



ANNUAL REPORT 2024/5

health

Department:
Health
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



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MEDICAL HISTORY AND General Information

PART A: GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

NAME OF DEPARTMENT: North West Department of Health

PHYSICAL ADDRESS: Cnr Sekame & First Street
New Office Park
Mahikeng

POSTAL ADDRESS: Private Bag X 2088
Mmabatho
2745

TELEPHONE NUMBER/S: 027 18 391 4000

FAX NUMBER: 027 86 643 7982

EMAIL ADDRESS: freichel@nwpg.gov.za

WEBSITE ADDRESS: www.nwhealth.gov.za

2. LIST OF ABBREVIATIONS/ACRONYMS

ACRONYM / ABBREVIATION	MEANING
A	
AC	Audit Committee
AGSA	Auditor General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
B	
BAS	Basic Accounting System
BBBEE	Broad-Based Black Economic Empowerment
C	
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CCOD	Compensation Commissioner for Occupational Diseases
CFO	Chief Financial Officer
CHE	Council on Higher Education
CHC	Community Health Centre
CIDB	Construction Industry Development Board
CLO	Community Liaison Officers
COD	Compensation of Injuries on Duty
COE	Compensation Of Employees
COID	Compensation for Occupational Injuries and Diseases
CORE	Codes of Remuneration

ACRONYM / ABBREVIATION	MEANING
CT	Computed Tomography
CTOP	Comprehensive Termination of Pregnancy
CUPS	Contracting Unit for Primary Health Care Services
D	
DENOSA	Democratic Nursing Organisation of South Africa
DHS	District Health Services
DMC	Departmental Management Committee
DMT	Departmental Management Team
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DSMS	Drug Supply Management System
DS-TB	Drug-Susceptible Tuberculosis
E	
EHWP	Employee Health and Wellness Programme
EHP	Environmental Health Practitioners
EMC	Executive Management Committee
EMS	Emergency Medical Services
EMR	Electronic Medical Record
EPWP	Expanded Public Works Programme
ES	Equitable Share
EW	Employee Wellness
F	
FIDPM	Framework for Infrastructure Delivery and Procurement Management
FPS	Forensic Pathology Services

ACRONYM / ABBREVIATION	MEANING
H	
HCBC	Home Community Based Care
HCRW	Health Care Risk Waste
HCT	HIV Counselling and Testing
HDI	Historically Disadvantaged Individual
HPRS	Health Patient Registry System
HIRA	Hazard Identification and Risk Assessment
HIV	Human Immunodeficiency Virus
HOSPERSA	Health and Other Service Personnel Trade Union of South Africa
HPCSA	Health Professions Council of South Africa
HPM	Health and Productivity Management
HRH	Human Resources for Health
HR	Human Resource
HVAC	Heating, Ventilation & Air Conditioning
I	
ICT	Information and Communication Technology
IDMS	Infrastructure Delivery Management System
IHPS	Institute of Health Programs and Systems
J	
JST	Job Shimankana Tabane
K	
KK	Kenneth Kaunda
KT	Klerksdorp/ Tshepong

ACRONYM / ABBREVIATION	MEANING
M	
MCS	Modified Cash Standard
MCWH	Maternal, Child and Women’s Health
MHFL	Master Health Facility List
MCWH & N	Maternal, Child and Women’s Health and Nutrition
MDR-TB	Multidrug-Resistant Tuberculosis
MEC	Member of Executive Council
MLM	Mahikeng Local Municipality
MMACON	Mmabatho College of Nursing
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MOU	Memorandum of Understanding
MPSA	Minister for the Public Service and Administration
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MEDUNSA	Medical University Of South Africa
N	
NCD	Non-Communicable Disease
NCOP	National Council of Provinces
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NDMP	National Drug Master Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NSP	National Strategic Plan
NMM	Ngaka Modiri Molema

ACRONYM / ABBREVIATION	MEANING
NWDoH	North West Department of Health
NWP	North West Province
NWU	North West University
O	
OAG	Office of the Auditor General
OHS	Occupational Health and Safety
OHSC	Health Standards Compliance
OPD	Out Patient Department
OSD	Occupation-Specific Dispensation
OCS	Occupational Classification System
P	
PAAB	Patient Administration and Billing System
PAAP	Post Audit Action Plan
PCA	Provincial Council on AIDS
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEP	Post Exposure Prophylaxis
PEPFAR	United State President's Emergency Plan For AIDS Relief
PFAC	Private Facility Adjudication Committee
PFMA	Public Finance Management Act
PHC	Primary Health Care
PHCF	Provincial Health Consultative Forum
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PIA	Provincial Internal Audit
PLHIV	People Living with HIV
PMA	Performance Agreement
PMDS	Performance Management and Development System
PMIS	Project Management Information System
PPP	Public Private Partnership

ACRONYM / ABBREVIATION	MEANING
PPT	Planned Patient Transport
PPE	Personal Protective Equipment
PREP	Pre-Exposure Prophylaxis
PSA	Public Servants Association of South Africa
PSCBC	Public Service Co-Ordinating Bargaining Council
PSI	Patient Safety Incident
PSC	Public Service Commission
R	
RAF	Road Accident Fund
RSM	Ruth Segomotsi Mompati
S	
SA	South Africa/South African
SAC	Severity assessment code
SANC	South African Nursing Council
SAM	Severe Acute Malnutrition
SAHPRA	South African Health Products Regulatory Authority
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SDGs	Sustainable Development Goals
SDMT	Sub-District Management Team
SHERQ	Safety, Health, Environment, Risk and Quality
SITA	State Information Technology Agency
SMS	Senior Management Service
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection

ACRONYM / ABBREVIATION	MEANING
T	
TB	Tuberculosis
TR	Treasury Regulations
TTO	To Take Out
U	
UPS	Uninterruptible Power Supply
W	
WHO	World Health Organisation

3. FOREWORD BY THE MEC



HON. J. S. LEHARI
MEC: HEALTH

It is with a deep sense of responsibility and accountability that I present the Annual Report of the North West Department of Health for the 2024/25 financial year. This report reflects our continued commitment to improving the health and well-being of all citizens, in alignment with our constitutional mandate and the national development agenda.

Over the past year, the Department has made significant progress in implementing health sector policy directives and in advancing the priorities set out in the 2019–2024 Medium Term

Strategic Framework (MTSF). We are proud to report notable achievements, particularly in the areas of strengthening primary health care, expanding access to essential health services, continued breakthrough in our specialised hospital services and improving health outcomes across various population groups.

Key milestones include the continued rollout of the National Health Insurance (NHI) initiatives. In this regard, we are pleased to inform the citizens that the Mafikeng Sub-District is confirmed as one of the 10 national sites to implement proof of Concept for Contracting Unit for Primary Health Care Services (CUPS). Health care provider mapping has been finalised to ensure that every personal health service individual provider's establishment:

- Are identified, public or private.
- That their details are provided in Master Health Facility List (MHFL).
- And that they are part of providers' registry list of the NHI funds.

Office of Health Standards (OHS) has assessed facilities in the proof-of-concept sites and 23 were found compliant. The Health Patient Registry System (HPRS) has been installed in health facilities and piloting of Electronic Medical Record (EMR) is conducted in 8 pilot sites.

Series of roadshows on NHI, have been conducted to update the internal stakeholders, an engagement with private health care providers concluded.

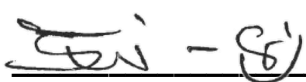
We have also registered significant progress in reducing the burden of communicable and non-communicable diseases and strengthened partnerships across all spheres of government and with key stakeholders. Maternal and child health indicators continued to show signs of improvement, and our efforts to address mental health, non-communicable diseases, and health system resilience were intensified.

Despite these achievements, the 2024/25 financial year also presented several challenges. These included the ongoing impact of global economic pressures on public health funding, workforce shortages in critical areas, infrastructure backlogs many of which I have intervened in through my oversight programme “Re Bona ka Matlho”, and the strain on service delivery caused by the increasing demand for health services. Additionally, the lingering effects of past public health emergencies required sustained investment in surveillance, preparedness, and response capacity.

Looking forward, the health sector remains focused on building a resilient, equitable, and sustainable health system. Our strategic priorities over the medium to long term include the phased implementation of the NHI, enhancing the quality and efficiency of service delivery, investing in health infrastructure and human resources, and leveraging technology and innovation to strengthen data systems and health outcomes.

This Annual Report not only accounts for our performance over the past year but also reaffirms our unwavering commitment to health sector reform and universal health coverage. I extend my gratitude to all health professionals, partners, and stakeholders for their continued dedication and support.

In conclusion, it is my firm believe that together as team health, we will continue working towards a healthier, more inclusive, and empowered society. I present this Annual Report of the North West Department of Health for the 2024/25 financial year as a demonstration of our commitment to accountability and scrutiny by all relevant bodies and the citizens we serve.



Hon. Sello Lehari
MEC of the Department of Health
30 May 2025

4. REPORT OF THE ACCOUNTING OFFICER



Mr O. E. Mongale
Superintendent General: Health

During the 2024/25 financial year, the North West Department of Health continued its pursuit of the vision of providing access to quality healthcare for all the citizens of the province. The department's mission of improving health status through prevention, promotion, and accessible health services was guided by the 2020–2025 Strategic Plan and the 2024/25 Annual Performance Plan (APP). Progress was recorded in key areas such as expanding primary health care access and strengthening district health systems. Strategic alignment with the National Development Plan (NDP) Vision 2030 remained central, focusing on reducing the disease burden and improving life expectancy.

Significant strides were made in aligning healthcare delivery with the health-related Sustainable Development Goals (SDGs). Improvements were seen in SDG 3 (Good Health and Well-being), with expanded access to antenatal care, immunisation coverage and a commendable effort to management and ensure a decline in under-five mortality rates. However, challenges persist in reducing non-communicable diseases and road traffic injuries which continue to put pressure on the health system, straining an all already overheating budget and resources.

Health requires participation of multiple stakeholders and partners and in our case, we have been blessed to benefit from social responsibility programmes from particularly the mining houses in the province. Some of the contributions of the mining houses include donation of ambulances and construction of primary healthcare facilities. We, therefore, adopted and implemented a multi-sectoral approach to further integrate health with the broader societal needs. Municipalities have equally remained a key partner in the delivery of health services. There are, however, considerable gaps which remain in interdepartmental coordination, particularly in underserved communities.

Efforts to address social determinants of health such as poverty, education, and sanitation were intensified but hampered by systemic inequalities and socio-economic disparities.

This report has covered all the eight programmes of the department which include Administration, District Health Services, Emergency Medical Services, Provincial Hospital Services, Central Hospital Services, Health Sciences, Training Health Care Support Services as well as Health Facilities Management. Attention has been paid to respond to all the programmes targets, outcomes, output and output indicators to make sure that the actual achievement is consistent with what we have planned and implemented during the last financial year.

4.1 Overview of the operations of the department:

Key to ensuring the delivery of quality health services to the people of the North West Province and allow smooth operations of the department has been that of strengthening health systems to ensure its effectiveness. First and foremost, to ensure health systems effectiveness and smooth operation, the Department put in place key components which include strong leadership and governance. This was done to provide clear direction and accountability. Efforts were also made to ensure equitable allocation of resources across all programmes including financing to support health infrastructure and service delivery.

The department initiated the implementation of the National Health Insurance (NHI) system by establishing Contracting Units for Primary Health Care Services (CUPS) in the Mahikeng Sub-District. This unit serves as pilot models for integrated service delivery and resource allocation, with initial findings showing improved service coordination but also revealing logistical and funding challenges that need addressing before the rollout.

The department prioritised the delivery of health infrastructure projects to enhance access. Several clinics and community health centres were completed in rural and peri-urban areas. Additionally, maintenance of existing infrastructure and refurbishment of ageing facilities received focused investment. Procurement of medical equipment improved, although delays in supplier delivery and budgetary constraints caused some backlogs, particularly in secondary and tertiary hospitals.

Medicine availability was above 80% over the past financial year with an average monthly availability of 82.7%. To expand access to medicine, the department was able to build and officially open a Bulk Pharmacy in Dr Kenneth Kaunda at Ventersdorp which is now operational, and more are planned for other districts.

Emergency Medical Services (EMS) coverage expanded with new ambulances procured and EMS personnel trained. Despite this, rural and deep rural areas continue to face delays in emergency response times due to terrain and infrastructure limitations.

The department took steps to fill critical vacancies, particularly in nursing and general medical practitioners. A targeted recruitment strategy helped with filling of identified critical posts as over 460 appointments were made through concurrence with both the Provincial Treasury and Office of the Premier. Staff training initiatives focused on up-skilling community health workers and nurses through continuous professional development. Retention strategies included rural allowance reviews and improved housing support, though high attrition rates remain a concern, particularly in public sector hospitals and in provinces with high workloads.

The North West Province is not immune to quadruple burden of disease that continue to be a challenge for the rest of the country. This burden of disease is felt through HIV/AIDS, TB, non-communicable diseases, and maternal/child illnesses. Programmes were implemented to manage these conditions through expanded community-based interventions. Specific to HIV/AIDS, we ensured implementation of the 95-95-95 which saw the department achieve 96% of PLHIV (People Living with HIV) who know their status, 84% of PLHIV on treatment and 92% of PLHIV on treatment have a viral load suppression. There is still a gap to close on the 2nd 95 especially for male, children and adolescents.

We conducted 12 campaigns in collaboration with Higher Health, focusing on access to quality health care by the students targeting five campuses (Vuselela Taung, North West University campuses, Mankwe Orbit, Orbit Rustenburg and Vuselela Klerksdorp) with focus on Sexual Reproductive Health, TB awareness, Integrated Testing Services, Sexually Transmitted Infections and condom use, Awareness on Pre Exposure Prophylaxis and Stress management.

This was done as part of implementing the broader National Strategic Plan (NSP) for HIV, TB and STIs (2023–2028). This plan was actively implemented with strong support from community-based organisations. HIV testing and treatment coverage reached was done satisfactorily to the targeted population, and TB treatment success rates improved due to better diagnostics and patient follow-up. STI prevention faced setbacks due to socio-behavioural challenges and reduced clinic visits in some areas, pointing to a need for renewed focus on sexual health education and mobile outreach services.

We planned to implement the Patient Administration and Billing System (PAAB) Pilot project during the 2023-24 financial year and upgrade the Drug Supply Management System (DSMS) aiming to improve efficiencies and better availability of medicines. The pilot for this system is currently being tested at Klerksdorp/Tshepong Hospital. The upgrade of the Drug Supply Management System was successfully completed and is currently utilised at the medical Depot.

The department utilised its Medium-Term Expenditure Framework (MTEF) budget effectively for infrastructure upgrades, NHI pilot implementation, and EMS expansion. However, inadequate funding remains a limiting factor across the system. Budgetary constraints hindered the scaling up of successful pilot programs, consistent medicine availability, and full implementation of the human resources plan.

The management of resources including budget allocated to the department was a focus area to ensure financial compliance and asset management. However, there were some areas of concern largely due to poor record keeping which needs further strengthening. The department is undertaking corrective action and enhancing its internal audit mechanisms.

In conclusion, while the Department of Health made measurable progress in expanding access to quality health services and implementing key strategic priorities, systemic challenges including funding shortfalls, human resource gaps, and the burden of disease continue to impact the pace and scale of transformation toward equitable health for all.

4.2 Overview of the financial results of the department:

4.2.1 Departmental receipts

Departmental receipts	2024/2025			2023/2024		
	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
Patients' fees	62 867	56 493	6 374	60 102	65 899	(5 797)
Colleges	438	542	(104)	418	778	(360)
Itokolle Clinix	12 431	20 862	(8 431)	11 165	15 321	(4 156)
Financial assets	5 520	2 132	3 388	5 633	3 554	2 079
Other	6 338	11 696	5 358	6 504	10 964	(4 460)
Total	87 594	94 381	(6 787)	83 822	96 516	(12 694)

The following services are rendered by the department for free:

- Termination of pregnancy
- Medical Male Circumcision (MMC).
- HIV treatment and control.
- Chronic disease control
- Rehabilitation of drugs and substance abuse
- Psychiatric services

Determination of Tariffs

Tariffs are determined by the Minister of the National Department of health in consultation with the National Health Council and such tariffs are then sent to provinces for implementation. The department obtained approval from Provincial Treasury for implementation.

The department used the Uniform Patient Fees Schedule for the tariffs during the 2024/25 financial year.

4.2.2 Reasons for over- and under collection per revenue item

The department is continuously looking at different ways of enhancing revenue collection, hence the department over collected by R6.787 million. The following strategies were implemented:

- Strengthen engagement with various private funder:

This involves regular communication with various private funders such as RAF, medical schemes and other sector departments owing the department

- Small Messages Services (SMS):

This is one of the largest marketing strategies and communication tool used to transmit information to patients owing the department. It can also serve as a debt collection mechanism for the department

- Speed Point Payment System:

Cash payment system reduced the volume of cash in transit to bank. It provides clients with safe and convenient alternative method of payment. A total of eight (8) big hospitals have already started implementing the speed point payment machines.

4.2.3 Programme Expenditure

For the financial year ended 31/03/2025, the Departmental spending was at 100%, however, it should be noted that the Department overspend the allocated budget on programme one, i.e. Administration as reflected below:

Programme Name	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
Administration	1 171 569	1 212 778	(41 209)	1 080 694	1 080 676	18
District Health Services	8 250 594	8 250 559	35	7 753 391	7 826 612	(73 221)
Emergency Medical Services	500 972	500 557	415	447 635	447 135	500
Provincial Hospital Services	2 381 446	2 381 207	239	2 325 712	2 325 712	0
Central Hospital Services	2 534 725	2 493 729	40 996	2 423 799	2 422 157	1 642
Health Sciences and Training	269 626	269 490	136	269 269	269 199	70
Health Care Support Services	707 189	707 013	176	730 863	728 570	2 293
Health Facilities Management	714 600	714 600	-	799 720	792 685	7 035
Total	16 530 721	16 529 933	788	15 831 083	15 893 965	(61 673)

The total overspending of R41.209 million relate to the payments made in respect to medico-legal litigations and legal fees under programme one.

4.2.4 Virements/roll overs

The approval for virements and shifting was requested to utilise the savings from other programmes to cover the overspending of Programme 1 (Administration) and Programme 2 (District Health Services).

The department has requested a rollover amounting to R39.313 million which related to National Tertiary Services Grant for a commitment on medical equipment for the Job Shimankana Hospital.

4.2.5 Unauthorised, fruitless and wasteful expenditure

Unauthorised Expenditure:

The total overspending of R41.209 million in 2024/25 financial year relate to the payments made in respect to medico-legal litigations and legal fees under programme one. The Department do not necessarily budget for the medico-legal claims as the outflow of cash towards the payment of these claims is uncertain.

Fruitless and wasteful expenditure:

Fruitless is mainly caused by payment of interest on overdue accounts resulting from delayed payment of invoices due to inadequate budget. For the year under review, there is a noticeable decrease on interest paid compared to the previous years.

4.2.6 Strategic focus over the short to medium term period

The department focused on sustainability of the health care services against constraint budgets and increasing service demands at all levels. To this effect, in the short-term appointment of doctors, nurses and allied health professionals was prioritised. DPSA Circular 49 of 2023 however limited the number of appointments that could be made although OSD posts was not subject to posts being frozen, concurrence still had to be obtained from the Department of Finance and Office of the Premier before appointments could be made subject to availability of budget. Furthermore, the department continued to implement interventions aimed at improvement on sustainable electricity and water supply through investments in procurement of new generators, refurbishment of the old generators and water reticulation system upgrades.

Both the North West Department of Health and North West University have registered progress regarding the establishment of the first medical school project that is led by the NWU. A joint task team has secured full support for the project from the Minister of Health and Minister of Higher Education leading to the initiation of process to develop the curriculum and the Memorandum of Agreement.

4.2.7 Public Private Partnerships

The department did not enter any public private partnerships in the period under review.

4.2.8 Discontinued activities / activities to be discontinued

Under the period of review, there are no activities that were discontinued.

4.2.9 New or proposed activities

Services at Potchefstroom Hospital is fairly well established and will continue to be supported through Klerksdorp/Tshepong Hospital Complex. Mammography Services are also being rolled out at Regional Hospitals with installation of machines unfolding in 2025/26.

The focus of Tertiary Services would be focussed on increased capacity at Job Shimankana Tabane Hospital through expansion of ward space (ICU) and state of the art Medical Equipment (MRI and Mammography). This is aimed at improving the department capacity to diagnose and treat certain diseases including various cancers.

4.2.10 Supply chain management

- **Unsolicited bid proposals concluded for the year under review:**

The department did not have any unsolicited bids for the year under review.

- **SCM processes and systems in place to prevent irregular expenditure:**

The Standard Operating Procedures (SOP) were updated to address all issues that led to irregular expenditure in previous financial year. All SCM and finance staff were retrained on revised SCM policy, Preferential Procurement Policy and the revised SOP.

- **Challenges experienced in SCM:**

Non-responsiveness of bidders when requesting quotations remains an issue, this leads to SCM not meeting deadlines of concluding evaluations on time due to lack of three quotes. SCM resolved to increase the number of bidders that when requesting quotes to increase chances of getting enough quotes to enable timeous conclusion of evaluations.

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

The nature of the in-kind goods and services received by the North West Department of Health from parties other than related parties are listed in Annexure 1H of the financial statements.

4.2.12 Exemptions and deviations received from the National Treasury

There was no exemption from the PFMA or TR or deviation from the financial reporting requirements received for the current and/or previous financial year.

4.2.13 Events after the reporting date

There are no events after the reporting date as at today.

4.2.14 Other

There is not any other material fact or circumstances, which may have an effect on the understanding of the financial state of affairs, not addressed elsewhere in this report.

ACKNOWLEDGEMENTS/or APPRECIATION

We extend our heartfelt appreciation to all stakeholders whose unwavering commitment continues to strengthen the delivery of quality health services across our province. We are deeply grateful to the MEC for Health for providing consistent political leadership and steadfast support, which lays the foundation for a responsive and accountable health system. The Standing Committee on Health and Social Development also deserves special recognition for its critical oversight role, ensuring that policies and programs remain people-centred and effective.

We commend the Auditor-General and the Provincial Internal Audit for their diligence in upholding financial integrity and transparency within the Department. We also acknowledge

the Human Rights Commission and the Public Service Commission for their essential work in promoting ethical governance and protecting the rights and dignity of both patients and staff. The dedication of Chairpersons and members of various Health Governance Structures has significantly contributed to strengthened accountability and community engagement in the health sector.

