 660,00	11 487,00	15,90	145,00
04 Highly Skilled Supervision (Levels 9-12), Permanent	8 341,00	6 537,00	21,60	26,00
04 Highly Skilled Supervision (Levels 9-12), Temporary	6,00	6,00	0,00	0,00
05 Senior Management (Levels >= 13), Permanent	114,00	81,00	28,90	1,00
09 Other, Permanent	7,00	7,00	0,00	0,00
09 Other, Temporary	34,00	34,00	0,00	0,00
10 Contract (Levels 1-2), Permanent	2,00	2,00	0,00	0,00
11 Contract (Levels 3-5), Permanent	352,00	352,00	0,00	49,00
12 Contract (Levels 6-8), Permanent	786,00	786,00	0,00	621,00
13 Contract (Levels 9-12), Permanent	957,00	957,00	0,00	789,00
14 Contract (Levels >= 13), Permanent	3,00	3,00	0,00	1,00
TOTAL	**46 091,00**	**39 444,00**	**14,40**	**1 702,00**

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2025

CRITICAL OCCUPATION	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
ADMINISTRATION CLERKS, Permanent	304,00	142,00	53,30	48,00
ADMINISTRATION OFFICER, Permanent	70,00	27,00	61,40	0,00
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER, Permanent	1,00	1,00	0,00	0,00
ADMINISTRATIVE RELATED, Permanent	272,00	247,00	9,20	2,00
ADMISSION CLERK, Permanent	1,00	1,00	0,00	0,00
AGED CARE REGISTERED NURSE, Permanent	1,00	1,00	0,00	1,00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	163,00	135,00	17,20	0,00
AMBULANCE AND RELATED WORKERS, Permanent	2 100,00	1 999,00	4,80	0,00
ANCILLARY HEALTH CARE WORKER, Permanent	3,00	3,00	0,00	0,00
ARCHITECT, Permanent	3,00	2,00	33,30	0,00
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	3,00	3,00	0,00	0,00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	9,00	7,00	22,20	0,00
ASSISTANT MIDWIFE, Permanent	1,00	0,00	100,00	0,00
AUDIOLOGIST, Permanent	10,00	8,00	20,00	8,00
AUTHORISED PHARMACIST PRESCRIBER, Permanent	3,00	3,00	0,00	2,00
AUXILIARY AND RELATED WORKERS, Permanent	482,00	452,00	6,20	1,00
AUXILIARY CHILD AND YOUTH CARE WORKER, Permanent	1,00	1,00	0,00	0,00
AUXILIARY COMMUNITY DEVELOPMENT PRACTITIONER, Permanent	45,00	9,00	80,00	0,00
BOILER AND RELATED OPERATORS, Permanent	44,00	39,00	11,40	0,00
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	134,00	128,00	4,50	0,00
BUS AND HEAVY VEHICLE DRIVERS, Permanent	15,00	15,00	0,00	0,00
CALL OR CONTACT CENTRE CLERK, Permanent	41,00	16,00	61,00	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 ESTABLISHMENT
CARETAKER/ CLEANER, Permanent	145,00	30,00	79,30	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
CHAPLAIN, Permanent	1,00	1,00	0,00	0,00
CHIEF INFORMATION OFFICER, Permanent	2,00	2,00	0,00	0,00
CHILD CARE WORKER, Permanent	2,00	2,00	0,00	0,00
CIVIL ENGINEER, Permanent	4,00	2,00	50,00	1,00
CIVIL ENGINEERING CONSTRUCTOR, Permanent	64,00	19,00	70,30	0,00
CIVIL ENGINEERING TECHNICIAN, Permanent	2,00	2,00	0,00	0,00
CIVIL ENGINEERING TECHNICIANS, Permanent	1,00	1,00	0,00	0,00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	4 174,00	3 992,00	4,40	40,00
CLERICAL SUPPLEME.WORKERS NOT ELSEWHERE CLASSIFIED, Permanent	113,00	46,00	59,30	1,00
CLIENT INFORM CLERKS (SWITCHB RECEPT INFORM CLERKS), Permanent	211,00	198,00	6,20	0,00
CLINICAL NURSE PRACTITIONER, Permanent	8,00	5,00	37,50	0,00
CLINICAL PSYCHOLOGIST, Permanent	26,00	14,00	46,20	13,00
COMMUNICATION AND INFORMATION RELATED, Permanent	43,00	41,00	4,70	0,00
COMMUNICATION COORDINATOR, Permanent	23,00	9,00	60,90	0,00
COMMUNITY DEVELOPMENT MANAGER, Permanent	11,00	4,00	63,60	1,00
COMMUNITY DEVELOPMENT WORKERS, Permanent	1,00	1,00	0,00	0,00
COMMUNITY PSYCHOLOGIST, Permanent	1,00	1,00	0,00	0,00
COMPLIANCE OFFICER, Permanent	1,00	1,00	0,00	0,00
CONSTRUCTION PROJECT MANAGER, Permanent	2,00	2,00	0,00	1,00

CRITICAL OCCUPATION	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
CONTRACT MANAGER, Permanent	1,00	1,00	0,00	0,00
COUNSELLING PSYCHOLOGIST, Permanent	16,00	10,00	37,50	0,00
CRAFT & RELATED WORKERS NOT ELSEWHERE CLASSIFIED, Permanent	1,00	1,00	0,00	0,00
DATA ENTRY CLERK, Permanent	688,00	629,00	8,60	0,00
DENTAL ASSISTANT, Permanent	25,00	17,00	32,00	0,00
DENTAL PRACTITIONERS, Permanent	139,00	128,00	7,90	0,00
DENTAL TECHNICIAN, Permanent	1,00	1,00	0,00	0,00
DENTAL TECHNICIANS, Permanent	4,00	4,00	0,00	0,00
DENTAL THERAPIST, Permanent	4,00	1,00	75,00	0,00
DENTAL THERAPY, Permanent	17,00	14,00	17,60	0,00
DENTIST, Permanent	40,00	31,00	22,50	16,00
DIETICIAN, Permanent	32,00	23,00	28,10	12,00
DIETICIANS AND NUTRITIONISTS, Permanent	117,00	108,00	7,70	0,00
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	1,00	1,00	0,00	0,00
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED, Permanent	173,00	47,00	72,80	0,00
EMERGENCY SERVICE AND RESCUE WORKER, Permanent	705,00	317,00	55,00	0,00
EMERGENCY SERVICES RELATED, Permanent	21,00	21,00	0,00	0,00
ENGINEERING SCIENCES RELATED, Permanent	3,00	3,00	0,00	0,00
ENGINEERS AND RELATED PROFESSIONALS, Permanent	17,00	15,00	11,80	0,00
ENROLLED NURSE, Permanent	443,00	196,00	55,80	0,00
ENVIRONMENTAL HEALTH OFFICER, Permanent	7,00	6,00	14,30	4,00
ENVIRONMENTAL HEALTH*, Permanent	16,00	14,00	12,50	0,00
ETHICS OFFICER, Permanent	9,00	5,00	44,40	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 ESTABLISHMENT
FINANCE AND ECONOMICS RELATED, Permanent	134,00	127,00	5,20	1,00
FINANCE CLERK, Permanent	101,00	43,00	57,40	0,00
FINANCE MANAGER, Permanent	7,00	4,00	42,90	0,00
FINANCIAL AND RELATED PROFESSIONALS, Permanent	58,00	56,00	3,40	1,00
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	398,00	381,00	4,30	0,00
FOOD SERVICES AIDS AND WAITERS, Permanent	574,00	551,00	4,00	1,00
FOOD TRADE ASSISTANT, Permanent	17,00	10,00	41,20	0,00
FORENSIC PATHOLOGIST, Permanent	11,00	7,00	36,40	0,00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS, Permanent	1,00	1,00	0,00	0,00
GENERAL MEDICAL PRACTITIONER, Permanent	1 048,00	856,00	18,30	635,00
GENERAL MEDICAL PRACTITIONER, Temporary	26,00	26,00	0,00	0,00
GENERAL MEDICINE SPECIALIST PHYSICIAN, Permanent	2,00	2,00	0,00	0,00
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER, Permanent	3,00	2,00	33,30	0,00
HEAD OF PROVINCIAL GOVERNMENT COMPONENT, Permanent	10,00	6,00	40,00	0,00
HEALTH CARE MANAGER, Permanent	2,00	2,00	0,00	0,00
HEALTH SCIENCES RELATED, Permanent	169,00	151,00	10,70	0,00
HEALTHCARE CLEANER, Permanent	263,00	66,00	74,90	3,00
HOSPITAL PHARMACIST, Permanent	145,00	109,00	24,80	80,00
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	760,00	738,00	2,90	3,00
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	4,00	4,00	0,00	0,00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	7,00	7,00	0,00	0,00
HUMAN RESOURCE CLERK, Permanent	54,00	23,00	57,40	0,00
HUMAN RESOURCE MANAGER, Permanent	2,00	1,00	50,00	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 ESTABLISHMENT
HUMAN RESOURCE PRACTITIONER, Permanent	45,00	22,00	51,10	0,00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	30,00	30,00	0,00	0,00
HUMAN RESOURCES CLERKS, Permanent	215,00	207,00	3,70	0,00
HUMAN RESOURCES RELATED, Permanent	174,00	162,00	6,90	0,00
INDUSTRIAL/ LABOUR RELATIONS OFFICER, Permanent	1,00	1,00	0,00	0,00
INFORMATION TECHNOLOGY & SYSTEMS MANAGER, Permanent	31,00	19,00	38,70	0,00
INFORMATION TECHNOLOGY RELATED, Permanent	10,00	10,00	0,00	0,00
INSPECTORS OF APPRENTICES WORKS AND VEHICLES, Permanent	2,00	2,00	0,00	0,00
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN, Permanent	31,00	28,00	9,70	0,00
LAUNDRY WORKER (GENERAL), Permanent	68,00	37,00	45,60	0,00
LEGAL RELATED, Permanent	3,00	2,00	33,30	0,00
LIBRARIANS AND RELATED PROFESSIONALS, Permanent	1,00	1,00	0,00	0,00
LIBRARY ASSISTANT, Permanent	2,00	2,00	0,00	0,00
LIBRARY MAIL AND RELATED CLERKS, Permanent	85,00	78,00	8,20	0,00
LIFE SCIENCES RELATED, Permanent	1,00	1,00	0,00	0,00
LIGHT VEHICLE DRIVER, Permanent	28,00	14,00	50,00	0,00
LIGHT VEHICLE DRIVERS, Permanent	133,00	127,00	4,50	0,00
LINGUIST, Permanent	2,00	0,00	100,00	0,00
LOGISTICAL SUPPORT PERSONNEL, Permanent	128,00	121,00	5,50	0,00
MAINTENANCE OFFICER, Permanent	1,00	1,00	0,00	0,00
MANAGERS NOT ELSEWHERE CLASSIFIED, Permanent	5,00	2,00	60,00	0,00
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	188,00	180,00	4,30	1,00
MECHANICAL ENGINEERING TECHNICIANS, Permanent	1,00	0,00	100,00	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 ESTABLISHMENT
MEDICAL DIAGNOSTIC RADIOGRAPHER, Permanent	2,00	1,00	50,00	1,00
MEDICAL PRACTITIONERS, Permanent	1 374,00	1 239,00	9,80	25,00
MEDICAL PRACTITIONERS, Temporary	5,00	5,00	0,00	0,00
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	6,00	6,00	0,00	0,00
MEDICAL SECRETARY, Permanent	1,00	0,00	100,00	0,00
MEDICAL SPECIALISTS, Permanent	211,00	174,00	17,50	0,00
MEDICAL SPECIALISTS, Temporary	1,00	1,00	0,00	0,00
MEDICAL TECHNICIAN, Permanent	1,00	1,00	0,00	0,00
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	42,00	38,00	9,50	0,00
MEDICAL TECHNOLOGIST, Permanent	4,00	1,00	75,00	0,00
MEDICAL TECHNOLOGIST, Temporary	2,00	2,00	0,00	0,00
MESSENGERS PORTERS AND DELIVERERS, Permanent	725,00	694,00	4,30	2,00
MESSENGERS, Permanent	4,00	3,00	25,00	0,00
MIDDLE MANAGER: HUMAN RESOURCE & ORGANISA DEVEL RELA, Permanent	14,00	4,00	71,40	0,00
MIDDLE MANAGER: ADMINISTRATIVE RELATED, Permanent	9,00	2,00	77,80	0,00
MIDDLE MANAGER: EMERGENCY SERVICES RELATED, Permanent	1,00	0,00	100,00	0,00
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED, Permanent	10,00	4,00	60,00	0,00
MIDDLE MANAGER: HEALTH SCIENCE RELATED, Permanent	132,00	43,00	67,40	10,00
MIDDLE MANAGER: COMMUNICATION & INFORMATION RELATED, Permanent	1,00	1,00	0,00	0,00
MOTOR VEHICLE DRIVERS, Permanent	25,00	25,00	0,00	2,00
NURSE EDUCATOR, Permanent	132,00	52,00	60,60	0,00
NURSE MANAGER, Permanent	310,00	191,00	38,40	0,00
NURSE RESEARCHER, 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 ESTABLISHMENT
NURSING ASSISTANTS, Permanent	5 241,00	4 934,00	5,90	8,00
OCCUPATIONAL THERAPIST, Permanent	110,00	62,00	43,60	53,00
OCCUPATIONAL THERAPY*, Permanent	99,00	84,00	15,20	2,00
OFFICE CLEANER, Permanent	3,00	3,00	0,00	0,00
OPTOMETRIST, Permanent	1,00	0,00	100,00	0,00
OPTOMETRISTS AND OPTICIANS, Permanent	7,00	7,00	0,00	0,00
ORAL HYGIENE, Permanent	17,00	15,00	11,80	0,00
ORAL HYGIENIST, Permanent	7,00	0,00	100,00	0,00
ORTHODONTIST, Permanent	1,00	0,00	100,00	0,00
ORTHOPAEDIC TECHNICIAN, Permanent	2,00	0,00	100,00	0,00
ORTHOTIC AND PROSTHETIC TECHNICIAN, Permanent	3,00	3,00	0,00	0,00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	1 553,00	1 467,00	5,50	21,00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	181,00	171,00	5,50	5,00
OTHER CLERICAL SUPPORT WORKERS, Permanent	5,00	5,00	0,00	0,00
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	63,00	61,00	3,20	0,00
OTHER MIDDLE MANAGER, Permanent	14,00	7,00	50,00	0,00
OTHER OCCUPATIONS, Permanent	3,00	3,00	0,00	0,00
PARAMEDICAL PRACTITIONER, Permanent	8,00	0,00	100,00	0,00
PAYROLL CLERK, Permanent	1,00	1,00	0,00	0,00
PERSONAL ASSISTANT, Permanent	20,00	8,00	60,00	0,00
PHARMACEUTICAL ASSISTANTS, Permanent	33,00	30,00	9,10	0,00
PHARMACISTS, Permanent	846,00	805,00	4,80	16,00
PHARMACY TECHNICIAN, Permanent	209,00	102,00	51,20	17,00

CRITICAL OCCUPATION	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF POSTS FILLED	VACANCY RATE (INCLUDES FROZEN POSTS)	NUMBER OF EMPLOYEES ADDITIONAL TO THE ESTABLISHMENT
PHYSICISTS, Permanent	5,00	4,00	20,00	0,00
PHYSIOTHERAPIST, Permanent	83,00	69,00	16,90	62,00
PHYSIOTHERAPY, Permanent	157,00	119,00	24,20	5,00
PODIATRIST, Permanent	1,00	0,00	100,00	0,00
PROFESSIONAL NURSE, Permanent	10 828,00	9 640,00	11,00	75,00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	67,00	60,00	10,40	0,00
PUBLIC HEALTH MEDICINE SPECIALIST, Permanent	468,00	121,00	74,10	0,00
PUBLIC HEALTH MEDICINE SPECIALIST, Temporary	6,00	6,00	0,00	0,00
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE, Permanent	1,00	0,00	100,00	0,00
RADIOGRAPHIC TECHNICIAN, Permanent	10,00	10,00	0,00	10,00
RADIOGRAPHY, Permanent	352,00	321,00	8,80	3,00
REGISTERED NURSE (COMMUNITY HEALTH), Permanent	1 719,00	1 059,00	38,40	467,00
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY), Permanent	176,00	130,00	26,10	0,00
REGISTRY AND MAILING CLERK, Permanent	20,00	9,00	55,00	0,00
RESIDENT MEDICAL OFFICER, Permanent	5,00	4,00	20,00	0,00
RISK MANAGEMENT AND SECURITY SERVICES, Permanent	4,00	4,00	0,00	0,00
SAFETY HEALTH AND QUALITY INSPECTORS, Permanent	11,00	9,00	18,20	0,00
SAFETY INSPECTOR, Permanent	2,00	2,00	0,00	0,00
SAFETY/HEALTH & ENVIRON & QUALITY(SHE&Q) PRACTITIONER, Permanent	4,00	3,00	25,00	0,00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	352,00	340,00	3,40	2,00
SECURITY GUARDS, Permanent	2,00	2,00	0,00	0,00
SECURITY OFFICER, Permanent	3,00	0,00	100,00	0,00
SENIOR MANAGERS, Permanent	84,00	71,00	15,50	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 ESTABLISHMENT
SOCIAL SCIENCES RELATED, Permanent	2,00	2,00	0,00	0,00
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	134,00	133,00	0,70	0,00
SOCIAL WORKER, Permanent	18,00	12,00	33,30	0,00
SPEECH THERAPIST, Permanent	55,00	29,00	47,30	24,00
SPEECH THERAPY AND AUDIOLOGY, Permanent	65,00	54,00	16,90	4,00
STAFF NURSE, Permanent	394,00	194,00	50,80	0,00
STAFF NURSES AND PUPIL NURSES, Permanent	3 341,00	3 139,00	6,00	10,00
STUDENT NURSE*, Permanent	22,00	19,00	13,60	0,00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	8,00	8,00	0,00	0,00
SUPPLY CHAIN CLERK, Permanent	21,00	5,00	76,20	0,00
SURVEYOR, Permanent	2,00	2,00	0,00	1,00
SWITCHBOARD OPERATOR, Permanent	1,00	1,00	0,00	0,00
TECHNIC& ASSOCIATE TECHN.OCCUPATIONS NT CLASSIFIED, Permanent	1,00	1,00	0,00	0,00
TRADE LABOURERS, Permanent	173,00	157,00	9,20	1,00
TRAINING AND DEVELOPMENT PROFESSIONAL, Permanent	3,00	1,00	66,70	0,00
TRANSPORT CLERK, Permanent	33,00	11,00	66,70	0,00
WASHROOM ATTENDANT, Permanent	2,00	2,00	0,00	0,00
WORD PROCESSING OPERATOR, Permanent	7,00	3,00	57,10	0,00
WORK PLANNERS, Permanent	1,00	1,00	0,00	0,00
WORKSHOP CLEANER, Permanent	1,00	1,00	0,00	0,00
TOTAL	**46 091,00**	**39 444,00**	**14,40**	**1 702,00**

3.3. Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2025

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	0	0	0	0	0
Salary Level 15	5	3	75	2	40
Salary Level 14	19	15	79	4	21
Salary Level 13	70	67	96	3	4
TOTAL	**95**	**86**	**72**	**9**	**9.5**

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	0	0	0	0	0
Salary Level 15	5	3	75	2	40
Salary Level 14	19	15	79	4	21
Salary Level 13	70	67	96	3	4
TOTAL	**95**	**86**	**72**	**9**	**9.5**

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2024 and 31 March 2025

SMS LEVEL	ADVERTISING	FILLING OF POSTS	
	NUMBER OF VACANCIES PER LEVEL ADVERTISED IN 6 MONTHS OF BECOMING VACANT	NUMBER OF VACANCIES PER LEVEL FILLED IN 6 MONTHS OF BECOMING VACANT	NUMBER OF VACANCIES PER LEVEL NOT FILLED IN 6 MONTHS BUT FILLED IN 12 MONTHS
Director-General/ Head of Department	0	0	0
Salary Level 16	-	-	-
Salary Level 15	3	0	1
Salary Level 14	3	0	0
Salary Level 13	10	0	5
Total	**16**	**0**	**6**

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 2024 and 31 March 2025

REASONS FOR VACANCIES NOT ADVERTISED WITHIN SIX MONTHS
None

REASONS FOR VACANCIES NOT FILLED WITHIN TWELVE MONTHS
For the posts advertised, in some posts no suitable candidates where found which resulted in the posts being re-advertised. Delays of receipt of Personnel suitability check results i.e. Pre-employment checks and Verification of Qualifications by SAQA.

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 2024 and 31 March 2025

REASONS FOR VACANCIES NOT ADVERTISED WITHIN SIX MONTHS
None

REASONS FOR VACANCIES NOT FILLED WITHIN SIX MONTHS
None

3.4. Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2024 and 31 March 2025

SALARY BAND	NUMBER OF POSTS ON APPROVED ESTABLISHMENT	NUMBER OF JOBS EVALUATED	% OF POSTS EVALUATED BY SALARY BANDS	POSTS UPGRADED		POSTS DOWNGRADED	
				NUMBER	% OF POSTS EVALUATED	NUMBER	% OF POSTS EVALUATED
01 Lower Skilled (Levels 1-2)	5 363,00	0,00	0,00	0,00	0,00	0,00	0,00
02 Skilled (Levels 3-5)	16 466,00	0,00	0,00	0,00	0,00	0,00	0,00
03 Highly Skilled Production (Levels 6-8)	13 661,00	0,00	0,00	0,00	0,00	0,00	0,00
04 Highly Skilled Supervision (Levels 9-12)	8 347,00	0,00	0,00	1,00	100,00	0,00	0,00
05 Senior Management Service Band A	86,00	0,00	0,00	0,00	0,00	0,00	0,00
06 Senior Management Service Band B	20,00	0,00	0,00	0,00	0,00	0,00	0,00
07 Senior Management Service Band C	7,00	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	40,00	0,00	0,00	0,00	0,00	0,00	0,00
10 Contract (Levels 1-2)	2,00	0,00	0,00	0,00	0,00	0,00	0,00
11 Contract (Levels 3-5)	352,00	0,00	0,00	0,00	0,00	0,00	0,00
12 Contract (Levels 6-8)	786,00	0,00	0,00	0,00	0,00	0,00	0,00

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
13 Contract (Levels 9-12)	957,00	0,00	0,00	0,00	0,00	0,00	0,00
14 Contract Band A	2,00	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	**46 091,00**	**0,00**	**0,00**	**1,00**	**100,00**	**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 2024 and 31 March 2025

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

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2024 and 31 March 2025

OCCUPATION	NUMBER OF EMPLOYEES	JOB EVALUATION LEVEL	REMUNERATION LEVEL	REASON FOR DEVIATION
Not Applicable	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**
Percentage of Total Employment	0	0	0	0
Total number of employees whose salaries exceeded the level determined by job evaluation				
Percentage of total employed				

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2024 and 31 March 2025

GENDER	AFRICAN	ASIAN	COLOURED	WHITE	TOTAL
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Total number of Employees whose salaries exceeded the grades determine by job evaluation	0

3.5. Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2024 and 31 March 2025

SALARY BAND	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD-01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
01 Lower Skilled (Levels 1-2) Permanent	5 158,00	17,00	112,00	2,20
02 Skilled (Levels 3-5) Permanent	14 944,00	11,00	471,00	3,20
03 Highly Skilled Production (Levels 6-8) Permanent	11 836,00	272,00	840,00	7,10
03 Highly Skilled Production (Levels 6-8) Temporary	1,00	0,00	0,00	0,00
04 Highly Skilled Supervision (Levels 9-12) Permanent	6 969,00	188,00	569,00	8,20
04 Highly Skilled Supervision (Levels 9-12) Temporary	5,00	1,00	0,00	0,00
05 Senior Management Service Band A Permanent	67,00	2,00	6,00	9,00
06 Senior Management Service Band B Permanent	14,00	0,00	0,00	0,00
07 Senior Management Service Band C Permanent	3,00	0,00	1,00	33,30
08 Senior Management Service Band D Permanent	1,00	0,00	0,00	0,00
09 Other Permanent	176,00	0,00	0,00	0,00

SALARY BAND	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
09 Other Temporary	25,00	34,00	24,00	96,00
10 Contract (Levels 1-2) Permanent	3,00	2,00	3,00	100,00
11 Contract (Levels 3-5) Permanent	57,00	639,00	345,00	605,30
12 Contract (Levels 6-8) Permanent	453,00	1 041,00	652,00	143,90
13 Contract (Levels 9-12) Permanent	1 041,00	677,00	708,00	68,00
14 Contract Band A Permanent	2,00	3,00	3,00	150,00
17 Contract Band D Permanent	1,00	0,00	0,00	0,00
TOTAL	**40 756,00**	**2 887,00**	**3 734,00**	**9,20**

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2024 and 31 March 2025

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
ADMINISTRATION OFFICER Permanent	0,00	1,00	24,00	0,00
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER Permanent	0,00	1,00	0,00	0,00
ADMINISTRATIVE RELATED Permanent	308,00	0,00	3,00	1,00
ADMISSION CLERK Permanent	1,00	0,00	0,00	0,00
AGED CARE REGISTERED NURSE Permanent	0,00	2,00	0,00	0,00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	167,00	0,00	0,00	0,00
AMBULANCE AND RELATED WORKERS Permanent	2 411,00	0,00	3,00	0,10
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	5,00	0,00	0,00	0,00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	7,00	0,00	0,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
AUDIOLOGIST Permanent	0,00	9,00	5,00	0,00
AUTHORISED PHARMACIST PRESCRIBER Permanent	1,00	2,00	0,00	0,00
AUXILIARY AND RELATED WORKERS Permanent	519,00	0,00	2,00	0,40
AUXILIARY COMMUNITY DEVELOPMENT PRACTITIONER Permanent	0,00	0,00	12,00	0,00
BOILER AND RELATED OPERATORS Permanent	44,00	0,00	1,00	2,30
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	135,00	0,00	1,00	0,70
BUS AND HEAVY VEHICLE DRIVERS Permanent	18,00	0,00	0,00	0,00
CALL OR CONTACT CENTRE CLERK Permanent	0,00	45,00	9,00	0,00
CARETAKER/ CLEANER Permanent	5,00	1,00	42,00	840,00
CARPENTER Permanent	0,00	1,00	1,00	0,00
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS Permanent	3,00	0,00	0,00	0,00
CASHIER Permanent	1,00	0,00	0,00	0,00
CASHIERS TELLERS AND RELATED CLERKS Permanent	1,00	0,00	0,00	0,00
CIVIL ENGINEER Permanent	0,00	1,00	0,00	0,00
CIVIL ENGINEERING CONSTRUCTOR Permanent	0,00	2,00	15,00	0,00
CIVIL ENGINEERING TECHNICIANS Permanent	1,00	0,00	0,00	0,00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	4 228,00	0,00	11,00	0,30
CLERICAL SUPPLEME.WORKERS NOT ELSEWHERE CLASSIFIED Permanent	5,00	1,00	19,00	380,00
CLIENT INFORM CLERKS (SWITCHB RECEPT INFORM CLERKS) Permanent	215,00	0,00	1,00	0,50
CLINICAL NURSE PRACTITIONER Permanent	0,00	10,00	17,00	0,00
CLINICAL PSYCHOLOGIST Permanent	1,00	13,00	21,00	2 100,00
COMMUNICATION AND INFORMATION RELATED Permanent	47,00	0,00	0,00	0,00
COMMUNICATION COORDINATOR Permanent	0,00	0,00	5,00	0,00
COMMUNITY DEVELOPMENT MANAGER Permanent	0,00	2,00	4,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
COMMUNITY DEVELOPMENT WORKERS Permanent	1,00	0,00	0,00	0,00
COMMUNITY PSYCHOLOGIST Permanent	0,00	3,00	2,00	0,00
CONSTRUCTION PROJECT MANAGER Permanent	0,00	1,00	0,00	0,00
COUNSELLING PSYCHOLOGIST Permanent	0,00	19,00	7,00	0,00
DATA ENTRY CLERK Permanent	4,00	0,00	16,00	400,00
DENTAL ASSISTANT Permanent	0,00	0,00	3,00	0,00
DENTAL PRACTITIONERS Permanent	154,00	1,00	1,00	0,60
DENTAL SPECIALISTS Permanent	3,00	0,00	0,00	0,00
DENTAL TECHNICIANS Permanent	5,00	0,00	0,00	0,00
DENTAL THERAPIST Permanent	0,00	0,00	2,00	0,00
DENTAL THERAPY Permanent	19,00	0,00	0,00	0,00
DENTIST Permanent	3,00	25,00	25,00	833,30
DIETICIAN Permanent	0,00	14,00	23,00	0,00
DIETICIANS AND NUTRITIONISTS Permanent	144,00	0,00	1,00	0,70
DIETICIANS AND NUTRITIONISTS Temporary	1,00	0,00	0,00	0,00
EDUCATIONAL PSYCHOLOGIST Permanent	0,00	1,00	0,00	0,00
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	1,00	0,00	0,00	0,00
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED Permanent	7,00	0,00	57,00	814,30
EMERGENCY SERVICE AND RESCUE WORKER Permanent	4,00	0,00	83,00	2 075,00
EMERGENCY SERVICES RELATED Permanent	22,00	0,00	0,00	0,00
ENGINEERING SCIENCES RELATED Permanent	3,00	0,00	0,00	0,00
ENGINEERS AND RELATED PROFESSIONALS Permanent	16,00	0,00	0,00	0,00
ENROLLED NURSE Permanent	2,00	14,00	176,00	8 800,00
ENVIRONMENTAL HEALTH OFFICER Permanent	0,00	4,00	4,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
ENVIRONMENTAL HEALTH* Permanent	21,00	0,00	1,00	4,80
ETHICS OFFICER Permanent	0,00	0,00	2,00	0,00
FINANCE AND ECONOMICS RELATED Permanent	163,00	0,00	1,00	0,60
FINANCE CLERK Permanent	4,00	0,00	10,00	250,00
FINANCE MANAGER Permanent	0,00	0,00	2,00	0,00
FINANCIAL AND RELATED PROFESSIONALS Permanent	68,00	0,00	0,00	0,00
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	423,00	0,00	6,00	1,40
FOOD SERVICES AIDS AND WAITERS Permanent	597,00	0,00	0,00	0,00
FOOD SERVICES WORKERS Permanent	1,00	0,00	0,00	0,00
FOOD TRADE ASSISTANT Permanent	7,00	1,00	1,00	14,30
FORENSIC PATHOLOGIST Permanent	0,00	0,00	2,00	0,00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS Permanent	1,00	0,00	0,00	0,00
GENERAL MEDICAL PRACTITIONER Permanent	99,00	552,00	611,00	617,20
GENERAL MEDICAL PRACTITIONER Temporary	0,00	25,00	3,00	0,00
GEOGRAPHIC INFORMATION SYSTEMS TECHNICIAN Permanent	0,00	2,00	2,00	0,00
HANDYPERSON Permanent	0,00	0,00	1,00	0,00
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	6,00	0,00	0,00	0,00
HEAD OF PROVINCIAL GOVERNMENT COMPONENT Permanent	1,00	1,00	1,00	100,00
HEALTH SCIENCES RELATED Permanent	174,00	0,00	1,00	0,60
HEALTHCARE CLEANER Permanent	4,00	2,00	117,00	2 925,00
HOSPITAL PHARMACIST Permanent	3,00	89,00	110,00	3 666,70
HOUSEHOLD AND LAUNDRY WORKERS Permanent	795,00	1,00	1,00	0,10
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	5,00	0,00	0,00	0,00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	7,00	0,00	0,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
HUMAN RESOURCE CLERK Permanent	9,00	1,00	8,00	88,90
HUMAN RESOURCE PRACTITIONER Permanent	3,00	1,00	3,00	100,00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	39,00	0,00	2,00	5,10
HUMAN RESOURCES CLERKS Permanent	227,00	0,00	1,00	0,40
HUMAN RESOURCES RELATED Permanent	187,00	0,00	1,00	0,50
INDUSTRIAL/ LABOUR RELATIONS OFFICER Permanent	1,00	0,00	0,00	0,00
INFORMATION TECHNOLOGY & SYSTEMS MANAGER Permanent	2,00	1,00	1,00	50,00
INFORMATION TECHNOLOGY RELATED Permanent	13,00	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	38,00	0,00	1,00	2,60
LAUNDRY WORKER (GENERAL) Permanent	14,00	10,00	16,00	114,30
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	89,00	0,00	5,00	5,60
LIFE SCIENCES RELATED Permanent	1,00	0,00	0,00	0,00
LIGHT VEHICLE DRIVER Permanent	1,00	2,00	9,00	900,00
LIGHT VEHICLE DRIVERS Permanent	137,00	0,00	1,00	0,70
LOGISTICAL SUPPORT PERSONNEL Permanent	131,00	0,00	0,00	0,00
MAINTENANCE OFFICER Permanent	0,00	0,00	1,00	0,00
MANAGERS NOT ELSEWHERE CLASSIFIED Permanent	1,00	0,00	1,00	100,00
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	198,00	0,00	1,00	0,50
MECHANICAL ENGINEERING TECHNICIANS Permanent	1,00	0,00	0,00	0,00
MEDICAL DIAGNOSTIC RADIOGRAPHER Permanent	0,00	1,00	0,00	0,00
MEDICAL PRACTITIONERS Permanent	2 071,00	50,00	33,00	1,60