Our sincere thanks go to the management team of the Department and to every member of our workforce — the doctors, nurses, health professionals, and support staff — whose tireless service forms the backbone of healthcare delivery. We also appreciate the active involvement of the Provincial Council on AIDS (PCA), civil society organizations, and our developmental partners, all of whom play a vital role in shaping inclusive and sustainable health programs.

Finally, we recognize the indispensable role of community-based organizations, traditional leaders, traditional healers, and faith-based organizations in bridging cultural and social gaps in healthcare. We value the contributions of the private sector, including the mining industry, and the support of academic institutions such as North-West University, Sefako Makgatho University (Medunsa), and the University of the Witwatersrand. Your collective efforts are instrumental in building a resilient and equitable health system that leaves no one behind.

CONCLUSION

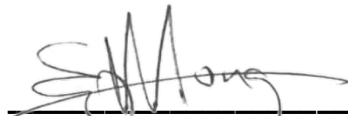
The 2024/25 Annual Report reflects our ongoing commitment to being an accountable and transparent department, dedicated to serving the health needs of our communities. Through rigorous scrutiny and a clear focus on accountability, we have ensured that our operations remain aligned with our mandate to deliver high-quality healthcare services.

We have made substantial progress in improving health service delivery, always putting communities at the heart of our healthcare system. Our focus on enhancing the quality of care has translated into meaningful outcomes across multiple health indicators. We continued to meet and, in some cases, exceed targets in key areas such as HIV and AIDS, TB, maternal and child health, mental health, and the prevention and management of both communicable and non-communicable diseases, including diabetes and hypertension.

Specialised services such as oncology remain a priority, and we have strengthened our capacity to deliver advanced tertiary healthcare to those in need. Furthermore, our active implementation of the National Health Insurance (NHI) pilot marks a significant step forward in our efforts to create a more equitable and accessible healthcare system for all.

This report is the product of collective effort—testament to the power of teamwork and collaboration within the department and with our stakeholders. As we build on the achievements of the 2024/25 performance cycle, we remain committed to enhancing health outcomes and ensuring that every individual receives the quality care they deserve. Together, we continue to lay the foundation for a healthier, more inclusive future.

APPROVAL AND SIGN OFF



Mr O. E. Mongale
Accounting Officer
Department of Health
Date: 30 May 2025

4.3 Annexure A: Tariffs charged by the Department

Annexure A: Tariffs charged by the Department

APPROVED UPFS 2024 FEE SCHEDULE FOR FULL PAYING USERS TREATED
DIFFERENTIATED AMENITIES (Private Wards at Public Health Care Facilities)
EFFECTIVE 01 APRIL 2024

CODE	DESCRIPTION	BASIS	Professiona l Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
1	Anaesthetics					
DA0111	Anaesthetics Cat A – General medical practitioner	Procedure	296			
DA0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	445			
DA0121	Anaesthetics Cat B – General medical practitioner	Procedure	504			
DA0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	759			
DA0131	Anaesthetics Cat C – General medical practitioner	Procedure	1775			
DA0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2663			
DA0141	Anaesthetics Cat D – General medical practitioner	Procedure	2485			
DA0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	3731			
2	Confinement					
DA0210	Natural Birth – Facility Fee	Incident		7010	7010	7010
DA0211	Natural Birth – General medical practitioner	Incident	2974			
DA0212	Natural Birth – Specialist medical practitioner	Incident	3836			
DA0213	Natural Birth – Nursing practitioner	Incident	3594			
DA0220	Caesarean Section – Facility Fee	Incident		11045	11045	11045
DA0221	Caesarean Section – General medical practitioner	Incident	2974			
DA0222	Caesarean Section – Specialist medical practitioner	Incident	3836			
3	Dialysis					
DA0310	Haemo – Facility Fee	Day		2165	2165	2479
DA0311	Haemo-dialysis – General medical practitioner	Day	373			
DA0312	Haemo-dialysis – Specialist medical practitioner	Day	468			
DA0313	Haemo-dialysis- Nursing Practitioner	Day	301			
DA0320	Peritoneal Dialysis – Facility Fee	Session		331	331	382
DA0321	Peritoneal Dialysis – General medical practitioner	Session	61			
DA0322	Peritoneal Dialysis – Specialist medical practitioner	Session	73			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA0323	Peritoneal Dialysis – Nursing practitioner	Session	42			
DA0330	Plasmapheresis - Facility Fee	Session		2165	2165	2479
DA0331	Plasmapheresis - General medical practitioner	Session	373			
DA0332	Plasmapheresis - Specialist medical practitioner	Session	468			
4	Medical Reports					
DA0410	Medical Report – Facility Fee	Report		232	232	232
DA0411	Medical Report – General medical practitioner	Report	545			
DA0412	Medical Report – Specialist medical practitioner	Report	545			
DA0420	Copies of Medical Report – Facility Fee	Copy		232	232	232
DA0421	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - General medical practitioner	Copy	275			
DA0422	Copies of Medical Report, records, X-Rays, completion of certificates / Forms - Specialist medical practitioner	Copy	275			
DA0425	Copies of X-rays films, ultrasounds etc.	Copy	275			
DA0430	Functional Assessment Report – Facility Fee	Copy		416	416	510
DA0431	Functional Assessment Report – General medical practitioner	Copy	1071			
DA0432	Functional Assessment Report – Specialist medical practitioner	Copy	2185			
DA0434	Functional Assessment Report - Allied health practitioner	Copy	1071			
DA0440	Copies of Specialized Radiology (MRI, CT & Nuclear)	Copy		1534	1534	1534
5	Imaging					
DA0510	Radiology, Cat A – Facility Fee	Procedure		108	108	125
DA0511	Radiology, Cat A – General medical practitioner	Procedure	99			
DA0512	Radiology, Cat A – Specialist medical practitioner	Procedure	183			
DA0514	Radiology, Cat A – Allied health practitioner	Procedure	97			
DA0520	Radiology, Cat B – Facility Fee	Procedure		301	301	345
DA0521	Radiology, Cat B – General medical practitioner	Procedure	263			
DA0522	Radiology, Cat B – Specialist medical practitioner	Procedure	514			
DA0524	Radiology, Cat B – Allied health practitioner	Procedure	257			
DA0530	Radiology, Cat C – Facility Fee	Procedure		701	701	799
DA0531	Radiology, Cat C – General medical practitioner	Procedure	409			
DA0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1255			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA0540	Radiology, Cat D – Facility Fee	Procedure		1401	1401	1599
DA0541	Radiology, Cat D – General medical practitioner	Procedure	815			
DA0542	Radiology, Cat D – Specialist medical practitioner	Procedure	2506			
DA0550	Radiology, Cat E – Facility Fee	Procedure		3566	3566	4072
DA0551	Radiology, Cat E – General medical practitioner	Procedure	3000			
DA0552	Radiology, Cat E – Specialist medical practitioner	Procedure	6253			
6	Inpatients					
DA0610	Inpatient General ward – Facility Fee	Day		2427	2427	2427
DA0611	Inpatient General Ward – General medical practitioner	Day	210			
DA0612	Inpatient General Ward – Specialist medical practitioner	Day	365			
DA0620	Inpatient High care – Facility Fee	12 hours		2796	2796	2796
DA0621	Inpatient High Care – General medical practitioner	12 hours	108			
DA0622	Inpatient High Care – Specialist medical practitioner	12 hours	209			
DA0630	Inpatient Intensive care – Facility Fee	12 hours		6134	6134	6134
DA0631	Inpatient Intensive Care – General medical practitioner	12 hours	122			
DA0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	232			
DA0640	Inpatient Chronic care – Facility Fee	Day		591	591	591
DA0641	Inpatient Chronic care – General medical practitioner	Day	69			
DA0642	Inpatient Chronic care – Specialist medical practitioner	Day	159			
DA0643	Inpatient Chronic care – Nursing practitioner	Day	42			
DA0650	Day patient – Facility Fee	Day		1551	1551	1551
DA0651	Day patient – General medical practitioner	Day	210			
DA0652	Day patient – Specialist medical practitioner	Day	365			
DA0653	Day patient – Nursing practitioner	Day	122			
DA0660	Inpatient Boarder/Patient companion – Facility Fee	Day		480	480	480
DA0663	Inpatient Boarder/Patient Companion – Nursing practitioner	Day	42			
DA0670	Inpatient General ward – Facility Fee	12 hours		504	645	1212
DA0671	Inpatient General Ward – General medical practitioner	12 hours	105			
DA0672	Inpatient General Ward – Specialist medical practitioner	12 hours	180			
DA0673	Inpatient General Ward – Nursing practitioner (MOU)	12 hours	69			
DA0680	Inpatient Chronic care – Facility Fee	12 hours		296	296	296

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA0681	Inpatient Chronic care – General medical practitioner	12 hours	30			
DA0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	77			
DA0683	Inpatient Chronic care – Nursing practitioner	12 hours	25			
DA0690	Inpatient Specialised Intensive care – Facility Fee	12 hours		8177	8177	8177
DA0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	365			
DA0692	Inpatient Specialised Intensive Care– Specialist medical practitioner	12 hours	694			
DA06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		8177	8177	8177
DA06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	365			
DA06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	694			
DA06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		10902	10902	10902
DA06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	489			
DA06202	Inpatient Specialised Intensive Care Neonatal– Specialist medical practitioner	12 hours	927			
7	Mortuary					
DA0710	Mortuary – Facility Fee	Day		257	257	291
DA0720	Cremation Certificate – Facility Fee	Certificate		257	257	291
8	Pharmaceutical					
DA0810	Medication Fee – Facility Fee	Prescription		49	49	58
DA0815	Pharmaceutical - IP	Item	Varies			
DA0816	Pharmaceutical -TTO	Item	Varies			
DA0817	Pharmaceutical - Chronic OPD	Item	Varies			
DA0818	Pharmaceutical - Oncology IP	Item	Varies			
DA0819	Pharmaceutical - Immune suppressant drugs IP	Item	Varies			
DA0820	Pharmaceutical Flat Fee - Chronic OPD	Item	Varies			
DA0825	Pharmaceutical Flat Fee - IP	Item	Varies			
DA0827	Pharmaceutical – Acute OPD	Item	Varies			
DA0828	Pharmaceutical – Oncology OPD	Item	Varies			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA0829	Pharmaceutical – Immune Suppressant Drugs OPD	Item	Varies			
DA0830	Pharmaceutical Flat Fee _ Acute OPD	Item	Varies			
DA0835	Pharmaceutical – Chronic IP	Item	Varies			
DA0836	Pharmaceutical – Repeat scripts	Item	Varies			
DA0837	Pharmaceutical Flat Fee - Travel Medicines	Item	Varies			
9	Oral Health					
DA0910	Oral Care Cat A – Facility Fee	Procedure		43	43	47
DA0911	Oral Care Cat A – General medical practitioner	Procedure	56			
DA0912	Oral Care Cat A – Specialist medical practitioner	Procedure	66			
DA0914	Oral Care Cat A – Allied health practitioner	Procedure	49			
DA0920	Oral Care Cat B – Facility Fee	Procedure		129	129	146
DA0921	Oral Care Cat B – General medical practitioner	Procedure	129			
DA0922	Oral Health Cat B – Specialist medical practitioner	Procedure	207			
DA0924	Oral Care Cat B – Allied health practitioner	Procedure	105			
DA0930	Oral Care Cat C – Facility Fee	Procedure		780	780	896
DA0931	Oral Care Cat C – General medical practitioner	Procedure	785			
DA0932	Oral Care Cat C – Specialist medical practitioner	Procedure	1348			
DA0940	Oral Care Cat D – Facility Fee	Procedure		3074	3074	3514
DA0941	Oral Care Cat D – General medical practitioner	Procedure	2410			
DA0942	Oral Care Cat D – Specialist medical practitioner	Procedure	4944			
DA0950	Oral Care Cat E – Facility Fee	Procedure		10346	10346	11824
DA0951	Oral Care Cat E – General medical practitioner	Procedure	8105			
DA0952	Oral Care Cat E – Specialist medical practitioner	Procedure	16631			
10	Consultations					
DA1010	Outpatient Consultation – Facility Fee	Visit		136	136	168
DA1011	Outpatient Consultation – General medical practitioner	Visit	137			
DA1012	Outpatient Consultation – Specialist medical practitioner	Visit	319			
DA1013	Outpatient Consultation – Nursing practitioner	Visit	80			
DA1014	Outpatient Consultation – Allied health practitioner	Visit	82			
DA1020	Emergency Consultation – Facility Fee	Visit		280	280	330
DA1021	Emergency Consultation – General medical practitioner	Visit	210			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA1022	Emergency Consultation – Specialist medical practitioner	Visit	477			
DA1023	Emergency Consultation – Nursing practitioner	Visit	122			
DA1024	Emergency Consultation – Allied health practitioner	Visit	125			
DA1030	Follow-Up Outpatient Consultation – Facility Fee	Visit		136	136	168
DA1031	Follow-Up Outpatient Consultation – General medical practitioner	Visit	137			
DA1032	Follow-Up Outpatient Consultation – Specialist medical practitioner	Visit	319			
DA1033	Follow-Up Outpatient Consultation – Nursing practitioner	Visit	80			
DA1034	Follow-Up Outpatient Consultation – Allied health practitioner	Visit	82			
DA1040	Telephonic Consultation – Facility Fee	Telephonic		136	136	168
DA1041	Telephonic Consultation – General medical practitioner	Telephonic	137			
DA1042	Telephonic Consultation – Specialist medical practitioner	Telephonic	319			
DA1043	Telephonic Consultation – Nursing practitioner	Telephonic	80			
DA1044	Telephonic Consultation – Allied Health practitioner	Telephonic	82			
11	Minor Theatre Procedures					
DA1110	Minor Procedure Cat A – Facility Fee	Procedure		649	649	778
DA1111	Minor Procedure Cat A – General medical practitioner	Procedure	207			
DA1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	392			
DA1120	Minor Procedure Cat B – Facility Fee	Procedure		649	649	778
DA1121	Minor Procedure Cat B – General medical practitioner	Procedure	303			
DA1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	685			
DA1130	Minor Procedure Cat C – Facility Fee	Procedure		649	649	778
DA1131	Minor Procedure Cat C – General medical practitioner	Procedure	476			
DA1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	1071			
DA1140	Minor Procedure Cat D – Facility Fee	Procedure		649	649	778
DA1141	Minor Procedure Cat D – General medical practitioner	Procedure	1258			
DA1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2838			
12	Major Theatre Procedures					
DA1210	Theatre Procedure Cat A – Facility Fee	Procedure		2099	3076	3549
DA1211	Theatre Procedure Cat A – General medical practitioner	Procedure	207			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	392			
DA1220	Theatre Procedure Cat B – Facility Fee	Procedure		3182	4665	5376
DA1221	Theatre Procedure Cat B – General medical practitioner	Procedure	303			
DA1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	685			
DA1230	Theatre Procedure Cat C – Facility Fee	Procedure		5459	8016	9250
DA1231	Theatre Procedure Cat C – General medical practitioner	Procedure	476			
DA1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	1071			
DA1240	Theatre Procedure Cat D – Facility Fee	Procedure		14006	20546	23680
DA1241	Theatre Procedure Cat D – General medical practitioner	Procedure	1258			
DA1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2838			
DA1250	Theatre Procedure Cat E – Facility Fee	Procedure		17829	26151	30135
DA1251	Theatre Procedure Cat E – General medical practitioner	Procedure	1760			
DA1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	3973			
13	Treatments					
DA1310	Supplementary Health Treatment – Facility Fee	Contact		92	92	104
DA1313	Supplementary Health Treatment- Nurse practitioner	Contact	70			
DA1314	Supplementary Health Treatment – Allied health practitioner	Contact	70			
DA1320	Supplementary Health Group Treatment – Facility Fee	Contact		69	69	74
DA1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	49			
14	Emergency Medical Services					
DA1410	Patient transport service – Facility Fee	100km		529	529	529
DA1420	Basic life support – Facility Fee	50km		1446	1446	1446
DA1430	Intermediate life support – Facility Fee	50km		1953	1953	1953
DA1440	Advanced life support– Facility Fee	50km		3249	3249	3249
DA1450	Emergency service standby – Facility Fee	Once-Off		701	701	701
DA1451	Emergency service standby – General medical practitioner	Hour	941			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA1452	Emergency service standby – Specialist medical practitioner	Hour	1263			
DA1453	Emergency service standby – Nursing practitioner	Hour	535			
DA1454	Emergency service standby – Emergency care practitioner	N/A	0			
DA1455	Emergency service standby – Basic life support practitioner	Hour	220			
DA1456	Emergency service standby – Intermediate life support practitioner	Hour	338			
DA1457	Emergency service standby – Advanced life support practitioner	Hour	591			
DA1460	Rescue – Facility Fee	Incident		1547	1547	1547
DA1461	Rescue – General medical practitioner	Incident	2321			
DA1462	Rescue – Specialist medical practitioner	Incident	3477			
DA1463	Rescue – Nursing practitioner	Incident	1547			
DA1464	Rescue – Basic life support practitioner	N/A	0			
DA1465	Rescue – Basic life support practitioner	Incident	237			
DA1466	Rescue - Intermediate life support practitioner	Incident	283			
DA1467	Rescue – Advanced life support practitioner	Incident	645			
DA1470	Emergency transport air services fixed wing	Flying Hour		14240	14240	14240
DA1480	Emergency transport air services helicopter (Single Engine)	Flying Hour		15640	15640	15640
DA1490	Emergency service standby – Facility Fee	Additional 50km		324	324	324
15	Assistive Devices & Prosthesis					
DA1510	Assistive Devices	Item	Varies			
DA1520	Prosthetic Devices	Item	Varies			
DA1530	Dental Laboratory	Item	Varies			
DA1540	Assistive Devices, Prosthesis, Dental & Optical Repairs	Item	Varies			
DA1550	Optical Devices	Item	Varies			
16	Cosmetic Surgery					
DA1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		4418	4418	5045
DA1611	Cosmetic Surgery Cat A – General medical practitioner	Procedure	2317			
DA1612	Cosmetic Surgery Cat A – Specialist medical practitioner	Procedure	3471			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		9941	9941	11364
DA1621	Cosmetic Surgery Cat B – General medical practitioner	Procedure	2744			
DA1622	Cosmetic Surgery Cat B – Specialist medical practitioner	Procedure	4119			
DA1630	Cosmetic Surgery – Cat C – Facility Fee	Procedure		16058	16058	18351
DA1631	Cosmetic Surgery Cat C – General medical practitioner	Procedure	4641			
DA1632	Cosmetic Surgery Cat C – Specialist medical practitioner	Procedure	6960			
DA1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		27118	27118	30994
DA1641	Cosmetic Surgery Cat D – General medical practitioner	Procedure	5205			
DA1642	Cosmetic Surgery Cat D – Specialist medical practitioner	Procedure	7661			
17	Laboratory Services					
DA1700	Drawing of Blood	Contact		56	56	56
DA1710	Laboratory Test	Varies				
18	Radiation Oncology (list)					
DA1800	Radiation Oncology	Item	Varies			
19	Nuclear Medicines					
DA1900	Itemisation of Isotopes	Item	Varies			
DA1910	Nuclear Medicine Cat A - Facility Fee	Procedure		991	991	991
DA1912	Nuclear Medicine Cat A: Specialist medical practitioner	Procedure	447			
DA1920	Nuclear Medicine Cat B- Facility Fee	Procedure		991	991	991
DA1922	Nuclear Medicine Cat-B Specialist medical practitioner	Procedure	1349			
DA1930	Nuclear Medicine Cat C- Facility Fee	Procedure		991	991	991
DA1932	Nuclear Medicine Cat C - Specialist medical practitioner	Procedure	2549			
DA1940	Nuclear Medicine Cat D- Facility Fee	Procedure		991	991	991
DA1942	Nuclear Medicine Cat-D Specialist medical practitioner	Procedure	4048			
DA1950	Nuclear Medicine (PET) Cat E – Facility Fee	Procedure		9629	9629	9629
DA1952	Nuclear Medicine (PET) Cat E - Specialist medical practitioner	Procedure	5257			
20	Ambulatory Procedures					
DA2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		210	210	254
DA2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	69			

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
DA2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	136			
DA2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	42			
DA2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	42			
DA2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		210	210	254
DA2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	99			
DA2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	149			
DA2023	Ambulatory Procedure Cat B- Nursing Practitioner	Procedure	56			
DA2024	Ambulatory Procedure Cat B- Allied Health Worker	Procedure	56			
21	Blood and Blood Products					
DA2100	Blood and Blood Products	Varies				
22	Hyperbaric Oxygen Therapy					
DA2200	Hyperbaric Oxygen Therapy– Facility Fee (Flat Fee)	Session		657	657	657
DA2210	Hyperbaric Oxygen Therapy– Facility Fee	Session		2178	2178	2178
DA2211	Hyperbaric Oxygen therapy - General medical practitioner	Session	838			
DA2212	Hyperbaric Oxygen therapy – Specialist medical practitioner	Session	838			
DA2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		2198	2198	2198
DA2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	1222			
DA2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	1222			
23	Consumables (Not included in Facility Fee) Buy-outs					
DA2300	Consumables not included in the facility fee		Varies			
DA2301	Administration fee Covid-19 vaccine	Per dose		86.95	86.95	86.95
24	Autopsies					
DA2410	Autopsy– Facility Fee	Per case		136	136	168
DA2411	Autopsy- General medical Practitioner	Per case	137			
DA2412	Autopsy- Specialist medical Practitioner	Per case	319			

CODE	DESCRIPTION	BASIS	Professiona l Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
25	Port Health and Travel Clinics					
DA2510	Outpatient Consultation – Facility Fee	Visit		149	149	149
DA2511	Outpatient Consultation – General medical practitioner	Visit	137			
DA2513	Outpatient Consultation – Nursing practitioner	Visit	80			
DA2520	Emergency Consultation – Facility Fee	Visit		301	301	301
DA2521	Emergency Consultation – General medical practitioner	Visit	210			
DA2523	Emergency Consultation – Nursing practitioner	Visit	122			
DA0810	Medication Fee – Facility Fee	Prescription		49	49	58
DA0837	Pharmaceutical - Travel Medicine	Item	Varies			

5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR 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.

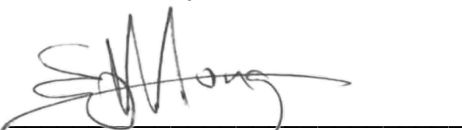
The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgements made in this information.

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



Accounting Officer
Mr O. E. Mongale
Date: 30 May 2025

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6. STRATEGIC OVERVIEW

6.1 Vision

A long and healthy life for all communities of the North West Province.

6.2 Mission

To render accessible, equitable, integrated quality and client orientated health care services, in line with all approved protocols and principles that govern the health sector nationally and internationally.

6.3 Values

In rendering such services, we shall observe values contained in the following:

- **Batho Pele Principles**
 - Consultation
 - Service standards
 - Access
 - Courtesy
 - Information
 - Openness and transparency
 - Redress
 - Value for money
- **Patients' Rights Charter**
 - A Health and safe environment
 - Participation in decision making
 - Access to Healthcare
 - Knowledge of one's health insurance / medical aid scheme
 - Choice of Health Services
 - Be treated by a named health care provider

- Confidentiality and privacy
- Informed consent
- Refusal of treatment
- Be referred for a second opinion
- Continuity of care
- Complain about health services
- **Children's Rights Charter**
 - All children should be cared for when sick
 - Handicapped children have the right to special treatment
- **Women's Charter**
 - Protection of mother and child through maternity homes, welfare clinics
- **Disability Rights Charter**
 - Health and rehabilitation services shall be effective, accessible and affordable to all disabled people
 - Disabled children shall have the right to be treated with respect and dignity and shall be provided with equal opportunities to enable them to reach their full potential in life
 - All disabled women shall be treated with respect and dignity

7. LEGISLATIVE AND OTHER MANDATES

The NWDoH derives its mandate from the following laws:

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 regarding 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.

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

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

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

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

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

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

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

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

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

Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

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

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

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

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

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

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

Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession.

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

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

Prevention of and treatment for Substance Abuse Act, Act No. 70 of 2008 – intends:

- to provide for a comprehensive national response for the combating of substance abuse; to provide for mechanisms aimed at demand and harm reduction in relation to substance abuse through prevention, early intervention, treatment and re-integration programmes;
- to provide for the registration and establishment of treatment centres and halfway houses;
- to provide for the committal of persons to and from treatment centres and for their treatment, rehabilitation and skills development in such treatment centres;
- to provide for the establishment of the Central Drug Authority; and
- to provide for matters connected therewith.

National Drug Master Plan 2013 – 2017 - It reflects the country's responses to the substance abuse problem as set out by the United Nations Conventions and other international bodies. The NDMP enables cooperation between government and stakeholders in the field of substance use and abuse prevention. The NDMP outlines the role that each department should play in addressing substance use and abuse. It also acknowledges the significant contribution in this regard of various departments and agencies in the country.

Sexual Offences Act, Act 37 of 2006 aims to:

- comprehensively and extensively review and amend all aspects of the laws and the implementation of the laws relating to sexual offences, and to deal with all legal aspects of or relating to sexual offences in a single statute.

7.1 Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)

Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

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

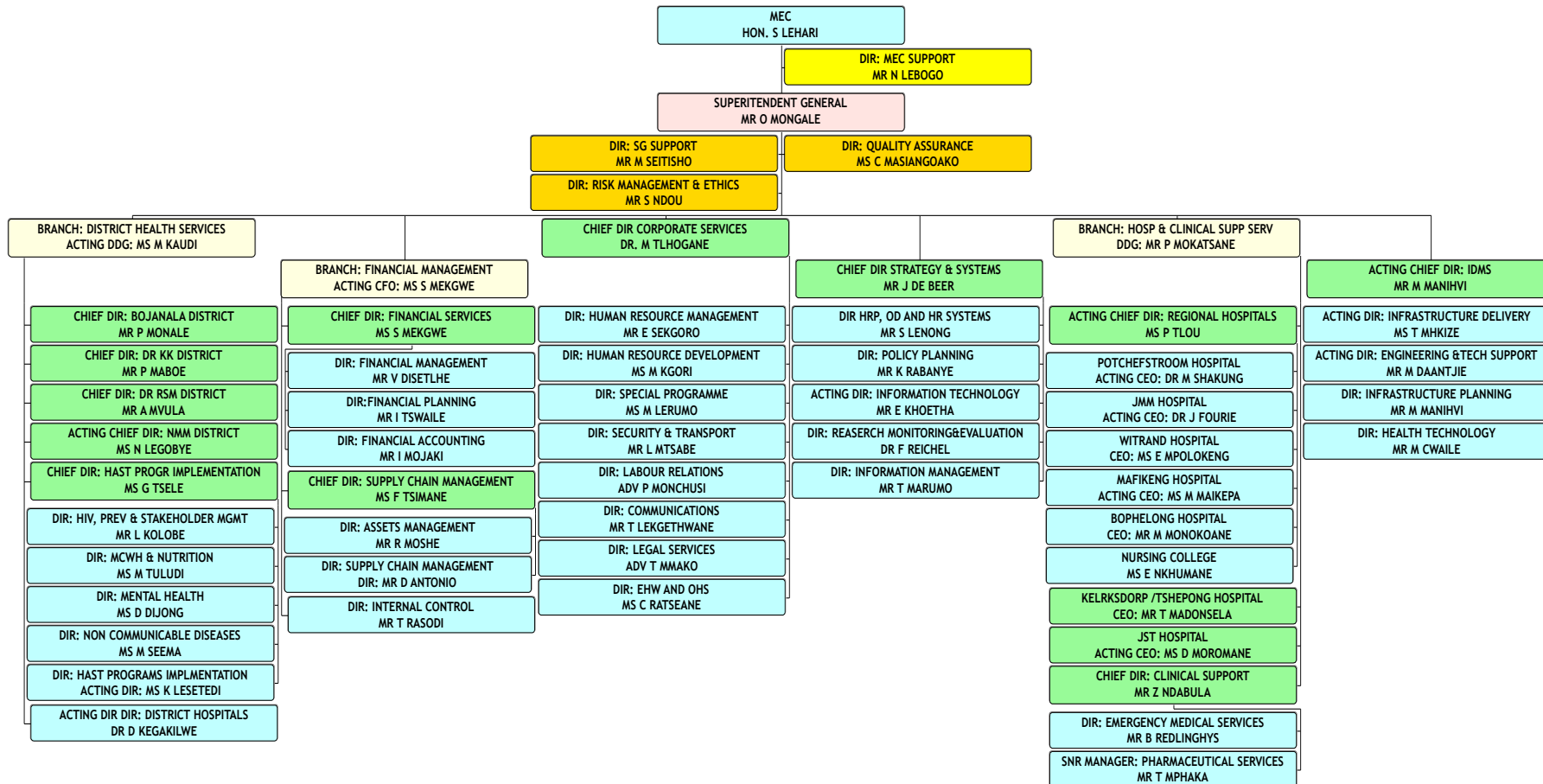
Government Immovable Asset Management Act (GIAMA), (Act 19 of 2007) The Government Immovable Asset Management Act 19 of 2007 aims:

- to provide for a uniform framework for the management of an immovable asset that is held or used by a national or provincial department;
- to ensure the coordination of the use of an immovable asset with the service delivery objectives of a national or provincial department;
- to provide for issuing of guidelines and minimum standards in respect of immovable asset management by a national or provincial department; and
- to provide for matters incidental thereto.

Framework for Infrastructure Delivery and Procurement Management (FIDPM), (National Treasury Instruction No. 03 of 2019/2020). The Framework aims to prescribe minimum requirements for the implementation of the Infrastructure Delivery Management System (IDMS) through:

- Infrastructure Delivery Management processes for portfolio, programme, projects, operations and maintenance of infrastructure; and
- Infrastructure Procurement Gates

8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

There are no entities reporting to the MEC.



PART B:

PERFORMANCE INFORMATION

1. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

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

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

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service Delivery Environment

The department renders services to a population of 4 155 303 of which 78.5% of the North West Province households would first go to public health facilities. The department delivers Primary Health Care Services, Forensic Pathology services, Emergency Medical Care, Orthotic and Prosthetic Services as well as Regional, Specialised and Tertiary Hospital Services. District Health Services renders a comprehensive package of preventive, promotive, curative, and rehabilitative services at various platforms, including mobile clinics, fixed clinics, community health centres, and district hospitals.

Services delivered directly to the public:

The service offering encompasses maternal, child and women's health, nutrition, management of communicable and non-communicable diseases (NCDs), including HIV and TB prevention, treatment and care, provision of assistive devices for chronic conditions, and quality assurance interventions aimed at strengthening the health system.

The department further implemented several initiatives and partnered with multiple stakeholders to enhance service delivery:

- **Ex-Mineworkers Compensation Project:** Launched in August 2022, this project supports former mineworkers to access unclaimed benefits including pension funds and compensation for medical conditions acquired from work in mines by facilitating medical assessments, claims submissions, and socioeconomic empowerment. A coordinated multi-stakeholder approach—including the

Provincial Coordinating Committee, district ex mineworkers' councils, Tshiamiso Trust, Mineworkers Provident Fund and the Compensation Commissioner for Occupational Diseases (CCOD)—ensured effective implementation. By March 2025, over 44,000 ex-mineworkers were identified, and more than 31,000 had accessed medical assessment services at four sites established in the districts. A total of R232.2 million in compensation was disbursed from CCOD and Tshiamiso Trust.

- **Health Infrastructure and Quality Initiatives:** The implementation of the Ideal Hospital Realisation and Maintenance programme led to notable achievements, with Joe Morolong Memorial and Potchefstroom Hospitals attaining Ideal Hospital status for 2024/25. Klerksdorp/Tshepong Hospital Complex (KT Complex) underwent inspection in March 2025, with results pending, while Mafikeng Provincial Hospital is undergoing final preparations for inspection. 98% of the fixed PHC health facilities have obtained Ideal clinic status
- **Clinical Innovations and Equipment:** KT Complex performed the province's first off-pump cardiac bypass surgeries in its newly commissioned catheterisation laboratory, supported by medical teams from Johannesburg and India. High-end diagnostic and treatment equipment was procured, including MRI machines and mammography units, and brachytherapy services were expanded at KT Hospital, improving cancer treatment capabilities.
- **Pharmaceutical Services:** The provincial medical depot achieved 100% compliance with regulatory standards. The upgrade of the pharmaceutical inventory system contributed to enhanced supply chain efficiency. Medicine availability averaged 83.31%, with ARVs, vaccines, and contraceptives consistently above 80% and 90% respectively. TB medication availability remained stable throughout the year.
- **Nursing Education and Practice:** Progress was made in scaling up nursing education through the introduction of new programmes, recruitment of lecturers, and infrastructure improvements at nursing campuses. Nursing practice was strengthened through the implementation of leadership and continuous professional development programmes, in alignment with South African Nursing Council directives. Procurement of the newly standardised nurses' uniform was initiated.

- **Medical Training.** In collaboration with Witwatersrand University and Sefako Makgatho Health Sciences University, the province continued training of medical students at health facilities. More than 1 200 students rotated through health facilities in the province. Furthermore, postgraduate training leading specialisation in a variety of disciplines including surgery, orthopaedics, obstetrics, radiology, family medicine and psychiatry. Currently, 54 registrars are enrolled in postgraduate training.
- **Forensic Pathology Services:** The completion of refurbishment projects at Brits and Phokeng mortuaries significantly improved post-mortem capacity, with Phokeng handling over 235 cases since February 2025. The Stilfontein mining rescue project highlighted key gaps in forensic capacity, prompting a review of the provincial response plan.

Programme Achievements and Public Health Progress

- **HIV/TB Control:** The department has enhanced the Phuthuma Project with the “closed the gap” campaign which is aiming at achieving the 95-95-95 targets and finding the missing TB cases, Engagements with correctional services and mining companies contributed to TB and HIV control in high-risk communities. Decentralisation of MDR-TB treatment to primary health care sites was a significant milestone.
- **Integrated School Health Programme:** Continued collaboration with the Department of Basic Education supported the delivery of child health, nutrition, and school-based health services.
- **Health Promotion and NCD Prevention:** Partnerships with NGOs such as Aurum Institute, IHPS, and Shout-It-Now supported eye care, cancer prevention, dental care, and services for persons with disabilities.
- **Life Expectancy:** According to Stats SA’s mid-year population estimates for 2022, the province surpassed the previously set target of 60 years life expectancy by 2020. Life expectancy now stands at 59.4 years for males and 65.7 years for females, with a combined average of 62.5 years. The department remains committed to improving these indicators over the next strategic cycle.

Challenges Affecting Service Delivery

The department encountered several systemic and environmental challenges during the reporting period:

- **Load Shedding:** Intermittent electricity supply significantly disrupted critical functions such as the maintenance of the cold chain for vaccines and medication, inpatient care, and the use of electronic medical equipment. In response, the department procured backup power systems, including generators and uninterruptible power supplies (UPS). However, the reliance on diesel-powered generators imposed substantial financial burdens on the department.
- **Water Supply Interruptions:** Infrastructure-related challenges led to inconsistent water supply at various facilities, compromising hygiene and operational effectiveness. The department responded by drilling boreholes and installing water softening and purification systems at affected facilities.
- **Emergency Medical Services (EMS):** The province continues to fall below the national norm of one ambulance per 10,000 population. Although 36 ambulances and 39 patient transporters were procured, the operational fleet remained below the provincial target of 100 ambulances. In the new financial year, the department will prioritise the procurement of ambulances exclusively to close this gap.
- **Human Resource Constraints:** Ongoing budgetary constraints and cuts necessitated a policy of only filling replacement posts. This has resulted in persistent vacancy rates above national norms, directly impacting service delivery at facility level.

External Factors Impacting Service Delivery

The North West Province's economy is driven by mining (particularly in Bojanala and Dr Kenneth Kaunda districts), tourism, and agriculture. This economic activity has led to rapid urbanisation and the growth of informal settlements, increasing demand for public health services. High youth unemployment and rising disease burdens further strained the public health system.

Water and electricity supply interruptions remain a recurring challenge across all four districts, impacting facility operations and patient care. These require urgent resolution and sustained investment.

Withdrawal of funding of HIV/AIDS/HIV/STI under the PEPFAR initiative following executive order issued by the President of USA.

Despite these challenges, the province benefits from a stable and cohesive social environment that enables strong intersectoral collaboration. Partnerships with traditional leaders, the private sector, NGOs, faith-based organisations, and civil society contributed significantly to HIV/AIDS, TB, and NCD programme success.

2.2 Service Delivery Improvement Plan

The department has an approved service delivery improvement plan (SDIP) for the period 2023 – 2025 with three key service delivery challenges. The tables below highlight the approved service delivery plan and the achievements to date.

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Pharmaceutical services	Hospitals CHCs Clinics Patients	Drug availability at ≥80%	Drug availability at ≥80%	Drug availability for the 2024/25 financial year is 83.31%
Emergency Medical Services (response time)	Patients Community Hospitals CHCs and Clinics	Urban response time: 15 minutes Rural response time: 40 minutes	Respond to 50% of P1 calls within 15 minutes in urban areas against national target of 75%. Respond to 75% of P1 calls within 45 minutes in urban areas against national target of 75%.	79% of P1 urban response under 30 minutes rate 70% of P1 rural response under 60 minutes rate

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
TB management services	<p>TB patients</p> <p>HIV infected clients</p> <p>Community staff members</p>	<p>TB treatment success rate ≥82%</p>	<p>All DS-TB client treatment Success Rate monitors success of TB treatment for ALL types of TB. A High value is desirable. TB treatment success rate should be ≥80%</p> <p>TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently became lost to follow-up as a proportion of all those in the treatment outcome cohort should be <13%</p>	<p>ALL DS-TB client treatment success rate at 87.4%</p> <p>All DS-TB client LTF rate at 4.6%</p>

Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current/actual arrangements	Desired arrangements	Actual achievements
<p>Consultation Provincial Health Consultative Forum (PHCF)</p>	Annually	<p>The MEC held Consultative Sessions with members of Health Governance Structure as follows:</p> <p>17 December 2024 – Targeting Clinic Committee members and Facility Managers from Ngaka Modiri Molema and Dr Ruth Segomotsi Mompoti Districts</p> <p>19 December 2024 – Targeting Clinic Committee members and Facility Managers from Bojanala and Dr Kenneth Kaunda Districts</p> <p>06 February 2025- Targeting Chairpersons of Hospital Boards, CEOs and Executive Management of the Department</p>
Provincial Health Council (PHC)	Quarterly	2 PHC meetings were held on the 23 July 2024 in Mafikeng Sub-District and 14 November 2024 in Matlosana Sub-District.
District Health Councils	Quarterly	10 meetings were held against the target of 16 meetings.
Hospital boards	Bi-monthly	97 hospital boards meetings were held against 108 planned meetings.
Sub-districts governance	Bi-monthly	57 meetings were held against the target of 114 meetings.
Community Health Forum	Bi-monthly	146 meetings were held against the target of 288 meetings.
Clinic committees	Monthly	<p>2998 meetings held against the target of 3 672 meetings.</p> <p>Reasons for variance for the respective structures: Most of the members were not available hence most of the meetings were postponed.</p>

Current/actual arrangements	Desired arrangements	Actual achievements
<p>Access</p> <p>Free PHC services</p> <p>Improve coverage of health care services by doctors</p> <p>Improve outreach by allied health professionals</p> <p>Increase access through mobile services</p> <p>Improve infrastructure to accommodate people with disabilities</p> <p>Complete roadside signage to health care facilities</p>	<p>Provision of PHC services</p> <p>Doctors' visits to PHC facilities twice a week</p> <p>Allied health professionals' visits to PHC facilities once a week</p> <p>Mobile service visits to communities once a week</p> <p>Renovate non-compliant health care facilities</p> <p>Install roadside signage for all health care facilities</p>	<p>The Department is providing:</p> <ul style="list-style-type: none"> a) Extended hours of service b) CCMDD where patients collect medication at external pick-up points, adherence clubs and facility internal pick-up points c) CHCs have resident doctors (available daily) and clinics are visited at least once a month. d) Allied health professionals are resident in CHCs (available daily) while clients from clinics are referred to CHCs and hospitals. Outreach is also done monthly for those allied health professionals who do not require static equipment. e) Mobile clinic services rendered to communities at least once a month or more. f) Maintenance of non-compliant facilities done as per priority through normal intervention and quick wins maintenance projects. g) Roadside signage available for most health facilities within the province.

Current/actual arrangements	Desired arrangements	Actual achievements
<p><u>Redress</u> Strengthen implementation of the complaints policy</p>	<p>Strengthen customer care skills. Provide in-service training</p>	<p>Quality Assurance is providing training on customer care, promotion of positive staff attitude and complaints management. This resulted in the following achievement in terms of complaints management compliance:</p> <ul style="list-style-type: none"> • 98% for District Hospitals and PHC facilities. • 97% for Regional Hospitals. • 95% for Specialised Hospitals. • 99% for Tertiary Hospitals.
<p><u>Courtesy</u> Develop and implement courtesy charter</p>	<p>Training on customer care Monitor compliance. Training on change management</p>	<p>Programmes achieved as follows on the Patient Experience of Care:</p> <ul style="list-style-type: none"> • Programme 2 at 86% • Programme 4 at 78.7% • Specialised at 95.9% • Programme 5 at 79.9%
<p><u>Information</u> Information sharing</p>	<p>Dialogues with service end users through Simulcast broadcast platforms Information dissemination through newsletters Daily posting of information on notice boards Print and electronic media Meetings (performance reviews, EMC, DMC, DMT, SDMT) and events Social media update and online responses to users</p>	<p>Community radio stations broadcasts per quarter conducted once per quarter. Weekly news update, monthly Internal newsletter and Quarterly External newsletter Daily posting of information on notice boards Information is shared through media statements and interviews in print and electronic media. Meetings (performance reviews, EMC, DMC, DMT, SDMT) and events Continuous posting of information on social media and live streaming of awareness</p>

Current/actual arrangements	Desired arrangements	Actual achievements
		campaign on the online platforms
<p><u>Openness & transparency</u> Distribute departmental Annual Report and budget reports.</p> <p>Provide feedback through performance reviews.</p> <p>Display performance indicators according to priority programmes</p>	<p>Once per annum</p> <p>Quarterly/monthly</p> <p>Monthly</p>	<p>Once per annum</p> <p>Quarterly/monthly</p> <p>Monthly</p>
<p><u>Value for money</u> Reduced wastage of resources</p> <p>Adherence to demand plans</p>	<p>Reduced wastage of resources</p> <p>Adherence to demand plans</p>	<p>Reduced wastage of resources Adherence to demand plans</p> <p>Implementation of cost containment measures e.g.: limits to cell phone use, temporary cessation of filling of posts, virtual meetings saved on travel and accommodation, implementation of gatekeeping SOP for diagnostic tests, continuous facilitation of timeous payment of invoices.</p>
<p><u>Human resources</u> Current Monitoring and Evaluation component: Chief Director, Director, Deputy Director, Assistant Director and Administrative Officer</p>	<p>Current component supported with district Batho Pele coordinators</p>	<p>Current component supported with district Batho Pele coordinators</p>
<p><u>Time</u> Punctuality on reporting</p>	<p>Quarterly report writing and submissions</p>	<p>Quarterly report writing and submissions strive to achieve deadlines</p>

Service delivery information tool

Current/actual information tools	Desired information tools	Actual achievements
N/A	N/A	N/A

Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
Resolve all complaints within 25 working days	Resolve all complaints within 25 working days	<ul style="list-style-type: none"> • Complaints resolution within 25 working days rate (Regional Hospitals) achieved at 98% against a target of ≥95%. • Complaints resolution within 25 working days rate (Specialised Hospitals) achieved at 100% against a target of ≥95%. • Complaints resolution within 25 working days rate (Tertiary Hospitals) achieved at 100% against a target of ≥90%.

2.3 Organisational environment

Human Resources and Organisational Structure

Despite the implementation of HR delegations, stringent budget controls and financial constraints imposed by Treasury necessitated the recentralization of certain administrative functions. This shift contributed to staff shortages and service delivery inefficiencies, primarily due to delays in appointing essential personnel.

The Department has been operating with an Acting Chief Financial Officer (CFO) since 2020. The Post has been advertised and would be filled in the 2025/26 financial year. Despite this, it successfully maintained its unqualified audit outcomes during the previous reporting period.

The prolonged budget pressures, compounded by a weakening economy, led to reductions in the Department's baseline allocation. The DPSA circular issued in October 2023, which aimed to assist Executive Authorities in managing Compensation of Employees (CoE) expenditure, was extended into the 2024/25 financial year. As part of this directive, all non-OSD posts were frozen, and any posts to be advertised and appointments to be made required concurrence from the Provincial Treasury and the Office of the Premier. As a result, the Department experienced significant delays in filling posts, with many positions remaining vacant for over six months. This contributed to the Department's vacancy rate moving above the norm of 10%.