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
MEDICAL PRACTITIONERS Temporary	24,00	0,00	14,00	58,30
MEDICAL RADIATION THERAPIST Permanent	0,00	3,00	0,00	0,00
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	78,00	0,00	0,00	0,00
MEDICAL SECRETARY Permanent	0,00	0,00	1,00	0,00
MEDICAL SPECIALISTS Permanent	261,00	0,00	0,00	0,00
MEDICAL SPECIALISTS Temporary	5,00	0,00	3,00	60,00
MEDICAL TECHNICIAN Permanent	0,00	2,00	0,00	0,00
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	44,00	0,00	0,00	0,00
MEDICAL TECHNOLOGIST Permanent	0,00	2,00	0,00	0,00
MEDICAL TECHNOLOGIST Temporary	0,00	2,00	0,00	0,00
MESSENGERS Permanent	0,00	0,00	1,00	0,00
MESSENGERS PORTERS AND DELIVERERS Permanent	737,00	6,00	3,00	0,40
MIDD.MANAGER: HUMAN RESOURCE & ORGANISA DEVEL.RELA Permanent	0,00	5,00	6,00	0,00
MIDDLE MANAGER: ADMINISTRATIVE RELATED Permanent	0,00	5,00	4,00	0,00
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED Permanent	0,00	0,00	3,00	0,00
MIDDLE MANAGER: HEALTH SCIENCE RELATED Permanent	2,00	15,00	59,00	2 950,00
MIDDLE MANAGER: INFORMATION TECHNOLOGY RELATED Permanent	0,00	0,00	1,00	0,00
MIDDLE MANAGER: COMMUNICATION & INFORMATION RELATED Permanent	0,00	0,00	1,00	0,00
MIDWIFE Permanent	0,00	15,00	6,00	0,00
MOTOR VEHICLE DRIVERS Permanent	27,00	0,00	0,00	0,00
NURSE EDUCATOR Permanent	3,00	7,00	21,00	700,00
NURSE MANAGER Permanent	1,00	1,00	108,00	10 800,00
NURSE RESEARCHER Permanent	1,00	0,00	0,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
NURSING ASSISTANTS Permanent	5 294,00	0,00	6,00	0,10
NURSING SUPPORT WORKER Permanent	1,00	1,00	0,00	0,00
NUTRITIONIST Permanent	0,00	0,00	1,00	0,00
OCCUPATIONAL THERAPIST Permanent	2,00	51,00	71,00	3 550,00
OCCUPATIONAL THERAPY* Permanent	162,00	0,00	4,00	2,50
OFFICE CLEANER Permanent	3,00	0,00	0,00	0,00
OPTOMETRISTS AND OPTICIANS Permanent	7,00	0,00	0,00	0,00
ORAL HYGIENE Permanent	17,00	0,00	0,00	0,00
ORTHODONTIST Permanent	0,00	1,00	0,00	0,00
ORTHOTIC AND PROSTHETIC TECHNICIAN Permanent	0,00	0,00	1,00	0,00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1 625,00	0,00	19,00	1,20
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	210,00	0,00	3,00	1,40
OTHER CLERICAL SUPPORT WORKERS Permanent	5,00	0,00	0,00	0,00
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	80,00	0,00	0,00	0,00
OTHER MIDDLE MANAGER Permanent	2,00	0,00	1,00	50,00
OTHER OCCUPATIONS Permanent	3,00	41,00	20,00	666,70
PARAMEDICAL PRACTITIONER Permanent	0,00	0,00	7,00	0,00
PAYROLL CLERK Permanent	1,00	0,00	0,00	0,00
PERSONAL ASSISTANT Permanent	1,00	2,00	3,00	300,00
PHARMACEUTICAL ASSISTANTS Permanent	35,00	0,00	0,00	0,00
PHARMACISTS Permanent	1 028,00	1,00	16,00	1,60
PHARMACY TECHNICIAN Permanent	0,00	24,00	17,00	0,00
PHYSICISTS Permanent	5,00	0,00	0,00	0,00
PHYSIOTHERAPIST Permanent	2,00	65,00	3,00	150,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
PHYSIOTHERAPY Permanent	201,00	0,00	67,00	33,30
PHYSIOTHERAPY TECHNICIAN Permanent	0,00	0,00	1,00	0,00
PROFESSIONAL NURSE Permanent	11 173,00	23,00	150,00	1,30
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	79,00	3,00	1,00	1,30
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	1,00	0,00	1,00	100,00
PUBLIC HEALTH MEDICINE SPECIALIST Permanent	20,00	48,00	38,00	190,00
PUBLIC HEALTH MEDICINE SPECIALIST Temporary	0,00	8,00	3,00	0,00
QUANTITY SURVEYOR Permanent	0,00	0,00	1,00	0,00
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	1,00	0,00	0,00	0,00
RADIOGRAPHIC TECHNICIAN Permanent	0,00	10,00	0,00	0,00
RADIOGRAPHY Permanent	401,00	0,00	2,00	0,50
REGISTERED NURSE (COMMUNITY HEALTH) Permanent	311,00	1 005,00	897,00	288,40
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY) Permanent	0,00	11,00	115,00	0,00
REGISTERED NURSE (MEDICAL PRACTICE) Permanent	0,00	3,00	2,00	0,00
REGISTERED NURSE (MEDICAL) Permanent	0,00	29,00	19,00	0,00
REGISTERED NURSE (SURGICAL) Permanent	0,00	2,00	0,00	0,00
REGISTRY AND MAILING CLERK Permanent	2,00	1,00	1,00	50,00
RESIDENT MEDICAL OFFICER Permanent	3,00	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	13,00	0,00	0,00	0,00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	982,00	1,00	4,00	0,40
SECURITY GUARDS Permanent	2,00	0,00	0,00	0,00
SENIOR MANAGERS Permanent	90,00	0,00	1,00	1,10
SOCIAL SCIENCES RELATED Permanent	2,00	0,00	0,00	0,00

CRITICAL OCCUPATION	NUMBER OF EMPLOYEES AT BEGINNING OF PERIOD- 01 APRIL 2024	APPOINTMENTS AND TRANSFERS INTO THE DEPARTMENT	TERMINATIONS AND TRANSFERS OUT OF THE DEPARTMENT	TURNOVER RATE
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	144,00	0,00	0,00	0,00
SOCIAL WORKER Permanent	0,00	1,00	2,00	0,00
SPEECH THERAPIST Permanent	1,00	27,00	33,00	3 300,00
SPEECH THERAPY AND AUDIOLOGY Permanent	99,00	0,00	2,00	2,00
STAFF NURSE Permanent	3,00	534,00	384,00	12 800,00
STAFF NURSES AND PUPIL NURSES Permanent	3 269,00	0,00	18,00	0,60
STUDENT NURSE* Permanent	22,00	0,00	0,00	0,00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	11,00	0,00	0,00	0,00
SUPPLY CHAIN CLERK Permanent	1,00	0,00	0,00	0,00
SURVEYOR Permanent	0,00	1,00	0,00	0,00
TRADE LABOURERS Permanent	176,00	0,00	0,00	0,00
TRAINING AND DEVELOPMENT PROFESSIONAL Permanent	2,00	0,00	0,00	0,00
TRANSPORT CLERK Permanent	0,00	0,00	3,00	0,00
WASHROOM ATTENDANT Permanent	2,00	0,00	0,00	0,00
WORD PROCESSING OPERATOR Permanent	1,00	0,00	2,00	200,00
WORK PLANNERS Permanent	1,00	0,00	0,00	0,00
WORKSHOP CLEANER Permanent	1,00	0,00	0,00	0,00
TOTAL	**40 756,00**	**2 887,00**	**3 734,00**	**9,20**

Table 3.5.5 Promotions by salary band for the period 1 April 2024 and 31 March 2025

SALARY BAND	EMPLOYEES 1 APRIL 2024	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	5 158,00	0,00	0,00	2,00	0,00
02 Skilled (Levels 3-5), Permanent	14 944,00	2,00	0,00	409,00	2,70
03 Highly Skilled Production (Levels 6-8), Permanent	11 836,00	103,00	0,90	475,00	4,00
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	6 969,00	11,00	0,20	235,00	3,40
04 Highly Skilled Supervision (Levels 9-12), Temporary	5,00	0,00	0,00	0,00	0,00
05 Senior Management (Levels >= 13), Permanent	85,00	3,00	3,50	0,00	0,00
09 Other, Permanent	176,00	0,00	0,00	0,00	0,00
09 Other, Temporary	25,00	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	57,00	0,00	0,00	0,00	0,00
12 Contract (Levels 6-8), Permanent	453,00	1,00	0,20	0,00	0,00
13 Contract (Levels 9-12), Permanent	1 041,00	0,00	0,00	124,00	11,90
14 Contract (Levels >= 13), Permanent	3,00	0,00	0,00	0,00	0,00
TOTAL	**40 756,00**	**120,00**	**0,30**	**1 245,00**	**3,10**

Table 3.5.3 Reasons why staff left the department for the period 1 April 2024 and 31 March 2025

Termination Type	Number	% of Total Resignations
01 Death, Permanent	206,00	5,50
02 Resignation, Permanent	1 088,00	29,10
02 Resignation, Temporary	4,00	0,10
03 Expiry of contract, Permanent	1 695,00	45,40
03 Expiry of contract, Temporary	19,00	0,50
06 Discharged due to ill health, Permanent	21,00	0,60
07 Dismissal-misconduct, Permanent	26,00	0,70
09 Retirement, Permanent	672,00	18,00
10 Other, Temporary	1,00	0,00
TOTAL	**3 734,00**	**100,00**

Table 3.5.4 Promotions by critical occupation for the period 1 April 2024 and 31 March 2025

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
ADMINISTRATION OFFICER	0,00	0,00	0,00	5,00	0,00
ADMINISTRATIVE RELATED	308,00	0,00	0,00	0,00	0,00
ADMISSION CLERK	1,00	0,00	0,00	0,00	0,00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	167,00	0,00	0,00	0,00	0,00
AMBULANCE AND RELATED WORKERS	2 411,00	0,00	0,00	0,00	0,00
ARCHITECT	0,00	1,00	0,00	0,00	0,00
ARCHITECTS TOWN AND TRAFFIC PLANNERS	5,00	0,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	7,00	0,00	0,00	0,00	0,00
AUTHORISED PHARMACIST PRESCRIBER	1,00	0,00	0,00	0,00	0,00
AUXILIARY AND RELATED WORKERS	519,00	0,00	0,00	0,00	0,00
AUXILIARY COMMUNITY DEVELOPMENT PRACTITIONER	0,00	0,00	0,00	2,00	0,00
BOILER AND RELATED OPERATORS	44,00	0,00	0,00	0,00	0,00
BUILDING AND OTHER PROPERTY CARETAKERS	135,00	0,00	0,00	0,00	0,00
BUS AND HEAVY VEHICLE DRIVERS	18,00	0,00	0,00	0,00	0,00
CALL OR CONTACT CENTRE CLERK	0,00	0,00	0,00	6,00	0,00
CARETAKER/ CLEANER	5,00	1,00	20,00	10,00	200,00
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	3,00	0,00	0,00	0,00	0,00
CASHIER	1,00	0,00	0,00	0,00	0,00
CASHIERS TELLERS AND RELATED CLERKS	1,00	0,00	0,00	0,00	0,00
CIVIL ENGINEERING CONSTRUCTOR	0,00	0,00	0,00	1,00	0,00
CIVIL ENGINEERING TECHNICIAN	0,00	1,00	0,00	1,00	0,00
CIVIL ENGINEERING TECHNICIANS	1,00	0,00	0,00	0,00	0,00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	4 228,00	0,00	0,00	1,00	0,00
CLERICAL SUPPLEME.WORKERS NOT ELSEWHERE CLASSIFIED	5,00	0,00	0,00	0,00	0,00
CLIENT INFORM CLERKS (SWITCHB RECEPT INFORM CLERKS)	215,00	0,00	0,00	0,00	0,00
CLINICAL PSYCHOLOGIST	1,00	0,00	0,00	4,00	400,00
COMMUNICATION AND INFORMATION RELATED	47,00	0,00	0,00	0,00	0,00
COMMUNICATION COORDINATOR	0,00	0,00	0,00	1,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
COMMUNITY DEVELOPMENT WORKERS	1,00	0,00	0,00	0,00	0,00
COUNSELLING PSYCHOLOGIST	0,00	0,00	0,00	1,00	0,00
DATA ENTRY CLERK	4,00	1,00	25,00	1,00	25,00
DENTAL PRACTITIONERS	154,00	0,00	0,00	0,00	0,00
DENTAL SPECIALISTS	3,00	0,00	0,00	0,00	0,00
DENTAL TECHNICIANS	5,00	0,00	0,00	0,00	0,00
DENTAL THERAPY	19,00	0,00	0,00	0,00	0,00
DENTIST	3,00	0,00	0,00	12,00	400,00
DIETICIAN	0,00	0,00	0,00	1,00	0,00
DIETICIANS AND NUTRITIONISTS	145,00	0,00	0,00	0,00	0,00
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	1,00	0,00	0,00	0,00	0,00
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED	7,00	0,00	0,00	32,00	457,10
EMERGENCY SERVICE AND RESCUE WORKER	4,00	0,00	0,00	46,00	1 150,00
EMERGENCY SERVICES RELATED	22,00	0,00	0,00	0,00	0,00
ENGINEERING SCIENCES RELATED	3,00	0,00	0,00	0,00	0,00
ENGINEERS AND RELATED PROFESSIONALS	16,00	0,00	0,00	0,00	0,00
ENROLLED NURSE	2,00	0,00	0,00	224,00	11 200,00
ENVIRONMENTAL HEALTH*	21,00	0,00	0,00	0,00	0,00
FINANCE AND ECONOMICS RELATED	163,00	0,00	0,00	0,00	0,00
FINANCE CLERK	4,00	0,00	0,00	28,00	700,00
FINANCIAL AND RELATED PROFESSIONALS	68,00	0,00	0,00	0,00	0,00
FINANCIAL CLERKS AND CREDIT CONTROLLERS	423,00	0,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
FOOD SERVICES AIDS AND WAITERS	597,00	0,00	0,00	0,00	0,00
FOOD SERVICES WORKERS	1,00	0,00	0,00	0,00	0,00
FOOD TRADE ASSISTANT	7,00	0,00	0,00	2,00	28,60
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	1,00	0,00	0,00	0,00	0,00
GENERAL MEDICAL PRACTITIONER	99,00	3,00	3,00	216,00	218,20
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	6,00	0,00	0,00	0,00	0,00
HEAD OF PROVINCIAL GOVERNMENT COMPONENT	1,00	0,00	0,00	0,00	0,00
HEALTH SCIENCES RELATED	174,00	0,00	0,00	0,00	0,00
HEALTHCARE CLEANER	4,00	0,00	0,00	124,00	3 100,00
HOSPITAL PHARMACIST	3,00	0,00	0,00	36,00	1 200,00
HOUSEHOLD AND LAUNDRY WORKERS	795,00	0,00	0,00	0,00	0,00
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	5,00	0,00	0,00	0,00	0,00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	7,00	0,00	0,00	0,00	0,00
HUMAN RESOURCE CLERK	9,00	0,00	0,00	12,00	133,30
HUMAN RESOURCE PRACTITIONER	3,00	0,00	0,00	8,00	266,70
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	39,00	0,00	0,00	0,00	0,00
HUMAN RESOURCES CLERKS	227,00	0,00	0,00	0,00	0,00
HUMAN RESOURCES RELATED	187,00	0,00	0,00	0,00	0,00
INDUSTRIAL/ LABOUR RELATIONS OFFICER	1,00	0,00	0,00	0,00	0,00
INFORMATION TECHNOLOGY & SYSTEMS MANAGER	2,00	0,00	0,00	5,00	250,00
INFORMATION TECHNOLOGY RELATED	13,00	0,00	0,00	0,00	0,00
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	2,00	0,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	38,00	0,00	0,00	0,00	0,00
LAUNDRY WORKER (GENERAL)	14,00	0,00	0,00	9,00	64,30
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 ASSISTANT	0,00	0,00	0,00	1,00	0,00
LIBRARY MAIL AND RELATED CLERKS	89,00	0,00	0,00	0,00	0,00
LIFE SCIENCES RELATED	1,00	0,00	0,00	0,00	0,00
LIGHT VEHICLE DRIVER	1,00	0,00	0,00	0,00	0,00
LIGHT VEHICLE DRIVERS	137,00	0,00	0,00	0,00	0,00
LOGISTICAL SUPPORT PERSONNEL	131,00	0,00	0,00	0,00	0,00
MANAGERS NOT ELSEWHERE CLASSIFIED	1,00	0,00	0,00	0,00	0,00
MATERIAL-RECORDING AND TRANSPORT CLERKS	198,00	0,00	0,00	1,00	0,50
MECHANICAL ENGINEERING TECHNICIANS	1,00	0,00	0,00	0,00	0,00
MEDICAL PRACTITIONERS	2 095,00	0,00	0,00	0,00	0,00
MEDICAL RESEARCH AND RELATED PROFESSIONALS	78,00	0,00	0,00	0,00	0,00
MEDICAL SECRETARY	0,00	0,00	0,00	1,00	0,00
MEDICAL SPECIALISTS	266,00	0,00	0,00	0,00	0,00
MEDICAL TECHNICIANS/TECHNOLOGISTS	44,00	0,00	0,00	0,00	0,00
MEDICAL TECHNOLOGIST	0,00	0,00	0,00	1,00	0,00
MESSENGERS	0,00	0,00	0,00	3,00	0,00
MESSENGERS PORTERS AND DELIVERERS	737,00	0,00	0,00	0,00	0,00
MIDDLE.MANAGER:H UMAN RESOURCE & ORGANISA DEVEL RELA	0,00	1,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
MIDDLE MANAGER: HEALTH SCIENCE RELATED	2,00	0,00	0,00	3,00	150,00
MOTOR VEHICLE DRIVERS	27,00	0,00	0,00	0,00	0,00
NURSE EDUCATOR	3,00	0,00	0,00	9,00	300,00
NURSE MANAGER	1,00	1,00	100,00	4,00	400,00
NURSE RESEARCHER	1,00	0,00	0,00	0,00	0,00
NURSING ASSISTANTS	5 294,00	0,00	0,00	0,00	0,00
NURSING SUPPORT WORKER	1,00	0,00	0,00	0,00	0,00
OCCUPATIONAL THERAPIST	2,00	0,00	0,00	5,00	250,00
OCCUPATIONAL THERAPY*	162,00	0,00	0,00	0,00	0,00
OFFICE CLEANER	3,00	0,00	0,00	0,00	0,00
OPTOMETRISTS AND OPTICIANS	7,00	0,00	0,00	0,00	0,00
ORAL HYGIENE	17,00	0,00	0,00	0,00	0,00
ORAL HYGIENIST	0,00	0,00	0,00	2,00	0,00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	1 625,00	0,00	0,00	0,00	0,00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	210,00	0,00	0,00	0,00	0,00
OTHER CLERICAL SUPPORT WORKERS	5,00	0,00	0,00	0,00	0,00
OTHER INFORMATION TECHNOLOGY PERSONNEL.	80,00	0,00	0,00	0,00	0,00
OTHER MIDDLE MANAGER	2,00	0,00	0,00	0,00	0,00
OTHER OCCUPATIONS	3,00	1,00	33,30	0,00	0,00
PAYROLL CLERK	1,00	0,00	0,00	0,00	0,00
PERSONAL ASSISTANT	1,00	0,00	0,00	12,00	1 200,00
PHARMACEUTICAL ASSISTANTS	35,00	0,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
PHARMACISTS	1 028,00	0,00	0,00	0,00	0,00
PHARMACY TECHNICIAN	0,00	1,00	0,00	23,00	0,00
PHYSICISTS	5,00	0,00	0,00	0,00	0,00
PHYSIOTHERAPIST	2,00	0,00	0,00	0,00	0,00
PHYSIOTHERAPY	201,00	0,00	0,00	0,00	0,00
PROFESSIONAL NURSE	11 173,00	11,00	0,10	0,00	0,00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	80,00	0,00	0,00	0,00	0,00
PUBLIC HEALTH MEDICINE SPECIALIST	20,00	3,00	15,00	30,00	150,00
QUANTITY SURVEYOR	0,00	1,00	0,00	0,00	0,00
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	1,00	0,00	0,00	0,00	0,00
RADIOGRAPHY	401,00	0,00	0,00	0,00	0,00
REGISTERED NURSE (COMMUNITY HEALTH)	311,00	91,00	29,30	225,00	72,30
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY)	0,00	1,00	0,00	18,00	0,00
REGISTRY AND MAILING CLERK	2,00	0,00	0,00	1,00	50,00
RESIDENT MEDICAL OFFICER	3,00	0,00	0,00	0,00	0,00
RISK MANAGEMENT AND SECURITY SERVICES	4,00	0,00	0,00	0,00	0,00
SAFETY HEALTH AND QUALITY INSPECTORS	13,00	0,00	0,00	0,00	0,00
SAFETY INSPECTOR	0,00	0,00	0,00	1,00	0,00
SAFETY/HEALTH&E NVIRON. & QUALITY(SHE&Q) PRACTITIONER	0,00	0,00	0,00	1,00	0,00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	982,00	0,00	0,00	0,00	0,00
SECURITY GUARDS	2,00	0,00	0,00	0,00	0,00
SENIOR MANAGERS	90,00	0,00	0,00	0,00	0,00

OCCUPATION	EMPLOYEES 1 APRIL 2024	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
SOCIAL SCIENCES RELATED	2,00	0,00	0,00	0,00	0,00
SOCIAL WORK AND RELATED PROFESSIONALS	144,00	0,00	0,00	0,00	0,00
SOCIAL WORKER	0,00	0,00	0,00	4,00	0,00
SPEECH THERAPIST	1,00	0,00	0,00	0,00	0,00
SPEECH THERAPY AND AUDIOLOGY	99,00	0,00	0,00	0,00	0,00
STAFF NURSE	3,00	0,00	0,00	99,00	3 300,00
STAFF NURSES AND PUPIL NURSES	3 269,00	0,00	0,00	0,00	0,00
STUDENT NURSE*	22,00	0,00	0,00	0,00	0,00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	11,00	0,00	0,00	0,00	0,00
SUPPLY CHAIN CLERK	1,00	0,00	0,00	0,00	0,00
TRADE LABOURERS	176,00	0,00	0,00	0,00	0,00
TRAINING AND DEVELOPMENT PROFESSIONAL	2,00	0,00	0,00	0,00	0,00
TRANSPORT CLERK	0,00	0,00	0,00	4,00	0,00
WASHROOM ATTENDANT	2,00	0,00	0,00	0,00	0,00
WORD PROCESSING OPERATOR	1,00	0,00	0,00	0,00	0,00
WORK PLANNERS	1,00	0,00	0,00	0,00	0,00
WORKSHOP CLEANER	1,00	0,00	0,00	0,00	0,00
TOTAL	**40 756,00**	**120,00**	**0,30**	**1 245,00**	**3,10**

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 2024 and 31 March 2025

OCCUPATIONAL CATEGORY	MALE				FEMALE				TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	AFRICAN	COLOURED	INDIAN	WHITE	
01 - Senior Officials and Managers	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
02 - Professionals	59,00	8,00	5,00	8,00	85,00	23,00	6,00	21,00	215,00
03 - Technicians and Associate Professionals	31,00	2,00	0,00	1,00	99,00	16,00	0,00	5,00	154,00
04 - Clerks	32,00	5,00	0,00	1,00	102,00	1,00	0,00	0,00	141,00
05 - Service Shop and Market Sales Workers	15,00	3,00	0,00	0,00	61,00	3,00	0,00	2,00	84,00
07 - Craft And Related Trade Workers	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
08 - Plant And Machine Operators and Assemblers	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
09 - Labourers and Related Workers	20,00	1,00	0,00	0,00	47,00	3,00	0,00	2,00	73,00
Clerical Support Workers	997,00	56,00	2,00	17,00	2 860,00	140,00	2,00	60,00	4 134,00
Elementary	2 134,00	102,00	2,00	23,00	4 013,00	196,00	0,00	23,00	6 493,00
Managers	225,00	28,00	6,00	14,00	385,00	80,00	4,00	28,00	770,00
Plant & Machine Operators & Assemblers	210,00	14,00	0,00	1,00	4,00	0,00	0,00	0,00	229,00
Professionals	3 003,00	189,00	108,00	242,00	9 865,00	1 201,00	111,00	608,00	15 327,00
Protect Rescue Social Health Science Support Pers	2 470,00	239,00	5,00	48,00	7 388,00	401,00	1,00	75,00	10 627,00
Skill Agri Forest Fish Craft Related Trades Workers	94,00	13,00	0,00	7,00	32,00	0,00	0,00	0,00	146,00
Technicians & Associate Technical Occupations	268,00	29,00	0,00	10,00	642,00	64,00	2,00	34,00	1 049,00
TOTAL	**9 560,00**	**689,00**	**128,00**	**372,00**	**25 584,00**	**2 128,00**	**126,00**	**858,00**	**39 445,00**
Employees with disabilities	35,00	3,00	0,00	3,00	48,00	7,00	0,00	2,00	98,00

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2025

OCCUPATIONAL BAND	MALE				FEMALE				TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	AFRICAN	COLOURED	INDIAN	WHITE	
01 Top Management, Permanent	1,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	4,00
02 Senior Management, Permanent	35,00	1,00	3,00	5,00	31,00	0,00	1,00	1,00	77,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	1 396,00	123,00	84,00	176,00	3 788,00	570,00	76,00	324,00	6 537,00
03 Professionally qualified and experienced specialists and mid-management, Temporary	2,00	0,00	0,00	0,00	2,00	0,00	0,00	2,00	6,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	2 274,00	235,00	8,00	64,00	7 713,00	891,00	13,00	289,00	11 487,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00	1,00
05 Semi-skilled and discretionary decision making, Permanent	3 740,00	230,00	1,00	39,00	9 960,00	469,00	3,00	52,00	14 494,00
06 Unskilled and defined decision making, Permanent	1 581,00	65,00	0,00	4,00	2 940,00	106,00	0,00	2,00	4 698,00
07 Not Available, Permanent	3,00	0,00	1,00	2,00	1,00	0,00	0,00	0,00	7,00
07 Not Available, Temporary	16,00	1,00	5,00	3,00	6,00	0,00	0,00	3,00	34,00
08 Contract (Top Management), Permanent	0,00	0,00	0,00	0,00	0,00	1,00	0,00	0,00	1,00
09 Contract (Senior Management), Permanent	0,00	0,00	0,00	0,00	2,00	0,00	0,00	0,00	2,00
10 Contract (Professionally Qualified), Permanent	278,00	27,00	25,00	75,00	348,00	46,00	28,00	130,00	957,00
11 Contract (Skilled Technical), Permanent	163,00	6,00	1,00	4,00	511,00	43,00	5,00	53,00	786,00
12 Contract (Semi-Skilled), Permanent	71,00	1,00	0,00	0,00	277,00	2,00	0,00	1,00	352,00
13 Contract (Unskilled), Permanent	0,00	0,00	0,00	0,00	2,00	0,00	0,00	0,00	2,00
TOTAL	**9 560,00**	**689,00**	**128,00**	**372,00**	**25 584,00**	**2 128,00**	**126,00**	**858,00**	**39 445,00**

Table 3.6.3 Recruitment for the period 1 April 2024 and 31 March 2025

OCCUPATIONAL BAND	MALE				FEMALE				TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	AFRICAN	COLOURED	INADIAN	WHITE	
02 Senior Management, Permanent	2,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	2,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	94,00	1,00	1,00	2,00	83,00	3,00	2,00	2,00	188,00
03 Professionally qualified and experienced specialists and mid-management, Temporary	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	63,00	6,00	0,00	0,00	180,00	14,00	0,00	9,00	272,00
05 Semi-skilled and discretionary decision making, Permanent	3,00	1,00	0,00	0,00	6,00	1,00	0,00	0,00	11,00
06 Unskilled and defined decision making, Permanent	5,00	0,00	0,00	0,00	12,00	0,00	0,00	0,00	17,00
07 Not Available, Temporary	15,00	1,00	4,00	4,00	7,00	0,00	1,00	2,00	34,00
09 Contract (Senior Management), Permanent	0,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	3,00
10 Contract (Professionally qualified), Permanent	208,00	21,00	21,00	42,00	261,00	27,00	18,00	79,00	677,00
11 Contract (Skilled technical), Permanent	205,00	7,00	1,00	4,00	711,00	56,00	5,00	52,00	1 041,00
12 Contract (Semi-skilled), Permanent	123,00	2,00	0,00	0,00	506,00	6,00	0,00	2,00	639,00
13 Contract (Unskilled), Permanent	0,00	0,00	0,00	0,00	2,00	0,00	0,00	0,00	2,00
TOTAL	**719,00**	**39,00**	**27,00**	**52,00**	**1 771,00**	**107,00**	**26,00**	**146,00**	**2 887,00**
Employees with disabilities	1,00	0,00	0,00	0,00	4,00	0,00	0,00	0,00	5,00

Table 3.6.4 Promotions for the period 1 April 2024 and 31 March 2025

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	1,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	2,00
02 Senior Management, Permanent	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	58,00	6,00	4,00	14,00	118,00	17,00	6,00	23,00	246,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	86,00	7,00	0,00	1,00	431,00	49,00	0,00	4,00	578,00
05 Semi-skilled and discretionary decision making, Permanent	72,00	8,00	0,00	0,00	315,00	14,00	1,00	1,00	411,00
06 Unskilled and defined decision making, Permanent	1,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	2,00
10 Contract (Professionally qualified), Permanent	14,00	5,00	5,00	26,00	25,00	12,00	6,00	31,00	124,00
11 Contract (Skilled technical), Permanent	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
TOTAL	**233,00**	**26,00**	**9,00**	**41,00**	**892,00**	**92,00**	**13,00**	**59,00**	**1 365,00**
Employees with disabilities	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00

Table 3.6.5 Terminations for the period 1 April 2024 and 31 March 2025

OCCUPATIONAL BAND	MALE				FEMALE				TOTAL
	AFRICAN	COLOURED	INDIAN	WHITE	AFRICAN	COLOURED	INDIAN	WHITE	
01 Top Management, Permanent	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
02 Senior Management, Permanent	1,00	0,00	0,00	0,00	5,00	0,00	0,00	0,00	6,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	74,00	11,00	4,00	27,00	359,00	55,00	5,00	34,00	569,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	175,00	6,00	0,00	5,00	562,00	65,00	1,00	26,00	840,00
05 Semi-skilled and discretionary decision making, Permanent	157,00	13,00	0,00	3,00	270,00	21,00	0,00	7,00	471,00
06 Unskilled and defined decision making, Permanent	47,00	2,00	0,00	0,00	58,00	4,00	0,00	1,00	112,00
07 Not Available, Temporary	8,00	0,00	0,00	6,00	6,00	1,00	1,00	2,00	24,00
09 Contract (Senior Management), Permanent	0,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	3,00
10 Contract (Professionally qualified), Permanent	213,00	16,00	26,00	47,00	270,00	40,00	23,00	73,00	708,00
11 Contract (Skilled technical), Permanent	114,00	12,00	0,00	5,00	419,00	45,00	7,00	50,00	652,00
12 Contract (Semi-skilled), Permanent	72,00	1,00	0,00	0,00	267,00	4,00	0,00	1,00	345,00
13 Contract (Unskilled), Permanent	0,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	3,00
TOTAL	**862,00**	**61,00**	**30,00**	**93,00**	**2 222,00**	**235,00**	**37,00**	**194,00**	**3 734,00**
Employee with Disabilities	6,00	1,00	0,00	0,00	3,00	0,00	0,00	0,00	10,00

Table 3.6.6 Disciplinary action for the period 1 April 2024 and 31 March 2025

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Corrective Counselling	1	0	0	0	0	0	0	0	1
Final Written Warning	9	0	0	0	3	1	0	0	13
Suspended Without Payment	6	0	0	0	1	0	0	0	7
TOTAL	**16**	**0**	**0**	**0**	**4**	**1**	**0**	**0**	**210**

Table 3.6.7 Skills development for the period 1 April 2024 and 31 March 2025

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials, and managers	363	31	14	21	541	39	5	21	**1 035**
Professionals	2 839	289	178	225	9 050	1 307	138	537	**14 563**
Technicians and associate professionals	3 131	237	9	78	8 313	538	8	149	**12 463**
Clerks	900	67	15	9	2 410	120	0	44	**3 565**
Service and sales workers	1 063	59	3	7	3 460	221	2	28	**4 843**
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	**0**
Craft and related trades workers.	86	4	0	1	26	0	0	0	**117**
Plant and machine operators and assemblers	438	25	0	3	880	47	0	2	**1 395**
Elementary occupations	1 672	52	2	11	3 405	84	5	15	**5 246**
TOTAL	**10 492**	**764**	**221**	**355**	**28 085**	**2 356**	**158**	**796**	**43 227**
Employees with disabilities	34	2	3	14	64	7	8	23	**155**

3.7. Signing of Performance Agreements by SMS Members

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2024.

SMS LEVEL	TOTAL NUMBER OF FUNDED SMS POSTS	TOTAL NUMBER OF SMS MEMBERS	TOTAL NUMBER OF SIGNED PERFORMANCE AGREEMENTS	SIGNED PERFORMANCE AGREEMENTS AS % OF TOTAL NUMBER OF SMS MEMBERS
Director-General / Head of Department				
Salary Level 16	1	1	1	100
Salary Level 15	3	3	3	100
Salary Level 14	15	15	15	100
Salary Level 13	67	67	67	100
Total	**86**	**86**	**86**	**100**

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2025

REASONS
N/A

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2025

REASONS
N/A

3.8. Performance Rewards

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2024 and 31 March 2025

RACE AND GENDER	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN GROUP	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
African	**32 315**	**36 119**	**89**	**152 025 894,10**	**1.5**
Male	8553	9796	87	41 655 131,43	1.5
Female	23762	26323	90	110 370 762,70	1.5
Asian	**206**	**259**	**78**	**2 862 452,93**	**1.5**
Male	99	126	77	1 571 353,52	1.5
Female	107	133	80	1 291 099,41	1.5
Coloured	**2 700**	**2 942**	**92**	**15 266 226,38**	**1.5**
Male	642	701	92	3 509 148,65	1.5
Female	2058	2241	92	11 757 077,73	1.5
White	**1 094**	**1 298**	**84**	**10 772 653,73**	**1.5**
Male	331	396	83%	4 035 618,18	1.5
Female	763	902	85%	6 737 035,55	1.5
Total	**36 315**	**40 618**	**89**	**180 927 227,10**	**1.5**
Employees with a disability	**86**	**97**	**89**	**396 298,35**	**1.5**

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2024 and 31 March 2025

SALARY BAND	BENEFICIARY PROFILE			COST		TOTAL COST AS A % OF THE TOTAL PERSONNEL EXPENDITURE
	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)	4 619	4 977	93	9 718 589,16	1.5	5
02 Skilled (Levels 3-5)	13 798	15 020	92	41 552 929,34	1.5	23
03 Highly Skilled Production (Levels 6-8)	11 323	12 743	89	55 876 294,98	1.5	31
04 Highly Skilled Supervision (Levels 9-12)	6 575	7 878	83	73 779 413,62	1.5	41
TOTAL	**36 315**	**40 618**	**89**	**180 927 227,10**	**1.5**	**-**

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2024 and 31 March 2025

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
ADMINISTRATION CLERKS	1 349	1 471	92	4 838 405,04	1.5
ADMINISTRATION OFFICER	268	291	92	1 495 565,87	1.5
ADMINISTRATIVE RELATED	2	3	67	10 651,91	1.5
ADMISSION CLERK	1	1	100	3 246,26	1.5
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	1	2	50	6 554,25	1.5
AMBULANCE AND RELATED WORKERS	6	6	100	24 677,91	1.5
ARCHITECT	1	6	17	10 822,14	1.5
AUDIOLOGIST	1	9	11	44 907,21	1.5
AUTHORISED PHARMACISTS PRESCRIBED	1	1	100	8 168,85	1.5
ARCHITECTS TOWN AND TRAFFIC PLANNERS	0	0	0	0	1.5
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	0	0	0	0	1.5
AUXILIARY AND RELATED WORKERS	6	8	75	21 650,76	1.5
AUXILIARY COMMUNITY DEVELOPMENT PRATITIONERS	163	180	91	576 571,86	1.5
BOILER AND RELATED OPERATORS	0	0	0	0	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
BUILDING AND OTHER PROPERTY CARETAKERS	1	1	100	1 968,90	1.5
BUS AND HEAVY VEHICLE DRIVERS	0	0	0	0	1.5
CALL AND CONTAVCT CENTRE CLECK	248	306	81	819 359,91	1.5
CARETAKER/ CLEANER	1 145	1 227	93	2 483 672,22	1.5
CHIEF INFORMATION OFFICER	1	1	100	23 553,135	1.5
CHILD OR YOUTH RESIDENTIAL CARE ASSISTANT	1	1	100	2 749,19	1.5
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS	0	0	0	0	1.5
CASHIER	0	0	0	0	1.5
CASHIERS TELLERS AND RELATED CLERKS	0	0	0	0	1.5
CIVIL ENGINEER	12	14	86	187 510,14	1.5
CIVIL ENGINEER CONSTRUCTER	140	152	92	677 988,27	1.5
CIVIL ENGINEERING TECHNICIANS	0	0	0	0	1.5
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	20	22	91	48 391,20	1.5
CLERICAL SUPPLEME.WORKERS NOT ELSEWHERE CLASSIFIED	316	360	88	2 664 683,15	1.5
CLINICAL PHYSIOLOGIST	94	94	100	847 033,11	1.5
CLINICAL NURSE PRACTITIONER	170	187	91	1 266 954,80	1.5
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	3	4	75	10 909,76	1.5
COMMUNICATION CORDINATER	60	64	94	316 793,66	1.5
COMMUNICATION AND INFORMATION RELATED	0	0	0	0	1.5
COMMUNITY PHYSIOLOGIST	1	2	50	10 734,57	1.5
COMMUNITY DEVELOPMENT MANAGER	10	32	31	192 626,73	1.5
COMPUTERS QUALITY ASSURANCE ANALYST	1	1	100	6 660,54	1.5
COMMUNITY DEVELOPMENT WORKERS	0	0	0	0	1.5
COUNSELLING PHYSIOLOGIST	3	20	15	30 395,25	1.5
CRAFT AND RELATED WORKERS NOT ELSEWHERE	2	3	67	10 424,48	1.5
DATA ENTRY CLERK	865	927	93	2 996 224,92	1.5
DENTAL ASSISTANT	83	89	93	281 218,50	1.5
DENTAL PRACTITIONERS	2	3	67	35 323,34	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
DENTAL SPECIALISTS	0	0	0	0	1.5
DENTAL TECHNICIANS	7	7	100	46 724,58	1.5
DENTAL THERAPIST	5	5	100	36 623,30	1.5
DENTIST	135	159	85	2 109 525,44	1.5
DIETICIAN	118	133	89	78 775,61	1.5
DIETICIANS AND NUTRITIONISTS	1	1	100	5 818,55	1.5
DISPATCHING AND RECEIVING CLECK	1	1	100	5 646,195	1.5
ELEMENTARY WORKERS NOT ELSEWHERE	1 474	1 580	93	3 589 595,78	1.5
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	0	0	0	0	1.5
EMERGENCY SERVICES RESCUE WORKER	2 199	2 274	97	8 040 211,32	1.5
ENROLLED NURSE	4 717	5 000	94	12 807 328,72	1.5
EMERGENCY SERVICES RELATED	0	0	0	0	1.5
ENGINEERING SCIENCES RELATED	0	0	0	0	1.5
ENGINEERS AND RELATED PROFESSIONALS	0	1	0	0	1.5
ENVIRONMENTAL HEALTH OFFICER	12	17	71	96 909.98	1.5
ETHICS OFFICER	30	36	83	221 251,365	1.5
FINANCE MANAGER	14	21	67	294 747,21	1.5
FINANCIAL ACCOUNTANT	1	1	100	4 833 495,00	1.5
FINANCE AND ECONOMICS RELATED	2	2	100	3 831,75	1.5
FINANCE CLERK	378	409	92	1 696 874,72	1.5
FINANCIAL AND RELATED PROFESSIONALS	0	0	0	0	1.5
FINANCIAL CLERKS AND CREDIT CONTROLLERS	10	10	100	36 147,87	1.5
FOOD SERVICES AIDS AND WAITERS	9	9	100	26 158,46	1.5
FOOD SERVICES WORKERS	0	0	0	0	1.5
FOOD TRADE ASSISTANT	45	47	96	232 391,52	1.5
FORENSIC PYTHOLOGIST	54	107	50	227 903,58	1.5
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	0	0	0	0	1.5
GENERAL MEDICAL PRACTITIONER	1 410	2 076	68	20 407 836,74	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
HANDPERSON	1	5	20	7 511,22	1.5
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	0	0	0	0	1.5
HEAD OF PROVINCIAL GOVERNMENT COMPONENT	35	39	90	564 628,19	1.5
HEALTH SCIENCES RELATED	1	2	50	10 341,45	1.5
HEALTHCARE CLEANER	2 969	3 221	92	6 474 513,74	1.5
HOSPITAL PHARMACIST	399	491	81	5 257 093,10	1.5
HOUSEHOLD AND LAUNDRY WORKERS	12	13	92	28 628,60	1.5
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	0	0	0	0	1.5
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	0	0	0	0	1.5
HUMAN RESOURCE CLERK	273	289	94	1 040 826,25	1.5
HUMAN RESOURCE MANAGER	4	11	36	80 828.33	1.5
HUMAN RESOURCE PRACTITIONER	150	167	90	774 389,84	1.5
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	1	1	100	6 660,54	1.5
HUMAN RESOURCES CLERKS	2	2	100	10 776,29	1.5
HUMAN RESOURCES RELATED	4	4	100	19 836,45	1.5
INDUSTRIAL/ LABOUR RELATIONS OFFICER	0	0	0	0	1.5
INFORMATION TECHNOLOGY & SYSTEMS MANAGER	75	80	94	421 227,90	1.5
INTERNAL AUDIT MANAGER	1	1	100	2 397,60	1.5
INTERNAL AUDITOR	3	6	50	14 286,11	1.5
INFORMATION TECHNOLOGY RELATED	0	0	0	0	1.5
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	0	0	0	0	1.5
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN	0	0	0	0	1.5
LAUNDRY WORKER (GENERAL)	498	527	94	1 134 023,72	1.5
LEGAL RELATED	0	1	0	0	1.5
LIBRARY ASSISTANT	1	1	100	4 513,68	1.5
LIBRARIANS AND RELATED PROFESSIONALS	0	0	0	0	1.5
LIBRARY MAIL AND RELATED CLERKS	0	0	0	0	1.5
LIFE SCIENCES RELATED	0	0	0	0	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
LIGHT VEHICLE DRIVER	209	224	93	557 969,18	1.5
LIGHT VEHICLE DRIVERS	1	1	100	2 433,56	1.5
LINGUIST	1	3	33	5 646,20	1.5
LOGISTICAL SUPPORT PERSONNEL	12	12	100	63 384, 44	1.5
MAINTANCE OFFICER	2	3	67	19 969,29	1.5
MANAGERS NOT ELSEWHERE CLASSIFIED	5	7	71	71 409,15	1.5
MATERIAL-RECORDING AND TRANSPORT CLERKS	79	79	100	305 084,70	1.5
MECHANICAL ENGINEERING TECHNICIANS	0	0	0	0	1.5
MEDICAL PRACTITIONERS	48	108	44	676 717.16	1.5
MEDICAL RADIATION THERAPIST	2	2	100	28 474,38	1.5
MEDICAL SECRETARY	6	8	75	29 442,47	1.5
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0	0	0	0	1.5
MEDICAL SPECIALISTS	2	4	50	52 468,92	1.5
MEDICAL TECHNICAL OFFICER	2	2	100	12 075,39	1.5
MEDICAL TECHNICIAN	2	2	100	25 843,55	1.5
MEDICAL TECHNOLOGIST	3	6	50	22 106,03	1.5
MESSENGERS	32	39	82	77 350,82	1.5
MESSENGERS PORTERS AND DELIVERERS	12	80	15	25 598,79	1.5
MIDDLE MANAGER: HOUSEHOLD/FOOD & LAUNDRY SERVICES	3	3	100	44 851,50	1.5
MIDDLE MANAGER: HR AND ORG DEVELOPMENT RELATIONS	21	32	66	326 807,64	1.5
MIDDLE MANAGER: ADMINSTRATIVE RELATED	15	25	60	230 238,27	1.5
MIDDLE MANAGER: EMERGENCY SERVICE RELATED	1	1	100	15 513,48	1.5
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED	37	50	74	569 880,26	1.5
MIDDLE MANAGER: HEALTH SCIENCE RELATED	422	472	89	3 329 148,69	1.5
MIDDLE MANAGER: INFORMATION TECHNOLOGY RELATED	5	8	63	74 592,50	1.5
MIDDLE MANAGER: COIMMUNICATION & INFORMATION RELATED	6	6	100	90 626,26	1.5
MIDWIFE	1	7	14	4 612,105	1.5
MOTOR VEHICLE DRIVERS	0	0	0	0	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
Not Available	0	0	0	0	1.5
NURSE EDUCATOR	151	164	92	1 347 683,31	1.5
NURSE MANAGER	1 229	1 302	94	12 796 911,86	1.5
NURSE RESEARCHER	0	0	0	0	1.5
NURSING ASSISTANT	56	56	100	156 277,80	1.5
NURSING SUPPORT WORKER	4	4	100	11 234,70	1.5
NUTRITIONIST	6	6	100	62 703,63	1.5
OCCUPATIONAL THERAPIST	152	177	86	833 230,13	1.5
OCCUPATIONAL THERAPY	5	6	83	23 950,62	1.5
OFFICE CLEANER	4	4	100	9 014,36	1.5
OPTOMETRISTS	6	7	86	37 894,77	1.5
OPTOMETRISTS AND OPTICIANS	0	0	0	0	1.5
ORAL HYGIENIST	16	18	89	119 206,67	1.5
ORTHODONTIST	2	2	100	46 555,52	1.5
ORTHOPEDIC TECHNICIAN	16	16	100	67 953,36	1.5
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	47	53	89	175 937,54	1.5
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	7	7	100	38 680,25	1.5
OTHER CLERICAL SUPPORT WORKERS	5	6	83	17 607,33	1.5
OTHER INFORMATION TECHNOLOGY PERSONNEL.	0	0	0	0	1.5
OTHER MIDDLE MANAGER	13	15	87	197 967,83	1.5
OTHER OCCUPATIONS	5	16	31	48 641,81	1.5
PAEDIATRICS NURSE	1	1	100	6 773,00	1.5
PARAMEDICAL PRATITIONER	35	39	90	276 663,87	1.5
PAYROLL CLECK	1	1	100	3 246,26	1.5
PERSONAL ASSISTANT	88	115	77	457 836,30	1.
PHARMACEUTICAL ASSISTANTS	0	0	0	0	1.5
PHARMACISTS	22	24	92	197 541,32	1.5
PHARMACY TECHNICIANS	520	590	88	2 049 569,64	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
PHYSIOTHERAPIST	7	10	70	36 312.71	1.5
PHYSIOTHERAPY	156	188	83	899 905,27	1.5
PHYSIOTHERAPY TECHNICIAN	2	2	100	9 062,15	1.5
PROFESSIONAL NURSE	116	144	81	630 563,40	1.5
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	1	4	25	14 427,09	1.5
PUBLIC HEALTH MEDICINE SPEACIALIST	273	328	83	6 056 282,16	1.5
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	0	0	0	0	1.5
RADIOGRAPHY	2	2	100	10 675,98	1.5
REGISTERD NURSE (COMMUNITY HEALTH)	7 651	8 635	89	38 935 290,42	1.5
REGISTERD NURSE (CRITICAL CARE AND EMERGENCY)	1 259	1 327	95	9 529 835,63	1.5
REGISTERED NURSE (MEDICAL PRACTICE)	1	3	33	4 612,10	1.5
REGISTERED NURSE (MEDICAL)	13	30	43	60 805,89	1.5
REGISTERD NURSE(SURGICAL)	1	2	50	4 612,10	1.5
REGISTRY AND MAILING CLERK	87	97	90	329 226,57	1.5
RISK MANAGEMENT AND SECURITY SERVICES	0	0	0	0	1.5
SAFETY INSPECTOR	2	2	100	11 820,11	1.5
SAFETY HEALTH AND ENVIRONMENT & QUALITY PRACTITIONER	0	18	0	101 524,55	1.5
SAFETY HEALTH AND QUALITY INSPECTORS	0	0	0	0	1.5
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	6	9	67	20 852,51	1.5
SECURITY OFFICER	8	10	80	49 784,90	1.5
SENIOR MANAGERS	86	86	100	1 762 086,15	1.5
SOCIAL SCIENCES RELATED	0	0	0	0	1.5
SOCIAL WORKER	142	153	93	873 867,42	1.5
SOCIAL WORK AND RELATED PROFESSIONALS	1	1	100	5 577,82	1.5
SPEECH THERAPIST	67	76	88	397 176,80	1.5
SPEECH THERAPY AND AUDIOLOGY	3	3	100	14 084,46	1.5
STAFF NURSE	2 977	3 284	91	10 036 653,52	1.5

CRITICAL OCCUPATION	BENEFICIARY PROFILE			COST	
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN OCCUPATION	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)
STAFF NURSES AND PUPIL NURSES	31	32	97	110 769,93	1.5
STRATEGY MONITORING AND EVALUATION	1	1	100	18 804,02	1.5
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	0	0	0	0	1.5
SUPPLY CHAIN CLERK	46	61	75	180 374,76	1.5
TRADE LABOURERS	2	2	100	4 654,44	1.5
TRAINING AND DEVELOPMENT PROFESSIONAL	2	2	100	16 415,37	1.5
TRANSPORT CLERK	73	83	88	367 618,01	1.5
WASHROOM ATTENDANT	2	2	100	3 937,95	1.5
WORD PROCESSING OPERATOR	17	18	94	70 689,74	1.5
WORK PLANNERS	0	0	0	0	1.5
WORKSHOP CLEANER	1	1	100	1 968,98	1.5
TOTAL	**36 401**	**40 618**	**90**	**182 689 313,25**	**1.5**

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2024 and 31 March 2025

SALARY BAND	BENEFICIARY PROFILE			COST		TOTAL COST AS A % OF THE TOTAL PERSONNEL EXPENDITURE
	NUMBER OF BENEFICIARIES	NUMBER OF EMPLOYEES	% OF TOTAL WITHIN SALARY BAND	TOTAL COST (R'000)	AVERAGE COST PER EMPLOYEE (R)	
Band A	0	0	0	0	0	0
Band B	0	0	0	0	0	0
Band C	0	0	0	0	0	0
Band D	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**

3.9. Foreign Workers

Table 3.9.1 Foreign workers by salary band for the period 1 April 2024 and 31 March 2025

SALARY BAND	01 APRIL 2024		31 MARCH 2025		CHANGE	
	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
Lower skilled	1	0.6	1	0.5	0	0
Highly skilled production (Lev. 6-8)	19,00	11	19,00	10	0,00	0,00
Highly skilled supervision (Lev. 9-12)	133,00	79	133,00	70	0,00	0,00
Contract (level 9-12)	14	8	35	18	21	11
Contract (level 13-16)	0	0	0	0	0	0
Other	2	1.4	2,00	1.05	0,00	0,00
Total	**169**	**100,00**	**190**	**100,00**	**21**	**11**

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2024 and 31 March 2025

MAJOR OCCUPATION	01 APRIL 2024		31 MARCH 2025		CHANGE	
	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
Administrative office workers	1,00	0,6	1,00	0,5	0,00	0,00
Information technology personnel	1,00	0,6	1,00	0,5	0,00	0,00
Professionals and managers	161,00	95	180	95	19	10
Technicians and associated professionals	6,00	3.8	8,00	4	2	1
TOTAL	**169,00**	**100,00**	**190.00**	**100**	**21**	**11**

Narrative

The above information was based on Persal information, as Vulindlela report was not revealing the true reflection of the 2024/2025 financial year. Table 3.9.2 has been fused to the common Major Occupations because some of the major occupations produced by Vulindlela has no meaning for interpretation and audited in terms of Persal they were falling under the occupation of Professionals and Managers. Most of these foreign nationals are health professionals.

3.10. Leave utilisation

Table 3.10.1 Sick leave for the period 1 January 2024 to 31 December 2024

SALARY BAND	TOTAL DAYS	% DAYS WITH MEDICAL CERTIFICATION	NUMBER OF EMPLOYEES USING SICK LEAVE	% OF TOTAL EMPLOYEES USING SICK LEAVE	AVERAGE DAYS PER EMPLOYEE	ESTIMATED COST (R'000)
Contract (Levels 3-5)	243,00	78,60	62,00	0,20	4,00	266,00
Contract (Levels 6-8)	2 738,00	66,10	699,00	2,50	4,00	3 839,00
Contract (Levels 9-12)	2 389,00	61,60	557,00	2,00	4,00	6 181,00
Highly skilled production (Levels 6-8)	63 164,00	78,10	8 529,00	31,00	7,00	106 946,00
Highly skilled supervision (Levels 9-12)	35 176,00	79,60	4 672,00	17,00	8,00	114 252,00
Lower skilled (Levels 1-2)	23 132,00	82,10	3 154,00	11,50	7,00	16 751,00
Other	27,00	77,80	3,00	0,00	9,00	46,00
Senior management (Levels 13-16)	183,00	90,20	35,00	0,10	5,00	967,00
Skilled (Levels 3-5)	72 230,00	80,80	9 803,00	35,60	7,00	74 857,00
TOTAL	**199 282,00**	**79,50**	**27 514,00**	**100,00**	**7,00**	**324 104,00**

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2024 to 31 December 2024

SALARY BAND	TOTAL DAYS	% DAYS WITH MEDICAL CERTIFICATION	NUMBER OF EMPLOYEES USING DISABILITY LEAVE	% OF TOTAL EMPLOYEES USING DISABILITY LEAVE	AVERAGE DAYS PER EMPLOYEE	ESTIMATED COST (R'000)
Contract (Levels 6-8)	37,00	100,00	2,00	0,20	19,00	50,00
Contract (Levels 9-12)	59,00	100,00	7,00	0,60	8,00	152,00
Highly skilled production (Levels 6-8)	18 843,00	99,90	427,00	33,60	44,00	32 016,00
Highly skilled supervision (Levels 9-12)	10 983,00	100,00	250,00	19,70	44,00	34 788,00
Lower skilled (Levels 1-2)	5 132,00	100,00	151,00	11,90	34,00	3 769,00
Skilled (Levels 3-5)	18 513,00	100,00	435,00	34,20	43,00	18 901,00
TOTAL	**53 567,00**	**100,00**	**1 272,00**	**100,00**	**42,00**	**89 676,00**

Table 3.10.3 Annual Leave for the period 1 January 2024 to 31 December 2024

SALARY BAND	TOTAL DAYS TAKEN	NUMBER OF EMPLOYEES USING ANNUAL LEAVE	AVERAGE PER EMPLOYEE
Contract (Levels 1-2)	0	0	0
Contract (Levels 13-16)	1,00	1,00	1,00
Contract (Levels 3-5)	2 504,00	12,00	213,00
Contract (Levels 6-8)	12 653,00	11,00	1 113,00
Contract (Levels 9-12)	13 945,00	14,00	987,00
Highly skilled production (Levels 6-8)	268 561,01	23,00	11 918,00
Highly skilled supervision (Levels 9-12)	159 106,20	23,00	6 861,00
Lower skilled (Levels 1-2)	107 475,50	21,00	5 019,00
Other	79,00	20,00	4,00
Senior management (Levels 13-16)	1 531,00	21,00	73,00
Skilled (Levels 3-5)	316 766,15	22,00	14 556,00
TOTAL	**882 621,86**	**22,00**	**40 745,00**

Table 3.10.4 Capped leave for the period 1 January 2024 to 31 December 2024

SALARY BAND	TOTAL DAYS OF CAPPED LEAVE TAKEN	NUMBER OF USING CAPPED LEAVE	AVERAGE NUMBER OF DAYS TAKEN PER EMPLOYEE	AVERAGE CAPPED LEAVE PER EMPLOYEE AS ON 31 MARCH 2025
Contract (Levels 1-2)	0,00	0,00	0,00	0,00
Contract (Levels 13-16)	0,00	0,00	0,00	0,00
Contract (Levels 3-5)	0,00	0,00	0,00	82,00
Contract (Levels 6-8)	0,00	0,00	0,00	80,00

Contract (Levels 9-12)	0,00	0,00	0,00	74,00
Highly skilled production (Levels 6-8)	166,25	31,00	5,00	60,00
Highly skilled supervision (Levels 9-12)	228,00	45,00	5,00	63,00
Lower skilled (Levels 1-2)	0,00	0,00	0,00	102,00
Other	0,00	0,00	0,00	0,00
Senior management (Levels 13-16)	0,00	0,00	0,00	76,00
Skilled (Levels 3-5)	68,00	15,00	5,00	48,00
TOTAL	**462,25**	**91,00**	**5,00**	**59,00**

Table 3.10.5 Leave pay-outs for the period 1 April 2024 and 31 March 2025

REASON	TOTAL ESTIMATED AMOUNT (R'000)	NUMBER OF EMPLOYEES	ESTIMATED AVERAGE PER EMPLOYEE (R)
Leave payout for 2024/25 due to non-utilisation of leave for the previous cycle	6 282,00	258,00	24 349,00
Capped leave payouts on termination of service for 2024/25	16 371,00	139,00	117 777,00
Current leave payout on termination of service for 2024/25	18 426,00	509,00	36 200,00
TOTAL	**41 079,00**	**906,00**	**45341,05**

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 prevention and control as well as standard / universal precaution b) ns c) Vaccination of Health workers d) Warning signage and promotional material e) Reporting and investigation of occupational exposures f) Education on sharps and waste disposal. g) Trauma debriefing where possible 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.	X		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	X		The EW Unit has 24 designated personnel: 11 EW at Districts and Hospital Complexes and 2 at Head Office (including COID unit); OHS

QUESTION	YES	NO	DETAILS, IF YES
employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.			dedicated Staff 2 in the districts and 9 in Health Facilities. Services have been delivered within a limited budget but co-sourced from other programmes such as Clinical Services; HRD and external partners. A tender process was undertaken for EW services to all ECDOH Health Workers which was cancelled at award stage because the budget was withdrawn but it was started afresh in the 4th Quarter.
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.	X		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 16818 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
5. 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.		X	There is no functional provincial governance structure

QUESTION	YES	NO	DETAILS, IF YES
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.	X		All HR policies comply with the required principles but are under review. 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,
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.	X		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
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	X		The EWP partners with GEMS and the HIV Directorate to host and promote HCT. 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. 1139 employees were recorded as tested for HIV this year mostly from Staff health Clinics, with 310 being given PEP. Non-medical aid employees have access to health services at our own facilities.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	X		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 2024 and 31 March 2025

SUBJECT MATTER	DATE
Resolution 2 of 2024 - Extension of Resolution 03 of 2014_Agreement on the Increase of Levies	14 November 2024
Resolution 1 of 2024 - Amendment of Resolution 2 of 2023: Agreement on Provision of Token of Appreciation	21 October 2024

TOTAL NUMBER OF COLLECTIVE AGREEMENTS	2

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2024 and 31 March 2025

OUTCOMES OF DISCIPLINARY HEARINGS	NUMBER	% OF TOTAL
Correctional counselling	1	7.1
Verbal warning	0	0
Written warning	0	0
Final written warning	5	35.7
Suspended without pay	6	42.9
Fine	0	0
Demotion	0	0
Dismissal	2	14.3
Not guilty	0	0
Case withdrawn	0	0
Total	**14**	**100**

TOTAL NUMBER OF DISCIPLINARY HEARINGS FINALISED	12

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2024 and 31 March 2025

TYPE OF MISCONDUCT	NUMBER	% OF TOTAL
Absenteeism	3	42.9
Insubordination	1	14.3
Illegal strike	0	0
Theft	0	0
Other	3	42.7
Total	**7**	**100**

TOTAL NUMBER OF DISCIPLINARY HEARINGS FINALISED	14

Table 3.12.4 Grievances logged for the period 1 April 2024 and 31 March 2025

NUMBER OF GRIEVANCES ADDRESSED	NUMBER	% OF TOTAL
Number of grievances resolved	0	0
Number of grievances not resolved	22	100
Total number of grievances lodged	**22**	**100**

Table 3.12.5 Disputes logged with Councils for the period 1 April 2024 and 31 March 2025

DISPUTES	NUMBER	% OF TOTAL
Number of disputes upheld	65	76
Number of disputes dismissed	20	24
Total number of disputes lodged	**85**	**100**

Table 3.12.6 Strike actions for the period 1 1 April 2024 and 31 March 2025

Total number of persons working days lost	5
Total costs working days lost	R1 141 524
Amount recovered as result of no pay (R'000)	**0**

Table 3.12.7 Precautionary suspensions for the period 1 April 2024 and 31 March 2025

Number of people suspended	17
Number of people whose suspension exceeded 30 days	10
Average number of days suspended	**251.5**
Cost of suspension (R'000)	**3 450.28**

3.13. Skills development.

Table 3.13.1 Training needs identified for the period 1 April 2024 and 31 March 2025

OCCUPATIONAL CATEGORY	GENDER	NUMBER OF EMPLOYEES AT 01 APRIL 2024	TRAINING NEEDS IDENTIFIED AT START OF THE REPORTING PERIOD			
			LEARNERSHIPS	SKILLS PROGRAMMES & OTHER SHORT COURSES	OTHER FORMS OF TRAINING	TOTAL
Legislators, senior officials and managers	Female	606	0	309	244	**553**
Legislators, senior officials and managers	Male	429	0	136	121	**257**
Professionals	Female	11 032	92	1 711	8 979	**10 690**
Professionals	Male	3 531	35	774	3 526	**4 300**
Technicians and associate professionals	Female	9 008	7	838	1667	**2 505**
Technicians and associate professionals	Male	3 455	38	467	878	**1 345**
Clerks	Female	2 574	0	759	929	**1 688**

OCCUPATIONAL CATEGORY	GENDER	NUMBER OF EMPLOYEES AT 01 APRIL 2024	TRAINING NEEDS IDENTIFIED AT START OF THE REPORTING PERIOD			
			LEARNERSHIPS	SKILLS PROGRAMMES & OTHER SHORT COURSES	OTHER FORMS OF TRAINING	TOTAL
Clerks	Male	991	0	248	482	**730**
Service and sales workers	Female	3 711	0	64	932	**996**
Service and sales workers	Male	1 132	0	108	300	**408**
Skilled agriculture and fishery workers	Female	0	0	0	0	**0**
Skilled agriculture and fishery workers	Male	0	0	0	0	**0**
Craft and related trades workers	Female	26	0	31	9	**40**
Craft and related trades workers	Male	91	0	31	15	**46**
Plant and machine operators and assemblers	Female	929	0	2	16	**18**
Plant and machine operators and assemblers	Male	466	0	34	65	**99**
Elementary occupations	Female	3 509	33	259	625	**884**
Elementary occupations	Male	1 737	47	230	418	**648**
Gender sub totals	Female	31 395	120	3 946	26 802	**30 748**
Gender sub totals	Male	11 832	145	2 024	11 610	**13 634**
TOTAL		**43 227**	**265**	**5 970**	**38 412**	**44 647**

Table 3.13.2 Training provided for the period 1 April 2024 and 31 March 2025

OCCUPATIONAL CATEGORY	GENDER	NUMBER OF EMPLOYEES AT 01 APRIL 2024	TRAINING PROVIDED WITHIN THE REPORTING PERIOD			
			LEARNERSHIPS	SKILLS PROGRAMMES & OTHER SHORT COURSES	OTHER FORMS OF TRAINING	TOTAL
Legislators, senior officials and managers	Female	606	13	24	175	**199**
Legislators, senior officials and managers	Male	429	0	20	109	**129**
Professionals	Female	11 032	92	229	6846	**7 075**
Professionals	Male	3 531	35	75	1885	**1 960**
Technicians and associate professionals	Female	9 008	7	329	2285	**2 614**
Technicians and associate professionals	Male	3 455	38	105	629	**734**
Clerks	Female	2 574	0	264	1074	**1 338**
Clerks	Male	991	0	103	424	**527**
Service and sales workers	Female	3 711	0	13	975	**988**
Service and sales workers	Male	1 132	0	26	385	**411**
Skilled agriculture and fishery workers	Female	0	0	0	0	**0**
Skilled agriculture and fishery workers	Male	0	0	0	0	**0**
Craft and related trades workers	Female	26	0	3	9	**12**
Craft and related trades workers	Male	91	0	2	41	**43**
Plant and machine operators and assemblers	Female	929	0	0	0	**0**
Plant and machine operators and assemblers	Male	466	0	0	12	**12**
Elementary occupations	Female	3 509	33	180	582	**762**
Elementary occupations	Male	1 737	47	74	320	**394**
Gender sub totals	Female	31 395	120	1 042	11 946	**12 988**
Gender sub totals	Male	11 832	145	405	3 805	**4 210**
TOTAL		**43 227**	**265**	**1 447**	**15 751**	**17 463**