The inception of Circular 49 further delayed the appointment of critical personnel, affecting the operationalisation of 24-hour facilities. Facilities operated only eight hours a day over seven days, prompting increased community dissatisfaction. To mitigate the impact in remote and underserved areas, the Department deployed mobile health services. A review of the organisational structure is underway to better respond to community needs and the prevailing disease burden.

Infrastructure and Facility Upgrades

The Department continues to implement an accelerated maintenance programme targeting critical infrastructure repairs and upgrades. To enhance the efficiency and resilience of health facilities, the Department implemented HVAC (Heating, Ventilation & Air Conditioning), Generator, and Fire Compliance Term Contracts. These term

contracts—particularly the generator contract—ensured continued service delivery during power outages across various facilities.

Notable projects during the reporting period included the transformation of Tlalelo Madyibi (formerly Itsoseng Poly Clinic) into a 24-hour facility to separate PHC services from the upcoming Itsoseng District Hospital. Facilities previously damaged by unrest or electrical faults—including Matloding, Deelpan, Kopela, and Christiana Town Clinics—have been replaced with functional Park Homes now providing uninterrupted service. Similarly, the Supingstad Clinic, previously operating from an asbestos structure, was replaced with a Park home.

The Department also successfully completed the refurbishment and upgrade of the Phokeng Forensic Mortuary, as well as the Sheila and Uitkyk Clinic Park homes, to curb the interruption of health service provision.

The temporary closure of Christiana Hospital adversely affected service delivery for communities in Lekwa-Teemane. Interim services were provided through referrals to Taung District Hospital and Joe Morolong Memorial Hospital, while a temporary onsite structure was established to serve outpatients during weekday hours.

The Department officially opened various facilities during the reporting period:

1. Steve Tshwete Clinic - Dr. KK district
2. Ventersdorp Bulk Pharmacy - Dr. KK district
3. Boikhutso Clinic Parkhome - Dr. KK district
4. Phokeng Forensic Mortuary - Bojanala district
5. Sekhing CHC - Dr. RSM district
6. Polyclinic (donation) - Bojanala district

Medical Depot and Pharmaceutical Supply

Significant progress was made in stabilising operations at the Medical Depot. Oracle, the contracted service provider, successfully upgraded the Drug Supply Management System, enhancing medicine supply chain processes. The Depot also achieved key compliance milestones:

- Issued a warehousing license by the South African Health Products Regulatory Authority (SAHPRA) and the National Department of Health.
- Found compliant with legislative requirements following inspection by the South African Pharmacy Council.

Three cold rooms used for vaccine and thermolabile medicine storage were repaired and commissioned, improving cold chain management for items like vaccines and insulin. These efforts contributed to medicine availability levels exceeding the Department's 80% target for the year.

Health Information Systems and Technology

Delays in implementing critical systems, including financial and supply chain modules of the pharmaceutical inventory system, persist due to financial constraints. Additionally, the lack of a comprehensive, province-wide digital patient management system continues to hinder effective healthcare delivery. This gap leads to service duplication, weak referral pathways, and fragmented care, factors that present major obstacles to the future implementation of the National Health Insurance (NHI) system.

Emergency Medical Services (EMS)

Emergency Medical Services remain a key area of concern. While the Department met APP targets for Priority 1 patients—responding within 60 minutes in rural areas and within 30 minutes in urban areas—maintaining ambulance coverage of 0.15 or higher remains a challenge. This is largely due to the limited number of operational ambulances, which is affected by persistent vehicle breakdowns and critical staff shortages, particularly in rural districts. As a result, the Department is unable to meet the national EMS norm of one ambulance per 10,000 people.

The programme planned to procure more than 60 red fleet vehicles and managed to procure 75 red fleet vehicles in total in 2024/25. However, some of the vehicles remained unlicensed at the end of the reporting period. Regulated private EMS providers continue to supplement service delivery as needed.

Load Shedding and Continuity of Services

Load shedding significantly impacted healthcare delivery, affecting electronic systems, cold chain management, inpatient care, and surgical procedures. In

response, the Department procured backup power systems to ensure uninterrupted operations at critical facilities. However, some Uninterruptible Power Supply (UPS) systems required diesel-powered generators, incurring high maintenance costs.

Despite these challenges, regional and tertiary hospitals were adequately equipped to sustain essential services during power outages.

District and Operational Challenges

Operational inefficiencies were notable in district hospitals, particularly in Ngaka Modiri Molema and Dr. R.S. Mompoti Districts. Delays in activating theatre services currently being renovated at Gelukspan Hospital and flooding of the theatre at Genl de la Rey Hospital placed additional pressure on regional hospitals.

Conclusion

While the Department faced multiple internal and external challenges during the reporting period—particularly related to HR, infrastructure, budget constraints, and information systems—several mitigation measures were implemented to minimise the impact on service delivery. Ongoing efforts to strengthen infrastructure, stabilise the Medical Depot, and improve EMS readiness demonstrate a commitment to resilient healthcare delivery under difficult circumstances.

2.3.1 Resignations and/or Appointments in Senior Management Service

Retirements during the financial year:

The Chief Director Dr Kenneth Kaunda District took early retirement on 31 May 2024.

The CEO Job Shimankana Thabane hospital took early retirement on 31 October 2024.

Terminations and transfers out:

No Terminations or transfers out

New appointments:

Director Supply Chain Management post filled with effect from 01 May 2024

Chief Director Clinical Support Services post filled with effect from 01 October 2024.

Promotions and transfers:

One SMS member transferred horizontally from the Office of the Premier to the vacant post of Chief Director for Dr Kenneth Kaunda District with effect from 2024/11/01.

One SMS member, Director: Programmes Implementation transferred to the Provincial Council on Aids.

2.3.2 Strike by significant portions of departmental officials

There were no strike actions by departmental employees.

2.3.3 Restructuring efforts

The project for the development of ideal organizational structure is underway. To date, draft organizational structures and models were completed for primary healthcare facilities; district, secondary and tertiary hospital platforms; emergency medical services; forensic pathology services; sub-district and district offices as well as colleges.

Processes are underway to align the draft structures with MTEF allocation and once this is achieved, the submission for approval will be made.

2.3.4 Significant system failures:

Load shedding continue to severely affected the ICT systems, as the Uninterrupted Power Supplies (UPSs) are old and need replacement, impacting the performance of the department's servers, which also require replacement. Finance systems frequent unavailability due to cash flow and non-communicating systems codes.

2.3.5 Cases of corruption:

The Department recorded and/or reported zero (00) corruption cases in the financial year 2024/2025.

2.4 Key policy developments and legislative changes

The National Health Insurance Bill was passed by the National Assembly on 13 June 2023. The Bill was then referred to the National Council of Provinces for concurrence, and the NCOP passed it on 6 December 2023. The Bill was thereafter signed into law by the President on 15 May 2024. It is gazetted as the National Health Insurance Act, Act 20 of 2023. The Act is being implemented in phases. The first phase began in 2023 and will run

until 2026. The second phase will be implemented from 2026 until 2028, after which there will be full implementation with the establishment of the NHI fund.

- **Phase 1 (2023 to 2025)**

- Health system strengthening initiatives
- Establishment of governance structures
- Amendment of other pieces of legislation
- Purchasing of personal health care services for vulnerable groups
- Establishment of the NHI Fund

- **Phase 2 (2026 to 2028)**

- Continuation of health system strengthening initiatives
- Contracting of health care services from private providers
- Mobilisation of additional resources where necessary

In North west Province Phase 1 commenced with establishment of Provincial NHI steering committee with the following representatives: Department of Health, Private Hospitals, General Practitioners, Nursing practices, Pharmacies, Laboratories, Allied Health Practitioners and Traditional Health Practitioners.

The roadshows and stakeholder engagement on NHI is progressing well.

The province has also commenced with the Proof of concept of the Contracting Units For Primary Care (CUPS). CUP is a geographical area demarcated for provision of primary health care services for a local population of a sub district in the case of North West Province. Under NHI, budgets for primary health care will be allocated at CUP level.

Nationally, implementation of proof-of-concept Contracting Units for PHC (CUPs) for capitation payment of PHC is being done at 9 sites in all 9 provinces in 2024/25 with the intention to escalate to >50 sites in 2025/26 and 400 to 500 sites by 2026/27.

The Purpose and objectives are:

- Test NHI policies, systems, and processes related to capitation payments on the ground.

- Identifying opportunities for modification and improvement before further rollout.
- Documentation of the CUP's user and service profile.
- Test policies, systems, and processes to be tested before implementation.
- Undertake preparatory work to ready the health system for the proposed changes.
- Test and validate various concepts, systems, and processes on the ground.
- Shape the development and structuring of accreditation processes.
- Test contracting, reimbursement mechanisms.
- Identification of additional CUPs over the next five years.
- Refine and expand the CUPs model/s over the five-year period with the aim of optimizing healthcare delivery and access through strategic purchasing using capitation payments to providers.

In North West Province the Proof of Concept for CUP is being implemented in Mahikeng Local Municipality

- The Mahikeng LM CUP is built around Mafikeng Provincial Hospital which has an estimated catchment population of 332,444.
- The CUP coordinating committee established.
- Demographic profile of sub district and disease profile completed.
- Geospatial mapping of the health service providers (public and private) underway.
- Implementation of the Electronic Health Patient Registration System being done in 23 public facilities and 8 private facilities.

The introduction of the Ideal Community Health Centre framework which came with a requirement of a permanent resident Doctor at CHC was.

The Code of Remuneration (CORE) and the Occupational Classification System (OCS) was first issued in 1999 in terms of the provisions of the then Public Service Regulations. The OCS was prescribed by the Minister for the Public Service and Administration (MPSA) to assist departments in designing jobs, categorizing them into occupations and

developing career paths linked to the salary scale. The CORE consists of a prescriptive and guidelines part and provides for salary ranges which are linked to the job weight ranges. Although two different systems, the CORE and the OCS are closely linked and integrated on the PERSAL system.

The Occupational Dictionary was developed in terms of the provisions in Regulation 39 (3) of the Public Service Regulations, 2016 in which the MPSA has the power to determine a system of remuneration for an occupational category and an occupational classification system (OCS). Departments are then required in terms of Regulation 39 (4) to link all posts to an occupation listed in the occupational classification system. This information is used for various human resource practices and for decision making purposes.

Implementation of the policy on the prevention and elimination of harassment and violence in the world of work. The policy came into effect on 1st August 2024.

Automated job evaluation and job grading system for the public service (Compensate – Evaluate Job Evaluation System) implemented with effect from June 2024 by the DPSA.

The Minister for the Public Service and Administration (MPSA) approved the Determination and Directive on the implementation of knowledge and data management in the public service on 14 February 2024 in line with sections 3(1)(f) and (g) of the Public Service Act, 1994 to implement in the department. This is a legal instrument to give effect to the mainstreaming of knowledge management and data management in the Public Service.

3. ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The NWDoH contributes towards **MTSF Priority 3: Education, Skills and Health**. The departmental plans and priorities are also in line with the National Development Plan (NDP) and therefore in line to achieve the NDP targets.

The Department has two Impacts namely (i) Life Expectancy of South Africans improved to 70 years by 2030 and (ii) Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030.

In terms of Progress made towards the achievement of the impact statements, the province has surpassed the previously set target of 60 years life expectancy by 2020. Life expectancy now stands at 59.4 years for males and 65.7 years for females, with a combined average of 62.5 years. (Stats SA's mid-year population estimates for 2022.) This represents a continued upward trend in life expectancy, despite the earlier setbacks caused by the Covid-19 pandemic. The department remains committed to improving these indicators over the next strategic cycle.

The department is continuously striving to improve access to quality health services. Ideal Health Facility Realisation and Maintenance frameworks are utilised to institutionalise a culture of continuous quality improvement as health establishments are being prepared for readiness for implementation of National Health Insurance. An achievement of 98% of Primary Health Care establishments compliance to Ideal Clinic Realisation and Maintenance was realised against a target of $\geq 90\%$ indicating improved preparedness for NHI implementation.

The Office of Health Standards Compliance (OHSC) continues to inspect health establishments for compliance to Regulated Norms and Standards. Hundred and twelve (112) health establishments; 9 hospitals and 103 Primary Health Care establishments have been certified by OHSC which is indication of a positive trajectory in preparedness for NHI accreditation. Continuous quality improvement interventions and monitoring are being done to sustain Ideal Health Facility Realisation and Maintenance and certification by the OHSC.

The table below indicates some of the progress towards achieving the departmental outcomes/outputs.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
1. Improve access to maternal health services. 2. Improve the Integrated Management of Childhood Disease services. 3. Protect children against vaccine preventable diseases	<ul style="list-style-type: none"> Maternal, Neonatal, Infant and Child Mortality reduced 	<ul style="list-style-type: none"> Increased proportion of pregnant women who receive early and adequate prenatal care 	<ul style="list-style-type: none"> In increasing proportion of pregnant women who received early and adequate prenatal care, ANC first visit before 20 weeks was achieved at 77.4% against the target of $\geq 70\%$
		<ul style="list-style-type: none"> Increased life expectancy of under 1 year 	<ul style="list-style-type: none"> Mother post-natal visit within 6 days rate achieved at 101.3% against a target of $\geq 95\%$. Immunisation under 1 year coverage achieved at 77.9% against a target of $\geq 75\%$. Infant PCR test positive around 6 months rate at 0.3% against a target of $\leq 2\%$.
		<ul style="list-style-type: none"> More deaths prevented during pregnancy, childbirth and Increase life expectancy puerperium stage 	<ul style="list-style-type: none"> Maternal Mortality in facility ratio was at 81/100 000 against the target of $< 115/100 000$
		<ul style="list-style-type: none"> Increased life expectancy of under 5 years 	<ul style="list-style-type: none"> Child under 5 years diarrhoea case fatality rate was at 2.3% against the target of $\leq 3\%$ for DHS. Child under 5 years pneumonia case fatality rate was at 0.9% against the target of $\leq 3\%$ for DHS. Child under five years severe acute malnutrition case fatality rate was at 1.7% against the target of $\leq 7\%$ for DHS.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<ul style="list-style-type: none"> • Death under 5 years against live birth rate at 22/1000 against a target of $\leq 30/1000$. • Diarrhoea death under 5 years (Regional Hospitals) at 18 against a target of < 16. • Pneumonia death under 5 (Regional Hospitals) at 13 against a target of < 16. • Severe acute malnutrition (SAM) death under 5 years (Regional Hospitals) at 5 against a target of < 30. • Death in facility under 5 years (Regional Hospitals) at 420 against a target of ≤ 320. • Diarrhoea death under 5 years (Tertiary Hospitals) at 14 against a target of ≤ 24. • Pneumonia death under 5 years (Tertiary Hospitals) at 4 against a target of ≤ 12. • Severe acute malnutrition (SAM) death under 5 years (Tertiary Hospitals) at 3 against a target of ≤ 12. • Death in facility under 5 years (Tertiary Hospitals) at 374 against a target of < 450.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
<p>4. Provide prompt treatment of HIV and other sexually transmitted infections</p>	<ul style="list-style-type: none"> Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced 	<ul style="list-style-type: none"> Increased life expectancy of the HIV/AIDS through patient care 	<ul style="list-style-type: none"> The province is now implementing 95-95-95 since December 2024. According to the implementation of the 95-95-95 targets, 96% (483 085) against a target of 476 199 know their status, 84% of those that know their status (404 718) against a target of 452 389 while 92% (323 437) against the target of 429 769 are virally suppressed (1000c/ml) and 79% (275 827) against a target of 429 769 are virally suppressed at 50c/ml ART adult remain in care rate at 72.4% against a target of ≥68%. ART child remain in care rate at 84.2% against a target of ≥68%. HIV positive 15-24 years (excl ANC) rate at 0.6% against a target of ≤2%. Adult viral load suppressed rate (below 50) at 80.2% against a target of ≥80% ART child viral load suppressed rate (below 50) at 51.8% against a target of ≥40%
		<ul style="list-style-type: none"> Increased treatment success rate 	<ul style="list-style-type: none"> ALL DS-TB client treatment success rate at 87.4% against a target of ≥82%. All DS-TB client LTF rate at 4.6% against a target of <10%.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
<p>5. Drive national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health</p>	<ul style="list-style-type: none"> Morbidity and Premature mortality due to non-Communicable diseases reduced by 10% 	<ul style="list-style-type: none"> Increase life expectancy 	<ul style="list-style-type: none"> Inpatient crude death rate (Regional Hospitals) at 5.8% against a target of <7%. Delivery by caesarean section rate (Regional Hospitals) at 48.2% against a target of ≤47%. Inpatient crude death rate (Specialised Hospitals) at 0.4% against a target of <2%. Inpatient crude death rate (Tertiary Hospitals) at 3.9% against a target of <7%. Delivery by caesarean section rate (Tertiary Hospitals) at 47.5% against a target of ≤47%.
	<ul style="list-style-type: none"> Package of services available to the population is expanded with priority given to equity and most cost-effective services 	<ul style="list-style-type: none"> Efficient health care services 	<ul style="list-style-type: none"> Average length of stay (Regional Hospitals) at 6.1 Days against a target of 4 - 7 Days. Inpatient (usable) bed utilisation rates (Regional Hospitals) at 88.6% against a target of 70% - 85%. Expenditure per Patient Day Equivalent (PDE) (Regional Hospitals) at R4,188.4 against a target of R3500 – R4500. Average length of stay (Specialised Hospitals) at 143 days against a target of 100-300 Days.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<ul style="list-style-type: none"> Inpatient (usable) bed utilisation rates (specialised Hospitals) at 76.5% against a target of 70% - 80%. Expenditure per Patient Day Equivalent (PDE) (Specialised Hospitals) at R2,122.5 against a target of R1300 – R2500.
<p>6. Roll-out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for NHI</p>	<ul style="list-style-type: none"> Quality of health services in public health facilities improved 	<ul style="list-style-type: none"> Satisfied Health Care Users 	<ul style="list-style-type: none"> Patient Experience of Care satisfaction rate (District Hospitals) at 86% against a target of ≥82%. Patient Experience of Care satisfaction rate (Regional Hospitals) at 78.7% against a target of ≥85%. Patient Experience of Care satisfaction rate (Specialised Hospitals) at 95.9% against a target of ≥80%. Patient experience of care satisfaction rate (Tertiary Hospitals) at 79.9% against a target of ≥85%.
		<ul style="list-style-type: none"> All complaints resolved within the standard 	<ul style="list-style-type: none"> Complaints resolution rate (Regional Hospitals) at 97% against a target of ≥95%. Complaints resolution within 25 working days rate (Regional Hospitals) at 98% against a target of ≥95%.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<ul style="list-style-type: none"> Complaints resolution rate (Specialised Hospitals) at 95% against a target of ≥95%. Complaints resolution within 25 working days rate (Specialised Hospitals) at 100% against a target of ≥95%. Complaints resolution rate (Tertiary Hospitals) at 99% against a target of ≥95%. Complaints resolution within 25 working days rate (Tertiary Hospitals) at 100% against a target of ≥95%.
	<ul style="list-style-type: none"> Improved availability of medical products and equipment 	<ul style="list-style-type: none"> Availability of essential medicines 	<ul style="list-style-type: none"> Percentage availability of essential medicines as contained in the provincial code list (formulary) at different levels at 83.31% against the target of ≥80%
		<ul style="list-style-type: none"> Serviced Medical equipment 	<ul style="list-style-type: none"> Percentage of health facilities with serviced medical equipment at 92.5% against the target of ≥70%.
		<ul style="list-style-type: none"> Connected facilities 	<ul style="list-style-type: none"> Not collected in the 2024/25 financial year.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
7. Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme	<ul style="list-style-type: none"> Quality of health services in public health facilities improved 	<ul style="list-style-type: none"> Improved access to Mental Health Services 	<ul style="list-style-type: none"> Mental health involuntary admission rate at 6.5% against a target of $\leq 15\%$. Department have 2 designated mental health units in Taung District Hospital and Job Shimankana Tabane (JST). Tshepong, Potchefstroom, Moses Kotane and Mafikeng Provincial Hospitals and the Boitekong mental health unit have provision for 72-hour observation services. 4 Private hospitals (Beethoven Private Hospital, Multi-Care Hospital in Potchefstroom, Parkmed Hospital in Klerksdorp, and Kgatelopele Wellness Centre in Mahikeng) which comply with the requirements for Mental Health Care Act and its Regulations to render in-patient mental health services were given licenses
		<ul style="list-style-type: none"> Satisfied Health Care Users 	<ul style="list-style-type: none"> Patient experience of care satisfaction rate (Specialised Hospitals) at 95.9% against a target of $\geq 80\%$
8. Mitigate the risks related to medical litigation	<ul style="list-style-type: none"> Contingent liability of medico-legal cases reduced by 80% 	<ul style="list-style-type: none"> Not collected and no resources available 	<ul style="list-style-type: none"> Not collected and no resources available
	<ul style="list-style-type: none"> Management of patient safety incidents improved 	<ul style="list-style-type: none"> Improved patient safety 	<ul style="list-style-type: none"> Severity assessment code (SAC) 1 incident reported within 24 hours rate

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<p>(Regional Hospitals) at 95% against a target of $\geq 90\%$</p> <ul style="list-style-type: none"> • Patient safety incident (PSI) case closure rate (Regional Hospitals) at 96% against a target of $\geq 90\%$ • Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals) at 100% against a target of $\geq 90\%$ • Patient safety incident (PSI) case closure rate (Specialised Hospitals) at 100% against a target of $\geq 90\%$ • Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary Hospitals) at 100% against a target of $\geq 90\%$ • Patient safety incident (PSI) case closure rate (Tertiary Hospitals) at 100% against a target of $\geq 90\%$.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
9. Roll-out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for NHI	<ul style="list-style-type: none"> Leadership and governance in the health sector enhanced to improve quality of care 	<ul style="list-style-type: none"> Approved costed Communication Strategy 	<ul style="list-style-type: none"> Approved costed Communication Strategy available
	<ul style="list-style-type: none"> Improved compliance to the National Core Standards 	<ul style="list-style-type: none"> A target of ≥90% clinics achieving Ideal status. 	<ul style="list-style-type: none"> Ideal clinic status obtained at 98% against the target of ≥90% 303 out of 307 PHC facilities have obtained ideal status.
	<ul style="list-style-type: none"> Improved quality of care through a cost-effective health system that is responsive to the needs of the population 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> All the districts and Hospitals have assigned District Quality Assurance Coordinators. The province continues to participate in the National Health Quality Improvement Plan towards ensuring that facilities are certified for NHI.
	<ul style="list-style-type: none"> Maternal, Neonatal, Infant and Child Mortality reduced 	<ul style="list-style-type: none"> Increased the proportion of pregnant women who receive early and adequate prenatal care 	<ul style="list-style-type: none"> In increasing proportion of pregnant women who received early & adequate prenatal care, ANC first visit before 20 weeks rate was at 77.4% against the target of ≥70%
	<ul style="list-style-type: none"> Reduced mortality and morbidity 	<ul style="list-style-type: none"> More death prevented during pregnancy, childbirth and Increase life expectancy puerperium stage 	<ul style="list-style-type: none"> Maternal Mortality in facility ratio at 88/100 000 against the target of ≤115/100 000
	<ul style="list-style-type: none"> Reduced mental health cases 	<ul style="list-style-type: none"> Increase access to mental health services 	<ul style="list-style-type: none"> Mental health involuntary admission rate at 6.5% against the target of ≤15%.
	<ul style="list-style-type: none"> Co-coordinating health services across the care continuum, re-orienting the health system towards primary health 	<ul style="list-style-type: none"> Early access to emergency medical care 	<ul style="list-style-type: none"> EMS P1 rural response under 60 minutes rate at 70% against a target of ≥70%

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
	<ul style="list-style-type: none"> Improved access and coverage areas of EMS 	<ul style="list-style-type: none"> Improved fleet availability 	<ul style="list-style-type: none"> EMS P1 urban response under 30 minutes rate at 79% against a target of $\geq 60\%$. EMS operational ambulance coverage at 0.12 against a target of ≥ 0.15 Number of red fleet vehicles procured at 75 against a target of ≥ 60.
10. Public health facilities supplied with adequate ICT infrastructure to implement the Digital Health Strategy 2019-2024 of South Africa	<ul style="list-style-type: none"> Robust and effective health information systems to automate business processes and improve evidence-based decision making 	<ul style="list-style-type: none"> Improved Network connectivity 	<ul style="list-style-type: none"> 89 facilities connected to the NWPG network.
11. Not Applicable	<ul style="list-style-type: none"> Improve financial management 	<ul style="list-style-type: none"> Reduced number of qualification areas 	<ul style="list-style-type: none"> The department attained and unqualified audit opinion on the 2023/24 financial year which was concluded in August 2024.
12. Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	<ul style="list-style-type: none"> Infrastructure maintained and backlog reduced 	<ul style="list-style-type: none"> Acceptable, well maintained and newly rebuild health facilities 	<ul style="list-style-type: none"> Number of projects plans (including replacement of asbestos facilities) completed that are compliant to the gazetted infrastructure norms and standards at 2 against the target of 2. Number of projects on which construction started at 5 against the target of 7.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<ul style="list-style-type: none"> • Number of projects completed at 4 against the target 4. • Percentage of Health facilities with completed infrastructure projects at 8.0% against the target of 8%. • Percentage of completeness of the Project Management Information System (PMIS) at 90.0% against the target ≥90%.
<p>13. Develop and implement a comprehensive HRH strategy 2030 and an HRH plan 2020/21 - 2024/25 to address the human resources requirements, including filling critical vacant posts for full implementation of universal healthcare</p>	<ul style="list-style-type: none"> • Production of nurses responsive to the service delivery environment 	<ul style="list-style-type: none"> • Accredited North West College of Nursing. 	<ul style="list-style-type: none"> • Number of first year students enrolled for the new basic nursing programme at 250 against the target of 250. • Number of basic nurse students graduating at 335 against the target of 250
	<ul style="list-style-type: none"> • Production of medical doctors and allied health professional to meet provincial service delivery needs 	<ul style="list-style-type: none"> • Increased number of beneficiaries on the Departmental bursary scheme 	<ul style="list-style-type: none"> • Number of first year medicine students enrolled on the NMFC programme at 31 against the target of 20. • Number of medicine students graduating at 9 against the target of 10 • Number of serving officers and unemployed youth registered for allied programmes at 40 against the target of 40.

MTSF Outcome	Outcomes as per Strategic Plan	Expected provincial outputs	Significant achievements for 2022/2023
			<ul style="list-style-type: none"> Number of unemployed youth and serving officers students registered for allied programmes graduating at 40 against the target of 40.
	<ul style="list-style-type: none"> Improved access to emergency care training programmes 	<ul style="list-style-type: none"> Accreditation for Higher Education Courses. Maintenance and repair of the infrastructure. 	<ul style="list-style-type: none"> Conditional accreditation for the Higher Certificate in Emergency Medical Care has been received from the Health Professions Council of South Africa (HPCSA) and the Council on Higher Education (CHE), with "Prior to Commencement" conditions that must be addressed before the programme can begin. Processes for the construction of an ideal College as part of the EMS project in the B5 project list are underway. The process has been deferred due to cost containment reasons.
	<ul style="list-style-type: none"> Production of learnership beneficiaries 	<ul style="list-style-type: none"> Improved skilled labour 	<ul style="list-style-type: none"> Number of beneficiaries registered on learnerships at 50 against the target of 50.

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

4.1 Programme 1: ADMINISTRATION

4.1.1 Purpose:

To provide political, strategic and administrative support to all departmental programmes. The programme comprises of the following sub-programmes:

i. Sub Programme 1: Office of the MEC

Purpose Statement:

To ensure relevant health service delivery to the communities of the North West Province through continuous interaction with the relevant stakeholders.

ii. Sub Programme 2: Management

Purpose Statement:

To ensure appropriate appointment of qualified and skilled human resources in a healthy and safe working environment within the available financial resources.

The outcome for Administration in the 2024/25 financial year are:

- Improve financial management; and

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 1 had **one performance indicator**, which was successfully achieved—resulting in a **100% achievement rate**, consistent with the previous two years (2022/23 and 2023/24).

The department maintained an **Unqualified Audit Opinion of Provincial DoH** for the fourth consecutive year. This reflects strong financial governance and ongoing adherence to audit recommendations. The consistent achievement of this indicator shows the programme's commitment to prudent financial management and accountability.

(ii) Contribution to Departmental Outcomes

The achievement under Programme 1 supports the department's strategic objective to strengthen financial management and transparency. By maintaining an unqualified audit outcome, the department reinforces public trust and demonstrates alignment with broader government goals, including those under the **National Development Plan (NDP) 2030** and **fiscal accountability frameworks**.

Sound financial systems are crucial for enabling other health programmes to function efficiently and effectively, which further supports the department's role in national health reforms, including the **rollout of NHI**.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

Programme 1 continued to prioritise designated groups in its procurement practices. Four **women-led cooperatives** were supported through procurement, and efforts were made to encourage participation from **persons with disabilities**, although uptake remained low.

To address this, the department revised its procurement policy by adjusting **preferential points** and hosted **capacity-building workshops** to help small and emerging enterprises better participate in departmental supply chains. These efforts reflect a sustained commitment to inclusive economic development.

Output indicators

Table 4.1.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 1: Administration									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.1.2:

*(To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 1: Administration								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2023/24 financial year	Audit Opinion of Provincial DoH	Unqualified	Unqualified	Unqualified	Unqualified	N/A	N/A

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

The financial performance of Programme 1 remained stable, with the department effectively managing its budget while ensuring service delivery targets were met. For the **2024/25 financial year**, the final adjusted appropriation for Programme 1 amounted to **R1.171 billion**, with an expenditure rate of **103,5%**. The overspending is due to the increase in medicolegal claims for the period under review.

At the **sub-programme level**, the **Management sub-programme** accounted for the bulk of the expenditure due to its role in overseeing financial and administrative operations. The **Office of the MEC sub-programme**, while smaller in scope, also executed its mandate effectively.

(ii) Expenditure Performance at Sub-Programme Level

The **Management sub-programme** utilised **R1.199 billion**, exceeding its adjusted appropriation by **R41.085 million**, primarily due to **settlement of several contingent liabilities relating to medicolegal claims and legal costs**. The **Office of the MEC** spent **R13.127 million**, slightly above its budgeted **R13.003 million**, with an overspend of **R124,000**, amounting to less than 1%.

Despite these variations, the department successfully managed its financial commitments, ensuring that all expenditures aligned with its strategic objectives. Year-on-year comparisons indicate **consistent financial stability**, with Programme 1 maintaining full budget utilisation while addressing service delivery priorities.

(iii) Analysis of Variations in Expenditure

The **budget variations** observed were primarily influenced by claims against the state (medico-legal claims) through court order. The Department do not necessarily fully budget for contingent liabilities as the outflow of cash is usually uncertain. Reduction of the budget baseline over the years also contribute to the overspending where the settlement of invoices is enforced by the courts. Therefore, management had to ensure that risks to the department were mitigated effectively.

These financial fluctuations were closely linked to the **service delivery environment**, where unanticipated external factors necessitated budgetary

adjustments. However, the department ensured that all financial decisions were made within the constraints of available resources, preventing any adverse impact on core functions.

(iv) Expenditure Contribution to Outputs

The department's expenditure was strategically aligned with its performance targets, ensuring that financial resources were used effectively to achieve the planned outputs. The budget allocations were directly focused on two key areas. First, they supported financial management improvements, which played a crucial role in achieving an unqualified audit opinion. Second, the funds were allocated to the implementation of the Communication Strategy, which greatly enhanced stakeholder engagement and increased public awareness of the department's initiatives.

The prudent management of resources ensured that Programme 1 continued to operate effectively while **maintaining fiscal discipline and service delivery efficiency**. Through the alignment of financial resources with strategic priorities, the department reinforced its commitment to **governance, transparency, and inclusive service delivery**.

Sub-programme expenditure

Sub-Programme Name	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
Management	13 003	13 127	(124)	1 063 943	1 064 621	(678)
MEC	1 158 566	1 199 651	(41 085)	16 751	16 055	696
Total	1 171 569	1 212 778	(41 209)	1 080 694	1 080 676	18

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Not applicable	Not applicable

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not applicable to Programme 1: Administration.

4.2 Programme 2: District Health Services

4.2.1 Purpose:

The purpose of the Programme is to provide accelerated promotive, preventive, curative, rehabilitative and palliative health care services in an accessible, affordable, equitable and integrated manner. This will be achieved through incorporation of finance, Human resource, information and technology, leadership, infrastructure and pharmaceuticals (WHO Health Systems Building Blocks). The programme comprises of nine sub-programmes as highlighted below:

i. Sub programme 1: District Management

Purpose statement:

Overall coordination and support for primary health and District hospital services.

ii. Sub programme 2: Community Based Services

Purpose statement:

The purpose is to render integrated quality community based primary health services at households and organizations through outreach teams from health facilities.

iii. Sub programme 3: Community Health Centres

Purpose statement:

Provision of comprehensive, integrated and quality primary health care services.

iv. Sub programme 4: Other Community Services

Purpose statement:

The purpose is to render community based health services at households and organizations through outreach teams from health facilities.

v. Sub programme 5: HIV/AIDS

Purpose statement:

To enable health sector to develop and implement an effective response to HIV & AIDS. Prevention and protection of Health workers from exposure to hazard in the workplace.

vi. Sub programme 6: Nutrition

Purpose statement:

Facilitate and provide uniform effective and efficient Integrated Nutrition services for optimum nutrition status.

vii. Sub programme 7: Community Health Clinics

Purpose statement:

Provision of comprehensive, integrated and quality primary health care services.

viii. Sub programme 8: Coroner Service

Purpose statement:

To provide legally indicated professional forensic services.

ix. Sub programme 9: District Hospitals

Purpose statement:

Provision of comprehensive, integrated and quality district hospital health care services.

The outcomes for District Health Services in the 2023/24 financial year are:

- Maternal, Neonatal, Infant and Child Mortality reduced;
- Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced;
- Quality of health services in public health facilities improved; and.

- Premature mortality due to NCDs reduced to 26% (10% reduction).

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 2 aimed to achieve 32 performance indicators and successfully met 30 of them, translating to a performance rate of 93.7%. This marks a notable improvement from the 73.0% achieved in 2021/22 and reflects continued progress when compared to the 92.3% performance in 2022/23 as well as 90.3% of 2023/24 financial year. The increasing number of pregnant women booking early for antenatal care has significantly contributed to improved maternal health outcomes, allowing for early detection and management of pregnancy related complications.

The Programme has registered a significant decrease in deliveries amongst adolescents aged 10–14 years. The annual target was ≤ 200 and only 100 deliveries for the age group were registered. Following a 13-year-old who gave birth in Limpopo, the Minister of Health gave a directive that all pregnancies and deliveries of girls less than 16 years should be reported to SAPS so that cases of statutory rape can be investigated.

The implementation of vertical transmission guidelines contributed to reduced sero-conversion of 0.3% against a target of $\leq 2\%$ in infants around six months and 0.1% against a target of $\leq 3\%$ for children around 18 months.

Child death under 5 years was achieved at 22/1000 live births against a target of $\leq 30/1000$. These deaths include neonatal, and child deaths associated with diarrhoea, pneumonia, and malnutrition. To determine the possible cause of deaths or contributory factors, hospitals are auditing child deaths through PPIP and CHIPP. The Department continues to implement interventions and strategies such as management of small and sick neonates, helping baby breath, ETAT, Integrated management of childhood illnesses and Expanded Programme on Immunization. The Province achieved immunization coverage at 78% against a target of $\geq 75\%$ and measles 2nd dose coverage at 84.5% against a target of $\geq 80\%$

The HIV positivity rate among individuals aged 15–24 years is at 0.6% against a target of $\leq 2\%$. This is a positive reflection that young people are taking responsibility

and practicing safer sex. The promotion of interventions such as pre and post exposure prophylaxis, male medical circumcision, treatment adherence and viral load suppression, the **DREAMS Initiative**, which supports young women to stay HIV-free, the **She Conquers Campaign** focusing on girls and young women, and **loveLife**, which provides youth with education, outreach, and health services significantly contribute to reduced new HIV infections.

Five out of six TB indicators have been achieved. This improved performance can be attributed to the inclusion of TB indicators in the Phuthuma meetings that are held weekly with district to review and monitor progress, identify gaps within the cascade and develop action plans.

Ideal Clinic status improved from 97% in 2023/24 to 98% in 2024/25 against a target of $\geq 90\%$. A total of 225 health establishments, including nine district hospitals and 216 primary healthcare facilities, were certified as compliant by the Office of Health Standards Compliance (OHSC). High-performance in-patient care was also recorded, with a satisfaction rate of 86%, SAC 1 incident reporting within 24 hours at 99.6%, and a Patient Safety Incident case closure rate of 99.2%, all indicating strong systems for quality, safety, and responsiveness in patient care.

(ii) Contribution to Departmental Outcomes

The Programme is on track towards reducing maternal mortality, with a performance of 81.1/100 000 against a target of $< 115/100\ 000$. This reduction is also aligned with the NDP target of reducing maternal death to 70/100 000 by 2030.

Child deaths under 5 years have been achieved at 22/1000 live births in relation to the NDP target 25/1000 live births by 2030. Immunisation successes and reductions in vertical HIV transmission demonstrate progress toward the elimination of communicable diseases in children.

The programme's HIV/AIDS and TB responses—grounded in early detection, prevention, and treatment—reflect strong alignment with the national strategies for reducing the burden of disease.

Furthermore, quality assurance initiatives such as the Ideal Clinic Realisation and Maintenance programme and OHSC certifications advance the departmental objective of strengthening the health system. Patient-centred improvements in

satisfaction and safety underscore the department’s commitment to delivering equitable, high-quality health services. The programme also contributes to life expectancy improvements through its community-based health services and effective non communicable disease management.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

The prioritisation of women, youth, and persons with disabilities is evident throughout Programme 2’s service delivery model. The programme undertook targeted reproductive health initiatives focused on adolescent girls, supported by community dialogues. The reduction in teenage pregnancy rates, along with the expansion of CTOP services, reflects a deliberate effort to address the reproductive rights and needs of young women.

HIV prevention among youth was enhanced through the rollout of PrEP to women and voluntary medical male circumcision for younger populations and this is evident in the reduced rates of new HIV infections. The department also ran awareness campaigns on social media and in communities to educate and empower young people through peer support. Efforts to prevent gender-based violence were also carried out, especially targeting youth.

Output indicators

Table 4.2.1

(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review)

Programme 2: District Health Services									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table .4.2.2:

*To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 2: District Health Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Maternal, Neonatal, Infant and Child Mortality reduced	Couple Year Protection	Couple Year Protection rate	48.3%	65%	-			
	Couple Year Protection	IUCD uptake (*IUCD-Intra Uterine Contraceptive Device)	-	-	≥2100	5665		Not applicable
	Delivery 10 – 19 years in facility	Delivery 10 – 19 years in facility rate	14,5%	14.0%	-			
	Delivery 10 – 14 years in facility	Delivery 10 – 14 years in facility	-	-	≤200	100		Not applicable
	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit before 20 weeks rate	71,2%	73.9%	≥70%	77.4%		Not applicable
	Maternal Death in facility	Maternal Mortality in facility ratio	66.8/100 000	110.2/100 000	<115/100 000	81/100 000	-	Not applicable
	Cervical cancer screening	Cervical cancer screening coverage	-	-	≥40%	54.6%	-	Not applicable
	Live birth under 2500g in facility	Live birth under 2500g in facility rate	14%	14.1%	-			
	Still Birth in Facility	Still birth in facility rate	-	-	≤30/1000	20.8/1000	-	Not applicable
	Mother post-natal visit within 6 days	Mother post-natal visit within 6 days rate	98%	100.7%%	≥95%	101.3%	+1.3%	Babies bom before arrival and deliveries outside the provinœ.
	Neonatal death in Facility	Neonatal death in facility rate	13/1000	13.7/10 000	≤14/1000	15.2/1000	+1.2/1000	Prematurity with high proportion of babies below 1000 grams.
	Infant PCR test positive around 10 weeks	Infant PCR test positive around 10 weeks rate	0,3%	-	-			

Programme 2: District Health Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	Infant PCR test positive under 5 years	Infant PCR test positive around 6 months rate	-	0.4%	≤2%	0.3%	-	Not applicable
	HIV test positive under 5 years	HIV Test positive around 18 months rate	-	0.1%	≤3%	0.1%	-	Not applicable
	Immunised fully under 1 year	Immunisation under 1 year coverage	74.1%	81.4%	≥75%	77.9%	-	Not applicable
	Measles 2 nd dose	Measles 2 nd dose coverage	76,5%	-	-			
	Measles 2 nd dose	Measles 2 nd dose 1 year coverage	-	89.6%	≥80%	84.4%	-	Not applicable
	Diarrhoea deaths under 5 years	Child under 5 years diarrhoea case fatality rate	0,9%	1.0%	≤3%	2.3%	-	Not applicable
	Pneumonia deaths under 5 years	Child under 5 years pneumonia case fatality rate	1,00%	1.1%	≤3%	0.9%	-	Not applicable
	Severe acute malnutrition (SAM) deaths under 5 years	Child under five years severe acute malnutrition case fatality rate	4%	2.1%	≤7%	1.7%	-	Not applicable
	Death in facility under 5 years	Death under 5 years against live birth rate	1.9/1000	2.0/1000	≤30/1000	22/1000	-	Not applicable
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV positive 15 - 24 years (excl ANC)	HIV positive 15 - 24 years (excl ANC) rate	0,80%	0.7%	≤2%	0.6%	-	Not applicable
	ART adult remain care - total	ART adult remain care rate (12 months)	68,1%	72%	-			
	ART adult remain in care - total	ART adult remain care rate	-	-	≥68%	72.4%	-	Not applicable
	ART child remain in care - total	ART child remain in care rate (12 months)	74,7%	77.6%	-			
	ART child remain in care - total	ART child remain in care rate	-	-	≥68%	84.2%	-	Not applicable

Programme 2: District Health Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	ART adult viral load under 400	Adult viral load suppressed rate	85,2%	-	-			
	ART Adult viral load under 50	ART Adult viral load suppressed rate (12 months)	-	78.5%	-			
	ART Adult viral load under 50	ART Adult viral load suppressed rate (below 50)	-	-	≥80%	80.2%	-	Not applicable
	ART child viral load under 400	ART child viral load suppressed rate	53,9%	-	-			
	ART child viral load under 50	ART child viral load suppressed rate (12 months)	-	38.7%	-			
	ART child viral load under 50	ART child viral load suppressed rate (below 50)	-	-	≥40%	51.8%	-	Not applicable
	All DS-TB client successfully completed treatment	ALL DS-TB client treatment success rate	82%	83.9%	≥82%	87.4%	-	Not applicable
	All DS-TB client loss to follow-up	ALL DS-TB Client loss to follow-up rate	7%	5.5%	<10%	4.6%	-	Not applicable
	Rifampicin Resistant /Multidrug-Resistant treatment success	TB Rifampicin Resistant /Multidrug-Resistant treatment success rate	-	67.2%	≥80%	73.3%	-6.7%	Deaths caused by co-morbidity
	Rifampicin Resistant /Multidrug-Resistant lost to follow-up	TB Rifampicin Resistant /Multidrug-Resistant lost to follow-up rate	-	10.8%	≤7%	5.5%	-	Not applicable
	TB Pre-XDR treatment success	TB Pre-XDR treatment success rate	-	100%	≥80%	100%	-	Not applicable
	TB Pre-XDR loss to follow up	TB Pre-XDR loss to follow up rate	-	0%	0%	0.0%	-	Not applicable

Programme 2: District Health Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Quality of health services in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	84%	86%	≥82%	86%	-	Not applicable
	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	84%	98.7%	≥95%	97%	-	Not applicable
	Patient Safety Incident (PSI) case closed	Patient safety incident (PSI) case closure rate	98%	98.5%	≥95%	97%	-	Not applicable
	Fixed PHC health facilities obtained ideal clinic status (silver, gold, platinum)	Ideal clinic status obtained rate	67%	97%	-			
	Fixed PHC health facilities obtained ideal clinic status (silver, gold, platinum)	Ideal clinic status obtained	-	-	≥90%	98%	-	Not applicable
Premature mortality due to NCDs reduced to 26% (10% reduction)	PHC Mental Disorders treated	PHC Mental Disorders treatment rate new	-	-	≥0.01%	0.1%	-	Not applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

Programme 2: District Health Services maintained sound financial performance during the 2024/25 financial year, despite operating under continued budgetary and operational pressures. The total adjusted appropriation for the programme amounted

to **R8.251 billion**, with actual expenditure reaching **R8.250 billion**, resulting in a minor underspending of **R35,000**—reflecting a **99.9% budget execution rate**.