3.14. Injury on duty

Table 3.14.1 Injury on duty for the period 1 April 2024 and 31 March 2025

NATURE OF INJURY ON DUTY	NUMBER	% OF TOTAL
Required basic medical attention only	26	13
Temporary Total Disablement	100	49
Permanent Disablement	79	38
Fatal	0	0
TOTAL	**205**	**100**

3.15. Utilisation of Consultants.

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2024 and 31 March 2025

PROJECT TITLE	TOTAL NUMBER OF CONSULTANTS THAT WORKED ON THE PROJECT	DURATION (WORK DAYS)	CONTRACT VALUE IN RAND
N/A	0	0	0
N/A	0	0	0

TOTAL NUMBER OF PROJECTS	TOTAL INDIVIDUAL CONSULTANTS	TOTAL DURATION WORK DAYS	TOTAL CONTRACT VALUE IN RAND
N/A	0	0	0
N/A	0	0	0

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2024 and 31 March 2025

PROJECT TITLE	PERCENTAGE OWNERSHIP BY HDI GROUPS	PERCENTAGE MANAGEMENT BY HDI GROUPS	NUMBER OF CONSULTANTS FROM HDI GROUPS THAT WORK ON THE PROJECT
N/A	0	0	0

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2024 and 31 March 2025

PROJECT TITLE	TOTAL NUMBER OF CONSULTANTS THAT WORKED ON THE PROJECT	DURATION: WORK DAYS	DONOR AND CONTRACT VALUE IN RAND
N/A	0	0	0

TOTAL NUMBER OF PROJECTS	TOTAL INDIVIDUAL CONSULTANTS	TOTAL DURATION WORK DAYS	TOTAL CONTRACT VALUE IN RAND
N/A	0	0	0

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2024 and 31 March 2025

PROJECT TITLE	PERCENTAGE OWNERSHIP BY HDI GROUPS	PERCENTAGE MANAGEMENT BY HDI GROUPS	NUMBER OF CONSULTANTS FROM HDI GROUPS THAT WORK ON THE PROJECT
N/A	0	0	0

3.16. Severance Packages

Table 3.16.1 Granting of employee-initiated severance packages for the period 1 April 2024 and 31 March 2025

SALARY BAND	NUMBER OF APPLICATIONS RECEIVED	NUMBER OF APPLICATIONS REFERRED TO THE MPSA	NUMBER OF APPLICATIONS SUPPORTED BY MPSA	NUMBER OF PACKAGES APPROVED BY DEPARTMENT
Lower skilled (Levels 1 - 2)	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

COMPLIANCE REPORT

2.7.1 INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

IRREGULAR EXPENDITURE

(a) Reconciliation of irregular expenditure

Description	2023/24	2024/25
	R'000	R'000
Opening balance	**226 286**	**202 200**
Prior Period error/ Adjustments	(2 527)	9 381
As Restated	**223 759**	**211 581**
Add: Irregular expenditure confirmed	132 414	149 961
Less Irregular Expenditure Condoned	(153 974)	(80 270)
Closing balance	**202 200**	**281 273**

Reconciling notes

Description	2023/24	2024/25
	R'000	R'000
Irregular expenditure that was under assessment in 2022/23	-	-
Irregular expenditure that relates to 2021/22 and identified in 2022/23	-	-
Irregular expenditure for the current year	132 414	149 461
Total	**132 414**	**149 461**

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

Description	2023/24	2024/25
	R'000	R'000
Irregular expenditure under assessment	125 570	263 398
Irregular expenditure under determination	73 318	12 875
Irregular expenditure under investigation	3 312	-
Total	**202 200**	**276 273**

c) Details of current and previous year irregular expenditure condoned

DESCRIPTION	2023/24	2024/25
	R'000	R'000
Irregular expenditure condoned	153 974	80 270
Total	**153 974**	**80 270**

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

DESCRIPTION	2023/24	2024/25
	R'000	R'000
Irregular expenditure NOT condoned and removed	-	-
Total	**-**	**-**

e) Details of current and previous year irregular expenditure recovered

DESCRIPTION	2023/24	2024/25
	R'000	R'000
Irregular expenditure recovered	-	-
Total	**-**	**-**

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

Description	2023/24	2024/25
	R'000	R'000
Irregular expenditure written off	-	-
Total	**-**	**-**

FRUITLESS AND WASTEFUL EXPENDITURE

(a) Reconciliation of fruitless and wasteful expenditure

Description	2023/24	2024/25
	R'000	R'000
Opening balance	**11 620**	**7 881**
Prior Period error/ Adjustments	(14)	(1 111)
As Restated	**11 606**	**6 770**
Add: Fruitless and wasteful expenditure – confirmed	15 405	78 675
Less Fruitless and wasteful Expenditure written off	(19 084)	(9 866)
Less: Fruitless and wasteful expenditure recoverable	(46)	(657)
Closing balance	**7 881**	**74 922**

Reconciling notes

Description	2023/24	2024/25
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2021/22	-	-
Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23	-	-
Fruitless and wasteful expenditure for the current year	15 405	78 675
Total	**15 405**	**78 675**

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

Description	2023/24	2024/25
	R'000	R'000
Fruitless and wasteful expenditure under assessment	-	-
Fruitless and wasteful expenditure under determination	7 881	15 454
Fruitless and wasteful expenditure under investigation	-	59 468
Total	**7 881**	**74 922**

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

Description	2023/24	2024/25
	R'000	R'000
Fruitless and wasteful expenditure recovered	46	657
Total	**46**	**657**

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

Description	2023/24	2024/25
	R'000	R'000
Fruitless and wasteful expenditure written off	19 084	9 866
Total	**19 084**	**9 866**

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

Disciplinary steps taken

UNAUTHORISED EXPENDITURE

a) Reconciliation of unauthorised

Description	2023/24	2024/25
	R'000	R'000
Opening balance	2,736,095	3,030,998
Add: unauthorised expenditure confirmed	294,903	439,662
Closing balance	**3,030,998**	**3,470,660**

Reconciling notes

Description	2023/24	2024/25
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	2,736,095	3,030,998
Unauthorised expenditure for the current year	294,903	439,662
TOTAL	**3,030,998**	**3,470,660**

Description		
Unauthorised expenditure under assessment		
Unauthorised expenditure under determination		
Unauthorised expenditure under investigation	3,030,998	3,470,660
TOTAL	**3,030,998**	**3,470,660**

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

c) Details of current and previous year 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		

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	93 276	9 671 710 837.57
Invoices paid within 30 days or agreed period	27 222	4 977 856 560.89
Invoices paid after 30 days or agreed period	66 054	4 693 854 276.68
Invoices older than 30 days or agreed period (*unpaid and without dispute*)	61 704	4 745 457 276.12
Invoices older than 30 days or agreed period (*unpaid and in dispute*)	**0**	0

Include reasons for the late and or non-payment of invoices, including reasons that the invoices are in dispute, where applicable.

2.7.3 INFORMATION ON SUPPLY CHAIN MANAGEMENT

DESCRIPTION	NAME OF SUPPLIER	TYPE OF PROCUREMENT BY OTHER MEANS	CONTRACT NUMBER	VALUE OF CONTRACT R'000
Provision off Homebased Care Services	Border Hospital Association T/D as St Bernard's Hospice	Sole Source	SCMU3-23/24-0402-HO	R 1 213 650.00
Procurement of Personal Radiation Monitoring Device Dosimeter	South African Bureau Of Standards	Sole Source	SCMU-23/24-0272-HO	RATE BASE

DESCRIPTION	NAME OF SUPPLIER	TYPE OF PROCUREMENT BY OTHER MEANS	CONTRACT NUMBER	VALUE OF CONTRACT R'000
Emergency deviation for procurement of Heavy Furnace Oil for NMAH and other institutions for a period of 9 months	Engen Petroleum	Emergency	SCMU3-23/24-0283-HO	RATE BASE
Total				R 1 213 550.00

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
Security Services	DLS Security, M& D Security, Phiko Security And Whispers Security	New bid process has not yet been concluded.	SCMU3-20/21-0119-AL	R 159 194 072.02	R 13 265 422.65	R18 216 619.64
Security Services	DLS Security, M& D Security, Phiko Security And Whispers Security	Extension of contract above 15% of original contract value	SCMU3-20/21-0119-HO	R 159 194 072,02	R 31 482 042.29	R 13 265 422.65
Provision of Chronic Mental Health Services at Community- Based Rehabilitation For Mental Health Users	Life Esidimeni	Extension of contract above 15% of original contract value	SCMU3-18/19-0321-HO	R 581 464 080.00	R 194 400 000.00	R 53 700 000.00
Total						R 85 212 042,29



PART F

FINANCIAL INFORMATION

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

Opinion

1. I have audited the financial statements of the Eastern Cape Department of Health set out on pages 503 to 614,which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets, and the cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Eastern Cape Department of Health as at 31 March 2025 and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) as prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, Act no. 1 of 1999 (PFMA) and the Division of Revenue Act of South Africa, Act no. 24 of 2024 (DoRA).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

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

Material uncertainty related to going concern

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

7. 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 matters

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

Payables not recognised

9. As disclosed in note 20.2 to the financial statements, payables not recognised of R4,1 billion exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount, in turn, exceeded the R2,4 billion of voted funds to be surrendered by R1,7 billion as per the statement of financial position.

Bank overdraft

10. The department was in an overdraft position of R1,1 billion (2024 – R1,1 billion) as disclosed in note 14 to the annual 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 615 to 637 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 National Treasury and the requirements of the PFMA and the 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 498 to 501 of the annexure to the auditor's report, forms part of my 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 2025 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
District health services	111 - 211	To ensure the delivery of primary health care services through the implementation of the District Health System.
Provincial hospital services	223 - 240	To provide coat effective, good quality secondary hospital services and specialised services which include psychiatric 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.

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

6.3.8 Severity Assessment Code (SAC)1 incident reported within 24 hours rate

23. An achievement of 60% was reported against a target of 86%. However, the audit evidence showed the actual achievement to be only 25%. Consequently, the target was not achieved and it is likely that the achievement against the target was lower than reported.

Various indicators

24. 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 achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Indicator	Target	Reported achievement
6.3.17 Patient Safety Incident (PSI) case closure rate	88%	95%
4.4.1 PHC Mental disorders treatment rate new	0.2%	0.1%
3.1.2 HIV positive 15-24 years (excl. ANC) rate	1.8%	1.3%
3.2.3 ART child remain in care rate [12 months]	77%	75.9%
3.2.8 ART Child viral load suppressed rate (below 50) [12 months]	60%	56.9%

Indicator	Target	Reported achievement
1.1.1 IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	2000	6031
1.2.2 Mother postnatal visit within 6 days rate	82%	83.8%
1.3.9 Child under 5 years diarrhoea case fatality rate	2.5%	2.1%
1.3.10 Child under 5 years pneumonia case fatality rate	2.4%	3.0%
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	7.5%	11.0%
4.3.3 Cervical cancer screening coverage	43.0%	49.0%
6.3.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	75%	80.3%
6.3.10 Patient Safety Incident (PSI) case closure rate	91.7%	96.6%
1.3.12 Child under 5 years diarrhoea case fatality rate	1.8%	1.7%
1.3.13 Child under 5 years pneumonia case fatality rate	1.6%	1.7%
1.3.14 Child under 5 years severe acute malnutrition case fatality rate	9.9%	8.4%

Various indicators

25. Based on the audit evidence, the actual achievements for the following indicators did not agree to what was reported. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Indicator	Target	Reported Achievement
6.3.18 Patient Safety Incident (PSI) case closure rate	100%	69%
3.1.3 HIV Test positive around 18 months rate	<1.2%	0.3%
6.1.3 Patient experience of care satisfaction rate	79%	80.2%

Provincial Hospital Services

Various indicators

26. 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 achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Indicator	Target	Reported achievement
6.3.2 Severity assessment code1 incident reported within 24 hours rate	90%	92%
6.3.11 Patient Safety Incident case closure rate	95%	97%
4.3.6 Cervical cancer screening	500	845

Other matters

27. I draw attention to the matters below.

Achievement of planned targets

28. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- or under achievements. This information should be considered in the context of the material findings on the reported performance information.

29. The tables that follow provide information on the achievement of planned targets and list the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages …… to ……

District health services

Targets achieved: 49.23% *Budget spent: 102.12%*		
Key service delivery indicator not achieved	**Planned target**	**Reported achievement**
6.1.1 Patient experience of care satisfaction rate	86.3%	85%
6.3.8 Severity assessment code (SAC)1 incident reported within 24 hours rate	86%	60%
6.1.2 Patient experience of care satisfaction rate	83%	79%
6.3.9 Severity assessment code (SAC)1 incident reported within 24 hours rate	60%	42%
4.4.1 PHC Mental disorders treatment rate new	0.2%	0.1%
6.3.18 Patient Safety Incident (PSI) case closure rate	100%	69%
3.2.2 ART adult remain in care rate (12 months)	72%	64.3%
3.2.3 ART child remain in care rate (12 months)	77%	75.9%

Targets achieved: 49.23% *Budget spent: 102.12%*		
Key service delivery indicator not achieved	**Planned target**	**Reported achievement**
3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	88%	84,6%
3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	60%	56.9%
3.3.4 ALL DS - TB client treatment success rate	78%	75.9%
3.3.9 All DS - TB client lost to follow - up rate	<12%	12.7%
1.1.2 Antenatal 1st visit before 20 weeks rate	66%	65.8%
1.1.5 Maternal Mortality in facility ratio - Per 100 000 live births	<120/100 000	139.7/100 000
1.3.3 Immunisation under 1year coverage	89%	73%
1.3.4. Measles 2nd dose 1 year coverage	85%	75.8%
1.3.5 Death under 5 years against live birth rate	<2%	2.5%
1.3.6 Neonatal death in facility rate (Per 1000 live births)	12/1000	15.7/1000
1.3.8 Still birth in facility rate (per 1000 births)	18/1000	22.2/1000
1.3.10 Child under 5 years pneumonia case fatality rate	2.4%	3%
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	7.5%	11.0%
1.1.6 Maternal mortality in facility ratio	63.4/100 000	70.2/100 000
1.3.13 Child under 5 years pneumonia case fatality rate	1.6%	1.7%
1.3.15 Death under 5 years against live birth rate	1.4%	1.9%

Provincial hospital services

Targets achieved: 66.67% *Budget spent: 102.15%*		
Key service delivery indicator not achieved	**Planned target**	**Reported achievement**
1.3.16 Child under 5 years diarrhoea case fatality rate	2.2%	3.4%

Targets achieved: 66.67% *Budget spent: 102.15%*		
Key service delivery indicator not achieved	**Planned target**	**Reported achievement**
1.3.17 Child under 5 years' pneumonia case fatality rate	2.7%	5.2%
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	10.7%	18.2%
1.3.19 Number of deaths in facility under 5 years	550	774

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

35. The financial statements submitted for auditing were not fully prepared in accordance with the prescribed financial reporting framework and/or supported by full and proper records, as required by section 40(1) (a) of the PFMA. Material misstatements of disclosure items identified by the auditors in the submitted financial statement were corrected and the supporting records

were provided subsequently, resulting in the financial statements receiving an unqualified opinion.

Strategic planning and performance management

36. 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).

Asset management

37. Processes and procedures were not in place at the department for the effective, efficient, economical and transparent use of the institution's assets, as required by treasury regulation 10.1.2.

Expenditure management

38. Effective and appropriate steps were not taken to prevent unauthorised expenditure 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. Effective and appropriate steps were not taken to prevent irregular expenditure, 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 caused by SCM processes not being followed.

40. Effective steps were not taken to prevent fruitless and wasteful expenditure, 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 fruitless and wasteful expenditure was due to interest on late payment of medico-claims.

41. 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.

Consequence management

42. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against some of the officials who had incurred and/or permitted irregular expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.

43. I was unable to obtain sufficient appropriate audit evidence that losses resulting from fruitless and wasteful expenditure were recovered from the liable persons, as required by treasury regulation 9.1.4.

44. I was unable to obtain sufficient appropriate audit evidence that investigations were conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

45. Disciplinary hearings were not held for confirmed cases of financial misconduct committed by some officials, as required by treasury regulation 4.1.1.

Other information in the annual report

46. The accounting officer is responsible for the other information included in the annual report. The other information 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.

47. My opinion on the financial statements and my reports on the audit of the annual performance report and 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.

48. 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.

49. 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

50. 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.

51. The matters reported below are limited to the significant internal control deficiencies that resulted in the material findings on the annual performance report and the material findings on compliance with legislation included in this report.

52. The department is significantly weakened by a pervasive lack of accountability and ineffective consequence management. A culture of impunity, coupled with the failure to act on prior audit findings, has led to repeated control breakdowns. There is no structured framework for enforcing disciplinary actions or tracking financial misconduct, which undermines ethical standards and weakens the overall control environment. Leadership oversight is insufficient, and audit findings are not centrally tracked or resolved in a timely manner, further eroding public trust and governance effectiveness.

53. In the area of financial and operational management, the department suffers from poor oversight, inadequate supervision, and outdated systems. A shortage of skilled financial personnel and inconsistent application of procedures result in inaccurate budgeting, weak compliance, and unreliable performance reporting. Additionally, fragmented coordination between legal, clinical, and finance units has led to poor management of contingent liabilities

and increased medico-legal risks. Risk identification and mitigation mechanisms are largely absent, exposing the department to escalating legal and financial exposure.

54. The department's reliance on manual processes and outdated ICT infrastructure severely limits its ability to maintain accurate records, ensure data integrity, and support clean audits. Poor document management and incomplete asset registers hinder audit readiness and compromise service delivery. Infrastructure neglect and inadequate project oversight contribute to non-compliance with health facility standards and further increase audit risks. Collectively, these internal control weaknesses point to the urgent need for improved governance, stronger systems, and a more accountable organizational culture.

Material irregularities

55. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

Material irregularities identified during the audit

56. The material irregularities identified are as follows:

Substantial harm to a public sector institution due to medical records not provided

57. The department did not provide patient records to support information reported on the annual performance report as there was a material limitation identified due to non-submission of patient records. This limitation of scope has resulted in a non-compliance with the National Health Act 61 of 2003.

58. This will result in the likely substantial harm to a public sector department as without credible reported performance information, the department cannot effectively measure progress against its core objectives or assess the impact of funding relative to service delivery outputs. This hinders its ability to identify and address service delivery challenges, allocate resources based on actual needs and planed targeted outreach programmes. It also affects the optimal use and maintenance of health facilities, limits analysis of critical health outcomes like maternal and infant deaths and undermines the portfolio committee's ability to exercise proper oversight.

59. I notified the accounting officer of the material irregularity on 3 May 2024 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 13 June 2024 and an updated response was submitted by the accounting officer on 14 March 2025.

60. The accounting officer implemented the following actions in response to the material irregularity:

    - Chronic stable patients will be decanted monthly through the central chronic medicine dispensing and distribution programme to external pickup points or fast lanes. Data clerks will be supervised regularly, daily data capturing and verification will occur in all

primary health facilities and health patient registration system and health management system 2 (HMS 2) usage will be monitored. Monthly activities will also include clinical audits, data reconciliation, and the operation of data verification committees at all facilities and sub-districts.

- All facility and outreach data will be verified and captured by February 2025 to improve reliability of reporting and in addition by March 2025, all facilities will have appointed admin and data clerks. The health patient registration system (HPRS) and health management system (HMS2) and e-tick register will be fully implemented. Additional admin clerks and interns will be deployed by September 2025 to support filing and improve document management.
- Records staff will be upskilled through accredited training by June 2025. Medical records supplies will be procured, and a district-wide manual records audit will be conducted in preparation for HMS2 Phase 2.

61. The actions taken by the accounting officer to address the material irregularity are deemed appropriate and therefore the material irregularity is resolved.

Grade progression incorrectly paid to medical registrars

62. The department incorrectly approved and paid arrear salaries for a grade progression to employees that are not entitled to receive the grade progression as per Annexure A1 to resolution 1 of 2010 of Public Health and Social Development Sectoral Bargaining Council (PHSDSBC). These payments constitute non-compliance with section 45(a) of the Public Finance Management Act.

63. The department paid R6,8 million during the 31 March 2024 financial year for grade progression to employees who did not qualify for the payment. The resolution 1 of 2010 of the PHSDSBC requires experiential competency of combination of 3 years actual service and/or recognisable experience after registration with the HPSCA as a Medical Practitioner and at least two years of this period must be actual service as Medical Officer Grade 1. By approving the payment of the grade progression which did not meet the PHSDSBC requirements, the officials of the department did not ensure that the system of financial management and internal control established for the department was carried out within their area of responsibility.

64. I notified the accounting officer of the material irregularity on 31 July 2024 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 29 August 2024 and an updated response was submitted by the accounting officer on 09 July 2025.

65. The accounting officer committed to the following actions in response to the material irregularity:

- HR personnel were trained on the Collective Agreement by 30 August 2024.
- Notification letters regarding the debt have been issued and signed by the affected doctors by 10 March 2025.

- The salary scales of Registrars will be adjusted accordingly, with the corrected scales reflected in the determination letters by 31 August 2025.

- A formal request for investigation into identified irregularities has been referred to the Office of the Chief Audit Executive to ensure due process and fairness. A report on this matter will be submitted upon the conclusion of the investigation by 31 August 2025.

66. I will follow up on the implementation of the planned actions during my next audit.

Commuted overtime paid to medical practitioners that were not entitled to receive allowances

67. The department paid commuted overtime allowances during the 31 March 2024 financial year to employees that are not entitled to receive the commuted overtime as per the policy for remunerated overtime and commuted overtime, paragraphs 15.5.5.2a (d) and (f), 15.5.3b (ii)(b).

68. The payments of commuted overtime to non-qualifying employees results in a non-compliance with section 45(a) of the PFMA. By effecting the payments which did not meet the departmental policy, the officials of the department did not ensure that the system of financial management and internal control established for the department was carried out within their area of responsibility.

69. The non-compliance is likely to result in material financial loss of R1,8 million for the department, if not recovered from responsible employees.

70. I notified the accounting officer of the material irregularity on 4 September 2024 and invited a written submission on the actions taken or being taken to address the matter. The accounting officer failed to respond to the notification within the stipulated period.

71. I notified the accounting officer on 30 July 2025 of the following recommendations, which should be implemented by 30 November 2025 with a progress by 30 September 2025:

- Appropriate action should be taken to investigate the non-compliance with section 45(a) of the PFMA in order to determine if any official should be held liable. The investigation should also determine the reasons and circumstances that led to the non-compliance for the purpose of taking appropriate corrective actions and to address control weaknesses.
- The financial loss should be quantified.
- All person(s) liable for the losses should be identified and appropriate action should commence to recover the financial loss. The recovery process should not be unduly delayed.
- 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.

- If it appears that the department suffered the financial loss through criminal acts or possible criminal acts or omission, this should be reported to the South African Police Service, as required by Treasury regulation 12.5.1.
- Reasonable steps should be taken to implement internal controls to prevent unsubstantiated overtime payments. The controls should, as a minimum include:
  - Verification of whether the official is eligible for overtime prior to processing and payment of overtime.
  - Regular review and updating of overtime records against PERSAL in order to timeously identify overpayments; and
  - Training of HR personnel in terms of processing and payment of overtime.

72. I will follow up on the implementation of these recommendations during the next audit.

Unused Microsoft licences

73. The department signed a three-year contract enterprise agreement in June 2021 with Microsoft for the provision of both operating and application systems. The agreement covered all software licensing and updates. During the 2023-24 audit, it was identified that the department made payments for Microsoft licenses that were under-utilised. This resulted in fruitless and wasteful expenditure being incurred by the department and a non-compliance with section 38(1)(b) of the PFMA, which states that the accounting officer of a department is responsible for the effective, efficient, economical, and transparent use of resources of the department.

74. I notified the accounting officer of the material irregularity on 19 September 2023 and invited a written submission on the actions taken or being taken to address the matter. The accounting officer submitted a written submission on 20 October 2023 with substantiating documentation. Supplementary responses were provided on 16 February 2024 and 23 May 2024.

75. I considered the representations made and the substantiating documents provided and concluded that appropriate actions are not being taken to address the material irregularity.

76. I notified the accounting officer on 15 April 2025 of the following recommendations, which should be implemented by 15 August 2025:

- Appropriate action should be taken to investigate the non-compliance in order to determine if any official should be held responsible. The investigation should also determine the reasons and circumstances that led to the unutilised licenses, for the purpose of addressing control weaknesses.
- The financial loss, as relates to the unused licenses, should be fully quantified.
- All person(s) liable for the losses should be identified and appropriate action should commence to recover the financial loss. The recovery process should not be unduly delayed.

- Effective and appropriate disciplinary steps should be initiated without undue delay, against any officials that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA.
- Based on the root causes identified, appropriate action should be taken to develop, implement and commence with an action plan to ensure that the resources of the department relating to software licenses are used in an effective and efficient manner as required by S38(1)(b) of the PFMA. The action plan should include anticipated timeframes, it should be monitored, and corrective actions should be taken where there are delays.

77. The accounting officer was required to provide a progress report on the implementation of recommendations by 15 June 2025. On 12 June 2025, a progress report was received which did not include progress on the implementation of recommendations. I communicated the shortcomings to the accounting officer on 19 June 2025 and requested that a progress report be submitted on the actions taken to address the recommendations. To date I have not received a revised progress report.

78. I will follow up on the implementation of these recommendations during the next audit.

Material irregularities in progress

79. I identified other 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. These material irregularities will be included in the next year's auditor's report.

Status of previously reported material irregularities

Nodal allowance incorrectly paid

80. The department incorrectly paid nodal allowances to employees that were 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.

81. 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.

82. 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.

83. 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.

84. I determined that the accounting officer is not taking appropriate action to resolve the MI. I am in the process of making a decision on further actions to be taken.

Salary payments made to former employees after their termination with the department

85. 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.

86. 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.

87. 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.

88. 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.

89. I determined that the accounting officer is not taking appropriate action to resolve the MI. I am in the process of making a decision on further actions to be taken.

Other reports

90. 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.

91. The South African Police Service is involved in seven investigations, while the Special Investigating Unit has one pending investigation. In addition, four forensic firms have been engaged to conduct investigations, all of which were still ongoing at year-end.

Auditor General

East London

31 July 2025

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)

Legislation	Sections or regulations
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

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

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EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per programme									
Voted funds and Direct charges	2024/25							2023/24	
	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**	966,070	-	(77,400)	888,670	676,310	212,360	76%	760,293	756,508
2. **DISTRICT HEALTH SERVICES**	15,660,045	-	197,149	15,857,194	16,192,604	(335,410)	102%	15,323,290	15,618,193
3. **EMERGENCY MEDICAL SERVICES**	1,564,583	-	(38,206)	1,526,377	1,526,242	135	100%	1,398,607	1,360,385
4. **PROVINCIAL HOSPITAL SERVICES**	4,350,027	-	-	4,350,027	4,443,679	(93,652)	102%	4,253,816	4,253,340
5. **CENTRAL HOSPITAL SERVICES**	5,085,431	-	57,612	5,143,043	5,153,643	(10,600)	100%	4,928,987	4,928,873
6. **HEALTH SCIENCES AND TRAINING**	1,123,111	-	(89,849)	1,033,262	921,987	111,275	89%	1,151,721	1,076,571
7. **HEALTH CARE SUPPORT SERVICES**	248,787	-	(19,900)	228,887	129,209	99,678	56%	184,900	112,696
8. **HEALTH FACILITIES MANAGEMENT**	1,306,528	-	(29,406)	1,277,122	1,263,271	13,851	99%	1,113,339	1,018,088
Programme sub total	**30,304,582**	**-**	**-**	**30,304,582**	**30,306,945**	**(2,363)**	**100%**	**29,114,953**	**29,124,654**
Statutory Appropriation	**2,261**	**-**	**-**	**2,261**	**2,261**	**-**	**100%**	**2,159**	**2,159**
Member of Executive Council Salary	2,261	-	-	2,261	2,261	-	100%	2,159	2,159
TOTAL	**30,306,843**	**-**	**-**	**30,306,843**	**30,309,206**	**(2,363)**	**100%**	**29,117,112**	**29,126,813**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per programme

	Voted funds and Direct charges	2024/25							2023/24	
		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
Reconciliation with Statement of Financial Performance										
Add:										
	Departmental receipts				-				-	
	NRF Receipts				-				-	
	Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total revenue) Revenue)					**30,306,843**				**29,117,112**	
Add:	Aid assistance					-				-
	Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance (Total expenditure)						**30,309,206**				**29,126,813**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per economic classification									
Voted funds and Direct charges	2024/25							2023/24	
	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	**28,367,353**	**-**	**-**	**28,367,353**	**28,542,385**	**(175,032)**	**101%**	**27,361,386**	**27,499,448**
Compensation of employees	20,010,479	292,000	-	20,302,479	20,401,409	(98,930)	100%	19,983,901	19,952,151
Salaries and wages	17,717,987	292,000	(11,200)	17,998,787	17,678,908	319,879	98%	17,556,452	17,409,833
Social contributions	2,292,492	-	11,200	2,303,692	2,722,501	(418,809)	118%	2,427,449	2,542,318
Goods and services	8,356,874	(292,000)	-	8,064,874	8,056,620	8,254	100%	7,377,485	7,528,082
Administrative fees	5,318	(314)	-	5,004	1,656	3,348	33%	4,939	1,970
Advertising	9,412	(113)	-	9,299	5,414	3,885	58%	7,978	3,369
Minor assets	99,194	(4,666)	-	94,528	11,905	82,623	13%	85,548	15,475
Audit costs: External	42,686	-	-	42,686	39,806	2,880	93%	32,553	31,879
Bursaries: Employees	30,809	(70)	-	30,739	22,277	8,462	72%	21,879	28,863
Catering: Departmental activities	4,517	-	(2,000)	2,517	1,228	1,289	49%	9,972	2,284
Communication (G&S)	133,782	(2,030)	-	131,752	179,315	(47,563)	136%	104,014	199,696
Computer services	176,144	(150)	(69,000)	106,994	37,942	69,052	35%	77,581	49,010
Consultants: Business and advisory services	64,939	(40)	-	64,899	36,783	28,116	57%	52,847	118,360
Laboratory services	1,105,568	(81,716)	-	1,023,852	764,711	259,141	75%	911,895	902,342
Legal services	78,300	-	-	78,300	58,306	19,994	74%	71,456	6,092
Contractors	546,191	(10,146)	(18,000)	518,045	476,369	41,676	92%	463,618	353,009
Agency and support / outsourced services	424,649	(1,258)	-	423,391	373,150	50,241	88%	429,794	356,079
Fleet services (including government motor transport)	100,173	-	900	101,073	338,581	(237,508)	335%	98,200	130,804
Inventory: Clothing material and accessories	14,112	(3,469)	-	10,643	3,993	6,650	38%	19,477	4,464
Inventory: Food and food supplies	345,714	(84,704)	-	261,010	194,700	66,310	75%	276,383	173,679
Inventory: Fuel, oil and gas	120,064	(20,041)	-	100,023	52,467	47,556	52%	157,783	105,618

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per economic classification									
Voted funds and Direct charges	2024/25							2023/24	
	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: Materials and supplies	44,083	(638)	-	43,445	27,084	16,361	62%	44,229	60,602
Inventory: Medical supplies	1,106,503	(54,633)	(19,900)	1,031,970	997,312	34,658	97%	950,207	1,003,236
Inventory: Medicine	1,469,998	(3,032)	136,849	1,603,815	2,030,473	(426,658)	127%	1,498,155	1,878,768
Inventory: Other supplies	84,314	(8,446)	-	75,868	47,463	28,405	63%	90,922	53,898
Consumable supplies	159,183	-	-	159,183	151,072	8,111	95%	113,737	180,881
Consumable: Stationery, printing and office supplies	134,604	(4,241)	-	130,363	62,106	68,257	48%	107,939	53,922
Operating leases	264,807	(8,194)	-	256,613	196,348	60,265	77%	177,137	170,132
Property payments	1,381,230	-	-	1,381,230	1,727,932	(346,702)	125%	1,196,059	1,346,005
Transport provided: Departmental activity	1,874	(380)	-	1,494	459	1,035	31%	2,497	403
Travel and subsistence	235,861	(2,877)	(6,000)	226,984	132,834	94,150	59%	236,045	193,730
Training and development	48,817	-	(19,849)	28,968	19,930	9,038	69%	33,591	26,755
Operating payments	103,344	(842)	-	102,502	60,069	42,433	59%	69,946	52,224
Venues and facilities	17,166	-	(3,000)	14,166	3,624	10,542	26%	28,273	23,373
Rental and hiring	3,519	-	-	3,519	1,311	2,208	37%	2,831	1,160
Interest and rent on land	-	-	-	-	84,356	(84,356)	0%	-	19,215
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	84,356	(84,356)	0%	-	19,215
Transfers and subsidies	**456,230**	**-**	**-**	**456,230**	**554,841**	**(98,611)**	**122%**	**371,722**	**520,844**
Departmental agencies and accounts	14,401	-	-	14,401	14,401	-	100%	14,970	14,721
Departmental agencies	14,401	-	-	14,401	14,401	-	100%	14,970	14,721
Non-profit institutions	35,942	-	-	35,942	35,190	752	98%	41,729	35,450
Households	405,887	-	-	405,887	505,250	(99,363)	124%	315,023	470,673
Social benefits	117,156	-	-	117,156	111,403	5,753	95%	84,232	105,854