Expenditure variances were generally minimal and driven by factors such as late invoice processing, staffing dynamics, and infrastructure-related adjustments. Importantly, these variations were managed without compromising the department's ability to deliver essential health services across districts, including maternal and child health, HIV and TB services, and emergency care.

(ii) Expenditure Performance at Sub-Programme Level

- **Community-Based Services** spent **R3.472 million** out of an allocation of **R3.478 million**, resulting in a small underspending of **R6,000**, largely due to unprocessed invoices before the system closure.
- **Community Health Centres** underspent by **R4.667 million**, with **R1.551 billion** expended against the **R1.555 billion** allocation. The underspending did not affect programme objectives, which included improved maternal and child health services.
- **Community Health Clinics** slightly **overspent** by **R1.926 million**, driven by infrastructure renovations and the replacement of damaged facilities with functional park homes, contributing to the delivery of services in previously non-compliant clinics.
- **Coroner Services** underspent by **R47,000** due to delayed goods delivery and vacant forensic specialist posts. Service delivery remained unaffected.
- **District Hospitals** spent **R1.891 billion**, slightly below the **R1.893 billion** allocation, with minor underspending of **R1.488 million** linked to patient care services and deferred infrastructure commitments.
- **District Management** spent **R858.162 million**, slightly below the budget of **R858.505 million**, with an underspending of **R343,000**, mostly related to transfer and subsidy transactions.
- The **HIV/AIDS** sub-programme achieved full utilisation of its **R1.881 billion** budget. This enabled the successful implementation of key HIV interventions and continuity of care services.

- **Nutrition** overspent by **R65,000** due to a rise in demand for nutritional supplements, which contributed to a significant reduction in the Severe Acute Malnutrition Case Fatality Rate.
- **Other Community Services** overspent by **R4.525 million**, driven by a higher-than-anticipated number of community service professionals reporting for duty, enhancing service capacity at primary care levels.

Comparatively, in **2023/24**, the programme spent **R7.827 billion** against a final appropriation of **R7.753 billion**, showing an overspending of **R73.225 million**—primarily due to cost pressures associated with staffing, essential medicines, and operational needs.

(iii) Analysis of Variations in Expenditure

The observed expenditure deviations across Programme 2 were a result of a complex interplay between rising service delivery needs and operational realities. Overspending in sub-programmes such as **Community Health Clinics** and **Other Community Services** reflected strategic decisions to address service backlogs, expand capacity, and ensure infrastructure functionality through renovations and park home installations.

The recruitment of additional community service professionals also contributed to increased expenditure in certain areas. Conversely, underspending in **Community-Based Services**, **Coroner Services**, and **District Hospitals** was largely due to **delayed procurement**, **unprocessed invoices**, and **vacant posts** that remained unfilled due to HR constraints.

These financial shifts are consistent with the **service delivery environment**, which is affected by high disease burdens, informal settlement growth, and infrastructure challenges. Likewise, the **organisational environment**, characterised by cost containment measures and administrative delays, impacted budget absorption in certain areas. Nonetheless, these financial variances were contained within manageable levels and, in most cases, improved health system functionality.

(iv) Expenditure Contribution to Outputs

The financial resources allocated to Programme 2 were successfully aligned with service delivery outputs, resulting in improved performance across several key indicators. Notable achievements included:

- A **rise in antenatal visits before 20 weeks**, indicating strengthened early maternal care.
- **High immunisation coverage** under 1 year, contributing to reduced vulnerability to preventable diseases.
- Continued suppression of **HIV viral loads** among adults and children, and improved retention in ART care.
- Sustained low rates of **maternal and child mortality**.
- A high **patient satisfaction rate** and improved **incident reporting and closure** performance.

The programme's ability to deliver these outputs reflects a well-managed linkage between financial inputs and health system outputs. Despite financial pressures, the department strategically prioritised funding to areas of greatest need, ensuring continuity of care and equitable access, particularly for vulnerable groups including women, children, and people living with HIV. This demonstrates the department's commitment to quality primary health care and the overall health sector transformation agenda.

Sub-programme expenditure

Sub-Programme Name	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
Community-based Services	3 478	3 472	6	3 598	3 596	2

Sub-Programme Name	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
Community Health Centres	1 555 316	1 550 649	4 667	1 469 862	1 471 246	(1 384)
Community Health Clinics	1 418 186	1 420 112	(1 926)	1 343 510	1 343 510	0
Coroner Services	53 368	53 321	47	50 923	50 227	696
District Hospitals	1 892 803	1 891 315	1 488	1 849 300	1 843 618	5 682
District Management	858 505	858 162	343	781 805	860 003	(78 198)
HIV/AIDS	1 881 325	1 881 325	-	1 734 599	1 734 553	46
Nutrition	151	216	(65)	1 056	1 144	(88)
Other Community Services	587 462	591 987	(4 525)	518 739	518 720	19
Total	8 250 594	8 250 559	35	7 753 392	7 826 617	(73 225)

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Neonatal death in facility rate at 15.2/1000 against a target of ≤14/1000 due to prematurity with high proportion of babies below 1000 grams.	<ul style="list-style-type: none"> • Technical support at affected facilities with special focus on Neonatal care units. • Continue with CARMMA campaign addressing cases of prematurity.
TB Rifampicin Resistant /Multidrug-Resistant treatment success rate at 73.3% against a target of ≥80% due to deaths caused by co-morbidity.	<ul style="list-style-type: none"> • Enhanced adherence counselling to those with co-morbidity.

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not Applicable. All standardised output indicators were included in the APP 2024/25.

4.3 Programme 3: Emergency Medical Services

4.3.1 Purpose:

To render a well-functioning Emergency Medical Services (EMS) with its components (sub-programmes) (Planned Patient Transport and Emergency Transport) and Forensic Pathology Services (FPS) throughout the province.

i. Sub programme 1: Emergency Transport

Purpose statement:

To position public emergency medical services as the preferred service provider for rapid, effective and quality emergency medical services

ii. Sub programme 2: Planned Patient Transport

Purpose statement:

To provide 24-hour access to health services in all sub-districts through an efficient planned patient transport and better response times by allowing ambulances to focus on critically ill or injured patients.

The outcomes for Emergency Medical Services in the 2024/25 financial year are:

- Improved access and coverage areas of EMS; and
- Co-coordinating health services across the care continuum, re-orienting the health system towards primary health.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 3 had **four performance indicators**, of which **three were achieved**, resulting in a **75% achievement rate**. This is consistent with the **2022/23** performance and an improvement from **50% achieved in 2023/24**.

The department exceeded its target for **Red Fleet vehicles procured** (75 vs. ≥ 60) and met both **EMS P1 rural response under 60 minutes** (70%) and **EMS P1 urban response under 30 minutes** (79%). However, **EMS Operational ambulance**

coverage fell short at **0.12** against a target of ≥ 0.15 , largely due to **vehicle breakdowns and staff shortages**, especially in rural areas.

(ii) Contribution to Departmental Outcomes

Programme three’s progress contributed to improved **access to emergency medical services**, especially in time-critical cases in both rural and urban areas. Timely EMS response aligns with the department’s goal of **coordinating care across the continuum** and **strengthening the primary healthcare model** under the **NDP 2030** and **NHI**.

Procurement of additional vehicles and improved response times help build a more resilient and responsive emergency care system.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

The programme ensured **full accessibility of EMS vehicles** to women, youth, and persons with disabilities. All operational ambulances accommodate mobility challenges.

However, **Planned Patient Transport (PPT)** vehicles remain partially inaccessible to persons in wheelchairs. The department has acknowledged this gap and is working on fleet upgrades and future procurement to include accessibility features, reinforcing its commitment to inclusive emergency medical services.

Output indicators

Table 4.3.1

(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review))

Programme 3: Emergency Medical Services									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2023	Planned Annual Target 2024/2024	*Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2024	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.3.2:

To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan

Programme 3: Emergency Medical Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2023	Planned Annual Target 2024/2024	**Actual Achievement 2024/2024	Deviation from planned target to Actual Achievement 2024/2024	Reasons for deviations
Improved access and coverage areas of EMS	Improved fleet availability	EMS Operational ambulance coverage	0.15	0.13	≥0.15	0.12	-0.03	Persistent vehicle breakdowns and critical staff shortages, particularly in rural districts.
		Number of Red Fleet vehicles procured	50	34	≥60	75	-	Not applicable
Co-ordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes rate	≥70%	70.1%	≥70%	70%	-	Not applicable
	EMS P1 urban response under 30 minutes	EMS P1 urban response under 30 minutes rate	≥60%	74%	≥60%	79%	-	Not applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

In the 2024/25 financial year, **Programme 3: Emergency Medical Services** received a final budget allocation of **R500.972 million**, of which **R500.557 million** was spent. This resulted in a minimal underspending of **R415,000**, reflecting a **budget execution rate of 99.9%**. The slight variance is a positive indication of prudent financial management and tight alignment between planned activities and available funding. This financial performance ensured that essential EMS services could be maintained throughout the year, even in the face of persistent operational challenges.

(ii) Expenditure Performance at Sub-Programme Level

The programme consists of two sub-programmes:

- **Emergency Transport** was allocated **R468.917 million** and spent **R467.324 million**, resulting in a small under spending of **R1.593 million**.
- **Planned Patient Transport (PPT)** received an allocation of **R32.055 million** and spent **R33.233 million**, recording an overspending of **R1.178 million**.

These results mirror the 2023/24 financial year trends, during which the programme spent **R447.136 million** against a budget of **R447.635 million**, also reflecting tight expenditure control. The financial consistency across both years points to effective internal controls and improved forecasting.

(iii) Analysis of Variations in Expenditure

The slight **under spending in Emergency Transport** stemmed from routine timing variances in the procurement cycle and delayed payment processing, particularly in relation to fleet upgrades. Conversely, the **overspending in the Planned Patient Transport** sub-programme was due to operational pressures including higher-than-anticipated patient referral volumes and vehicle usage, particularly in rural areas.

While financial performance was largely on track, **non-financial constraints**—such as persistent breakdowns in the aging Red Fleet and critical EMS staff shortages—negatively impacted operational performance in some target areas. For instance, the EMS operational ambulance coverage ratio fell below target (achieving 0.12 against a target of ≥ 0.15), despite 75 Red Fleet vehicles being procured. These issues underscore the importance of integrating financial execution with fleet lifecycle management and staff retention strategies.

(iv) Expenditure Contribution to Outputs

The resources allocated to Programme 3 directly enabled the department to sustain its core emergency response services. Notable achievements include:

- Meeting or exceeding **response time targets** in both rural (70%) and urban (79%) areas.
- Procurement of **75 Red Fleet vehicles**, surpassing the target of 60.

These outputs were achieved despite significant service delivery constraints, highlighting the role of strategic financial investment in maintaining baseline service delivery. However, the gap in ambulance coverage points to systemic issues that financial inputs alone cannot address. Going forward, improved alignment between financial planning, procurement processes, and operational readiness will be essential to enhance overall EMS responsiveness and public trust in emergency care.

Sub-programme expenditure

Sub-Programme Name	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
Emergency Transport	468 917	467 324	1 593	431 044	430 546	498
Planned Patient Transport	32 055	33 233	(1 178)	16 591	16 590	1
Total	500 972	500 557	415	447 635	447 136	499

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
EMS Operational ambulance coverage at 0.12 against a target of ≥0.15 due to persistent vehicle breakdowns and critical staff shortages, particularly in rural districts.	<ul style="list-style-type: none"> Accelerate fleet renewal, finalise staff recruitment processes, and enhance maintenance turnaround times.

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not Applicable. All standardised output indicators were included in the APP 2024/25.

4.4 Programme 4: Provincial Hospitals (Regional and Specialised)

4.4.1 Purpose:

The purpose of this programme is to provide Provincial Hospital Care Services to the People of the North West Province. There are three Regional Hospitals and two Specialized Hospitals in the North West Province. The three regional hospitals are Potchefstroom Hospital, Mahikeng Provincial Hospital and Joe Morolong Memorial Hospital.

Witrand and Bophelong Psychiatric Hospitals are the two Specialized Hospitals rendering psychiatric and rehabilitative services for the entire North West Province.

The programme focuses on efficiency in disease management and quality of care through optimal usage of available resources guided by relevant protocols and Standard Operating Procedures. This will be achieved through the implementation of the Ideal Hospital Realization & Maintenance, patient's feedback mechanisms and six ministerial priorities for hospital care.

The programme comprises of the following sub-programmes:

i. Sub programme 1: General (Regional) Hospitals

Purpose statement:

The purpose of this programme is to provide Regional Hospital Care Services to the people of North West Province.

ii. Sub programme 2: Psychiatric Hospitals

Purpose statement:

The purpose of this program is to provide Psychiatric and Rehabilitative services for the entire North West Province.

The outcomes for Provincial Hospitals (Regional and Specialised) in the 2024/25 financial year are:

- Improved compliance to Ideal Hospital Realization Maintenance Framework;

- Improved quality of care through a cost-effective health system that is responsive to the needs of the population;
- Reduced mortality and morbidity;
- Maternal, Neonatal, Infant and Child Mortality reduced;
- Management of patient safety incidents improved;
- Quality of health services in public health facilities improved; and
- Reduced mental health cases.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 4, which encompasses both Regional and Specialised Hospitals, **set out to achieve 28 performance indicators**. Of these, **23 were successfully achieved**, resulting in an overall programme performance of 82.1%. Regional Hospitals **achieved 12 out of 17 indicators**, achieved an **70.5% performance rate**, decreasing from the previous year (2023/24). **Specialised Hospitals met all 11** of their performance indicators for the year, **sustaining a 100%** achievement rate for the fourth consecutive year. These results reflect consistent service delivery and effective management within Programme 4.

The programme demonstrated **outstanding performance** in key areas such as **complaint resolution** and **patient safety**. Regional Hospitals **resolved 98.2%** of complaints within the required timeframe, and Specialised Hospitals **resolved 100%** of theirs, both exceeding the target of $\geq 95\%$. **Patient safety incident closure rates** were also significantly above target, **at 100.6% and 100% for Regional and Specialised Hospitals** respectively, against a target of $\geq 90\%$. The overperformance in Regional Hospitals was due to the closure of Patient Safety Incidents that originated from the previous Financial Year. These figures collectively highlight the programme's strong commitment to quality care, responsiveness, and patient-centred service delivery.

(ii) Contribution to Departmental Outcomes

The achievements under Programme 4 directly support and reinforce the Department's broader strategic outcomes. The reduction in maternal mortality and improved quality of health services are core indicators of health system performance, and the programme's results are clearly aligned with these priorities. Both Regional and Specialised Hospitals contributed positively to these outcomes by maintaining high standards of care, managing patient safety effectively.

Additionally, the sustained performance of Specialised Hospitals in delivering mental health services and the ability of Regional Hospitals to manage high patient volumes, even in complex cases such as neonatal care and emergency caesarean deliveries, reflect a system that is responsive and aligned with government priorities of improving access and quality in the public healthcare sector. The integration of service delivery improvements with departmental strategic objectives is evident in the overall success of the programme.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

Programme 4 continued its efforts to ensure that health services are inclusive and accessible to all segments of the population, including women, youth, and persons with disabilities. In Regional Hospitals, health services are provided universally, without discrimination based on gender, age, or disability. However, the programme recognises the need for enhanced infrastructure to better accommodate persons with disabilities. To address this, engagements have been initiated with relevant stakeholders to support the development of more accessible facilities.

In Specialised Hospitals, service delivery is intentionally designed to promote equity, with a particular focus on Mental Health Care Users, many of whom fall within vulnerable population groups. Services are rendered in a cost-effective manner while prioritising access for women, youth, and persons with disabilities across the province. This reflects the programme's commitment to advancing equity in healthcare and ensuring that no population group is left behind.

Output indicators: Regional Hospitals

Table 4.4.1.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 4 Regional Hospitals									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.4.1.2:

*(To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 4 Regional Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Improved compliance to Ideal Hospital Realization Maintenance Framework	All complaints resolved within the set standard	Complaints resolution rate	99.2%	99.7%	≥95%	97%	-	Not applicable
		Complaints resolution within 25 working days rate	97.1%	98.9%	≥95%	98%	-	Not applicable
Improved quality of care through a cost-effective health system that is responsive to the needs of the population	Efficient health care services	Average length of stay	5.2 days	4.9 Days	4-7 Days	6.1 Days	-	Not applicable
		Inpatient (usable) bed utilisation rates	85.4%	85.4%	70% - 85%	88.6%	+3.6%	Increased patient demand and limited bed capacity, especially in high-growth districts.
		Expenditure per Patient Day Equivalent (PDE)	R4,045.9	R3879.70	R3500 – R4500	R4 188.4	-	Not applicable

Programme 4 Regional Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Reduced mortality and morbidity	Increase life expectancy	Inpatient crude death rate	5.5%	5.0%	<7%	5.8%	-	Not applicable
Maternal, neonatal, Infant and Child Mortality reduced	Increase life expectancy	Delivery by caesarean section rate	42.30%	46.7%	≤47%	48.2%	+1.2%	Rise in maternal health complications and service limitations due to theatre renovations.
	Neonatal deaths (under 28 days) in facility	Neonatal (<28 days) death in facility rate	28.8 /1000	-	-			
	Neonatal deaths in facility	Neonatal death in facility rate	-	29.3/1000	<35/1000	33/1000	-	Not applicable
Management of patient safety incidents improved	Severity assessment code (SAC) 1 incidents reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	96.60%	95.8%	≥90%	95%	-	Not applicable
	Patient Safety Incident (PSI) case closed	Patient safety incident (PSI) case closure rate	93.60%	97.4%	≥90%	96%	-	Not applicable
Maternal, Neonatal, Infant and Child Mortality reduced	Maternal death in facility	Maternal mortality in facility	27	-	-			
	Maternal death in facility	Maternal death in facility	-	19	≤30	17	-	Not applicable
	Cervical cancer screening	Cervical cancer screening	-	-	>1 080	1 293	-	Not applicable
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	0.70%	1.6%	-			
	Diarrhoea death under 5 years	Diarrhoea death under 5 years	-	-	<16	18	+2	Delayed presentation and referral in children with acute conditions.
	Pneumonia separation death under 5 years	Child under 5 years pneumonia case fatality rate	1.70%	1.2%	-			
	Pneumonia death under 5 years	Pneumonia death under 5 years	-	-	<16	13	-	Not applicable
	Severe acute malnutrition death under	Child under 5 years Severe acute	4.00%	1.4%	-			

Programme 4 Regional Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
	5 years	malnutrition case fatality rate						
	Severe acute malnutrition death under 5 years	Severe acute malnutrition (SAM) death under 5 years	-	-	<30	5	-	Not applicable
	Death in facility under 5 years	Death under 5 years against live birth	360	-	-			
		Death in facility under 5 years	-	358	≤320	420	+100	Neonatal complications due to maternal health conditions and prematurity.
Quality of health services in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	85%	86%	≥85%	78.7%	-6.3%	Concerns over Waiting Times and Staff Attitude.

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Inpatient (usable) bed utilisation rates at 88.6% against a target of 70% - 85% due to increased patient demand and limited bed capacity, especially in high-growth districts.	<ul style="list-style-type: none"> Expand inpatient capacity through park home procurement and optimise referral systems via outreach services.
Delivery by caesarean section rate at 48.2% against a target of ≤47% due to rise in maternal health complications and service limitations due to theatre renovations.	<ul style="list-style-type: none"> Reinforce district clinical outreach, accelerate infrastructure upgrades, and recruit specialised maternal health staff.
Diarrhoea death under 5 years at 18 against a target of <16 due to delayed presentation and referral in children with acute conditions.	<ul style="list-style-type: none"> Intensify health education, improve referral systems, and implement child health improvement recommendations.

Challenge	Remedial action
<p>Death in facility under 5 years at 420 against a target of <320 due to neonatal complications due to maternal health conditions and prematurity.</p>	<ul style="list-style-type: none"> • Scale up neonatal support programmes, infection control, and recruit skilled neonatal personnel.
<p>Patient Experience of Care satisfaction rate at 78.7% against a target of ≥85% due to concerns over Waiting Times and Staff Attitude.</p>	<ul style="list-style-type: none"> • Implement the following targeted improvement plans: <ul style="list-style-type: none"> i. <u>Name Tags:</u> <ul style="list-style-type: none"> ○ Procurement of nametags for new staff and staff without nametags. ○ OPMs and Unit Managers to monitor wearing of name tags daily during handovers. ○ Management By Walking Around (MBWA) Rounds by ADs and Executive Managers to monitor wearing of nametags. ii. <u>Communication surrounding waiting times:</u> <ul style="list-style-type: none"> ○ Appointment of Queue Marshalls to assist with flow of patients ○ Regular engagement with patients by unit managers/OPMs on waiting times ○ Installation of TVs for health education to keep patients busy whilst waiting in queues ○ Revisiting Impilo or similar services that can broadcast health education in waiting areas.

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not Applicable. All standardised output indicators were included in the APP 2024/25.

Output indicators: Specialised Hospitals

Table 4.4.2.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 4: Specialised Hospitals									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2024	*Actual Achievement 2024/2025 until date of re-tabling	Deviation from planned target to Actual Achievement 2024/2024	Reasons for deviations	Reasons for revisions to the Outputs / Output indicators / Annual Targets
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.4.2.2:

*(To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 4: Specialised Hospitals									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Improved compliance to the Ideal Hospital Realization & Maintenance Framework	All complaints resolved within the standard	Complaints resolution rate	100%	100%	≥95%	95%	-	Not Applicable	
		Complaints resolution within 25 working days rate	100%	100%	≥95%	100%	-	Not Applicable	
Improved quality of care through a cost-effective health system that is responsive to the needs of the population	Efficient health care services	Average length of stay - Total	142.1 days	136 Days	100 - 300 days	143 days	-	Not Applicable	
		Inpatient (usable) bed utilisation rates	70.60%	70,2%	-	-	-	-	
		Inpatient bed utilisation rates	-	-	70% - 80%	76.5%	-	Not Applicable	

Programme 4: Specialised Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Expenditure per Patient Day Equivalent (PDE)	R1,967.80	R2123.30	R1300 – R2500	R2 122.5	-	Not Applicable
Reduced mortality and morbidity	Increase life expectancy	Inpatient crude death rate	0.80%	1.0%	<2%	0.4%	-	Not Applicable
Reduced mental health cases	Improved access to mental health services	Mental health involuntary admission rate	7.60%	8.5%	≤15%	6.5%	-	Not Applicable
		Number of outpatient forensic mental health services established	-	-	1	1	-	Not Applicable
Quality of health services in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	98.40%	82%	≥80%	95.9%	-	Not Applicable
Management of patient safety incidents improved	Severity assessment code (SAC) 1 incidents reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	100%	≥90%	100%	-	Not Applicable
	Patient Safety Incident (PSI) case closed	Patient safety incident (PSI) case closure rate	100%	100%	≥90%	100%	-	Not Applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
None	Not Applicable

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not Applicable. All standardised output indicators were included in the APP 2024/25.

Linking performance with budgets

(i) Overview of Expenditure Performance

In the 2024/25 financial year, **Programme 4** was allocated a total budget of **R2.381 billion**. The **entire budget was fully spent**, indicating strong financial discipline and effective budget management. This full expenditure was achieved despite the challenges posed by staffing changes and infrastructure demands. The programme expanded its service delivery footprint, notably through the decentralisation of oncology services and by supporting non-functional District Hospitals impacted by issues such as burn unit closures and ongoing renovations. These efforts were undertaken without incurring over-expenditure, demonstrating the programme's capacity to respond flexibly to service delivery needs while remaining within budget.

(ii) Expenditure Performance at Sub-Programme Level

- **Provincial Hospital Services (Regional Hospitals)** received an appropriation of **R1.757 billion**, with actual expenditure of **R1.755 billion**, resulting in an underspending of **R1.837 million**. The underspending occurred mainly on social contributions and household-related expenditure, as these were revised downward from the previous year's unusually high baseline. The savings did not affect the sub-programme's ability to achieve its performance targets.
- **Psychiatric Hospitals (Specialised Hospitals)** received **R624.194 million** and spent **R625.792 million**, reflecting an overspending of **R1.598 million**. This was primarily due to under-budgeting for social contributions related to specialised posts. Despite this, the sub-programme ensured full continuity of care and met all performance targets for the year.

In comparison, during the 2023/24 financial year, both sub-programmes spent **exactly their appropriated budgets**, further demonstrating consistent financial control across financial years.

(iii) Analysis of Variations in Expenditure

The minor **underspending in the Provincial Hospitals sub-programme** reflects revised cost assumptions based on prior-year spending trends. These adjustments, while reducing expenditure on specific line items, had no adverse effect on performance and allowed the department to reallocate resources to priority areas.

The **overspending in the Psychiatric Hospitals sub-programme** was driven by ongoing systemic challenges in staffing specialised mental health professionals. While the overspending appears as a deviation, it enabled the sub-programme to maintain service continuity and ensure patient safety. This spending pattern reflects the department's broader responsiveness to organisational constraints, such as workforce shortages and administrative cost controls, while still prioritising frontline service delivery.

These variations also mirror external service delivery realities, including rising patient volumes, complex patient needs, and infrastructural dependencies, all of which necessitate flexibility in financial management.

(iv) Expenditure Contribution to Outputs

The financial resources allocated to Programme 4 were closely tied to service delivery outcomes across both regional and specialised hospitals. Noteworthy achievements include:

- **Resolution of patient complaints within target timelines**
- **Sustained patient safety standards** with 100% of SAC 1 incidents reported within 24 hours
- **Improved bed utilisation rates**, even amid increased patient demand
- **Low inpatient mortality rates** and improved maternal and neonatal health outcomes
- Full establishment of **outpatient forensic mental health services**

Although some individual indicators, such as **patient experience satisfaction** and **under-5 mortality**, reflected areas needing improvement, these were influenced by

systemic pressures such as infrastructure limitations and increased case severity— not by lack of funding.

Overall, **88.5% of performance indicators** were achieved, affirming that the programme used its budget effectively to deliver essential hospital services, support infrastructure upgrades, and uphold quality care standards. The performance of Programme 4 exemplifies how integrated planning, responsible budgeting, and adaptive management can drive meaningful improvements in health outcomes, even within a constrained fiscal environment.

Sub-programme expenditure

Sub-Programme Name	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
Provincial Hospital Services	1 757 252	1 755 415	1 837	1 705 797	1 706 635	(838)
Psychiatric Hospital	624 194	625 792	(1 598)	619 915	619 077	838
Total	2 381 446	2 381 207	239	2 325 712	2 325 712	-

4.5 Programme 5: Central & Tertiary Services

4.5.1 Purpose:

The purpose of this programme is to provide access to Tertiary Hospital care services for patients in the North West Province, retention and training of health care professionals, and research. The North West Province does not have a fully developed Tertiary or Central hospital; tertiary services are incrementally initiated and sustained at Klerksdorp/Tshepong Complex and Job Shimankana Tabane Hospitals.

The outcomes for Central and Tertiary Services in the 2023/24 financial year are:

- Improved compliance to the Ideal Health Realization and Maintenance Framework;
- Reduced mortality and morbidity;
- Maternal, Neonatal, Infant and Child Mortality reduced;
- Quality of health services in public health facilities improved; and
- Management of patient safety incidents improved.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 5 **achieved 11 out of its 13 output indicators**, reflecting a performance rate of **84.6%**. This marks a continued upward trend in performance compared to previous years, **with 83.3% achieved in 2023/24, 75% achieved in 2022/23, 76.9% in 2021/22, and 66.6% in 2020/21**. These results are especially commendable given the need to settle prior-year accruals during the same period. The programme's efforts in tertiary hospitals demonstrated substantial improvement, contributing to better service access and clinical outcomes. The **high rate of complaint resolution and resolution within 25 working days** indicates **strong user feedback mechanisms and responsiveness to public concerns**. Moreover, a reduction in the inpatient crude death rate points to improved treatment and clinical management. The programme also made significant strides in reducing the case fatality rate for Diarrhoea, Pneumonia and Severe Acute Malnutrition in

children under five, reflecting better child health interventions. In addition, a notable decrease in patient safety incidents underscores the ongoing improvements in the safety and quality of services provided.

(ii) Contribution to Departmental Outcomes

The achievements under Programme 5 have directly supported the attainment of key departmental outcomes. The **consistent reduction in inpatient mortality and improved care for children under five years old have contributed to increased life expectancy and enhanced child survival rates**. Efficient healthcare service delivery was evident in both clinical and administrative operations, supporting the department's broader goal of providing high-quality care. Furthermore, improvements in patient safety mechanisms have strengthened public confidence in the healthcare system. These outcomes are aligned with government priorities to enhance access to quality tertiary services, reduce the need for patient referrals to the North West Province, and build a more equitable and responsive health system overall.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

Programme 5 maintained a deliberate focus on prioritising women, youth, and persons with disabilities throughout the reporting period. Healthcare services for women and children were consistently provided without interruption, ensuring that no patient was turned away without receiving the care they required. This commitment significantly contributed to reduced mortality rates during childbirth seen in the reduction in maternal mortality and improved health outcomes for children suffering from diarrhoea, pneumonia and Severe Acute Malnutrition. The programme also ensured that facilities and services were accessible and accommodating to people with disabilities. While challenges in procurement and service demand were present, the programme implemented corrective actions including resource prioritisation and operational adjustments to ensure continuity and inclusivity in service provision.

Output indicators

Table 4.5.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 5: Central & Tertiary Hospitals									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.5.2:

*(To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 5: Central & Tertiary Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2023	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Improved compliance to the Ideal Realisation maintenance Framework	All complaints resolved within the standard	Complaints resolution rate	98.3%	97.3%	≥95%	99%	-	Not applicable
	Complaints resolved within 25 working days	Complaints resolution within 25 working days rate	98.6%	99.6%	≥90%	100%	-	Not applicable
Reduced mortality and morbidity	Increase life expectancy	Inpatient crude death rate	4.1%	4.2%	<6%	3.9%	-	Not applicable

Programme 5: Central & Tertiary Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2023	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Maternal, Neonatal, Infant and Child Mortality reduced		Delivery by caesarean section rate	47.1%	47.1%	≤47%	47.5%	+0.5%	Inadequate monitoring space and staff shortages; high clinical demand due to high burden of disease.
Quality of health services in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	87.0%	85%	≥85%	79.9%	-5.1%	Access to care, Safety and Security and Cleanliness.
Management of patient safety incidents improved	Severity assessment code (SAC) 1 incidents reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	98.0%	98.3%	85%	100%	-	Not applicable
	Patient Safety Incident (PSI) case closed	Patient safety incident (PSI) case closure rate	97.3%	99.5%	≥90%	100%	-	Not applicable
Maternal, Neonatal, Infant and Child Mortality reduced	Maternal death in facility	Maternal mortality in facility	31	-	-			
		Maternal deaths in facility	-	32	<30	13	-	Not applicable
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	3.30%	0.6%	-			
		Diarrhoea death under 5 years	-	-	≤24	14	-	Not applicable
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate	2.20%	2.3%	-			
		Pneumonia death under 5 years	-	-	≤12	4	-	Not applicable
Severe acute malnutrition death under 5 years	Severe acute malnutrition death under 5 years rate	1.4%	8.1%	-				

Programme 5: Central & Tertiary Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2023	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Severe acute malnutrition (SAM) death under 5 years	-	-	≤12	3	-	Not applicable
	Death in facility under 5 years	Death under 5 years against live birth	420	-	-			
		Death in facility under 5 years	-	423	<450	374	-	Not applicable
	Cervical cancer screening	Cervical cancer screening	-	-	≥100	1 059	-	Not applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

In the 2024/25 financial year, **Programme 5: Central and Tertiary Hospitals** received a final appropriation of **R2.535 billion**. Actual expenditure amounted to **R2.494 billion**, resulting in an **under-expenditure of R40.996 million** and an overall **budget execution rate of 98.4%**.

The under-expenditure primarily stemmed from **delayed delivery of MRI machines** funded through the National Health and National Tertiary Services Grants. These funds have been formally requested for rollover to the next financial year. Overall, the programme demonstrated strong financial discipline and effective resource planning while managing prior-year accruals and maintaining uninterrupted service delivery.

(ii) Expenditure Performance at Sub-Programme Level

Programme 5 comprises a single sub-programme:

- **Provincial Hospital Tertiary Services** was allocated **R2.535 billion** and spent **R2.494 billion**, resulting in an **under-expenditure of R40.996 million**.

Despite this underspending, expenditure was strategically directed toward:

- Settling **contractual obligations**
- Addressing **infrastructure-related accruals**
- Procuring **medical implants, gas, and pharmaceuticals**, including **PPEs**
- Supporting **provincial laundry services**, particularly those linked to Tshepong Hospital

These investments ensured continuity of care and the ongoing operation of essential tertiary services. Compared to 2023/24, where the programme also showed close alignment with its appropriation (underspending by only R1.641 million), the year-on-year financial performance confirms the programme's consistency and reliability in managing large-scale tertiary budgets.

(iii) Analysis of Variations in Expenditure

The under-expenditure was largely due to **delays in the procurement and delivery** of specialised medical equipment (e.g., MRI machines), which could not be completed within the financial year. This was not a result of mismanagement but rather a procurement cycle misalignment with supplier timelines. The department acted prudently by requesting a rollover of these funds.

Despite these delays, there was **no negative impact on service delivery**. Instead, the department reallocated funds to address other immediate priorities, such as infrastructure debts and critical supply needs. This approach reflects the department's agility and adherence to the organisational and service delivery environment realities—such as load shedding, rising patient volumes, and supply chain disruptions—all of which demand responsive financial planning.

(iv) Expenditure Contribution to Outputs

Programme 5's financial performance directly supported the achievement of critical service delivery outputs. Key accomplishments included:

- A reduction in the **inpatient crude death rate** to 3.9%, well below the 6% target.
- Maintaining **high performance on patient safety indicators**, with 100% of SAC 1 incidents reported within 24 hours.
- Successful **closure of 99.7% of Patient Safety Incident (PSI) cases**.
- A substantial increase in **cervical cancer screenings**, reaching 1,059 against a target of 100.
- A significant reduction in **maternal mortality**, from 32 to 13 facility deaths.

Although there was a slight deviation in the **caesarean section rate** (+0.4%) and a drop in **patient experience satisfaction** (79.6% vs a target of $\geq 80\%$), these are being addressed through improved clinical governance and patient engagement strategies.

The programme's financial investments also ensured the continuity of high-level tertiary services that support complex surgical, diagnostic, and emergency care needs across the province. These outcomes confirm that financial resources were well-aligned with service delivery priorities and that Programme 5 continues to play a vital role in strengthening the province's healthcare system.

Sub-programme expenditure

Sub-Programme Name	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
Provincial Hospital Tertiary Services	2 534 725	2 493 729	40 996	2 423 799	2 422 158	1 641
Total	2 534 725	2 493 729	40 996	2 423 799	2 422 158	1 641

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Delivery by caesarean section rate at 47.5% against the target of ≤47% due to inadequate monitoring space and staff shortages; high clinical demand due to high burden of disease.	<ul style="list-style-type: none"> Expand labour ward capacity, motivate for additional staff and continuous analysis of indications of caesarean sections.
Patient Experience of Care satisfaction rate at 79.6% against the target of ≥85% due to access to care, Safety and Security and Cleanliness.	<ul style="list-style-type: none"> Develop and implement the Quality Improvement Plan (QIP).

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not Applicable. All standardised output indicators were included in the APP 2024/25.

4.6 Programme 6: Health Sciences and Training

4.6.1 Purpose:

To support health care service delivery through the provision of education, training and development. The programme comprises of the following sub-programmes:

i. Sub programme 1: Nurse Training Colleges:

Purpose statement:

To produce a competent skill mix of nurse practitioners responsive to healthcare needs of communities at all levels of care with the aim of providing quality healthcare to attain positive health outcomes.

ii. Sub programme 2: College of Emergency Care:

Purpose statement:

To produce competent emergency medical care providers responsive to emergency medical service needs at all levels of care to attain positive health outcomes.

iii. Sub programme 3: Primary Care Nursing ((PCN) Training:

Purpose statement:

To produce competent nurse practitioners responsive to healthcare needs of communities through provision of comprehensive Primary Health Care Services with the aim of providing quality healthcare to attain positive health outcomes.

iv. Sub programme 4: Training (OTHER):

Purpose statement:

To produce competent appropriately trained and developed personnel and potential employees responsive to healthcare service delivery needs to attain positive health outcomes.

The outcomes for Health Sciences and Training in the 2024/25 financial year are:

- Production of nurses responsive to the service delivery environment;
- Production of Medical Doctors and allied health professional to meet Provincial service delivery needs; and
- Production of learnership beneficiaries.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 6 tracked **nine output indicators** and achieved **seven**, resulting in an **77.7% achievement rate**. This is an improvement from **57.1% in 2023/24**, although lower than the **100% achievement in 2022/23** and **83.3% in both 2020/21 and 2021/22**.

Major successes included meeting all enrolment targets for **basic nursing qualifications**, and graduating **335 basic nurse students**, surpassing the target of 250. Learnership targets were fully met, with **50 youth registered**. The only shortfall was the **accreditation of new nursing programmes**, where only **2 of the planned 4** were approved due to external delays from **SANC**.

(ii) Contribution to Departmental Outcomes

Programme 6 directly supported the department's goal of **developing a skilled health workforce**. The increase in trained nurses, emergency medical staff, and allied health professionals contributes to improving healthcare service delivery, especially in underserved areas.

These outcomes support the national focus on **job creation**, **healthcare accessibility**, and **system readiness** for the **NHI rollout**, while aligning with the broader goals of the **NDP 2030**.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

The programme prioritised participation of **women and unemployed youth**, with **77% of nursing students** and **76% of learnership beneficiaries** being women. In allied programmes, **64% were female** and **86% were unemployed youth**.

No students with disabilities were enrolled during the year, but the programme remains open to applicants from this group, provided their condition allows them to safely perform nursing activities. The department continues efforts to promote inclusive access to all health training opportunities.

Output indicators

Table 4.6.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 6: Health Science and Training									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.6.2:

*To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 6: Health Science and Training								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Production of nurses responsive to the service delivery environment.	Accredited North West College of Nursing	Number of first year students enrolled for the new basic nursing programme	190	-	-			
		Diploma in Nursing	-	90	90	90	-	Not applicable
		Higher Auxiliary Nursing Certificate	-	100	100	100	-	Not applicable
		Advance Diploma in Midwifery	-	60	60	60	-	Not applicable
		Number of basic nurse students graduating	142	151	250	335	+85	85 Students had extension of training and repeat modules which they passed during the quarter under review.
		Accreditation of new nursing programmes	-	-	4	2	-2	The four (4) programmes were submitted to SANC in July 2023, however SANC only accredited two (2) programmes thus far and there has been delay in SANC accrediting the other two (2) programmes.
Production of Medical Doctors and allied health professional to meet Provincial service delivery needs.	Increased number of beneficiaries on the Departmental bursary scheme	Number of first year medicine students enrolled on the NMFC programme	20	21	20	31	+11	Thirty-one (31) students were recruited to achieve the Strategic Plan target deficit due to non-enrolment during COVID 19 pandemic.
		Number of medicine students graduating	125	56	10	9	-1	One student with outstanding repeat modules did not complete the programme and was therefore excluded from the 2024/25 graduation cohort.

Programme 6: Health Science and Training								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Number of serving officers and unemployed youth registered for allied programmes:						
		Health technology	10	13	15	15	-	Not applicable
		Pharmacy Assistants	10	10	10	10	-	Not applicable
		Bachelor of Emergency Medical Care	10	3	10	10	-	Not applicable
		Diploma in Emergency Medical Care	-	1	-			
		National Certificate in Emergency Medical Care	-	2	-			
		Clinical Psychology	6	6	5	5	-	Not applicable
		Number of unemployed youth and serving officers students registered for allied programmes graduating	15	25	40	40	-	Not applicable
		Employed beneficiaries registered for masters in nursing	-	-	5	5	-	Not applicable
Production of learnership beneficiaries	Improved skilled labour	Number of beneficiaries registered on learnerships	50	50	50	50	-	Not applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

For the 2024/25 financial year, **Programme 6: Health Sciences and Training** received a final appropriation of **R269.626 million** and spent **R269.490 million**, resulting in a **minimal underspending of R136,000** and a **budget execution rate of 99.9%**.

This minor underspending was due to delayed invoice submissions by the National Department of Health for the **Nelson Mandela Fidel Castro Medical Collaboration Programme**, which could not be finalised before the financial year-end. Importantly, this had no adverse effect on programme implementation. Overall, the financial performance reflects prudent fiscal management and effective alignment between budget allocation and the delivery of core training objectives.

(ii) Expenditure Performance at Sub-Programme Level

At the sub-programme level:

- **Nurse Training Colleges** spent 100% of their allocation (**R169.518 million**), demonstrating full utilisation aligned with enrolment and graduation targets.
- **EMS Training College** spent **R16.674 million** against a budget of **R16.720 million**, resulting in a marginal underspending of **R46,000**.
- **Primary Health Care Training** underspent by **R15,000** but still managed to meet its delivery objectives.
- **Training – Other** spent **R61.183 million** of its **R61.350 million** budget, with a minor underspending of **R167,000**.
- The **Bursaries sub-programme** slightly overspent by **R92,000** due to increased demand for financial support among qualifying candidates.

Compared to the 2023/24 financial year, where the programme also displayed tight expenditure control with a negligible underspending of **R67,000**, this year's performance affirms the department's strong internal financial controls and its capacity to manage large-scale education funding consistently.

(iii) Analysis of Variations in Expenditure

The small variances in expenditure across sub-programmes were not due to inefficiencies but were instead linked to **external administrative delays**, such as late invoicing, and **technical eligibility restrictions**. One such constraint affected **enrolment into allied health and emergency care programmes**, where eligibility was limited to North West Province residents. This restriction significantly reduced the eligible applicant pool, thereby impacting enrolment numbers.

To address this, the department is planning to:

- **Explore late enrolments** for qualified applicants
- **Request approval** from the Accounting Officer to consider exceptional cases from outside the province

These corrective steps are expected to improve enrolment uptake in future cycles and expand access to training opportunities without compromising fiscal discipline.

(iv) Expenditure Contribution to Outputs

Programme 6 successfully directed its financial resources toward supporting the training and development of healthcare professionals critical to the province's service delivery agenda. Key outputs supported by this expenditure include:

- The **graduation of 335 nursing students**, exceeding the target of 250 due to students completing extended training modules
- The **enrolment of first-year candidates** across nursing, midwifery, and health science disciplines
- Achievement of **bursary disbursements** and continued support for **learnerships** targeting unemployed youth

These investments directly contributed to increasing the supply of skilled personnel in nursing, emergency care, clinical psychology, pharmacy assistance, and allied health—fields central to health system resilience.

The programme also demonstrated a strong **equity and transformation focus**, with interventions prioritising youth and women, in line with broader government

objectives. As the province continues to face service delivery demands, Programme 6 remains a key enabler in producing a sustainable, well-trained health workforce equipped to meet current and future needs.

Sub-programme expenditure

Sub-Programme Name	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
Nurse Training Colleges	169 518	169 518	-	170 668	170 881	(213)
EMS Training College	16 720	16 674	46	15 598	15 532	66
Primary Health Care Training	9 837	9 822	15	9 185	9 185	-
Training – Other	61 350	61 183	167	66 685	66 471	214
Bursaries	12 201	12 293	(92)	7 133	7 133	-
Total	269 626	269 490	136	269 269	269 202	67

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Number of medicine students graduating at 9 against a target of 10 due to one student with outstanding repeat modules did not complete the programme and was therefore excluded from the 2024/25 graduation cohort.	<ul style="list-style-type: none"> Student completed the repeat modules in December 2024 and will only be graduating in the 2nd quarter of the 2025/26 financial year.
Accreditation of new nursing programmes at two (2) against a target of four (4) due to delay in South African Nursing Council accrediting the other two (2) programmes.	<ul style="list-style-type: none"> Continuous follow-up with South African Nursing Council on accreditation progress.

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not applicable to Programme 6: Health Sciences and Training.