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per economic classification									
Voted funds and Direct charges	2024/25							2023/24	
	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
Other transfers to households	288,731	-	-	288,731	393,847	(105,116)	136%	230,791	364,819
Payments for capital assets	**1,483,260**	**-**	**-**	**1,483,260**	**1,211,980**	**271,280**	**82%**	**1,384,004**	**1,106,521**
Buildings and other fixed structures	683,004	-	-	683,004	621,875	61,129	91%	381,494	352,588
Buildings	683,004	-	-	683,004	621,875	61,129	91%	381,494	352,588
Machinery and equipment	800,256	-	-	800,256	590,105	210,151	74%	1,002,510	753,933
Transport equipment	199,445	-	-	199,445	193,890	5,555	97%	208,965	224,680
Other machinery and equipment	600,811	-	-	600,811	396,215	204,596	66%	793,545	529,253
TOTAL	**30,306,843**	**-**	**-**	**30,306,843**	**30,309,206**	**(2,363)**	**100%**	**29,117,112**	**29,126,813**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Programme 1: ADMINISTRATION

		2024/25							2023/24	
		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**	10,793	-	-	10,793	11,022	(229)	102%	11,899	10,108
2.	**MANAGEMENT**	955,277	-	(77,400)	877,877	665,288	212,589	76%	748,394	746,400
		966,070	**-**	**(77,400)**	**888,670**	**676,310**	**212,360**	**76%**	**760,293**	**756,508**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Programme 1: ADMINISTRATION

Economic classification	2024/25							2023/24	
	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	**891,261**	**-**	**(77,400)**	**813,861**	**625,268**	**188,593**	**77%**	**689,337**	**719,006**
Compensation of employees	504,872	-	(8,400)	496,472	411,449	85,023	83%	430,172	409,316
Salaries and wages	436,622	-	(8,400)	428,222	355,336	72,886	83%	363,069	354,728
Social contributions	68,250	-	-	68,250	56,113	12,137	82%	67,103	54,588
Goods and services	386,389	-	(69,000)	317,389	205,651	111,738	65%	259,165	305,606
Administrative fees	1,709	-	-	1,709	1,224	485	72%	1,834	1,486
Advertising	336	-	-	336	114	222	34%	497	100
Minor assets	902	-	-	902	40	862	4%	5,560	50
Audit costs: External	42,686	-	-	42,686	39,806	2,880	93%	32,553	31,879
Bursaries: Employees	-	-	-	-	79	(79)	0%	-	71
Catering: Departmental activities	516	-	-	516	220	296	43%	395	185
Communication (G&S)	42,684	-	-	42,684	33,656	9,028	79%	23,605	74,320
Computer services	128,485	-	(69,000)	59,485	30,949	28,536	52%	52,200	33,165
Consultants: Business and advisory services	24,217	-	-	24,217	12,262	11,955	51%	21,239	98,245
Legal services	78,300	-	-	78,300	49,303	28,997	63%	71,456	831
Contractors	219	-	-	219	4	215	2%	415	73
Agency and support / outsourced services	-	-	-	-	-	-	0%	138	137
Fleet services (including government motor transport)	7,412	-	-	7,412	6,622	790	89%	441	3,116
Inventory: Food and food supplies	149	-	-	149	74	75	50%	157	58
Inventory: Materials and supplies	1,038	-	-	1,038	140	898	13%	707	134
Inventory: Other supplies	817	-	-	817	662	155	81%	658	229
Consumable supplies	3,311	-	-	3,311	722	2,589	22%	3,263	28,154

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Programme 1: ADMINISTRATION

Economic classification	2024/25							2023/24	
	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
Consumable: Stationery, printing and office supplies	6,072	-	-	6,072	1,231	4,841	20%	4,746	1,179
Operating leases	14,159	-	-	14,159	6,316	7,843	45%	3,917	3,521
Property payments	888	-	-	888	227	661	26%	605	283
Travel and subsistence	29,102	-	-	29,102	20,687	8,415	71%	32,751	26,426
Operating payments	1,986	-	-	1,986	546	1,440	27%	2,028	618
Venues and facilities	1,401	-	-	1,401	767	634	55%	-	1,346
Interest and rent on land	-	-	-	-	8,168	(8,168)	0%	-	4,084
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	8,168	(8,168)	0%	-	4,084
Transfers and subsidies	**2,107**	**-**	**-**	**2,107**	**2,572**	**(465)**	**122%**	**2,072**	**3,303**
Households	2,107	-	-	2,107	2,572	(465)	122%	2,072	3,303
Social benefits	2,107	-	-	2,107	3,854	(1,747)	183%	2,072	3,298
Other transfers to households	-	-	-	-	(1,282)	1,282	0%	-	5
Payments for capital assets	**72,702**	**-**	**-**	**72,702**	**48,470**	**24,232**	**67%**	**68,884**	**34,199**
Machinery and equipment	72,702	-	-	72,702	48,470	24,232	67%	68,884	34,199
Transport equipment	5,272	-	-	5,272	4,993	279	95%	5,380	6,193
Other machinery and equipment	67,430	-	-	67,430	43,477	23,953	64%	63,504	28,006
Total	**966,070**	**-**	**(77,400)**	**888,670**	**676,310**	**212,360**	**76%**	**760,293**	**756,508**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Subprogramme: 1.1: OFFICE OF THE MEC

Economic classification	2024/25							2023/24	
	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	**8,922**	**-**	**-**	**8,922**	**11,022**	**(2,100)**	**124%**	**10,413**	**10,087**
Compensation of employees	1,391	-	-	1,391	4,379	(2,988)	315%	4,697	5,579
Goods and services	7,531	-	-	7,531	6,643	888	88%	5,716	4,508
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	**1,871**	**-**	**-**	**1,871**	**-**	**1,871**	**0%**	**1,486**	**21**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	1,871	-	-	1,871	-	1,871	0%	1,486	21
Payment for financial assets				**-**		**-**	**0%**		
Total	**10,793**	**-**	**-**	**10,793**	**11,022**	**(229)**	**102%**	**11,899**	**10,108**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Subprogramme: 1.2: MANAGEMENT

Economic classification	2024/25							2023/24	
	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	**882,339**	**-**	**(77,400)**	**804,939**	**614,246**	**190,693**	**76%**	**678,924**	**708,919**
Compensation of employees	503,481	-	(8,400)	495,081	407,070	88,011	82%	425,475	403,737
Goods and services	378,858	-	(69,000)	309,858	199,008	110,850	64%	253,449	301,098
Interest and rent on land	-	-	-	-	8,168	(8,168)	0%	-	4,084
Transfers and subsidies	**2,107**	**-**	**-**	**2,107**	**2,572**	**(465)**	**122%**	**2,072**	**3,303**
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	2,107	-	-	2,107	2,572	(465)	122%	2,072	3,303
Payments for capital assets	**70,831**	**-**	**-**	**70,831**	**48,470**	**22,361**	**68%**	**67,398**	**34,178**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	70,831	-	-	70,831	48,470	22,361	68%	67,398	34,178
Payment for financial assets				**-**		**-**	**0%**		
Total	**955,277**	**-**	**(77,400)**	**877,877**	**665,288**	**212,589**	**76%**	**748,394**	**746,400**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 2: DISTRICT HEALTH SERVICES

		2024/25							2023/24	
		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	1,074,930	-	-	1,074,930	1,020,167	54,763	95%	1,039,141	1,035,993
2.	COMMUNITY HEALTH CLINICS	2,781,239	-	178,849	2,960,088	3,358,711	(398,623)	113%	3,003,660	3,284,094
3.	COMMUNITY HEALTH CENTRES	1,531,947	-	8,400	1,540,347	1,562,778	(22,432)	101%	1,512,766	1,541,482
4.	COMMUNITY BASED SERVICES	864,597	-	-	864,597	819,467	45,130	95%	849,577	789,961
5.	OTHER COMMUNITY SERVICES	75,956	-	-	75,956	71,994	3,962	95%	51,569	54,756
6.	HIV/AIDS	2,833,681	-	-	2,833,681	2,839,110	(5,429)	100%	2,664,744	2,696,995
7.	NUTRITION	38,720	-	-	38,720	24,155	14,565	62%	40,067	30,355
8.	CORONER SERVICES	121,256	-	900	122,156	149,263	(27,107)	122%	143,394	142,661
9.	DISTRICT HOSPITALS	6,337,720	-	9,000	6,346,720	6,346,959	(239)	100%	6,018,372	6,041,896
		15,660,045	**-**	**197,149**	**15,857,194**	**16,192,604**	**(335,410)**	**102%**	**15,323,290**	**15,618,193**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 2: DISTRICT HEALTH SERVICES

Economic classification	2024/25							2023/24	
	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	**15,272,766**	**-**	**197,149**	**15,469,915**	**15,784,216**	**(314,301)**	**102%**	**14,887,748**	**15,202,615**
Compensation of employees	10,816,710	-	85,400	10,902,110	11,013,149	(111,039)	101%	10,777,655	10,770,463
Salaries and wages	9,500,871	-	85,400	9,586,271	9,509,287	76,984	99%	9,438,240	9,369,162
Social contributions	1,315,839	-	-	1,315,839	1,503,862	(188,023)	114%	1,339,415	1,401,301
Goods and services	4,456,056	-	111,749	4,567,805	4,759,916	(192,111)	104%	4,110,093	4,424,004
Administrative fees	484	-	-	484	192	292	40%	1,291	(215)
Advertising	8,369	-	-	8,369	5,243	3,126	63%	6,183	2,795
Minor assets	60,868	-	-	60,868	5,811	55,057	10%	51,779	7,343
Bursaries: Employees	-	-	-	-	151	(151)	0%	-	12,603
Catering: Departmental activities	1,666	-	-	1,666	945	721	57%	2,995	1,595
Communication (G&S)	55,171	-	-	55,171	116,293	(61,122)	211%	72,845	120,104
Computer services	41,995	-	-	41,995	6,090	35,905	15%	4,785	3,924
Consultants: Business and advisory services	40,622	-	-	40,622	24,486	16,136	60%	30,987	20,054
Laboratory services	845,365	-	-	845,365	618,742	226,623	73%	753,397	733,865
Legal services	-	-	-	-	6,037	(6,037)	0%	-	1,085
Contractors	27,902	-	-	27,902	14,029	13,873	50%	26,395	12,940
Agency and support / outsourced services	132,375	-	-	132,375	102,443	29,932	77%	113,886	68,737
Fleet services (including government motor transport)	15,529	-	900	16,429	96,491	(80,062)	587%	15,541	34,038
Inventory: Clothing material and accessories	7,496	-	-	7,496	2,355	5,141	31%	8,759	2,210
Inventory: Food and food supplies	133,168	-	-	133,168	72,635	60,533	55%	114,587	67,010
Inventory: Fuel, oil and gas	59,003	-	-	59,003	17,221	41,782	29%	60,268	47,633
Inventory: Materials and supplies	23,700	-	-	23,700	9,805	13,895	41%	26,934	9,785

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 2: DISTRICT HEALTH SERVICES

Economic classification	2024/25							2023/24	
	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: Medical supplies	346,366	-	-	346,366	330,701	15,665	95%	302,104	329,065
Inventory: Medicine	1,372,914	-	110,849	1,483,763	1,888,479	(404,716)	127%	1,419,902	1,777,829
Inventory: Other supplies	40,899	-	-	40,899	21,080	19,819	52%	41,406	18,656
Consumable supplies	68,005	-	-	68,005	80,072	(12,067)	118%	53,978	76,597
Consumable: Stationery, printing and office supplies	85,431	-	-	85,431	35,500	49,931	42%	63,295	30,217
Operating leases	47,603	-	-	47,603	36,451	11,152	77%	49,220	27,247
Property payments	777,026	-	-	777,026	1,125,009	(347,983)	145%	663,170	839,573
Transport provided: Departmental activity	621	-	-	621	224	397	36%	936	175
Travel and subsistence	150,211	-	-	150,211	83,541	66,670	56%	141,003	115,848
Training and development	5,021	-	-	5,021	624	4,397	12%	4,928	23
Operating payments	94,515	-	-	94,515	55,691	38,824	59%	56,314	47,333
Venues and facilities	10,663	-	-	10,663	2,377	8,286	22%	20,709	14,899
Rental and hiring	3,069	-	-	3,069	1,198	1,871	39%	2,496	1,036
Interest and rent on land	-	-	-	-	11,151	(11,151)	0%	-	8,148
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	11,151	(11,151)	0%	-	8,148
Transfers and subsidies	**206,028**	**-**	**-**	**206,028**	**287,723**	**(81,695)**	**140%**	**164,282**	**278,389**
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	35,942	-	-	35,942	35,190	752	98%	41,729	35,450

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 2: DISTRICT HEALTH SERVICES

Economic classification	2024/25							2023/24	
	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
Households	170,086	-	-	170,086	252,533	(82,447)	148%	122,553	242,939
Social benefits	51,500	-	-	51,500	65,898	(14,398)	128%	42,631	69,213
Other transfers to households	118,586	-	-	118,586	186,635	(68,049)	157%	79,922	173,726
Payments for capital assets	**181,251**	**-**	**-**	**181,251**	**120,665**	**60,586**	**67%**	**271,260**	**137,189**
Buildings and other fixed structures	-	-	-	-	-	-	0%	2,257	2,257
Buildings	-	-	-	-	-	-	0%	2,257	2,257
Machinery and equipment	181,251	-	-	181,251	120,665	60,586	67%	269,003	134,932
Transport equipment	69,645	-	-	69,645	54,241	15,404	78%	89,817	61,804
Other machinery and equipment	111,606	-	-	111,606	66,424	45,182	60%	179,186	73,128
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	15,660,045	**-**	**197,149**	**15,857,194**	**16,192,604**	**(335,410)**	**102%**	**15,323,290**	**15,618,193**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.1: DISTRICT MANAGEMENT

Economic classification	2024/25							2023/24	
	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	**990,169**	**-**	**-**	**990,169**	**939,267**	**50,902**	**95%**	**948,806**	**934,856**
Compensation of employees	849,006	-	-	849,006	825,118	23,888	97%	837,129	838,144
Goods and services	141,163	-	-	141,163	114,149	27,014	81%	111,677	96,712
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**43,055**	**-**	**-**	**43,055**	**45,276**	**(2,221)**	**105%**	**42,331**	**56,711**
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	43,055	-	-	43,055	45,276	(2,221)	105%	42,331	56,711
Payments for capital assets	**41,706**	**-**	**-**	**41,706**	**35,624**	**6,082**	**85%**	**48,004**	**44,426**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	41,706	-	-	41,706	35,624	6,082	85%	48,004	44,426
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,074,930**	**-**	**-**	**1,074,930**	**1,020,167**	**54,763**	**95%**	**1,039,141**	**1,035,993**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

UBPROGRAMME: 2.2 COMMUNITY HEALTH CLINICS

Economic classification	2024/25							2023/24	
	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	**2,759,974**	**-**	**178,849**	**2,938,823**	**3,349,150**	**(410,327)**	**114%**	**2,962,828**	**3,271,660**
Compensation of employees	2,097,693	-	68,000	2,165,693	2,204,481	(38,788)	102%	2,122,954	2,142,364
Goods and services	662,281	-	110,849	773,130	1,144,669	(371,539)	148%	839,874	1,129,218
Interest and rent on land	-	-	-	-	-	-	0%	-	78
Transfers and subsidies	**-**	**-**	**-**	**-**	**4,774**	**(4,774)**	**0%**	**-**	**6,865**
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	-	-	-	-	4,774	(4,774)	0%	-	6,865
Payments for capital assets	**21,265**	**-**	**-**	**21,265**	**4,787**	**16,478**	**23%**	**40,832**	**5,569**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	21,265	-	-	21,265	4,787	16,478	23%	40,832	5,569
Payment for financial assets				**-**		**-**	**0%**		
Total	**2,781,239**	**-**	**178,849**	**2,960,088**	**3,358,711**	**(398,623)**	**113%**	**3,003,660**	**3,284,094**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

UBPROGRAMME: 2.3: COMMUNITY HEALTH CENTRES

Economic classification	2024/25							2023/24	
	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	**1,524,004**	**-**	**8,400**	**1,532,404**	**1,546,367**	**(13,964)**	**101%**	**1,474,919**	**1,526,400**
Compensation of employees	1,282,713	-	8,400	1,291,113	1,310,827	(19,714)	102%	1,262,155	1,304,020
Goods and services	241,291	-	-	241,291	235,302	5,989	98%	212,764	222,301
Interest and rent on land	-	-	-	-	238	(238)	0%	-	79
Transfers and subsidies	**-**	**-**	**-**	**-**	**11,738**	**(11,738)**	**0%**	**-**	**10,353**
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	-	-	-	-	11,738	(11,738)	0%	-	10,353
Payments for capital assets	**7,943**	**-**	**-**	**7,943**	**4,673**	**3,270**	**59%**	**37,847**	**4,729**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,943	-	-	7,943	4,673	3,270	59%	37,847	4,729
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,531,947**	**-**	**8,400**	**1,540,347**	**1,562,778**	**(22,432)**	**101%**	**1,512,766**	**1,541,482**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.4 COMMUNITY BASED SERVICES

Economic classification	2024/25							2023/24	
	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	**853,342**	**-**	**-**	**853,342**	**815,200**	**38,142**	**96%**	**811,875**	**764,504**
Compensation of employees	708,425	-	-	708,425	695,376	13,049	98%	688,005	661,101
Goods and services	144,917	-	-	144,917	119,824	25,093	83%	123,870	103,403
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**1,182**	**(1,182)**	**0%**	**-**	**679**
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	-	-	-	-	1,182	(1,182)	0%	-	679
Payments for capital assets	**11,255**	**-**	**-**	**11,255**	**3,085**	**8,170**	**27%**	**37,702**	**24,778**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	11,255	-	-	11,255	3,085	8,170	27%	37,702	24,778
Payment for financial assets				**-**		**-**	**0%**		
Total	**864,597**	**-**	**-**	**864,597**	**819,467**	**45,130**	**95%**	**849,577**	**789,961**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.5: OTHER COMMUNITY SERVICES

Economic classification	2024/25							2023/24	
	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	**43,954**	**-**	**-**	**43,954**	**47,513**	**(3,559)**	**108%**	**42,937**	**50,915**
Compensation of employees	28,848	-	-	28,848	36,448	(7,600)	126%	24,700	40,519
Goods and services	15,106	-	-	15,106	11,065	4,041	73%	18,237	10,396
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	**32,002**	**-**	**-**	**32,002**	**24,481**	**7,521**	**76%**	**8,632**	**3,841**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	32,002	-	-	32,002	24,481	7,521	76%	8,632	3,841
Payment for financial assets				**-**		**-**	**0%**		
Total	**75,956**	**-**	**-**	**75,956**	**71,994**	**3,962**	**95%**	**51,569**	**54,756**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.6: HIV/AIDS

Economic classification	2024/25							2023/24	
	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	**2,778,970**	**-**	**-**	**2,778,970**	**2,788,932**	**(9,962)**	**100%**	**2,603,890**	**2,642,812**
Compensation of employees	633,366	-	-	633,366	664,631	(31,265)	105%	658,643	653,349
Goods and services	2,145,604	-	-	2,145,604	2,124,301	21,303	99%	1,945,247	1,989,463
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**36,942**	**-**	**-**	**36,942**	**36,167**	**775**	**98%**	**42,029**	**36,543**
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	35,942			35,942	35,190	752	98%	41,729	35,450
Households	1,000	-	-	1,000	977	23	98%	300	1,093
Payments for capital assets	**17,769**	**-**	**-**	**17,769**	**14,011**	**3,758**	**79%**	**18,825**	**17,640**
Buildings and other fixed structures	-	-	-	-	-	-	0%	2,257	2,257
Machinery and equipment	17,769	-	-	17,769	14,011	3,758	79%	16,568	15,383
Payment for financial assets				**-**		**-**	**0%**		
Total	**2,833,681**	**-**	**-**	**2,833,681**	**2,839,110**	**(5,429)**	**100%**	**2,664,744**	**2,696,995**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.7: NUTRITION

Economic classification	2024/25							2023/24	
	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	**36,359**	**-**	**-**	**36,359**	**23,891**	**12,468**	**66%**	**39,810**	**30,334**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	36,359	-	-	36,359	23,891	12,468	66%	39,810	30,334
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	**2,361**	**-**	**-**	**2,361**	**264**	**2,097**	**11%**	**257**	**21**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	2,361	-	-	2,361	264	2,097	11%	257	21
Payment for financial assets				**-**		**-**	**0%**		
Total	**38,720**	**-**	**-**	**38,720**	**24,155**	**14,565**	**62%**	**40,067**	**30,355**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.8: CORONER SERVICES

Economic classification	2024/25							2023/24	
	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	**111,904**	**-**	**900**	**112,804**	**142,930**	**(30,126)**	**127%**	**127,392**	**133,857**
Compensation of employees	93,946	-	-	93,946	118,436	(24,490)	126%	109,105	114,809
Goods and services	17,958	-	900	18,858	24,494	(5,636)	130%	18,287	19,048
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**50**	**-**	**-**	**50**	**66**	**(16)**	**132%**	**-**	**-**
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	50	-	-	50	66	(16)	132%	-	-
Payments for capital assets	**9,302**	**-**	**-**	**9,302**	**6,267**	**3,035**	**67%**	**16,002**	**8,804**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	9,302	-	-	9,302	6,267	3,035	67%	16,002	8,804
Payment for financial assets				**-**		**-**	**0%**		
Total	**121,256**	**-**	**900**	**122,156**	**149,263**	**(27,107)**	**122%**	**143,394**	**142,661**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 2.9: DISTRICT HOSPITALS

Economic classification	2024/25							2023/24	
	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	**6,174,091**	**-**	**9,000**	**6,183,091**	**6,130,966**	**52,125**	**99%**	**5,875,291**	**5,847,277**
Compensation of employees	5,122,713	-	9,000	5,131,713	5,157,832	(26,119)	101%	5,074,964	5,016,157
Goods and services	1,051,378	-	-	1,051,378	962,221	89,157	92%	800,327	823,129
Interest and rent on land	-	-	-	-	10,913	(10,913)	0%	-	7,991
Transfers and subsidies	**125,981**	**-**	**-**	**125,981**	**188,520**	**(62,539)**	**150%**	**79,922**	**167,238**
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	125,981	-	-	125,981	188,520	(62,539)	150%	79,922	167,238
Payments for capital assets	**37,648**	**-**	**-**	**37,648**	**27,473**	**10,175**	**73%**	**63,159**	**27,381**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	37,648	-	-	37,648	27,473	10,175	73%	63,159	27,381
Payment for financial assets				**-**		**-**	**0%**		
Total	**6,337,720**	**-**	**9,000**	**6,346,720**	**6,346,959**	**(239)**	**100%**	**6,018,372**	**6,041,896**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

		2024/25							2023/24	
		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**	1,291,030	(13,000)	(38,206)	1,239,824	1,215,721	24,103	98%	1,122,684	1,069,678
2.	**PLANNED PATIENT TRANSPORT**	273,553	13,000	-	286,553	310,521	(23,968)	108%	275,923	290,707
		1,564,583	**-**	**(38,206)**	**1,526,377**	**1,526,242**	**135**	**100%**	**1,398,607**	**1,360,385**

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for the year ended 31 March 2025

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Economic classification	2024/25							2023/24	
	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	**1,438,277**	**-**	**(38,206)**	**1,400,071**	**1,395,936**	**4,135**	**100%**	**1,275,354**	**1,217,706**
Compensation of employees	1,163,141	-	(38,206)	1,124,935	1,067,673	57,262	95%	1,076,571	1,049,361
Salaries and wages	1,032,768	-	(38,000)	994,768	896,356	98,412	90%	948,389	886,237
Social contributions	130,373	-	(206)	130,167	171,317	(41,150)	132%	128,182	163,124
Goods and services	275,136	-	-	275,136	328,263	(53,127)	119%	198,783	168,345
Advertising	4	-	-	4	-	4	0%	4	-
Minor assets	2,109	-	-	2,109	288	1,821	14%	3,312	346
Catering: Departmental activities	-	-	-	-	-	-	0%	-	9
Communication (G&S)	8,076	-	-	8,076	4,160	3,916	52%	(10,522)	(18,104)
Computer services	1,350	-	-	1,350	-	1,350	0%	1,100	176
Contractors	4,604	-	-	4,604	1,016	3,588	22%	5,072	2,022
Agency and support / outsourced services	2,877	-	-	2,877	380	2,497	13%	4,620	2,325
Fleet services (including government motor transport)	66,110	-	-	66,110	213,873	(147,763)	324%	73,770	84,836
Inventory: Fuel, oil and gas	2,189	-	-	2,189	151	2,038	7%	33,909	622
Inventory: Materials and supplies	1,170	-	-	1,170	988	182	84%	723	193
Inventory: Medical supplies	13,329	-	-	13,329	6,671	6,658	50%	12,025	9,862
Inventory: Medicine	168	-	-	168	697	(529)	415%	70	830
Inventory: Other supplies	736	-	-	736	510	226	69%	640	294
Consumable supplies	26,672	-	-	26,672	15,215	11,457	57%	11,998	10,398
Consumable: Stationery, printing and office supplies	6,269	-	-	6,269	2,795	3,474	45%	2,320	1,795
Operating leases	100,255	-	-	100,255	58,383	41,872	58%	31,355	51,351

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for the year ended 31 March 2025

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Economic classification	2024/25							2023/24	
	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
Property payments	33,753	-	-	33,753	20,909	12,844	62%	23,984	18,727
Transport provided: Departmental activity	277	-	-	277	-	277	0%	272	-
Travel and subsistence	5,088	-	-	5,088	2,192	2,896	43%	4,081	2,556
Operating payments	100	-	-	100	35	65	35%	-	103
Venues and facilities	-	-	-	-	-	-	0%	50	4
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**4,216**	**-**	**-**	**4,216**	**2,922**	**1,294**	**69%**	**4,012**	**2,846**
Households	4,216	-	-	4,216	2,922	1,294	69%	4,012	2,846
Social benefits	4,216	-	-	4,216	2,922	1,294	69%	4,012	2,846
Payments for capital assets	**122,090**	**-**	**-**	**122,090**	**127,384**	**(5,294)**	**104%**	**119,241**	**139,833**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	122,090	-	-	122,090	127,384	(5,294)	104%	119,241	139,833
Transport equipment	112,072	-	-	112,072	123,640	(11,568)	110%	110,187	136,496
Other machinery and equipment	10,018	-	-	10,018	3,744	6,274	37%	9,054	3,337
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,564,583	**-**	**(38,206)**	**1,526,377**	**1,526,242**	**135**	**100%**	**1,398,607**	**1,360,385**

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SUBPROGRAMME: 3.1: EMERGENCY TRANSPORT

Economic classification	2024/25							2023/24	
	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	**1,181,659**	**(13,000)**	**(38,206)**	**1,130,453**	**1,101,432**	**29,021**	**97%**	**1,015,481**	**958,355**
Compensation of employees	942,911	(13,000)	(38,206)	891,705	835,417	56,288	94%	852,763	825,761
Goods and services	238,748	-	-	238,748	266,015	(27,267)	111%	162,718	132,594
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**4,216**	**-**	**-**	**4,216**	**2,824**	**1,392**	**67%**	**4,012**	**2,744**
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	4,216	-	-	4,216	2,824	1,392	67%	4,012	2,744
Payments for capital assets	**105,155**	**-**	**-**	**105,155**	**111,465**	**(6,310)**	**106%**	**103,191**	**108,579**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	105,155	-	-	105,155	111,465	(6,310)	106%	103,191	108,579
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,291,030**	**(13,000)**	**(38,206)**	**1,239,824**	**1,215,721**	**24,103**	**98%**	**1,122,684**	**1,069,678**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT

Economic classification	2024/25							2023/24	
	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	**256,618**	**13,000**	**-**	**269,618**	**294,504**	**(24,886)**	**109%**	**259,873**	**259,351**
Compensation of employees	220,230	13,000	-	233,230	232,256	974	100%	223,808	223,600
Goods and services	36,388	-	-	36,388	62,248	(25,860)	171%	36,065	35,751
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**98**	**(98)**	**0%**	**-**	**102**
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	-	-	-	-	98	(98)	0%	-	102
Payments for capital assets	**16,935**	**-**	**-**	**16,935**	**15,919**	**1,016**	**94%**	**16,050**	**31,254**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	16,935	-	-	16,935	15,919	1,016	94%	16,050	31,254
Payment for financial assets				**-**		**-**	**0%**		
Total	**273,553**	**13,000**	**-**	**286,553**	**310,521**	**(23,968)**	**108%**	**275,923**	**290,707**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

		2024/25							2023/24	
		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**	3,155,779	19,000	-	3,174,779	3,261,195	(86,416)	103%	3,048,687	3,181,458
2.	**TB HOSPITALS**	462,398	(19,000)	-	443,398	416,930	26,468	94%	489,100	411,707
3.	**PSYCHIATRIC MENTAL HOSPITALS**	731,850	-	-	731,850	765,554	(33,704)	105%	716,029	660,175
		4,350,027	**-**	**-**	**4,350,027**	**4,443,679**	**(93,652)**	**102%**	**4,253,816**	**4,253,340**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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	**4,186,167**	**-**	**-**	**4,186,167**	**4,281,525**	**(95,358)**	**102%**	**4,173,984**	**4,103,701**
Compensation of employees	3,133,718	194,000	-	3,327,718	3,422,613	(94,895)	103%	3,248,704	3,323,115
Salaries and wages	2,639,076	194,000	-	2,833,076	2,942,758	(109,682)	104%	2,834,715	2,879,429
Social contributions	494,642	-	-	494,642	479,855	14,787	97%	413,989	443,686
Goods and services	1,052,449	(194,000)	-	858,449	858,026	423	100%	925,280	777,252
Administrative fees	351	(314)	-	37	12	25	32%	188	11
Advertising	113	(113)	-	-	-	-	0%	82	37
Minor assets	7,752	(4,666)	-	3,086	2,256	830	73%	7,261	1,329
Bursaries: Employees	100	(70)	-	30	33	(3)	110%	-	1,222
Catering: Departmental activities	31	-	-	31	22	9	71%	5,661	-
Communication (G&S)	12,231	(2,030)	-	10,201	7,813	2,388	77%	5,733	9,805
Computer services	150	(150)	-	-	-	-	0%	1,676	916
Consultants: Business and advisory services	100	(40)	-	60	25	35	42%	171	38
Laboratory services	84,439	(81,716)	-	2,723	1,077	1,646	40%	52,596	19,883
Legal services	-	-	-	-	1,075	(1,075)	0%	-	1,362
Contractors	18,054	(10,146)	-	7,908	6,822	1,086	86%	15,820	4,636
Agency and support / outsourced services	221,760	(1,258)	-	220,502	222,405	(1,903)	101%	180,090	149,396
Fleet services (including government motor transport)	3,920	-	-	3,920	11,709	(7,789)	299%	3,758	3,431
Inventory: Clothing material and accessories	5,115	(3,469)	-	1,646	916	730	56%	3,308	1,262
Inventory: Food and food supplies	118,827	(48,704)	-	70,123	69,493	630	99%	100,052	62,157
Inventory: Fuel, oil and gas	15,795	(6,041)	-	9,754	7,351	2,403	75%	16,915	14,967

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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: Materials and supplies	8,750	(638)	-	8,112	6,454	1,658	80%	5,988	1,566
Inventory: Medical supplies	176,665	(12,633)	-	164,032	161,488	2,544	98%	143,639	166,499
Inventory: Medicine	20,309	(3,032)	-	17,277	13,807	3,470	80%	21,024	14,292
Inventory: Other supplies	17,391	(2,446)	-	14,945	12,553	2,392	84%	13,556	6,806
Consumable supplies	20,060	-	-	20,060	26,177	(6,117)	130%	19,307	24,886
Consumable: Stationery, printing and office supplies	14,911	(4,241)	-	10,670	9,407	1,263	88%	14,510	7,714
Operating leases	43,061	(8,194)	-	34,867	32,227	2,640	92%	39,066	28,206
Property payments	249,507	-	-	249,507	259,852	(10,345)	104%	259,784	247,414
Transport provided: Departmental activity	570	(380)	-	190	126	64	66%	759	116
Travel and subsistence	8,965	(2,877)	-	6,088	3,426	2,662	56%	10,262	6,751
Operating payments	3,468	(842)	-	2,626	1,500	1,126	57%	3,624	2,489
Venues and facilities	3	-	-	3	-	3	0%	450	61
Rental and hiring	50	-	-	50	-	50	0%	-	-
Interest and rent on land	-	-	-	-	886	(886)	0%	-	3,334
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	886	(886)	0%	-	3,334
Transfers and subsidies	**93,033**	**-**	**-**	**93,033**	**129,754**	**(36,721)**	**139%**	**68,426**	**140,192**
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%	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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
Households	93,033	-	-	93,033	129,754	(36,721)	139%	68,426	140,192
Social benefits	14,913	-	-	14,913	19,404	(4,491)	130%	17,804	14,510
Other transfers to households	78,120	-	-	78,120	110,350	(32,230)	141%	50,622	125,682
Payments for capital assets	**70,827**	**-**	**-**	**70,827**	**32,400**	**38,427**	**46%**	**11,406**	**9,447**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	70,827	-	-	70,827	32,400	38,427	46%	11,406	9,447
Transport equipment	5,790	-	-	5,790	5,133	657	89%	1,685	6,835
Other machinery and equipment	65,037	-	-	65,037	27,267	37,770	42%	9,721	2,612
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	4,350,027	**-**	**-**	**4,350,027**	**4,443,679**	**(93,652)**	**102%**	**4,253,816**	**4,253,340**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 4.1: GENERAL (REGIONAL) HOSPITALS

Economic classification	2024/25							2023/24	
	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	**3,002,452**	**19,000**	**-**	**3,021,452**	**3,108,465**	**(87,013)**	**103%**	**2,981,321**	**3,039,975**
Compensation of employees	2,363,244	179,000	-	2,542,244	2,608,212	(65,968)	103%	2,455,151	2,546,043
Goods and services	639,208	(160,000)	-	479,208	499,367	(20,159)	104%	526,170	490,598
Interest and rent on land	-	-	-	-	886	(886)	0%	-	3,334
Transfers and subsidies	**91,443**	**-**	**-**	**91,443**	**127,220**	**(35,777)**	**139%**	**64,213**	**138,167**
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	91,443	-	-	91,443	127,220	(35,777)	139%	64,213	138,167
Payments for capital assets	**61,884**	**-**	**-**	**61,884**	**25,510**	**36,374**	**41%**	**3,153**	**3,316**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	61,884	-	-	61,884	25,510	36,374	41%	3,153	3,316
Payment for financial assets				**-**		**-**	**0%**		
Total	**3,155,779**	**19,000**	**-**	**3,174,779**	**3,261,195**	**(86,416)**	**103%**	**3,048,687**	**3,181,458**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 4.2: TB HOSPITALS

Economic classification	2024/25							2023/24	
	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	**454,225**	**(19,000)**	**-**	**435,225**	**411,762**	**23,463**	**95%**	**482,198**	**407,884**
Compensation of employees	339,474	-	-	339,474	338,313	1,161	100%	358,389	334,082
Goods and services	114,751	(19,000)	-	95,751	73,449	22,302	77%	123,809	73,802
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**1,590**	**-**	**-**	**1,590**	**752**	**838**	**47%**	**1,563**	**257**
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	1,590	-	-	1,590	752	838	47%	1,563	257
Payments for capital assets	**6,583**	**-**	**-**	**6,583**	**4,416**	**2,167**	**67%**	**5,339**	**3,566**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,583	-	-	6,583	4,416	2,167	67%	5,339	3,566
Payment for financial assets				**-**		**-**	**0%**		
Total	**462,398**	**(19,000)**	**-**	**443,398**	**416,930**	**26,468**	**94%**	**489,100**	**411,707**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 4.3: PSYCHIATRIC MENTAL HOSPITALS

Economic classification	2024/25							2023/24	
	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	**729,490**	**-**	**-**	**729,490**	**761,298**	**(31,808)**	**104%**	**710,465**	**655,842**
Compensation of employees	431,000	15,000	-	446,000	476,088	(30,088)	107%	435,164	442,990
Goods and services	298,490	(15,000)	-	283,490	285,210	(1,720)	101%	275,301	212,852
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**1,782**	**(1,782)**	**0%**	**2,650**	**1,768**
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	-	-	-	-	1,782	(1,782)	0%	2,650	1,768
Payments for capital assets	**2,360**	**-**	**-**	**2,360**	**2,474**	**(114)**	**105%**	**2,914**	**2,565**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	2,360	-	-	2,360	2,474	(114)	105%	2,914	2,565
Payment for financial assets				**-**		**-**	**0%**		
Total	**731,850**	**-**	**-**	**731,850**	**765,554**	**(33,704)**	**105%**	**716,029**	**660,175**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

		2024/25							2023/24	
		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**	1,741,206	-	-	1,741,206	1,829,990	(88,784)	105%	1,648,590	1,751,326
2.	**PROVINCIAL TERTIARY SERVICES**	3,344,225	-	57,612	3,401,837	3,323,653	78,184	98%	3,280,397	3,177,547
		5,085,431	**-**	**57,612**	**5,143,043**	**5,153,643**	**(10,600)**	**100%**	**4,928,987**	**4,928,873**

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for the year ended 31 March 2025

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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	**4,822,445**	**-**	**57,612**	**4,880,057**	**4,934,718**	**(54,661)**	**101%**	**4,719,533**	**4,718,032**
Compensation of employees	3,374,193	98,000	31,612	3,503,805	3,601,965	(98,160)	103%	3,465,164	3,465,164
Salaries and wages	3,191,653	98,000	20,206	3,309,859	3,149,149	160,710	95%	3,077,948	3,041,583
Social contributions	182,540	-	11,406	193,946	452,816	(258,870)	233%	387,216	423,581
Goods and services	1,448,252	(98,000)	26,000	1,376,252	1,328,070	48,182	96%	1,254,369	1,249,219
Administrative fees	1,092	-	-	1,092	-	1,092	0%	355	183
Advertising	-	-	-	-	-	-	0%	400	-
Minor assets	6,597	-	-	6,597	2,061	4,536	31%	5,852	1,192
Bursaries: Employees	-	-	-	-	58	(58)	0%	-	1,483
Catering: Departmental activities	45	-	-	45	-	45	0%	380	187
Communication (G&S)	13,821	-	-	13,821	17,370	(3,549)	126%	10,542	11,952
Computer services	2,742	-	-	2,742	903	1,839	33%	12,710	9,863
Consultants: Business and advisory services	-	-	-	-	10	(10)	0%	150	23
Laboratory services	175,764	-	-	175,764	144,892	30,872	82%	105,902	148,594
Legal services	-	-	-	-	1,891	(1,891)	0%	-	2,814
Contractors	59,667	-	-	59,667	43,626	16,041	73%	72,308	45,526
Agency and support / outsourced services	63,636	-	-	63,636	47,812	15,824	75%	50,233	55,254
Fleet services (including government motor transport)	5,320	-	-	5,320	5,856	(536)	110%	2,389	3,882
Inventory: Clothing material and accessories	1,000	-	-	1,000	722	278	72%	7,340	390
Inventory: Food and food supplies	89,060	(36,000)	-	53,060	50,293	2,767	95%	61,582	44,384
Inventory: Fuel, oil and gas	42,177	(14,000)	-	28,177	27,405	772	97%	46,164	42,006
Inventory: Materials and supplies	8,575	-	-	8,575	7,877	698	92%	9,654	6,101

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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: Medical supplies	480,698	(42,000)	-	438,698	446,488	(7,790)	102%	453,246	448,191
Inventory: Medicine	76,607	-	26,000	102,607	127,490	(24,883)	124%	57,159	85,814
Inventory: Other supplies	23,045	(6,000)	-	17,045	12,254	4,791	72%	33,857	27,418
Consumable supplies	32,831	-	-	32,831	22,335	10,496	68%	18,056	30,961
Consumable: Stationery, printing and office supplies	16,117	-	-	16,117	11,154	4,963	69%	17,645	10,794
Operating leases	55,320	-	-	55,320	60,728	(5,408)	110%	48,465	57,523
Property payments	281,973	-	-	281,973	292,612	(10,639)	104%	225,245	209,061
Transport provided: Departmental activity	406	-	-	406	109	297	27%	530	112
Travel and subsistence	8,539	-	-	8,539	3,175	5,364	37%	9,236	4,269
Operating payments	2,120	-	-	2,120	836	1,284	39%	4,484	1,118
Venues and facilities	700	-	-	700	-	700	0%	200	-
Rental and hiring	400	-	-	400	113	287	28%	285	124
Interest and rent on land	-	-	-	-	4,683	(4,683)	0%	-	3,649
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	4,683	(4,683)	0%	-	3,649
Transfers and subsidies	**87,736**	**-**	**-**	**87,736**	**62,222**	**25,514**	**71%**	**46,679**	**53,869**
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	87,736	-	-	87,736	62,222	25,514	71%	46,679	53,869

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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
Social benefits	40,638	-	-	40,638	16,015	24,623	39%	13,652	13,418
Other transfers to households	47,098	-	-	47,098	46,207	891	98%	33,027	40,451
Payments for capital assets	**175,250**	**-**	**-**	**175,250**	**156,703**	**18,547**	**89%**	**162,775**	**156,972**
Buildings and other fixed structures	41,587	-	-	41,587	31,705	9,882	76%	15,959	14,449
Buildings	41,587	-	-	41,587	31,705	9,882	76%	15,959	14,449
Machinery and equipment	133,663	-	-	133,663	124,998	8,665	94%	146,816	142,523
Transport equipment	2,800	-	-	2,800	3,782	(982)	135%	-	4,570
Other machinery and equipment	130,863	-	-	130,863	121,216	9,647	93%	146,816	137,953
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	5,085,431	**-**	**57,612**	**5,143,043**	**5,153,643**	**(10,600)**	**100%**	**4,928,987**	**4,928,873**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 5.1: CENTRAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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	**1,559,755**	**-**	**-**	**1,559,755**	**1,707,123**	**(147,368)**	**109%**	**1,540,841**	**1,622,971**
Compensation of employees	1,082,235	-	-	1,082,235	1,184,020	(101,785)	109%	1,130,155	1,129,724
Goods and services	477,520	-	-	477,520	518,655	(41,135)	109%	410,686	489,966
Interest and rent on land	-	-	-	-	4,448	(4,448)	0%	-	3,281
Transfers and subsidies	**35,861**	**-**	**-**	**35,861**	**31,200**	**4,661**	**87%**	**7,425**	**34,885**
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	35,861	-	-	35,861	31,200	4,661	87%	7,425	34,885
Payments for capital assets	**145,590**	**-**	**-**	**145,590**	**91,667**	**53,923**	**63%**	**100,324**	**93,470**
Buildings and other fixed structures	41,587	-	-	41,587	31,705	9,882	76%	15,959	14,449
Machinery and equipment	104,003	-	-	104,003	59,962	44,041	58%	84,365	79,021
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,741,206**	**-**	**-**	**1,741,206**	**1,829,990**	**(88,784)**	**105%**	**1,648,590**	**1,751,326**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 5.2: PROVINCIAL TERTIARY SERVICES

Economic classification	2024/25							2023/24	
	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	**3,262,690**	**-**	**57,612**	**3,320,302**	**3,227,595**	**92,707**	**97%**	**3,178,692**	**3,095,061**
Compensation of employees	2,291,958	98,000	31,612	2,421,570	2,417,945	3,625	100%	2,335,009	2,335,440
Goods and services	970,732	(98,000)	26,000	898,732	809,415	89,317	90%	843,683	759,253
Interest and rent on land	-	-	-	-	235	(235)	0%	-	368
Transfers and subsidies	**51,875**	**-**	**-**	**51,875**	**31,022**	**20,853**	**60%**	**39,254**	**18,984**
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	51,875	-	-	51,875	31,022	20,853	60%	39,254	18,984
Payments for capital assets	**29,660**	**-**	**-**	**29,660**	**65,036**	**(35,376)**	**219%**	**62,451**	**63,502**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	29,660	-	-	29,660	65,036	(35,376)	219%	62,451	63,502
Payment for financial assets				**-**		**-**	**0%**		
Total	**3,344,225**	**-**	**57,612**	**3,401,837**	**3,323,653**	**78,184**	**98%**	**3,280,397**	**3,177,547**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

		2024/25							2023/24	
		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**	302,070	-	(30,000)	272,070	220,160	51,910	81%	293,144	235,211
2.	**EMS TRAINING COLLEGE**	33,717	-	-	33,717	19,514	14,203	58%	16,046	13,248
3.	**BURSARIES**	61,542	-	-	61,542	43,712	17,830	71%	89,008	38,549
4.	**OTHER TRAINING**	725,782	-	(59,849)	665,933	638,601	27,332	96%	753,523	789,563
		1,123,111	**-**	**(89,849)**	**1,033,262**	**921,987**	**111,275**	**89%**	**1,151,721**	**1,076,571**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Economic classification	2024/25							2023/24	
	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	**1,044,537**	**-**	**(89,849)**	**954,688**	**863,462**	**91,226**	**90%**	**1,037,486**	**1,022,218**
Compensation of employees	888,502	-	(59,000)	829,502	769,060	60,442	93%	830,988	829,418
Salaries and wages	797,739	-	(59,000)	738,739	726,668	12,071	98%	749,359	787,555
Social contributions	90,763	-	-	90,763	42,392	48,371	47%	81,629	41,863
Goods and services	156,035	-	(30,849)	125,186	94,402	30,784	75%	206,498	192,800
Administrative fees	932	-	-	932	228	704	24%	1,251	505
Advertising	540	-	-	540	57	483	11%	620	437
Minor assets	3,719	-	-	3,719	558	3,161	15%	2,547	142
Bursaries: Employees	30,709	-	-	30,709	21,951	8,758	71%	21,879	13,441
Catering: Departmental activities	2,259	-	(2,000)	259	41	218	16%	541	308
Communication (G&S)	311	-	-	311	19	292	6%	1,028	1,123
Contractors	480	-	-	480	115	365	24%	573	52
Agency and support / outsourced services	-	-	-	-	-	-	0%	80,327	80,218
Fleet services (including government motor transport)	1,382	-	-	1,382	3,737	(2,355)	270%	1,595	1,445
Inventory: Clothing material and accessories	500	-	-	500	-	500	0%	50	600
Inventory: Food and food supplies	10	-	-	10	-	10	0%	5	-
Inventory: Fuel, oil and gas	150	-	-	150	53	97	35%	77	30
Inventory: Materials and supplies	440	-	-	440	154	286	35%	150	147
Inventory: Medical supplies	10,567	-	-	10,567	14,513	(3,946)	137%	8,798	12,764
Inventory: Medicine	-	-	-	-	-	-	0%	-	3

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Economic classification	2024/25							2023/24	
	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: Other supplies	687	-	-	687	303	384	44%	598	285
Consumable supplies	1,439	-	-	1,439	1,165	274	81%	2,351	1,324
Consumable: Stationery, printing and office supplies	2,343	-	-	2,343	827	1,516	35%	3,583	834
Operating leases	1,553	-	-	1,553	697	856	45%	2,666	1,253
Property payments	18,625	-	-	18,625	11,570	7,055	62%	12,031	11,813
Travel and subsistence	31,808	-	(6,000)	25,808	17,167	8,641	67%	33,041	33,681
Training and development	43,072	-	(19,849)	23,223	19,306	3,917	83%	25,816	25,324
Operating payments	509	-	-	509	1,461	(952)	287%	557	410
Venues and facilities	4,000	-	(3,000)	1,000	480	520	48%	6,364	6,661
Rental and hiring	-	-	-	-	-	-	0%	50	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**60,328**	**-**	**-**	**60,328**	**46,951**	**13,377**	**78%**	**85,130**	**41,812**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	14,401	-	-	14,401	14,401	-	100%	14,970	14,721
Departmental agencies	14,401	-	-	14,401	14,401	-	100%	14,970	14,721
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	45,927	-	-	45,927	32,550	13,377	71%	70,160	27,091

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Economic classification	2024/25							2023/24	
	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
Social benefits	3,000	-	-	3,000	2,935	65	98%	3,000	2,202
Other transfers to households	42,927	-	-	42,927	29,615	13,312	69%	67,160	24,889
Payments for capital assets	**18,246**	**-**	**-**	**18,246**	**11,574**	**6,672**	**63%**	**29,105**	**12,541**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	18,246	-	-	18,246	11,574	6,672	63%	29,105	12,541
Transport equipment	3,628	-	-	3,628	1,872	1,756	52%	1,768	8,622
Other machinery and equipment	14,618	-	-	14,618	9,702	4,916	66%	27,337	3,919
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,123,111	**-**	**(89,849)**	**1,033,262**	**921,987**	**111,275**	**89%**	**1,151,721**	**1,076,571**

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Subprogramme: 6.1: NURSING TRAINING COLLEGES

Economic classification	2024/25							2023/24	
	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	**294,826**	**-**	**(30,000)**	**264,826**	**213,791**	**51,035**	**81%**	**285,973**	**228,805**
Compensation of employees	266,525	-	(30,000)	236,525	193,179	43,346	82%	259,210	208,797
Goods and services	28,301	-	-	28,301	20,612	7,689	73%	26,763	20,008
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,000**	**-**	**-**	**3,000**	**2,858**	**142**	**95%**	**3,000**	**2,157**
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	3,000	-	-	3,000	2,858	142	95%	3,000	2,157
Payments for capital assets	**4,244**	**-**	**-**	**4,244**	**3,511**	**733**	**83%**	**4,171**	**4,249**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	4,244	-	-	4,244	3,511	733	83%	4,171	4,249
Payment for financial assets				**-**		**-**	**0%**		
Total	**302,070**	**-**	**(30,000)**	**272,070**	**220,160**	**51,910**	**81%**	**293,144**	**235,211**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 6.2: EMS TRAINING COLLEGE

Economic classification	2024/25							2023/24	
	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	**30,265**	**-**	**-**	**30,265**	**18,618**	**11,647**	**62%**	**12,362**	**12,232**
Compensation of employees	10,326	-	-	10,326	9,327	999	90%	8,458	8,726
Goods and services	19,939	-	-	19,939	9,291	10,648	47%	3,904	3,506
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	**3,452**	**-**	**-**	**3,452**	**896**	**2,556**	**26%**	**3,684**	**1,016**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,452	-	-	3,452	896	2,556	26%	3,684	1,016
Payment for financial assets				**-**		**-**	**0%**		
Total	**33,717**	**-**	**-**	**33,717**	**19,514**	**14,203**	**58%**	**16,046**	**13,248**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 6.3: BURSARIES

Economic classification	2024/25							2023/24	
	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	**18,565**	**-**	**-**	**18,565**	**14,097**	**4,468**	**76%**	**18,548**	**12,725**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	18,565	-	-	18,565	14,097	4,468	76%	18,548	12,725
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**42,927**	**-**	**-**	**42,927**	**29,615**	**13,312**	**69%**	**67,160**	**24,889**
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	42,927	-	-	42,927	29,615	13,312	69%	67,160	24,889
Payments for capital assets	**50**	**-**	**-**	**50**	**-**	**50**	**0%**	**3,300**	**935**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	50	-	-	50	-	50	0%	3,300	935
Payment for financial assets				**-**		**-**	**0%**		
Total	**61,542**	**-**	**-**	**61,542**	**43,712**	**17,830**	**71%**	**89,008**	**38,549**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 6.4: OTHER TRAINING

Economic classification	2024/25							2023/24	
	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	**700,881**	**-**	**(59,849)**	**641,032**	**616,956**	**24,076**	**96%**	**720,603**	**768,456**
Compensation of employees	611,651	-	(29,000)	582,651	566,554	16,097	97%	563,320	611,895
Goods and services	89,230	-	(30,849)	58,381	50,402	7,979	86%	157,283	156,561
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**14,401**	**-**	**-**	**14,401**	**14,478**	**(77)**	**101%**	**14,970**	**14,766**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	14,401	-	-	14,401	14,401	-	100%	14,970	14,721
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	77	(77)	0%	-	45
Payments for capital assets	**10,500**	**-**	**-**	**10,500**	**7,167**	**3,333**	**68%**	**17,950**	**6,341**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	10,500	-	-	10,500	7,167	3,333	68%	17,950	6,341
Payment for financial assets				**-**		**-**	**0%**		
Total	**725,782**	**-**	**(59,849)**	**665,933**	**638,601**	**27,332**	**96%**	**753,523**	**789,563**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

		2024/25							2023/24	
		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**	68,872	-	-	68,872	55,127	13,745	80%	106,334	49,762
2.	**MEDICINE TRADING ACCOUNT**	74,915	-	-	74,915	64,902	10,013	87%	78,566	62,934
3.	**MEDICO-LEGAL COMPENSATORY SERVICES**	105,000	-	(19,900)	85,100	9,180	75,920	11%	-	-
		248,787	**-**	**(19,900)**	**228,887**	**129,209**	**99,678**	**56.5%**	**184,900**	**112,696**

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for the year ended 31 March 2025

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Economic classification	2024/25							2023/24	
	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	**214,124**	**-**	**(19,900)**	**194,224**	**127,528**	**66,696**	**66%**	**167,898**	**110,619**
Compensation of employees	79,845	-	-	79,845	77,409	2,436	97%	96,338	71,912
Salaries and wages	69,760	-	-	69,760	65,177	4,583	93%	86,423	61,013
Social contributions	10,085	-	-	10,085	12,232	(2,147)	121%	9,915	10,899
Goods and services	134,279	-	(19,900)	114,379	50,119	64,260	44%	71,560	38,707
Advertising	50	-	-	50	-	50	0%	50	-
Minor assets	16,927	-	-	16,927	30	16,897	0%	9,237	3,726
Bursaries: Employees	-	-	-	-	-	-	0%	-	34
Communication (G&S)	1,148	-	-	1,148	4	1,144	0%	588	496
Computer services	1,242	-	-	1,242	-	1,242	0%	5,010	867
Consultants: Business and advisory services	-	-	-	-	-	-	0%	300	-
Contractors	999	-	-	999	367	632	37%	340	69
Agency and support / outsourced services	4,000	-	-	4,000	110	3,890	3%	500	12
Fleet services (including government motor transport)	500	-	-	500	267	233	53%	706	55
Inventory: Clothing material and accessories	-	-	-	-	-	-	0%	20	-
Inventory: Food and food supplies	4,500	-	-	4,500	2,021	2,479	45%	-	-
Inventory: Fuel, oil and gas	750	-	-	750	286	464	38%	450	360
Inventory: Materials and supplies	310	-	-	310	110	200	35%	23	148
Inventory: Medical supplies	78,878	-	(19,900)	58,978	32,933	26,045	56%	30,395	19,276
Inventory: Other supplies	700	-	-	700	101	599	14%	167	20
Consumable supplies	6,345	-	-	6,345	4,146	2,199	65%	4,464	3,997
Consumable: Stationery, printing and office supplies	3,051	-	-	3,051	1,075	1,976	35%	1,560	1,360

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for the year ended 31 March 2025

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Economic classification	2024/25							2023/24	
	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
Operating leases	2,856	-	-	2,856	1,546	1,310	54%	2,448	1,031
Property payments	9,458	-	-	9,458	6,475	2,983	68%	9,586	5,991
Travel and subsistence	1,870	-	-	1,870	648	1,222	35%	2,654	1,243
Training and development	400	-	-	400	-	400	0%	263	-
Operating payments	295	-	-	295	-	295	0%	2,499	22
Venues and facilities	-	-	-	-	-	-	0%	300	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**2,782**	**-**	**-**	**2,782**	**601**	**2,181**	**22%**	**1,121**	**431**
Households	2,782	-	-	2,782	601	2,181	22%	1,121	431
Social benefits	782	-	-	782	167	615	21%	1,061	365
Other transfers to households	2,000	-	-	2,000	434	1,566	22%	60	66
Payments for capital assets	**31,881**	**-**	**-**	**31,881**	**1,080**	**30,801**	**3%**	**15,881**	**1,646**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	31,881	-	-	31,881	1,080	30,801	3%	15,881	1,646
Transport equipment	238	-	-	238	216	22	91%	128	160
Other machinery and equipment	31,643	-	-	31,643	864	30,779	3%	15,753	1,486
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	248,787	**-**	**(19,900)**	**228,887**	**129,209**	**99,678**	**56%**	**184,900**	**112,696**

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SUBPROGRAMME: 7.1: ORTHOTIC & PROSTHETIC SERVICES

Economic classification	2024/25							2023/24	
	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	**65,128**	**-**	**-**	**65,128**	**54,925**	**10,203**	**84%**	**90,546**	**48,188**
Compensation of employees	32,317	-	-	32,317	27,192	5,125	84%	47,010	23,425
Goods and services	32,811	-	-	32,811	27,733	5,078	85%	43,536	24,763
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**95**	**-**	**-**	**95**	**-**	**95**	**0%**	**310**	**66**
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	95	-	-	95	-	95	0%	310	66
Payments for capital assets	**3,649**	**-**	**-**	**3,649**	**202**	**3,447**	**6%**	**15,478**	**1,508**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,649	-	-	3,649	202	3,447	6%	15,478	1,508
Payment for financial assets				**-**		**-**	**0%**		
Total	**68,872**	**-**	**-**	**68,872**	**55,127**	**13,745**	**80%**	**106,334**	**49,762**

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for the year ended 31 March 2025

SUBPROGRAMME: 7.2: MEDICINE TRADING ACCOUNT

Economic classification	2024/25							2023/24	
	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	**73,938**	**-**	**-**	**73,938**	**63,953**	**9,985**	**86%**	**77,352**	**62,431**
Compensation of employees	47,528	-	-	47,528	50,217	(2,689)	106%	49,328	48,487
Goods and services	26,410	-	-	26,410	13,736	12,674	52%	28,024	13,944
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**687**	**-**	**-**	**687**	**167**	**520**	**24%**	**811**	**365**
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	687	-	-	687	167	520	24%	811	365
Payments for capital assets	**290**	**-**	**-**	**290**	**782**	**(492)**	**270%**	**403**	**138**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	290	-	-	290	782	(492)	270%	403	138
Payment for financial assets				**-**		**-**	**0%**		
Total	**74,915**	**-**	**-**	**74,915**	**64,902**	**10,013**	**87%**	**78,566**	**62,934**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 7.3: MEDICO-LEGAL COMPENSATORY SERVICES

Economic classification	2024/25							2023/24	
	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	**75,058**	**-**	**(19,900)**	**55,158**	**8,650**	**46,508**	**16%**	**-**	**-**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	75,058	-	(19,900)	55,158	8,650	46,508	16%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**2,000**	**-**	**-**	**2,000**	**434**	**1,566**	**22%**	**-**	**-**
Households	2,000	-	-	2,000	434	1,566	22%	-	-
Payments for capital assets	**27,942**	**-**	**-**	**27,942**	**96**	**27,846**	**0%**	**-**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	27,942	-	-	27,942	96	27,846	0%	-	-
Payment for financial assets				**-**		**-**	**0%**		
Total	**105,000**	**-**	**(19,900)**	**85,100**	**9,180**	**75,920**	**11%**	**-**	**-**

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

		2024/25							2023/24	
		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**	441,294	-	(65)	441,229	353,963	87,266	80%	212,191	207,593
2.	**EMERGENCY MEDICAL RESCUE SERVICES**	-	-	-	-	-	-	0%	3,000	-
3.	**DISTRICT HOSPITAL SERVICES**	528,323	-	(19,888)	508,435	519,225	(10,790)	102%	697,922	621,985
4.	**PROVINCIAL HOSPITAL SERVICES**	316,063	-	(9,453)	306,610	377,748	(71,138)	123%	171,874	173,426
5.	**OTHER FACILITIES**	20,848	-	-	20,848	12,335	8,513	59%	28,352	15,084
		1,306,528	**-**	**(29,406)**	**1,277,122**	**1,263,271**	**13,851**	**99%**	**1,113,339**	**1,018,088**

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APPROPRIATION STATEMENT
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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Economic classification	2024/25							2023/24	
	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	**495,515**	**-**	**(29,406)**	**466,109**	**527,471**	**(61,362)**	**113%**	**407,887**	**403,392**
Compensation of employees	47,237	-	(11,406)	35,831	35,830	1	100%	56,150	31,243
Salaries and wages	47,237	-	(11,406)	35,831	31,916	3,915	89%	56,150	27,967
Social contributions	-	-	-	-	3,914	(3,914)	0%	-	3,276
Goods and services	448,278	-	(18,000)	430,278	432,173	(1,895)	100%	351,737	372,149
Administrative fees	750	-	-	750	-	750	0%	20	-
Advertising	-	-	-	-	-	-	0%	142	-
Minor assets	320	-	-	320	861	(541)	269%	-	1,347
Bursaries: Employees	-	-	-	-	5	(5)	0%	-	9
Communication (G&S)	340	-	-	340	-	340	0%	195	-
Computer services	180	-	-	180	-	180	0%	100	99
Contractors	434,266	-	(18,000)	416,266	410,390	5,876	99%	342,695	287,691
Fleet services (including government motor transport)	-	-	-	-	26	(26)	0%	-	1
Inventory: Clothing material and accessories	-	-	-	-	-	-	0%	-	2
Inventory: Food and food supplies	-	-	-	-	184	(184)	0%	-	70
Inventory: Materials and supplies	100	-	-	100	1,556	(1,456)	1556%	50	42,528
Inventory: Medical supplies	-	-	-	-	4,518	(4,518)	0%	-	17,579
Inventory: Other supplies	40	-	-	40	-	40	0%	40	190
Consumable supplies	520	-	-	520	1,240	(720)	238%	320	4,564
Consumable: Stationery, printing and office supplies	410	-	-	410	117	293	29%	280	29
Property payments	10,000	-	-	10,000	11,278	(1,278)	113%	1,654	13,143
Travel and subsistence	278	-	-	278	1,998	(1,720)	719%	3,017	2,956

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Economic classification	2024/25							2023/24	
	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
Training and development	324	-	-	324	-	324	0%	2,584	1,408
Operating payments	350	-	-	350	-	350	0%	440	131
Venues and facilities	400	-	-	400	-	400	0%	200	402
Interest and rent on land	-	-	-	-	59,468	(59,468)	0%	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	59,468	(59,468)	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**22,096**	**(22,096)**	**0%**	**-**	**2**
Households	-	-	-	-	22,096	(22,096)	0%	-	2
Social benefits	-	-	-	-	208	(208)	0%	-	2
Other transfers to households	-	-	-	-	21,888	(21,888)	0%	-	-
Payments for capital assets	**811,013**	**-**	**-**	**811,013**	**713,704**	**97,309**	**88%**	**705,452**	**614,694**
Buildings and other fixed structures	641,417	-	-	641,417	590,170	51,247	92%	363,278	335,882
Buildings	641,417	-	-	641,417	590,170	51,247	92%	363,278	335,882
Machinery and equipment	169,596	-	-	169,596	123,534	46,062	73%	342,174	278,812
Transport equipment	-	-	-	-	13	(13)	0%	-	-
Other machinery and equipment	169,596	-	-	169,596	123,521	46,075	73%	342,174	278,812
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,306,528	**-**	**(29,406)**	**1,277,122**	**1,263,271**	**13,851**	**99%**	**1,113,339**	**1,018,088**

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SUBPROGRAMME: 8.1: COMMUNITY HEALTH FACILITIES

Economic classification	2024/25							2023/24	
	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	**169,665**	**-**	**(65)**	**169,600**	**191,091**	**(21,491)**	**113%**	**62,880**	**110,411**
Compensation of employees	2,010	-	(65)	1,945	(192)	2,137	-10%	50	696
Goods and services	167,655	-	-	167,655	191,283	(23,628)	114%	62,830	109,715
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	**271,629**	**-**	**-**	**271,629**	**162,872**	**108,757**	**60%**	**149,311**	**97,182**
Buildings and other fixed structures	229,338	-	-	229,338	161,280	68,058	70%	118,182	82,371
Machinery and equipment	42,291	-	-	42,291	1,592	40,699	4%	31,129	14,811
Payment for financial assets				**-**		**-**	**0%**		
Total	**441,294**	**-**	**(65)**	**441,229**	**353,963**	**87,266**	**80%**	**212,191**	**207,593**

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for the year ended 31 March 2025

SUBPROGRAMME: 8.2: EMERGENCY MEDICAL RESCUE SERVICES

Economic classification	2024/25							2023/24	
	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	**-**	**-**	**-**	**-**	**-**	**-**	**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	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**3,000**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	3,000	-
Machinery and equipment	-	-	-	-	-	-	0%	-	-
Payment for financial assets				**-**		**-**	**0%**		
Total	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**3,000**	**-**

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for the year ended 31 March 2025

SUBPROGRAMME: 8.3: DISTRICT HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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	**128,818**	**-**	**(19,888)**	**108,930**	**103,039**	**5,891**	**95%**	**201,747**	**179,644**
Compensation of employees	2,990	-	(1,888)	1,102	1,103	(1)	100%	14,884	1,079
Goods and services	125,828	-	(18,000)	107,828	101,936	5,892	95%	186,863	178,565
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**4**	**(4)**	**0%**	**-**	**2**
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	(4)	0%	-	2
Payments for capital assets	**399,505**	**-**	**-**	**399,505**	**416,182**	**(16,677)**	**104%**	**496,175**	**442,339**
Buildings and other fixed structures	286,767	-	-	286,767	296,276	(9,509)	103%	205,464	190,112
Machinery and equipment	112,738	-	-	112,738	119,906	(7,168)	106%	290,711	252,227
Payment for financial assets				**-**		**-**	**0%**		
Total	**528,323**	**-**	**(19,888)**	**508,435**	**519,225**	**(10,790)**	**102%**	**697,922**	**621,985**

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APPROPRIATION STATEMENT
for the year ended 31 March 2025

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

Economic classification	2024/25							2023/24	
	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	**192,032**	**-**	**(9,453)**	**182,579**	**226,196**	**(43,617)**	**124%**	**126,500**	**102,734**
Compensation of employees	42,237	-	(9,453)	32,784	32,782	2	100%	40,016	28,231
Goods and services	149,795	-	-	149,795	133,946	15,849	89%	86,484	74,503
Interest and rent on land	-	-	-	-	59,468	(59,468)	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**22,092**	**(22,092)**	**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	-	-	-	-	22,092	(22,092)	0%	-	-
Payments for capital assets	**124,031**	**-**	**-**	**124,031**	**129,460**	**(5,429)**	**104%**	**45,374**	**70,692**
Buildings and other fixed structures	112,964	-	-	112,964	127,424	(14,460)	113%	31,140	62,777
Machinery and equipment	11,067	-	-	11,067	2,036	9,031	18%	14,234	7,915
Payment for financial assets				**-**		**-**	**0%**		
Total	**316,063**	**-**	**(9,453)**	**306,610**	**377,748**	**(71,138)**	**123%**	**171,874**	**173,426**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2025

SUBPROGRAMME: 8.5: OTHER FACILITIES

Economic classification	2024/25							2023/24	
	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	**5,000**	**-**	**-**	**5,000**	**7,145**	**(2,145)**	**143%**	**16,760**	**10,603**
Compensation of employees	-	-	-	-	2,137	(2,137)	0%	1,200	1,237
Goods and services	5,000	-	-	5,000	5,008	(8)	100%	15,560	9,366
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	**15,848**	**-**	**-**	**15,848**	**5,190**	**10,658**	**33%**	**11,592**	**4,481**
Buildings and other fixed structures	12,348	-	-	12,348	5,190	7,158	42%	5,492	622
Machinery and equipment	3,500	-	-	3,500	-	3,500	0%	6,100	3,859
Payment for financial assets				**-**		**-**	**0%**		
Total	**20,848**	**-**	**-**	**20,848**	**12,335**	**8,513**	**59%**	**28,352**	**15,084**

EASTERN CAPE DEPARTMENT OF HEALTH
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

DIRECT CHARGES: MEMBER OF EXECUTIVE COUNCIL SALARY									
Economic classification	2024/25							2023/24	
	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**	2,261	-	-	2,261	2,261	-	100%	2,159	2,159
	2,261	**-**	**-**	**2,261**	**2,261**	**-**	**100%**	**2,159**	**2,159**

	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	**2,261**	**-**	**-**	**2,261**	**2,261**	**-**	**100%**	**2,159**	**2,159**
Compensation of employees	2,261	-	-	2,261	2,261	-	100%	2,159	2,159
Salaries and wages	2,261	-	-	2,261	2,261	-	100%	2,159	2,159
Goods and services	-	-	-	-	-	-	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	2,261	**-**	**-**	**2,261**	**2,261**	**-**	**100%**	**2,159**	**2,159**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2025

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.
Administration	**R'000**	**R'000**	**R'000**	**R'000**
	888,670	676,310	212,360	23.90%

Programme 1 spent at 76.1% underspending by R212,4 million after adjusting for funds shifts and virements of minus R77,4 million post the 2024/25 AEPRE.

The Programme gave up R39 million of its cash flows in favour of mitigating the COE pressures and R30,9 million of its cash flows in favour of mitigating the Goods & Services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20 million of its cash flows in favour of mitigating the COE pressures in Programme 5.

District Health Services				
	888,670	676,310	212,360	23.90%

Programme 2 spent at 102.12% overspending by R335,4 million after adjusting for funds shifts and virements of plus R197,1 million post the 2024/25 AEPRE.

Overspending has occurred primarily in COE, Goods & Services and Households. Compensation of employees overspent by R111 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services overspent by R192,1 million as a result of vesting pressures in order to continue the delivery of public health care services uninterrupted. It arose primarily within the space of the payment of payables and accruals of R2,7 billion at the programme level at the beginning of the current financial year being treated as a first charge of the 2024/25 budget allocation.

The knock on effect being that the current year 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. Households overspent by R82,5 million arising primarily from the underfunded budget for the settlement of medico legal claims.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2025

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	R'000
Emergency Medical Services	888,670	676,310	212,360	23.90%

Programme 3 spent at 99.99% underspending by R135 thousand after adjusting for funds shifts and virements of minus R38,2 million post the 2024/25 AEPRE.

The Programme gave up R38 million of its cash flows in favour of mitigating the Cost of Employees pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. Further the Programme gave up R0,21 million of its cash flows in favour of mitigating the Cost of Employees pressures within the Central Hospital Services Programme.

Provincial Hospital Services	4,350,027	4,443,679	(93,652)	-2.15%

Programme 4 spent at 102.15% overspending by R93,7 million. Compensation of employees overspent by R94,9 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Goods & Services underspent by R109,9 million in order to reprioritise cash flow in favour of mitigating the overspend on COE. Households overspent by R36,7 million arising primarily from the underfunded budget for the settlement of medico legal claims. Machinery and Equipment underspent by R38,4 million in order to reprioritise cash flow in favour of mitigating the overspend on COE.

Central Hospital Services	5,143,043	5,153,643	(10,600)	-0.21%

Programme 5 spent at 100.2%, overspending by R10,6 million, after adjusting for funds shifts and virements of plus R57,6 million post the 2024/25 2 AEPRE.

The Programme received R57,6 million from other Programmes to mitigate net over expenditure. Goods and Services gave up cash flows in favour of mitigating the Compensation of Employees overspending by R98,160 million arising primarily from the underfunded 24/25 wage increase and fiscal consolidation cuts. Households as well as Buildings, Machinery and Equipment underspent by R25.5 million and R18.5 million respectively in order to further reprioritise cash flow in favour of mitigating the overspend on COE.

Health Science and Training	1,033,262	921,987	111,275	10.77%

Programme 6 spent at 89.23%, underspending by R111,3 million, after adjusting for funds shifts and virements of minus R89,9 million post the 2024/25 AEPRE.

The Programme gave up R69,9 million of its equitable cash flows in favour of mitigating the COE and goods & services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted. The Programme further gave up R20 million of its equitable cash flows in favour of mitigating the COE pressures within the Central Hospital Services Programme.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2025

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	R'000
Health Care and Support Services	228,887	129,209	99,678	43.55%

Programme 7 spent at 56.5% (under by R99,7 million) after adjusting for funds shifts and virements of minus R19,9 million post the 2024/25 AEPRE.

The underspending 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.

Health Facilities Management	1,277,122	1,263,271	13,851	1.08%

Programme 8 spent at 98.9% (underspending by R13,9 million) after adjusting for funds shifts and virements of minus R40 million post the 2024/25 AEPRE.

The Programme gave up R29.4 million of its equitable share cash flows in favour of mitigating the COE and Goods & Services pressures within the Central Hospital Services Programme to continue the delivery of public health care services uninterrupted

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2025

4.2 Per economic classification:	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	R'000
Current expenditure				
Compensation of employees	20,302,479	20,401,409	(98,930)	-0.49%
Goods and services	8,064,874	8,056,620	8,254	0.10%
Interest and rent on land	-	84,356	(84,356)	
Transfers and subsidies				
Departmental agencies and accounts	14,401	14,401	-	0.00%
Non-profit institutions	35,942	35,190	752	2.09%
Households	405,887	505,250	(99,363)	-24.48%
Payments for capital assets				
Buildings and other fixed structures	683,004	621,875	61,129	8.95%
Machinery and equipment	800,256	590,105	210,151	26.26%

Compensation of Employees - This budget spent at a level of 100.5% of the 2024/25 adjusted appropriation - spending R20.4 billion against a final adjusted appropriation of R20.3 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R98,9 million of the final budget allocated - after adjusting for funds shifts and virements of plus R292 million from Goods and Services post the 2024/25 AEPRE.

The over-expenditure in COE arose primarily from the net underfunded 24/25 wage increase and fiscal consolidation cuts. COE has been under significant pressure throughout the financial year which situation necessitated the reprioritisation of cash flows away from the department's other economic classifications.

Goods and Services - This budget spent at a level of 99.9% of the 2024/25 adjusted appropriation - spending R8,1 billion against a final 2024/25 adjusted appropriation of R8,1 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R8,3 million of the final budget allocated. This arose in order to finance the overspending on compensation of employees.

Transfers and Subsidies - This budget spent at a level of 121.6% of the 2024/25 adjusted appropriation - spending R554,8 million against a final adjusted appropriation of R456,2 million for the financial year ending 31 March 2025, resulting in a net over expenditure of R98,6 million of the final budget allocated. This is attributable primarily to the payment of several underfunded and unfunded medico-legal claims.

Payment for Capital Assets - This budget spent at a level of 81.7% of the 2024/25 adjusted appropriation - spending R1,2 billion against a final adjusted appropriation of R1,5 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R271,3 million (equitable share in nature) of the final budget allocated. This arose in order to finance the overspending on compensation of employees and transfers and subsidies.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2025

4.3 Per conditional grant	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	R'000
National Tertiary Services grant	1,255,448	1,255,392	56	0.00%
Human Resource and Training Grant	581,770	581,868	(98)	-0.02%
District Health Programme Grant	3,077,003	3,076,985	18	0.00%
Health Facility Revitalisation grant	789,942	789,941	1	0.00%
Expanded Public Works Programme Integrated	2,010	1,952	58	2.89%
Expanded Public Works Programme Social Sector	10,720	10,720	-	0.00%
National Health Insurance Grant	63,501	62,512	989	1.56%
TOTAL	**5,780,394**	**5,779,370**	**1,024**	**0.02%**

Overall, conditional grants have spent at a level of 99.9% of the 2024/25 adjusted appropriation - spending R5,8 billion against a final adjusted appropriation of 5,8 billion for the financial year ending 31 March 2025, resulting in a net under expenditure of R1 million or 0.02% of the final budget allocated. As the Conditional Grants have been fully spent, no application for rollovers have been made in the circumstances.

4.4 Per Statutory Appropriation	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	R'000
Member of Executive Council Salary	2,261	2,261	-	0.00%

Budget was spent in full.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
REVENUE			
Annual appropriation	1	30,304,582	29,114,953
Statutory appropriation	2	2,261	2,159
Departmental revenue	3	-	-
Aid assistance	4	-	-
TOTAL REVENUE		**30,306,843**	**29,117,112**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	20,401,407	19,952,158
Goods and services	6	8,056,622	7,528,077
Interest and rent on land	7	84,356	19,216
Aid assistance	4	-	-
Total current expenditure		**28,542,385**	**27,499,451**
Transfers and subsidies			
Transfers and subsidies	8	554,846	520,843
Total transfers and subsidies		**554,846**	**520,843**
Expenditure for capital assets			
Tangible assets		1,211,975	1,106,519
Intangible assets		-	-
Total expenditure for capital assets		**1,211,975**	**1,106,519**
Payments for financial assets		**-**	**-**
TOTAL EXPENDITURE		**30,309,206**	**29,126,813**
SURPLUS/(DEFICIT) FOR THE YEAR		**(2,363)**	**(9,701)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		(2,363)	(9,701)
Annual appropriation		(3,387)	(10,111)
Statutory Appropriation		-	-
Conditional grants		1,024	410
Departmental revenue and NRF Receipts	3	-	-
Aid assistance	4	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		**(2,363)**	**(9,701)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL POSITION
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
ASSETS			
Current Assets		**324,621**	**287,100**
Cash and cash equivalents	10	147	113
Prepayments and advances		-	-
Receivables	11	324,474	286,987
Non-Current Assets		**2,062**	**2,388**
Receivables	11	2,062	2,388
TOTAL ASSETS		**326,683**	**289,488**
LIABILITIES			
Current Liabilities		**3,587,040**	**3,140,566**
Voted funds to be surrendered to the Revenue Fund	12	2,410,225	1,973,429
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	18,271	39,598
Bank overdraft	14	1,130,967	1,109,420
Payables	15	24,589	15,131
Aid assistance unutilised	4	2,988	2,988
TOTAL LIABILITIES		**3,587,040**	**3,140,566**
NET ASSETS		**(3,260,357)**	**(2,851,078)**
Represented by:			
Recoverable revenue		210,303	179,920
Unauthorised expenditure		(3,470,660)	(3,030,998)
TOTAL		**(3,260,357)**	**(2,851,078)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
Recoverable revenue			
Opening balance		179,920	163,432
Transfers		**30,383**	**16,488**
Debts revised		(135)	(2,449)
Debts recovered (included in departmental receipts)		5,740	2,757
Debts raised		24,778	16,180
Closing balance		**210,303**	**179,920**
Unauthorised expenditure			
Opening balance		(3,030,998)	(2,736,095)
Unauthorised expenditure - current year		(439,662)	(294,903)
Relating to overspending of the vote or main division within the vote		(439,662)	(294,903)
Closing balance		**(3,470,660)**	**(3,030,998)**
TOTAL		**(3,260,357)**	**(2,851,078)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

CASH FLOW STATEMENT
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**30,477,475**	**29,343,000**
Annual appropriated funds received	1.1	30,304,582	29,114,953
Statutory appropriated funds received	2	2,261	2,159
Departmental revenue received	3	170,526	225,581
Interest received	3.2	106	307
Aid assistance received	4	-	-
Net (increase)/ decrease in working capital		(27,703)	(27,877)
Surrendered to Revenue Fund		(192,806)	(272,308)
Surrendered to RDP Fund/Donor		-	-
Current payments		(28,458,029)	(27,480,235)
Interest paid	7	(84,356)	(19,216)
Payments for financial assets		-	-
Transfers and subsidies paid		(554,846)	(520,843)
Net cash flow available from operating activities	16	**1,159,735**	**1,022,521**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,211,975)	(1,106,519)
Proceeds from sale of capital assets	3.3	344	1,734
(Increase)/ decrease in non-current receivables		-	2,136
Net cash flows from investing activities		**(1,211,631)**	**(1,102,649)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		30,383	16,488
Net cash flows from financing activities		**30,383**	**16,488**
Net increase/ (decrease) in cash and cash equivalents		(21,513)	(63,640)
Cash and cash equivalents at beginning of period		(1,109,307)	(1,045,667)
Cash and cash equivalents at end of period	17	**(1,130,820)**	**(1,109,307)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2025

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 date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

Appropriated funds are measured at the amounts receivable.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Departmental revenue is measured at the cash amount received.

In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3 Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy.

8 Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

8.2 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.

8.3 Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the financial statements 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.

At commencement of the finance lease term, finance lease assets acquired are recorded and measured at:

- the fair value of the leased asset; or if lower,
- the present value of the minimum lease payments.
- Finance lease assets acquired prior to 1 April 2024, are recorded and measured at the present value of the minimum lease payments.

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

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.

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ACCOUNTING POLICIES
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11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

Prepayments and advances expensed before 1 April 2024 are recorded until the goods, services, or capital assets are received, or the funds are utilised in accordance with the contractual agreement.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy. 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.

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 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 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.

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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.

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.

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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

	2024/25			2023/24		
	Final Budget	Actual Funds Received	Funds not requested/ not received	Final Budget	Actual Funds Received	Funds not requested/ not received
Programmes	R'000	R'000	R'000	R'000	R'000	R'000
Pr1 Health Administration	966,070	966,070	-	800,293	800,293	-
Pr2 District Health Services	15,660,045	15,660,045	-	14,757,701	14,757,701	-
Pr3 Emergency Medical Services	1,564,583	1,564,583	-	1,519,607	1,519,607	-
Pr4 Provincial Hospital Services	4,350,027	4,350,027	-	4,253,816	4,253,816	-
Pr5 Central Hospital Services	5,085,431	5,085,431	-	5,130,576	5,130,576	-
Pr6 Health Science & Training	1,123,111	1,123,111	-	1,249,721	1,249,721	-
Pr7 Health Care & Support Services	248,787	248,787	-	199,900	199,900	-
Pr8 Health Facilities Management	1,306,528	1,306,528	-	1,203,339	1,203,339	-
Total	**30,304,582**	**30,304,582**	**-**	**29,114,953**	**29,114,953**	**-**

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.

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		Note	2024/25 R'000	2023/24 R'000
1.2	***Conditional grants***			
	Total grants received	37	5,780,394	5,461,332
2	**Statutory Appropriation**			
	Member of executive committee		2,261	2,159
	Total		**2,261**	**2,159**
	Actual Statutory Appropriation received		**2,261**	**2,159**
3	**Departmental Revenue**			
	Sales of goods and services other than capital assets	3.1	164,745	203,353
	Interest, dividends and rent on land	3.2	106	307
	Sales of capital assets	3.3	344	1,734
	Transactions in financial assets and liabilities	3.4	5,781	22,228
	Total revenue collected		**170,976**	**227,622**
	Less: Own revenue included in appropriation		(170,976)	(227,622)
	Departmental revenue collected	13	**-**	**-**
3.1	**Sales of goods and services other than capital assets**	3		
	Sales of goods and services produced by the department		**164,487**	**203,046**
	Sales by market establishment		22,022	20,692
	Administrative fees		3,907	3,207
	Other sales		138,558	179,147
	Sales of scrap, waste and other used current goods		258	307
	Total		**164,745**	**203,353**
3.2	**Interest, dividends and rent on land**	3		
	Interest		106	307
	Rent on land		-	-
	Total		**106**	**307**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

		Note	2024/25 R'000	2023/24 R'000
3.3	**Sales of capital assets**	3		
	Tangible assets			
Machinery and equipment			344	1,734
			344	**1,734**
3.4	**Transactions in financial assets and liabilities**	3		
	Receivables		2,306	2,739
	Other Receipts including Recoverable Revenue		3,475	19,489
	Total		**5,781**	**22,228**
3.5	**Gifts, donations and sponsorships received in-kind**	*ANNEXURE 1H*		
	(not included in the main note)			
	Gifts		-	-
	Donations		12,372	8,482
	Sponsorships		-	-
	Total		**12,372**	**8,482**
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**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
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		Note	2024/25 R'000	2023/24 R'000
			2024/25 R'000	2023/24 R'000
5	**Compensation of Employees**			
5.1	**Salaries and wages**			
	Basic salary		12,734,950	12,614,642
	Performance award		4,654	5,120
	Service Based		13,420	10,553
	Compensative/circumstantial		2,148,654	2,144,378
	Periodic payments		298	468
	Other non-pensionable allowances		2,776,931	2,634,674
	Total		**17,678,907**	**17,409,835**
5.2	**Social Contributions**			
	Employer contributions			
	Pension		1,561,396	1,531,078
	Medical		1,151,728	1,003,384
	UIF		3,437	3,319
	Bargaining council		3,165	3,210
	Insurance		2,774	1,332
	Total		**2,722,500**	**2,542,323**
	Total compensation of employees		**20,401,407**	**19,952,158**
	Average number of employees		46,326	49,379

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

		Note	2024/25 R'000	2023/24 R'000
6	**Goods and services**			
	Administrative fees		1,654	1,970
	Advertising		5,413	3,371
	Minor assets	6.1	11,904	15,470
	Bursaries (employees)		22,278	20,093
	Catering		1,221	2,284
	Communication		179,311	199,699
	Computer services		37,941	49,011
	Consultants: Business and advisory services		36,780	31,348
	Laboratory services	6.2	764,710	911,082
	Legal services		58,307	93,096
	Contractors		476,366	353,034
	Agency and support / outsourced services		373,149	356,079
	Entertainment		-	-
	Audit cost – external	6.3	39,805	31,877
	Fleet services		338,584	130,802
	Inventory	6.4	3,353,492	3,280,269
	Consumables	6.5	213,185	234,795
	Operating leases		196,352	170,130
	Property payments	6.6	1,727,936	1,346,004
	Rental and hiring		1,311	1,161
	Transport provided as part of the departmental activities		469	406
	Travel and subsistence	6.7	132,830	193,736
	Venues and facilities		3,624	23,375
	Training and development		19,929	26,757
	Other operating expenditure	6.8	60,071	52,228
	Total		**8,056,622**	**7,528,077**
6.1	**Minor assets**	6		
	Tangible assets		**11,904**	15,470
	Machinery and equipment		11,904	15,470
	Intangible assets		-	-
	Patents, licences, copyright, brand names, trademarks		-	-
	Total		**11,904**	**15,470**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

		Note	2024/25 R'000	2023/24 R'000
6.2	**Computer services**	6		
	SITA computer services		27,638	28,578
	External computer service providers		10,303	20,433
	Total		**37,941**	**49,011**
6.3	**Audit cost – external**	6		
	Regularity audits		39,805	31,877
	Total		**39,805**	**31,877**
6.4	**Inventory**	6		
	Clothing material and accessories		3,994	4,464
	Food and food supplies		194,704	173,683
	Fuel, oil and gas		52,464	105,616
	Learning and teaching support material		-	-
	Materials and supplies		74,545	114,506
	Medical supplies		997,312	1,003,233
	Medicine		2,030,473	1,878,767
	Total		**3,353,492**	**3,280,269**
6.5	**Consumables**	6		
	Consumable supplies		151,074	180,796
	Uniform and clothing		89,663	88,059
	Household supplies		49,833	43,962
	IT consumables		4,040	45,655
	Other consumables		7,538	3,120
	Stationery, printing and office supplies		62,111	53,999
	Total		**213,185**	**234,795**
6.6	**Property payments**	6		
	Municipal services		579,298	437,342
	Property maintenance and repairs		176,427	129,869
	Other		972,211	778,793
	Total		**1,727,936**	**1,346,004**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

		Note	2024/25 R'000	2023/24 R'000
6.7	**Travel and subsistence**	6		
	Local		132,028	193,415
	Foreign		802	321
	Total		**132,830**	**193,736**
6.8	**Other operating expenditure**	6		
	Professional bodies, membership and subscription fees		989	443
	Resettlement costs		2,451	2,667
	Other		56,631	49,118
	Total		**60,071**	**52,228**

Included in the above other property payments are security related expenditures of R 958, 593 million (2024: R 768,134 million)

7	**Interest and Rent on Land**			
	Interest paid		84,356	19,216
	Total		**84,356**	19,216
8	**Transfers and Subsidies**			
	Provinces and municipalities	ANNEXURE 1A	-	-
	Departmental agencies and accounts	ANNEXURE 1B	14,401	14,721
	Non-profit institutions	ANNEXURE 1F	35,190	35,442
	Households	ANNEXURE 1G	505,255	470,680
	Total		**554,846**	**520,843**
9	**Expenditure for capital assets**			
			1,211,975	**1,106,519**
9.1	**Tangible assets**			
	Buildings and other fixed structures	34	621,874	352,585
	Machinery and equipment	31	590,101	753,934
			-	**-**
	Intangible assets			
	Software	33	-	-
	Total		**1,211,975**	**1,106,519**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

9.2 Analysis of funds utilised to acqure capital assets - 2024/25

	Voted Funds	Aid Assistance	Total
	R'000	R'000	R'000
Tangible assets	**1,211,975**	-	1,211,975
Buildings and other fixed structures	621,874	-	621,874
Machinery and equipment	590,101	-	590,101
Intangible assets			
Software	-	-	-
	-	-	-
Intangible assets			
Software	-	-	-
			-
Total			
	1,211,975	-	**1,211,975**

9.3 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
Intangible assets	-	-	-
Software			-
Total	**1,106,519**	-	**1,106,519**

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

		Note	2024/25 R'000	2023/24 R'000
9.4	**Finance lease expenditure included in Expenditure for capital assets**			
	Tangible assets		193,886	218,334
	Machinery and equipment		193,886	218,334
	Total		**193,886**	**218,334**
10	**Cash and Cash Equivalents**			
	Consolidated Paymaster General Account		-	-
	Cash receipts		147	113
	Disbursements			
	Total		147	**113**

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

EXPLANATORY NOTES

2 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

	Note	2024/25			2023/24		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
11 Receivables							
Claims recoverable	11.1/Ann 4	2,332	-	2,332	2,432	-	2,432
Trade receivables	11.2	4,865	-	4,865	2,155	-	2,155
Recoverable expenditure	11.3	4,898	-	4,898	5,316	-	5,316
Staff debt	11.4	26,316	2,062	28,378	21,260	2,388	23,648
Other receivables	11.5	286,063	-	286,063	255,824	-	255,824
Total		**324,474**	**2,062**	**326,536**	**286,987**	**2,388**	**289,375**

EASTERN CAPE DEPARTMENT OF HEALTH
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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
11.1 Claims recoverable	11		
National departments		169	174
Provincial departments		2,163	2,258
Total		**2,332**	**2,432**
11.2 Trade receivables	11		
Supplier overpayments		4,865	2,155
Total		**4,865**	**2,155**
11.3 Recoverable expenditure (disallowance accounts)	11		
Dishonoured Cheques		473	473
Salary rebates		4,425	4,843
Total		**4,898**	**5,316**
11.4 Staff debt	11		
Salary Debt		28,378	23,648
Total		28,378	23,648
11.5 Other debtors	11		
Irregular expenditure		223	210
Fruitless and wasteful expenditure		2,333	1,558
Medsas claims recoverable		9,364	5,846
Ex-Employees		264,134	238,980
Breach of contract - Bursary holders		10,009	9,230
Medical aid		-	-
Total		**286,063**	**255,824**
11.6 Impairment of receivables			
Estimate of impairment of receivables		277,061	242,841
Total		**277,061**	**242,841**

It is the department's policy to impair all receivables, other than debts held by current employees, that are older than 1 year.

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		Note	2024/25 R'000	2023/24 R'000
12	**Voted Funds to be Surrendered to the Revenue Fund**			
	Opening balance		1,973,429	1,720,359
	Transfer from statement of financial performance		(2,363)	(9,701)
	Add: Unauthorised expenditure for current year		439,662	294,903
	Voted funds not requested/not received	1.1	-	-
	Paid during the year		(503)	(32,132)
	Closing balance		**2,410,225**	**1,973,429**
12.1	**Reconciliation of unspent conditional grants**			
	Opening balance		410	-
	Total conditional grants received		5,780,394	5,461,332
	Total conditional grants spent		(5,779,370)	(5,460,922)
	Unspent conditional grants to be surrendered	37	1,434	410
	Less: Paid to the Provincial Revenue Fund by Provincial department		(410)	-
	Approved for rollover			
	Not approved for rollover		(410)	
	Closing balance		**1,024**	**410**
13	**Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund**			
	Opening balance		39,598	52,152
	Transfer from Statement of Financial Performance		-	-
	Own revenue included in appropriation	3	170,976	227,622
	Paid during the year		(192,303)	(240,176)
	Closing balance		**18,271**	**39,598**
14	**Bank Overdraft**			
	Consolidated Paymaster General Account		1,130,967	1,109,420
	Total		**1,130,967**	1,109,420

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.

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		Note	2024/25 R'000	2023/24 R'000
15	**Payables - current**			
	Amounts owing to other entities		-	-
	Advances received		-	-
	Clearing accounts		24,589	15,131
	Total		**24,589**	**15,131**
15.1	**Clearing accounts**	15		
	Salary finance and other institutions		23,340	13,889
	Pension recoverable		1,249	1,242
	Total		**24,589**	**15,131**
16	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		(2,363)	(9,701)
	Add back non cash/cash movements not deemed operating activities		1,162,098	1,032,222
	(Increase)/decrease in receivables – current		(37,161)	(23,790)
	Increase/(decrease) in payables – current		9,458	(4,087)
	Proceeds from sale of capital assets		(344)	(1,734)
	Expenditure on capital assets		1,211,975	1,106,519
	Surrenders to Revenue Fund		(192,806)	(272,308)
	Surrenders to RDP Fund/Donor		-	-
	Voted funds not requested/not received		-	-
	Own revenue included in appropriation		170,976	227,622
	Net cash flow generated by operating activities		**1,159,735**	**1,022,521**
17	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(1,130,967)	(1,109,420)
	Cash receipts		147	113
	Total		**(1,130,820)**	**(1,109,307)**
18	**Contingent liabilities and contingent assets**			
18.1	**Contingent liabilities**	**Liable to**		
	Housing loan guarantees	Employees	Annex 3A	1,145	1,335
	Claims against the department		Annex 3B	22,151,154	22,588,435
	Other interdepartmental payables		Annex 5	434	482
	Other		Annex 3B	-	-
	Total			**22,152,733**	**22,590,252**

Prior year adjustment

The prior year balance for the claims against the state has been adjusted upwards by R357,5 million due to corrections in errors of claims and valuation adjustments and downwards by R 79,8 million due to claims that don't have the minimum required supporting documentation and a duplicate claim of R 14,7 million. Further details are provided 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. These variables could result in large fluctuations in the values. The department therefore estimates the value based on the most likely amount the claim will be settled for as per the MCS.

Further details are included under Annexure 3B. The reduction during the current year as per the column "Liabilities paid/ cancelled/ reduced during the year" is mainly due to fair value adjustments required in terms of the historical payment analysis to estimate the value of the claims that will be paid in the future.

Going Concern and Financial Sustainability

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 and this is based on the populace needs of the healthcare services.

Overall Problem Statement

There is a significant challenge in health care services continuing uninterrupted to the extent that suppliers agree (which is becoming increasingly difficult to negotiate) to payment obligations being deferred to the first bite of the ensuing financial year budget, which essentially represents bridging finance, wherein the department continues to operate within a fragile space bedded within intractable service pressures on a daily basis with severe resource limitations.

With these ranking as the first 67% percent bite against the 2025/26 budget (excluding Cost of Employment), the effective residual budget percentage culminates in a cash depletion trajectory after 8 months within the equitable share funded budgets for goods and services, transfer payments and capex.

Essentially, the reality is that the opening payables and accruals of R7 billion at 1 April 2025, representing 66% of the gross debt has become the first charge against the 2025/26 budget:

Based on the financial viability indicators at 31 March 2025, the Department has continued to assess itself as not being in a position to settle its short-term obligations at financial year end. General analytical reviews indicate that on average it takes the department in excess of 240 days to settle its creditors.

This cascades into a lack of predictability and credibility in the rolling financial budget planning processes of the department, including optimized service delivery resource allocation.

The Department's capacity to meet its health service delivery obligations is overwhelmed by its significant exposure of up to R10,6 billion in gross debt at the end of March 2025 as per the annual financial statements - which also casts significant doubt on the department's ability to continue on a trajectory of financial sustainability in support of service delivery continuing uninterrupted in the MTEF period.

Per the annual financial statements at 31 March 2025, the Department is materially indebted in the amount of R10,6 billion (2024: R9,4 billion) which represents a 12% or R1,2 billion increase which then rolls into the 2025/26 financial year:

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	AFS 2024/25 R'000	AFS 2023/24 R'000
Analysis of total debt by components at 31 March 2025:	**10,620,354**	**9,414,457**
Payables Not Recognised	**4,944,821**	4,969,995
Accruals Not Recognised	**2,088,493**	1,303,896
Bank overdraft / Excess facility	**1,130,967**	1,109,420
Voted funds to be surrendered to the Revenue Fund	**2,410,225**	1,973,429
Recognised Accruals	**45,848**	57,717

The Department has continued to develop and implement a financial recovery plan in the current financial year. The recovery plan includes inwardly looking at reducing inefficiencies within the department, persuasion of the SCOPA to approve the R3.4 billion Finance Bill through Provincial Treasury, finalisation of the organogram, strengthening controls on management of medico legal claims and systems of internal controls on operational environment. These will directly address accruals and payables, increase on unauthorised expenditure emanating from COE, increases on irregular and fruitless and wasteful expenditures.

The going concern and financial sustainability of the department are also being addressed through the statutory allocations voted by Provincial Legislature; Office of the Premier, EC Provincial Treasury and National DoH intervention; the Word Bank and Bill & Melinda Gate Projects, which are currently taking place in the department.

Despite the above fiscal challenges, the department will continue rendering services and is confident that it will continue as a going concern for the next 12 months.

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 R113 thousand in the current year (2023/24: R183 thousand). 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 being R132 million as at 31 March 2025 (2023/24: R151 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 are 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 R132 million. The present value of the R8,2 million has been included in Staff debt per note 11.4 above.

	Note	2024/25 R'000	2023/24 R'000
19 Capital commitments			
		2,305,740	**1,914,172**
Buildings and other fixed structures		2,209,253	1,700,662
Machinery and equipment		96,487	213,510
Capital Expenditure		-	-
Approved and contracted			
Approved but not yet contracted			
Total Commitments		**2,305,740**	**1,914,172**

Commitments at 31 March 2025 that exceed one year amount to R 1,2 billion (31 March 2024: R 840,7 million).

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				2024/25 R'000	2023/24 R'000
20	**Accruals and payables not recognised**				
20.1	**Accruals**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	1,980,939	-	1,980,939	1,108,472
	Transfers and subsidies	51,312	-	51,312	123,464
	Capital assets	56,242	-	56,242	71,960
	Total	**2,088,493**	**-**	2,088,493	1,303,896

	2024/25	2023/24
Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	1,262,001	436,014
Pr2 District Health Services	323,722	266,297
Pr3 Emergency Medical Services	54,491	147,414
Pr4 Provincial Hospital Services	263,972	279,359
Pr5 Central Hospital Services	45,307	45,036
Pr6 Health Science and Training	30,851	20,264
Pr7 Health Care and Support Services	-	6,983
Pr8 Health Facilities Development and Maintenance	108,149	102,529
Total	**2,088,493**	**1,303,896**

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				2024/25 R'000	2023/24 R'000
20.1	**Accruals**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	495,691	3,917,695	4,413,386	4,487,784
	Transfers and subsidies	358,593	139,308	497,901	240,719
	Capital assets	17,960	15,574	33,534	241,492
	Total	872,244	4,072,577	4,944,821	4,969,995

		2024/25	2023/24
	Listed by programme level	**R'000**	**R'000**
	Pr1 Health Administration	566,149	1,046,119
	Pr2 District Health Services	2,636,485	2,394,796
	Pr3 Emergency Medical Services	354,641	337,729
	Pr4 Provincial Hospital Services	828,509	631,694
	Pr5 Central Hospital Services	354,936	344,513
	Pr6 Health Science and Training	151,078	35,919
	Pr7 Health Care and Support Services	2,880	23,496
	Pr8 Health Facilities Development and Maintenance	50,143	155,729
	Total	**4,944,821**	**4,969,995**
	Included in the above totals are the following:		
	Confirmed balances with departments	Annex 5	1,992,039	1,615,737
	Total		**1,992,039**	**1,615,737**
21	**Employee benefits**		
	Leave entitlement		894,366	850,120
	Service bonus (Thirteenth cheque)		500,521	498,213
	Performance awards		-	-
	Capped leave commitments		204,215	240,466
	Other		279,689	230,772
	Total		**1,878,791**	**1,819,571**

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 2025 which will be recovered from future monthly leave credits earned. The value of this leave is R13,3 million (2024: R15,5 million).

Included under Other are HR accruals & payables. Only claims validated as at 31 March 2025 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.

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	Note	2024/25 R'000	2023/24 R'000
22 Provisions			
22.1 Claims against the state		1,362,200	1,200,367
		1,362,200	1,200,367

22.2 Reconciliation of movement in provisions - 2024/25

	Claims against the state R'000
Opening balance	1,200,367
Increase in provisions	366,161
Settlement of provisions	(47,060)
Change in provisions due to change in estimation of inputs	(157,268)
Closing balance	**1,362,200**

22.3 Reconciliation of movement in provisions - 2023/24

	Claims against the state R'000
Opening balance	418,225
Increase in provision	1,033,216
Settlement of provision	(164,284)
Change in provision due to change in estimation of inputs	(86,790)
Closing balance	**1,200,367**

The prior year balance for the claims against the state has been adjusted upwards by R227,8 million due to corrections in the recognition of claims and valuation adjustments. Further details are provided in note 30.

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23 Lease commitments

23.1 Operating leases expenditure

2024/25	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	226	-	226
Later than 1 year and not later than 5 years	358	-	358
Later than five years	-	-	-
Total lease commitments	**584**	**-**	**584**

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**

23.2 Finance leases expenditure

2024/25	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	R'000
Not later than 1 year	232,736	15,191	247,927
Later than 1 year and not later than 5 years	224,835	12,532	237,367
Later than five years		-	-
Total lease commitments	**457,571**	**27,723**	**485,294**

2023/24	Motor Vehicles	Machinery and equipment	Total
	R'000	R'000	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
LESS: finance costs	-	-	-
Total present value of lease liabilities	**550,022**	**80,899**	**630,921**

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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.

	Note	2024/25 R'000	2023/24 R'000
24 Accrued departmental revenue			
Sales of goods and services other than capital assets		309,637	270,984
Total		**309,637**	**270,984**
24.1 Analysis of accrued departmental revenue			
Opening balance		270,984	245,102
Less: Amounts received		(119,350)	(166,464)
Less: Services received in lieu of cash		-	-
Add: Amounts recognised		178,531	198,842
Less: Amounts written-off/reversed as irrecoverable		(20,528)	(6,496)
Other (Specify)		-	-
Closing balance		**309,637**	**270,984**
24.2 Accrued departmental revenue written off			
Nature of losses			
Patient debt written off		20,528	6,496
Total		**20,528**	**6,496**
24.3 Impairment of accrued departmental revenue			
Estimate of impairment of accrued departmental revenue		211,232	182,816
Total		**211,232**	**182,816**
25 Unauthorised, Irregular and Fruitless and wasteful expenditure			
Unauthorised expenditure		439,662	294,903
Irregular expenditure		149,961	132,398
Fruitless and wasteful expenditure		78,675	15,405
Total		**668,298**	**442,706**

A prior year error was identified for the understatement of irregular expenditure relating to communication contracts. Further details are provided in note 30.

A prior year error was also identified for the overstatement of fruitless and wasteful expenditure relating to the same communication contracts where the interest portion must be disclosed as irregular expenditure instead of fruitless and wasteful expenditure. Further details are provided in note 30.

Unauthorised expenditure

The department has spent 100.01% - R30,3 billion against a final adjusted appropriation of R30,3 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R2,4 million or 0.01% of the final budget allocated, continuing to operate within a fragile space bedded within intractable service pressures on a daily basis. This fragility has been fuelled by reduced budgets, the magnitude of payables and accruals linked to historic medico-legal lump sum settlements, together with underfunded (medico) legal and wage increases.

The Department has incurred overspending of R439,7 million at the programmes level summarised as Programme 2: -335,4 million, Programme 4: -93,7 million and Programme 5: 10,6 million.

Programme 2 overspent by R335,4 million , which has primarily been caused by COE pressures of R111 million from the net impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts; Goods and Services pressures vesting to continue the delivery of public health care services uninterrupted (R192,1 million) and the payment of underbudgeted and unbudgeted medico and legal settlements mitigated by net underspending primarily in the Capital Expenditure budget of the programme.

Programme 4 overspent by R93,7 million which has primarily been caused by net COE pressures of R94,9 million from the net impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts and the payment of underbudgeted and unbudgeted medico and legal settlements mitigated by net underspending of R38,4 million primarily in the Capital Expenditure budget of the programme.

Programme 5 overspent by R10,6 million which has primarily been caused by net COE pressures of R98,1 million from the net impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts, mitigated by net underspending primarily in Goods and Services of R48,2 million, R25,5 million in Transfers and Subsidies and R18,6 in the capital budget of the programme.

The budget pressures experienced by the department have arisen primarily from 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 2024/25 budget allocation, with the knock on effect being that the 31 March 2025 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.

COE has also been under significant pressure throughout the financial year. The COE budget spent at a level of 102% of the 2024/25 adjusted appropriation - spending R20,4 billion against a final adjusted appropriation of R20,3 billion for the financial year ending 31 March 2025, resulting in a net over expenditure of R98,9 million after significant mitigation.

It is primarily due to the severity of cuts into warm body headcount - underfunded carry through costs of improvement in conditions of services (ICS) [2023/24] and [2024/25] as well as the adverse impact of COE fiscal consolidation cuts that led to budget allocation reductions.

This situation necessitated the reprioritisation of cash flows away primarily from the department's Goods & Services and Capex budgets in order to sustain the March 2025 payroll requirements. The overspending has arisen primarily from the impacts of the underfunded 2024/25 wage increase as well as fiscal consolidation cuts.

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.

	Note	2024/25 R'000	2023/24 R'000
27 Key management personnel			
Political office bearer		2,261	2,159
Officials:			
Level 15 to 16		6,281	6,538
Level 14		22,239	24,658
Total		**30,781**	**33,355**

The Head of Department was seconded to the Office of the Premier (OTP) as part of the Premier's Project Support Unit (PPSU). During 2024/25 she was with the Office of the Premier from April 2024 to 5 August 2024 (4 months), in these 4 months she was not part of the decision making of the Department. Even though she was seconded to OTP, the department continued to pay her normal salary and benefits for the 4 months. There was no additional compensation from the OTP. The amount has been excluded from the Key Management Personnel note due to that she was not part of the decision making. The two Officials that were acting as Head of Department during the secondment period were Level 14 and 15, no acting allowance was paid to them, their salaries have been included in the Key Management Personnel note

28 Public Private Partnerships

Contract fee paid		**17,744**	**13,649**
	Fixed component	10,582	7,921
	Indexed component	7,162	5,728

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Humansdorp Hospital Co-Location PPP

Contract Fee Paid:		**2024/25 R'000**	**2023/24 R'000**
Fixed Component:			
Waste Management		566	459
Estate Maintenance and Engineering		2,698	2,193
Cleaning		3,350	2,786
Gardens		806	654
Laundry		1,067	865
Security		1,239	1,005
Personnel services (Reception Services)		1,033	984
Personnel services (She coordinator)		358	293
Less: Offset Services		(536)	(1,318)
	Subtotal	**10,582**	**7,921**
Indexed Component			
Current Expenditure			
Goods and Services		**7,162**	**5,728**
Catering Services		4,396	3,486
Interest		648	525
Other Costs		2,118	1,717
	Control Total	**17,744**	**13,649**

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 September 2025 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.

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 immovable assets 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. The contract han.dover in preparation for the termination date are underway between the parties

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.

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

30. Prior period changes due to prior period errors and changes in accounting policies

			2023/24	
		Amount bef error correction	Prior period error	Restated amount
30.1	**Correction of prior period error**	**R'000**	**R'000**	**R'000**
	Contingent liabilities			
	The opening balance as at 01 April 2024 has been restated due to changes in values of claims and change in accounting policy	18.1 22,325,447	262,988	22,588,435
	Net effect	**22,325,447**	**262,988**	22,588,435

The prior year balance for the claims against the state has been adjusted upwards by R357,5 million due to corrections in errors of claims and valuation adjustments and downwards by R 79,8 million due to claims that don't have the minimum required supporting documentation and a duplicate claim of R 14,7 million.

			2023/24	
		Amount bef error correction	Prior period error	Restated amount
30.2	**Correction of prior period error**	**R'000**	**R'000**	**R'000**
	Provisions			
	The opening balance as at 01 April 2024 has been restated due to changes in values of claims and change in accounting policy	22 972,559	227,808	1,200,367
	Net effect	972,559	227,808	1,200,367

The prior year balance for the claims against the state has been adjusted upwards by R227,8 million due to corrections in errors of claims and valuation adjustments.

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

	Note	Opening Balance before the change 1 April 2023 R'000	Adjustment to opening balance R'000	Restated opening Balance after the change 1 April 2023 R'000	Adjustment for 2023/24 R'000	Restated closing Balance 31 March 2024 R'000
30.3 Nature of change in accounting policy						
Finance lease assets						
Movable Tangible Capital Assets		-	296,572	296,572	199,462	496,034
Net effect		**-**	**296,572**	**296,572**		**496,034**

The modified cash standard (MCS) for departments was amended to recognise finance lease assets at the inception of the lease as opposed to at the end of the lease. The above adjustments were required to comply with the change.

Annual Report Design File with AG Report (ER 29-08-2025)

	Note	Amount bef error correction R'000	2023/24 Prior period error R'000	Restated amount R'000
30.4 Correction of prior period error				
Irregular Expenditure				
Understatement communication contracts	25	6,844	125,554	132,398
Net effect		**6,844**	**125,554**	**132,398**

Irregular expenditure identified in the current year relating to communication contracts.

	Note	Amount bef error correction R'000	2023/24 Prior period error R'000	Restated amount R'000
30.5 Correction of prior period error				
Fruitless and wasteful expenditure				
Overstatement fruitless and wasteful expenditure	25	19,828	(4,423)	132,398
Net effect		19,828	(4,423)	132,398

A prior year error was identified for the overstatement of fruitless and wasteful expenditure relating to the above communication contracts where the interest portion must be disclosed as irregular expenditure instead of fruitless and wasteful expenditure.

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
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	Note	Amount bef error correction R'000	2023/24 Prior period error R'000	Restated amount R'000
30.6 Correction of prior period error				
Immovable tangible capital assets	34.2			
Immovable tangible capital assets opening balance 2023/24		7,369,223	942,705	8,311,928
Immovable tangible capital assets additions 2023/24		191,570	56,380	247,950
Net effect		**7,560,793**	**999,085**	**8,559,878**

The department's practice on recognising ready for use immovable assets was incorrect as it only relied on the practical completion certificate. It was amended to align to the Modified Cash Standards. This resulted in additional construction projects to be classified as ready for use.

	Note	Amount bef error correction R'000	2023/24 Prior period error R'000	Restated amount R'000
30.7 Correction of prior period error				
Immovable tangible capital assets Capital work in progress				
Work in Progress prior year opening balance 2023/24	35.3	2,252,945	(965,638)	1,287,307
Work in Progress 2023/24		357,773	(16,833)	340,940
Ready for use assets 2023/24		(191,570)	(56,380)	(247,950)
Net effect		**2,419,148**	**(1,038,851)**	**1,380,297**

The department's practice on recognising ready for use immovable assets was incorrect as it only relied on the practical completion certificate. It was amended to align to the Modified Cash Standards. This resulted in additional construction projects to be classified as ready for use.

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for the year ended 31 March 2025

31.1 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	4,400,195	-	384,189	(4,989)	4,779,395
Transport assets	116,634	-	521	-	117,155
Computer equipment	375,284	-	54,578	(370)	429,492
Furniture and office equipment	148,222	-	13,588	(157)	161,653
Other machinery and equipment	3,760,055	-	315,502	(4,462)	4,071,095
FINANCE LEASE ASSETS	496,034	-	165,764	(127,647)	534,151
Finance lease assets	496,034	-	165,764	(127,647)	534,151
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**4,896,229**	**-**	**549,953**	**(132,636)**	5,313,546

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	16,308	257,519

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.

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
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31.2 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance 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
FINANCE LEASE ASSETS	**296,572**	**-**	**199,462**	-	496,034
Finance lease assets	296,572	-	199,462	-	496,034
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**4,188,887**	**-**	**714,299**	**(6,957)**	4,896,229

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	2023/24 R'000
31.3.1 Change in accounting policy	
Nature of change	296,572
Relating to 2022/23 and before (affecting the opening balance)	296,572
Change in accounting policy in adherence with MCS	
Relating to 2023/24	**199,462**
Change in accounting policy in adherence with MCS	199,462
	496,034

Refer to note 30 for further information on this change in accounting policy.

32.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	Machinery and equipment	Total
	R'000	R'000
Opening balance	602,962	602,962
Additions	11,058	11,058
Disposals	(1,183)	(1,183)
TOTAL MINOR ASSETS	**612,837**	**612,837**

	Machinery and equipment	Total
Number of R1 minor assets	14,511	14,511
Number of minor assets at cost	482,520	482,520
TOTAL NUMBER OF MINOR ASSETS	497,031	497,031

Minor Capital Assets under investigation	Number R'000	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	6,364	19,817

32.2 Minor assets

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
Prior period error	-	-
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

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 2024/25 is R 9,138 million (2023/24: R 9,139 million). The department will embark on a process to write them off during the 2025/26 financial year.

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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33 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance 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 2024

Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

34.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

BUILDINGS AND OTHER FIXED STRUCTURES	8,559,878	911,002	-	9,470,880
Dwellings	-	-	-	-
Non-residential buildings	8,559,878	911,002	-	9,470,880
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**8,559,878**	**911,002**	**-**	**9,470,880**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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Immovable Tangible Capital Assets

34.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	7,369,223	942,705	247,950	-	8,559,878
Dwellings	-		-	-	-
Non-residential buildings	7,369,223	942,705	247,950	-	8,559,878
Other fixed structures	-		-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**7,369,223**	**942,705**	**247,950**	**-**	**8,559,878**

The above figures have been restated to align the disclosure closer to the modified cash standard. Further information is provided in note 30.

		2023/24
		R'000
34.2.1	**Prior period error**	
	Nature of change	**942,705**
	Relating to 2022/23 and before (affecting the opening balance)	942,705
	Relating to 2023/24	**247,950**
	Additions	247,950

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Immovable tangible capital assets: Capital Work-in-progress

35.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2025

	Note	Opening Balance 1 April 2024	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2025
	Annexure 7	R'000	R'000	R'000	R'000
Heritage assets		-	-	-	-
Buildings and other fixed structures		1,380,297	602,590	(911,003)	1,071,884
Land and subsoil assets		-	-	-	-
TOTAL		1,380,297	602,590	(911,003)	1,071,884

		2024/25	2024/25
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	50,983	107,727
	Total	**50,983**	**107,727**

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35.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2024

	Note	Opening Balance 1 April 2024	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2025
	Annexure 7	R'000	R'000	R'000	R'000	R'000
Heritage assets		-	-	-	-	-
Buildings and other fixed structures		2,252,945	(965,638)	340,940	(247,950)	1,380,297
Land and subsoil assets		-	-	-	-	-
TOTAL		**2,252,945**	**(965,638)**	**340,940**	**(247,950)**	**1,380,297**

The above figures have been restated to align the disclosure closer to the modified cash standard. Further information is provided in note 30.

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.

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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. As a consequence of the termination, Nalithemba instituted an action in terms of which it seeks to recover the sum of R 40 287 463. 39 from the department in respect of monies allegedly owing to it in terms of the agreement, at the date of termination ("the action").

The matter is defended, and it is set down for Arbitration on or about September 2025.

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.

35.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2024

	Note	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2025
		R'000	R'000
39 NATURAL DISASTER OR RELIEF EXPENDITURE	Annexure 11		
Compensation of employees		-	93,617
Goods and services		-	81,596
Transfers and subsidies		-	8
Expenditure for capital assets		-	19,445
Other		-	-
Total		**-**	**194,666**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

37 STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	2024/25								2023/24	
	GRANT ALLOCATION				SPENT					
	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	1,255,448	-	-	1,255,448	1,255,448	1,255,392	56	100%	1,152,989	1,153,056
Human Resource and Training Grant	581,770	-	-	581,770	581,770	581,868	(98)	100%	576,485	576,510
District Health Programme Grant	3,077,003	-	-	3,077,003	3,077,003	3,076,985	18	100%	2,884,993	2,884,993
Health Facility Revitalisation Grant	789,942	-	-	789,942	789,942	789,941	1	100%	725,690	725,692
Expanded Public Works Programme Integrated	2,010	-	-	2,010	2,010	1,952	58	97%	1,943	1,943
Expanded Public Works Programme Social Sector	10,720	-	-	10,720	10,720	10,720	-	100%	13,167	13,167
National Health Insurance Grant	63,501	-	-	63,501	63,501	62,512	989	98%	106,065	105,561
	5,780,394	**-**	**-**	**5,780,394**	**5,780,394**	**5,779,370**	**1,024**	**100%**	**5,461,332**	**5,460,922**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

	2024/25						2023/24	
DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER			
	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	-	-	-	-	14,401		-	14,721
	-	**-**	**-**	**-**	**14,401**		**-**	**14,721**

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2024/25						2023/24	
	TRANSFER ALLOCATION				TRANSFER			
DEPARTMENT/ AGENCY/ ACCOUNT	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
BERLIN ADVICE CENTRE	544			544	544	100%	752	752
BULUNGULA INCUBATOR	646			646	646	100%	615	615
CAMDEBOO HOSPICE	492			492	492	100%	468	468
CARE MINISTRY	696			696	696	100%	663	663
EKUPHUMLENI JOE SLOVO COMM	646			646	646	100%	615	615
EMPILISWENI	646			646	646	100%	615	615
FAITH & HOPE INTERGR AIDS PROGR	544			544	544	100%	752	752
GRAHAMSTOWN HOSPICE	646			646	646	100%	615	615
GWEBINDLALA HIV/AIDS ORG	696			696	696	100%	663	663
HAREPHELENG HCBC	646			646	646	100%	615	615
HLUMANI HIV/AIDS	696			696	696	100%	663	663
HOSPICE ASSOC OF TRANSKEI(HAT)	696			696	679	98%	1,189	858
HUMANA PEOPLE TO PEOPLE IN SA	696			696	696	100%	663	663
IKAHENG COMMUNITY ASSOCIATION	646			646	646	100%	615	615
ILITHA COMMUNITY PSYCHOLOGY SERV	492			492	492	100%	468	468
ITHUBALETHU DEV AGENCY	696			696	696	100%	648	648
IXABISO LOMNTU AIDS AWARE HOME C	696			696	696	100%	663	663
JABEZ AIDS HEALTH CENTER	646			646	646	100%	615	615

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2024/25						2023/24	
	TRANSFER ALLOCATION				TRANSFER			
DEPARTMENT/ AGENCY/ ACCOUNT	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
KEISKAMMA TRUST	696			696	696	100%	316	316
KUSILE WOMEN EMPOWERMENT	696			696	696	100%	663	663
KWA NOMZAMO HOME BASED COMM	646			646	646	100%	894	894
LESEDI HOSPICE	544			544	544	100%	518	518
LIGHT OF HOPE	646			646	646	100%	615	615
LISAKHANYA HEALTH CARE CENTER	544			544	544	100%	518	518
LISEBANZI FOUNDATION	646			646	646	100%	601	601
LITHEMBA SUPPORT GROUP	646			646	646	100%	615	615
LIVING IN PEACE MULTIPURPOSE CEN	646			646	646	100%	615	615
LIVING WATERS HOSPICE ASSOCIATIO	544			544	531	98%	1,011	752
MASABELANE EDUCATION 4 LIFE GROW	696			696	696	100%	663	663
MASANGANE HIV/AIDS PROGRAMM	646			646	-	0%	615	615
MASIPHILISANE HOME BASED CARE	544			544	544	100%	518	518
MISSIONVALE CARE CENTRE	696			696	696	100%	663	332
MPINDWENI CLINIC				-	-		-	293
MT FRERE PARALEGAL ADV CENTER	646			646	646	100%	908	615
MZAMOMHLE BCBC PROJECTS	646			646	646	100%	615	615
NAZARETH HAVEN HOSPICE	646			646	646	100%	894	894

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ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2024/25						2023/24	
	TRANSFER ALLOCATION				TRANSFER			
DEPARTMENT/ AGENCY/ ACCOUNT	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
NEVER GIVE UP SUPP GROUP-DIMBAZA	544			544	544	100%	765	764
NO PROJECTS				-	-		4,185	-
NONCEDO COM HOME BASED CARE	697			697	697	100%	980	979
NYWARA HOME BASED CARE	646			646	646	100%	615	615
RETIRED HLTH CARE PERSONAL ORG	544			544	518	95%	764	505
SAKHIMPILO HOME BASED CARE PROJ	696			696	696	100%	664	663
SINAKO WELLNESS & DEVELOP ORG	696			696	696	100%	664	663
SIYAKHANYISA HIV/AIDS SUPPORT GR	646			646	646	100%	615	615
SIYAPHAMBILI ORPHAN VILLAGE	544			544	532	98%	532	260
SIZANENGUQU HOME COMM BASED CARE	646			646	646	100%	615	617
SOCIAL CHANGE	696			696	696	100%	687	686
SOCIAL HLTH AND EMPOWERMANT	646			646	646	100%	615	616
SOPHAKAMA COMM BASED DEVELOPMENT	697			697	697	100%	648	648
SOPHUMELELA CLINIC INCORPORATED	544			544	544	100%	518	518
ST BERNARDS HOSPICE	697			697	697	100%	664	663
ST FRANCIS HOSPICE	696			696	696	100%	664	663
STEVE VUKILE MULTIPURPOSE CENTRE	646			646	632	98%	615	308

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ANNEXURE 1F
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2024/25						2023/24	
DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER			
	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
UBUHLEBETHU 1203 ORGAN NPO	1,195			1,195	1,188	99%	1,023	1,023
UKHAMBA PROJECTS	441			441	441	100%	410	410
WE CARE	697			697	681	98%	1,311	979
WE CARE PROJECT INITIATIVE	544			544	544	100%	518	518
YIZANI HOME BASED CARE	544			544	544	100%	518	511
	35,942			**35,942**	**35,190**	**98%**	**41,729**	**35,442**

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ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2024/25						2023/24	
HOUSEHOLDS	**TRANSFER ALLOCATION**				**TRANSFER**			
	Adjusted appropriation	**Roll Overs**	**Adjustments**	**Total Available**	**Actual Transfer**	**% of Available funds not transferred**	**Appropria-tion Act**	**Actual Transfer**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Transfers								
Districts	170,086	-	56,035	226,121	252,533	112%	122,553	242,939
Clinical H/Comp	180,769	-	51,360	232,129	191,976	83%	115,105	194,061
Other	55,032	-	2,782	57,814	60,746	105%	77,365	33,680
Total	**405,887**	**-**	**110,177**	**516,064**	**505,255**	**0%**	**315,023**	**470,680**

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSOR	2024/25	2023/24
		R'000	R'000
Donations			
Anglo American/Tshikululu Trust	Motor Transport	-	5,238
National Department of Health	Computer Equipment	-	3,244
CA Computer solutions International	Computer Equipment	2,582	
Modiko technologies	Computer Equipment	5,987	
Assent group	Furniture & Office Equipment	403	
Elite Noble	Furniture & Office Equipment	1,837	
Lionshare developers	Furniture & Office Equipment	234	
Be safe paramedics	Medical & Allied Equipment	703	
CHM vuwani computer solutions	Machinery & Equipment	215	
Elite Noble	Machinery & Equipment	53	
Prime cleaning solutions	Machinery & Equipment	65	
Rutiworx	Machinery & Equipment	293	
Total		**12,372**	**8,482**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 11
STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	2024/25				
		Opening Balance	Revenue	Expenditure	Paid Back on/by 31 March	Closing Balance
		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**

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2025 - LOCAL
Guarantee in respect of Housing

GUARANTOR INSTITUTION	Original Guaranteed Capital Amount	Opening Balance 1 April 2024	Guarantees Draw Downs During The Year	Guaranteed Repayments/ Cancelled/ Reduced/ Released During The Year	Revaluation Due To Foreign Currency Movements	Closing Balance 31 March 2025	Revaluations Due To Inflation Rate Movements	Accrued Guaranteed Interest For Year Ended 31 March 2025
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
ABSA	-	122	-	-	-	122	-	-
Standard Bank	-	287	-	-	-	287	-	-
Nedbank LTD (NBS)	-	137	-	(28)	-	109	-	-
Nedbank LTD	-	94	-	-	-	94	-	-
FNB (Firstrand)	-	390	-	(135)	-	255	-	-
FNB (Saambou Bank)	-	51	-	-	-	51	-	-
Peoples Bank (FBC FID)	-	35	-	(3)	-	32	-	-
Old Mutual (Nedbank)	-	145	-	(11)	-	134	-	-
Unique Finance	-	61	-	(13)	-	48	-	-
SA Home Loans	-	13	-	-	-	13	-	-
	-	1,335	-	(190)	-	1,145	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2025

NATURE OF LIABILITY	Opening Balance 1 April 2024	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2025
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Legal Claims	22,588,435	1,695,284	(2,132,565)	-	22,151,154
Total	**22,588,435**	**1,695,284**	**(2,132,565)**	**-**	**22,151,154**

Included under the "Liabilities paid/cancelled/reduced during the year" column are valuation adjustments required in terms of the Modified Cash Standard to provide the best estimate of the expenditure required to settle the present obligation at the reporting date.

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 4
CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024
	R'000	R'000	R'000	%	R'000	R'000
Department						
Department of Sport EC	-	-	-	-	-	-
Department of Agriculture EC	-	-	-	148	-	148
Deeds office EC	-	-	-	26	-	26
Department of Social Development EC	-	-	123	78	123	78
Premier Office EC	-	-	-	56	-	56
Department of Transport EC	-	-	-	-	-	-
Public works EC	-	-	18	13	18	13
National Department of Correctional Services	-	-	7	66	7	66
National Department Education	-	-	130	76	130	76
National Department of Defence	-	-	32	32	32	32
Department of Health NW	-	-	441	443	441	443
Department of Health KZN	-	-	1,032	1,061	1,032	1,061
Department of Health Gauteng	-	-	171	194	171	194
Department of Health WC	-	-	172	239	172	239
Department of Health NC	-	-	206	-	206	-
Total	**-**	**-**	**2,332**	**2,432**	**2,332**	**2,432**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024
	R'000	R'000	R'000	%	R'000	R'000
DEPARTMENTS						
Current						
EC: Office of the Premier	2,022	2,022	-	-	2,022	2,022
EC: Provincial Treasury	1,709	1,709	-	-	1,709	1,709
EC: Public Works	16,794	24,276	-	-	16,794	24,276
EC: Department of Transport	597,353	571,133	-	-	597,353	571,133
EC: Department of Sport	-	66	6	-	6	66
EC: Department of Social development	-	60	49	-	49	60
National Department of Justice	1,374,143	1,014,887	-	-	1,374,143	1,014,887
National Department of Water and Sanitation	-	-	-	163	-	163
South African Police Services	-	-	-	74	-	74
National department of Health	-	1,566	-	-	-	1,566
Health KZN	18	18	63	-	81	18
Health Limpopo	-	-	-	77	-	77
Provincial Treasury Gauteng	-	-	316	168	316	168
Total	**1,992,039**	**1,615,737**	**434**	**482**	**1,992,473**	**1,616,219**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 6
INVENTORY

	Note	Medicines and medical supplies	Total
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2025			
Opening balance		960,229	960,229
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	3,353,493	3,353,493
Add: Additions - Non-cash		135,029	135,029
(Less): Disposals		(13,566)	(13,566)
(Less): Issues		(3,671,691)	(3,671,691)
Add/(Less): Received current, not paid (Paid current year, received prior year)		-	-
Closing balance		**763,494**	**763,494**

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 7A

Movement in Capital Work-in-Progress

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2025

	Opening Balance	Current Year Capital WIP	Completed Assets	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,380,297	602,590	(911,003)	1,071,884
Dwellings	-	-	-	-
Non-residential buildings	1,380,297	602,590	(911,003)	1,071,884
Other fixed structures	-	-	-	-
TOTAL	**1,380,297**	**602,590**	**(911,003)**	**1,071,884**

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 7A

Movement in Capital Work-in-Progress

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2025

	Opening Balance	Current Year Capital WIP	Completed Assets	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,380,297	602,590	(911,003)	1,071,884
Dwellings	-	-	-	-
Non-residential buildings	1,380,297	602,590	(911,003)	1,071,884
Other fixed structures	-	-	-	-
TOTAL	**1,380,297**	**602,590**	**(911,003)**	**1,071,884**
BUILDINGS AND OTHER FIXED STRUCTURES	1,287,307	340,940	(247,950)	1,380,297
Dwellings	-	-	-	-
Non-residential buildings	1,287,307	340,940	(247,950)	1,380,297
Other fixed structures	-	-	-	-
TOTAL	**1,287,307**	**340,940**	**(247,950)**	1,380,297

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 11
NATURAL DISASTER OR RELIEF EXPENDITURE
Per quarter and in total

Expenditure per economic classification	2024/25 TOTAL	2023/24 TOTAL
	R'000	R'000
Compensation of employees	-	93,617
Goods services	-	81,596
ADMINISTRATIVE FEES: PAYMENTS	-	(520)
AGENCY&SUPRT/OUTSOURCED SERVICES	-	1,705
BURSARIES (EMPLOYEES)	-	62
TRAVEL AND SUBSISTENCE	-	46
COMMUNICATION	-	-
COMPUTER SERVICES	-	6,983
CONS SUPPLIES	-	2,305
OPERATING LEASES	-	-
CONS:STA,PRINT&OFF SUP	-	395
CONTACTORS	-	-
INV: MEDICINE	-	-
INV:CHEMS,FUEL,OIL,GAS,WOOD&COAL	-	7,625
INV:CLOTH MAT&ACCESSORIES	-	-
INV:FOOD & FOOD SUPPLIES	-	2,054
INV:MATERIALS AND SUPPLIES	-	-
INV:MEDICAL SUPPLIES	-	31,177
		-

EASTERN CAPE DEPARTMENT OF HEALTH
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

ANNEXURE 11
NATURAL DISASTER OR RELIEF EXPENDITURE
Per quarter and in total

Expenditure per economic classification	2024/25 TOTAL	2023/24 TOTAL
	R'000	R'000
Goods services (continue)		
INV:OTHER SUPPLIES	-	4,098
LABORATORY SERVICES	-	15,740
MINOR ASSETS	-	-
FLEET SERVICES	-	-
OPERATING PAYMENTS	-	-
PROPERTY PAYMENTS	-	9,925
Transfers and subsidies	**-**	**8**
Other transfers to households	-	8
Expenditure for capital assets	**-**	**19,445**
Buildings and other fixed structures	-	19,445
Other machinery and equipment	-	-
TOTAL EXPENDITURE	**-**	**194,666**



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