4.7 Programme 7: Health Care Support Services

4.7.1 Purpose:

The purpose of this programme is to provide health care support services, namely, Pharmaceutical Services, Transport Management Services, Health Technology Services, Information and Communication Technology as well as Rehabilitation Services. The programme comprises of the following sub-programmes:

i. Sub programme 1: Engineering

Purpose statement:

To ensure appropriate, safe and cost-effective health technology available at the point of need.

ii. Sub programme 2: Provincial Laundries

Purpose statement:

To ensure proper utilisation of laundry services within the NWDoH and to redirect resources where they are mostly needed.

iii. Sub programme 3: Orthotic and Prosthetic Services

Purpose statement:

Rehabilitation services aims to reduce the impact of disability through the use of therapeutic activities, modalities and assistive technology.

iv. Sub programme 4: Medicines Trading Account

Purpose statement:

To provide an adequate and reliable supply of safe, cost-effective and appropriate medicines and surgical consumables of acceptable quality

The outcomes for Health Care Support Services in the 2023/24 financial year are:

- Improved availability of medical products, and equipment; and

- Robust and effective health information systems to automate business processes and improve evidence-based decision making.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) Significant Achievement of Targets

In the 2024/25 financial year, Programme 7 tracked **three performance indicators** and successfully achieved **two**, resulting in a **66.6% achievement rate**—matching 2023/24 and improving from **50% in 2021/22**.

Essential medicine availability reached **83.31%**, exceeding the target of $\geq 80\%$. Additionally, **92.5% of health facilities** had serviced medical equipment, surpassing the $\geq 70\%$ benchmark. The only shortfall was the **Percentage of health facilities electronically recording clinical codes**, which reached **92.6%** (vs. 100%) due to the closure of **Christiana and Thusong hospitals**.

(ii) Contribution to Departmental Outcomes

Programme 7 supported the department's objectives of **ensuring functional infrastructure, equipment readiness, and digital transformation**. High availability of medicines and maintained equipment enhanced clinical care delivery.

Progress in **electronic clinical coding** supports the department's broader commitment to the **National Digital Health Strategy (2019–2024)** and aligns with **NDP 2030** and **NHI priorities** by enabling better data for planning and patient care.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

Through the **Orthotic and Prosthetic Services sub-programme**, the department provided **assistive devices** such as wheelchairs, prosthesis, orthosis, hearing aids, spectacles and optical devices —directly benefiting persons with disabilities. While group-specific economic initiatives were not reported, services were delivered **universally and equitably**. The department acknowledged gaps in **data disaggregation** and is working on **improving tracking systems** to better monitor service impact on designated groups.

Output indicators

Table 4.7.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 7: Health Care Support Services									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.7.2:

*(To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan*

Programme 7: Health Care Support Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Improved availability of medical products, and equipment	Availability of essential medicines	Percentage availability of essential medicines as contained in the provincial code list (formulary) at different levels	80.2%	80.4%	≥80%	83.31%	-	Not applicable	
	Serviced medical equipment	Percentage of institutions with serviced medical equipments	88.1%	-	-				
		Percentage of hospitals with serviced medical equipment	-	89.9%	-				

Programme 7: Health Care Support Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
		Percentage of health facilities with serviced medical equipment	-	-	≥70%	92.5%	-	Not applicable
	Connected facilities	Percentage of facilities with network connectivity	17.4%	21.1%	-			
Robust and effective health information systems to automate business processes and improve evidence-based decision making	Health facilities recording clinical codes	Percentage of health facilities electronically recording clinical codes from their patient visits	-	-	100%	92.6%	-7.4%	Two facilities closed, namely Christiana Hospital due to fire and Thusong Hospital due to structural problems.

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

In the 2024/25 financial year, **Programme 7: Health Care Support Services** was allocated a total final appropriation of **R707.189 million**, and recorded actual expenditure of **R707.013 million**, resulting in a **minor underspending of R176,000** and a **budget execution rate of 99.98%**.

This near-total expenditure reflects the programme's strong financial controls and alignment between planning and implementation. The underspending was largely due to a few outstanding invoices that could not be processed before system closure and minor delays in administrative processes.

(ii) Expenditure Performance at Sub-Programme Level

At the sub-programme level:

- **Engineering** was allocated **R82.892 million** and spent **R82.813 million**, with a small underspending of **R79,000**, primarily due to delayed payments for software licenses.
- **Provincial Laundry Services** spent nearly 100% of its **R41.829 million** budget, demonstrating full financial utilisation.
- **Orthotic and Prosthetic Services** received **R14.874 million** and spent **R14.873 million**, with only **R1,000** unspent due to delays in voucher processing linked to late deliveries.
- The **Medicine Trading Account**, the largest sub-programme, was allocated **R567.594 million** and spent **R567.514 million**, showing an **underspending of R80,000**, attributed to a payment moratorium imposed to manage broader provincial cash flow constraints.

Compared to the 2023/24 financial year, where the programme spent **R728.570 million** against an appropriation of **R730.862 million** (underspending by **R2.292 million**), the 2024/25 financial year reflects consistent and improved financial performance.

(iii) Analysis of Variations in Expenditure

The minor underspending observed across sub-programmes was not due to internal inefficiencies, but rather to **external and administrative delays** in invoice processing and payment approvals. For instance:

- The **Engineering and ICT payments** were delayed due to licensing and procurement system backlogs.
- The **moratorium on selected payments** within the Medicine Trading Account was a strategic cash flow management decision applied across the province, affecting final transaction timing.

These delays had no material impact on service delivery. In fact, critical support services such as procurement of medicines, medical equipment servicing, and

orthotic devices were maintained without disruption. This illustrates the programme's capacity to navigate systemic constraints while preserving operational performance.

(iv) Expenditure Contribution to Outputs

Programme 7's expenditure was directly linked to the achievement of several key outputs:

- **Essential medicine availability** exceeded the 80% target, reaching **83.31%**, enabled through effective procurement and distribution managed via the Medicine Trading Account.
- **Servicing of medical equipment** exceeded expectations, with **92.5% of health facilities** reporting compliance—an outcome supported through strategic investments under the Engineering sub-programme.
- **Orthotic and Prosthetic Services** ensured continued provision of assistive devices to persons with disabilities, enhancing quality of life and mobility.

While **network connectivity** at health facilities remains low, the department is working in conjunction with the National Department of health on the SA Connect project to get more facilities connected. Although **electronic clinical coding** fell slightly short of targets—due to the closure of two hospitals (Christiana and Thusong) and delays in digital infrastructure rollout—mitigation steps have been implemented. These include procurement re-submissions and escalations to the Office of the Premier and SITA.

Overall, the programme's effective financial execution and alignment with service delivery priorities demonstrate its critical role in strengthening the province's healthcare support systems and infrastructure backbone.

Sub-programme expenditure

Sub-Programme Name	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
Engineering	82 892	82 813	79	68 448	67 223	1 225
Provincial Laundry Services	41 829	41 813	16	33 375	33 372	3
Orthotic and Prosthetic Services	14 874	14 873	1	13 580	13 453	127
Medicine Trading Account	567 594	567 514	80	615 459	614 522	937
Total	707 189	707 013	176	730 862	728 570	2 292

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
Percentage of health facilities electronically recording clinical codes from their patient visits at 92.6% against a target of 100% due to two facilities that closed, namely Christiana Hospital due to fire and Thusong Hospital due to structural problems.	<ul style="list-style-type: none"> Review the database for facilities utilising PAAB.

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not applicable to Programme 7: Health Care Support Services

4.8 Programme 8: Health Facilities Management

4.8.1 Purpose:

To oversee the planning and construction of health facilities to contribute towards the provision of comprehensive quality health services.

To facilitate the construction, upgrade, rehabilitation, replacement and renovation of clinics, community health centres, district, regional, tertiary and specialized hospitals as well as other health related facilities.

To provide technical support and monitor implementation of maintenance at health facilities within the province.

The programme comprises of the following sub-programmes:

i. Sub programme 1: Primary Health Care (PHC) Facilities:

Purpose:

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of Primary Health Care (PHC) Facilities.

ii. Sub programme 2: Emergency Medical Services

Purpose:

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

iii. Sub programme 3: Hospital Services:

Purpose:

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of District, Regional, Specialised and Tertiary hospitals.

iv. **Sub programme 4: Other Facilities:**

Purpose:

Plan, design, construction, upgrade, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities, nursing colleges and EMRS stations.

v. **Sub programme 5: District Hospitals**

Purpose statement:

Facilitate the upgrade, rehabilitation, replacement and renovation of District Hospitals

The outcomes for Health Care Support Services in the 2024/25 financial year is:

- Infrastructure maintained and back log reduced.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

(i) **Significant Achievement of Targets**

In the 2024/25 financial year, Programme 8 tracked **five performance indicators** and achieved **all five**, resulting in a **100% achievement rate**. This marks a strong improvement from **60% in 2023/24** and **20% in 2022/23**.

All infrastructure targets were met: **two project plans** were completed in line with gazetted norms and standards, **construction began on five projects**, and **four projects** reached practical completion which indicates that the facilities are ready for use by the user clients. The **Percentage of health facilities with completed infrastructure projects** reached **8%**, this includes facilities who benefited from the maintenance projects and allocation which included day-to-day maintenance, statutory maintenance and term contract maintenance (repair and servicing of generators, fire and HVAC systems). In terms of the **Percentage of completeness of the Project Management Information System (PMIS)**, the department achieved **90%**.

(ii) Contribution to Departmental Outcomes

Programme 8's performance supported the departmental goal of reducing infrastructure backlogs and ensuring safe, functional facilities. These developments enhance the readiness of the health system to provide quality care and align with the **NDP 2030, NHI rollout plans, and the National Digital Health Strategy** by strengthening the physical foundation of public healthcare delivery.

The 90% PMIS completeness rate also improves infrastructure transparency, data and supports effective planning.

(iii) Prioritisation of Women, Youth, and Persons with Disabilities

Programme 8 promoted inclusion through **labour-intensive projects and local subcontracting**, benefiting **women and youth** in infrastructure development. **Community Liaison Officers (CLOs)** helped facilitate recruitment of designated groups.

While participation by persons with disabilities remained limited due to low application rates, the department has instructed CLOs and district officials to improve outreach and accessibility for future project phases, ensuring equitable involvement in upcoming infrastructure programmes.

Output indicators

Table 4.8.1

*(To be used for a report against the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has **re-tabled** an Annual Performance Plan in the financial year under review)*

Programme 8: Health Facilities Management									
Outcome	Output	Output Indicator	*Audited Actual Performance 2022/2023	*Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	*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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

*Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan until date of re-tabling (In the instance where a department has re-tabled an Annual Performance Plan in the financial year under review).

Table 4.8.2:

To be used for a report against the originally tabled Annual Performance Plan (In the instance where a department **did not re-table** the Annual Performance Plan in the financial year under review) OR Report against the re-tabled Annual Performance Plan

Programme 8: Health Facilities Management								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	**Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Infrastructure maintained and back log reduced	Acceptable, well maintained and newly rebuild health facilities	Number of projects plans (including replacement of asbestos facilities) completed that are compliant to the gazetted infrastructure norms and standards	6	9	2	2	-	Not applicable
		Number of projects on which construction started	4	6	5	5	-	Not applicable
		Number of projects completed	5	0	4	4	-	Not applicable
	Health Facilities with completed capital infrastructure projects	Percentage of health facilities with completed infrastructure projects	6.0%	7.0%	8%	8%	-	Not applicable
		Percentage of completeness of the Project Management Information System (PMIS)	87.0%	90.0%	≥90%	90%	-	Not applicable

**Actual achievement must be reported in relation to the performance information reflected in the originally tabled Annual Performance Plan (In the instance where a department did not re-table the Annual Performance Plan in the financial year under review) OR in relation to the performance information reflected in the re-tabled Annual Performance Plan.

Linking performance with budgets

(i) Overview of Expenditure Performance

In the 2024/25 financial year, **Programme 8: Health Facilities Management** was allocated a total adjusted budget of **R714.600 million**. By year-end, the programme had spent the full allocation, reflecting a **100% expenditure rate**. This demonstrates

strong financial discipline and effective alignment between planning and implementation, especially in a programme that deals with complex infrastructure and procurement processes.

(ii) Expenditure Performance at Sub-Programme Level

Programme 8 consists of a single sub-programme—**District Hospital Services**—which was allocated **R714.600 million** and recorded full expenditure. This is an improvement compared to the 2023/24 financial year, where the same sub-programme underspent by **R7.035 million**, largely due to delayed payments and administrative bottlenecks. The ability to achieve full budget utilisation in 2024/25 reflects improved financial controls and project execution efficiency.

(iii) Analysis of Variations in Expenditure

While the budget was fully spent in 2024/25, the **implementation of key infrastructure projects** was not without challenges. Some capital projects experienced **delays or cancellations** due to incomplete contractual documentation, labour disputes, and site disruptions involving external stakeholders (including “Business Forums”). These interruptions led to operational delays and hindered progress on construction starts and completions.

Furthermore, the **resignation of critical infrastructure personnel**, such as the Works Inspector, affected the department’s ability to provide technical oversight. Despite these challenges, the department acted decisively by **terminating non-performing contractors** and deploying stakeholder liaison officers to defuse conflicts at project sites. These actions helped restore progress on several initiatives and preserved budget performance despite delivery setbacks.

(iv) Expenditure Contribution to Outputs

The financial resources allocated to Programme 8 supported the implementation of critical activities related to infrastructure maintenance and development. The department achieved:

- Completion of four capital infrastructure projects
- Finalisation of two infrastructure plans aligned with gazetted norms and standards
- Commencement of construction on five new projects
- Completion of conditional assessments for maintenance of **34 clinics**, and implementation of the project which saw 2 projects completed
- Continued operation of hospital services through the **erection of park homes and procurement of essential medical equipment**

The percentage of health facilities with completed infrastructure projects met the annual target of **8%**, and the **Project Management Information System (PMIS)** completeness rate was sustained at **90%**, confirming alignment with operational efficiency goals.

Although a few project targets were not fully met due to external disruptions and internal capacity challenges, the **budget enabled meaningful infrastructure progress**, laying the groundwork for future healthcare facility improvements and strengthening the province's long-term health system resilience.

Sub-programme expenditure

Sub-Programme Name	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
District Hospital Services	714 600	714 600	-	799 720	792 685	7 035
Other facilities	-	-	-	-	-	-
Health Maintenance	-	-	-	-	-	-
Total	714 600	714 600	-	799 720	792 685	7 035

Strategy to overcome areas of under performance.

Departments should provide the strategies to address under performance.

Challenge	Remedial action
None	Not applicable

Performance in relation to Standardised Outputs and Output Indicators for Sectors with Concurrent Functions

Not applicable to Programme 8: Health Facilities Management.

5. TRANSFER PAYMENTS

5.1. Transfer payments to public entities

There were no transfers to public entities during the year under review.

Name of Public Entity	Key Outputs of the public entity	Amount transferred to the public entity	Amount spent by the public entity	Achievements of the public entity
N/A	N/A	N/A	N/A	N/A

5.2. Transfer payments to all organisations other than public entities

There were no transfers to any organisations for the period 1 April 2024 to 31 March 2025.

The table below reflects the transfer payments made for the period 1 April 2024 to 31 March 2025

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
N/A	N/A	N/A	N/A	N/A	N/A	N/A

The table below reflects the transfer payments which were budgeted for in the period 1 April 2024 to 31 March 2025, but no transfer payments were made.

Name of transferee	Purpose for which the funds were to be used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
N/A	N/A	N/A	N/A	N/A

6. CONDITIONAL GRANTS

6.1. Conditional grants and earmarked funds paid.

Not applicable

6.2. Conditional grants and earmarked funds received.

In the financial year under review the department received a total of R3 332 billion in the form of conditional grants, and spent a total of R3 291 billion, leaving the department with a total of R40.4 million under expenditure. At the end of the financial year the roll over application was forwarded to Provincial Treasury with respect to Health Facility Revitalisation Grant, National Tertiary Services Grant and National Health Insurance Grant (oncology).

The tables below detail the conditional grants and ear marked funds received during the period 1 April 2024 to 31 March 2025.

Conditional Grant 1: District Health Programmes Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> • To enable the health sector to develop and implement an effective response to HIV/AIDS • To enable the health sector to develop and implement an effective response to TB • 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
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of new patients started on antiretroviral therapy • Total number of patients on antiretroviral therapy remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of infants tested through the polymerase chain reaction test at 10 weeks • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of clients started on pre-exposure prophylaxis • Number of HIV positive clients initiated on TB preventative therapy • Number of TB contacts initiated on TB preventive treatment (under five years and five years and older combined) • Number of patients tested for TB using TB nucleic acid amplification test • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • Drug sensitive TB treatment start rate (under five years and five years and older combined) • RHPV vaccination: <ul style="list-style-type: none"> • 90 per cent of girls aged 9-14 years are vaccinated with a single dose of HPV vaccine in all settings • 90 per cent of schools with eligible girls reached with a single dose during the multi-aged cohort campaign and in all settings (in-and- out of schools) • Community outreach services: <ul style="list-style-type: none"> • number of community health workers receiving a stipend • number of community health workers trained • number of households 1st and follow-up visits conducted • number of HIV clients lost to follow-up traced

	<ul style="list-style-type: none"> number of TB clients lost to follow-up traced rifampicin resistant confirmed treatment start rate
Actual outputs achieved	<ul style="list-style-type: none"> 12 620 400 Male condoms distributed 260 682 Female condoms distributed 38 HTA intervention sites 56 Peer educators receiving stipends 3 522 Male Urethritis Syndrome treated - new episode 806 active Lay counsellors on stipend 317 429 HIV test done Sum 35 health facilities offering MMC 4 255 MMC performed 6 178 clients started on Prep 499 New sexual assault case HIV negative issued with Post Exposure Prophylaxis 578 Antenatal clients started on ART 1816 infant PCR tested around 10 weeks 5112 naive client started on ART 377 297 ART Client remaining on ART 195 141 HIV patients enrolled in repeat prescription collection strategies or Differentiated Models of Care 171 Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases 1513 Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases 947 Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases 4233 HIV new positive screened for TB 4785 HIV positive client on ART initiated on TB Preventive Therapy (TPT) 1186 TB contacts initiated on TB preventive treatment (Under 5yrs and 5yrs and older combined) 28845 patients tested for TB using TB Nucleic Acid Amplification Test (TB-NAAT) 100.2% Drug susceptible TB treatment start rate (under 5yrs, 5yrs and older combined) 91% Rifampicin resistant/ multi drug resistant TB confirmed treatment start rate <p>RHPV vaccination:</p> <ul style="list-style-type: none"> 88 per cent of girls aged 9-14 years are vaccinated with a single dose of HPV vaccine in all settings 100 per cent of schools with eligible girls reached with a single dose during the multi-aged cohort campaign and in all settings (in-and- out of schools) <p>Community outreach services:</p> <ul style="list-style-type: none"> 5 017 community health workers receiving a stipend. 224 community health workers (CHW) trained. 26 000 HIV defaulters traced. 1497 TB defaulters traced. 300 122 Community Outreach Services (COS) to households' 1st and follow-up visits conducted.

Amount per amended (R'000) DORA	R1 863 030
Amount received (R'000)	R1 863 030
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R1 863 030
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	N/A

Conditional Grant 2: EPWP Integrated grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> To incentivise provincial departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines: road maintenance including but not limited to block paving and pothole patching maintenance of buildings low traffic volume roads and rural roads other economic and social infrastructure tourism and cultural industries sustainable land-based livelihoods waste management and cleaning services Energy including but not limited to retrofitting, solar
Expected outputs of the grant	<ul style="list-style-type: none"> 65 people employed, trained and receiving income through the EPWP 240 days worked per work opportunity created 74.68 Number of Full-Time Equivalents (FTEs) to be created through the grant
Actual outputs achieved	<ul style="list-style-type: none"> 1000 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
Amount per amended (R'000) DORA	R2 004
Amount received (R'000)	R2 004
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R2 004
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	N/A

Conditional Grant 3: Human Resources & Training Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected outputs of the gra(nt	<ul style="list-style-type: none"> Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources Number and percentage of registrars' posts funded from this grant (per discipline) and other funding sources Number and percentage of specialists' posts funded from this grant (per discipline) and other funding sources
Actual outputs achieved	<ul style="list-style-type: none"> 123 (81%)^{1st} year interns funded from this grant and other funding sources 29 (94%) of registrars' posts funded from this grant (per discipline) and other funding sources 27 (82%) of specialists' posts funded from this grant (per discipline) and other funding sources 11 (137.5%) of Medical Officers' posts funded from this grant and other funding sources
Amount per amended (R'000) DORA	R275 019
Amount received (R'000)	R275 019
Reasons if amount as per DORA was not transferred	R275 019
Amount spent by the department (R'000)	N/A
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	N/A

Conditional Grant 4: Health Facility Revitalisation Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> To help to 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	<ul style="list-style-type: none"> Number of primary health care facilities constructed or revitalised Number of hospitals constructed or revitalised Number of facilities maintained or refurbished
Actual outputs achieved	<ul style="list-style-type: none"> Number of primary health care facilities constructed or revitalised The programme completed the following projects: <ul style="list-style-type: none"> ✓ Construction of Uitkyk clinic park-home ✓ Construction of Shiela clinic park-home ✓ Construction of Coldridge clinic park-home ✓ Upgrade of Steve Tshete Clinic Number of hospitals constructed or revitalised The programme completed the following projects: <ul style="list-style-type: none"> ✓ Construction of a new Bulk Pharmacy at Ventersdorp Hospital Number of facilities maintained or refurbished The programme completed the following projects: <ul style="list-style-type: none"> ✓ Construction of Magogoe clinic guard house ✓ Construction of Matshepe clinic guard house ✓ Construction of Unit 9 clinic guard house ✓ Maintenance of Town clinic ✓ Maintenance of Tswelelang clinic Refurbishment of Phokeng Forensic Mortuary
Amount per amended (R'000) DORA	R712 596
Amount received (R'000)	R712 596
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R712 596
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	N/A

Conditional Grant 5: National Health Insurance Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> To expand the health care service benefits through the strategic purchasing of services from health care providers
Expected outputs of the grant	<p>Health Professionals Contracting</p> <ul style="list-style-type: none"> Number of health professionals contracted Number of sessions covered by contracted health professionals <p>Mental Health</p> <ul style="list-style-type: none"> Number of mental health care providers contracted (per category: psychiatrists, psychologists, registered counsellors, occupational therapists and social workers) Number of users seen by the contracted mental health care providers
Actual outputs achieved	<p>Health Professionals Contracting</p> <ul style="list-style-type: none"> 18 health professionals contracted 122 078 sessions covered by contracted health professionals <p>Mental Health</p> <ul style="list-style-type: none"> 16 health care providers contracted (per category: psychiatrists, psychologists, registered counsellors, occupational therapists and social workers) 35 101 users seen by the contracted mental health care providers
Amount per amended (R'000) DORA	R33 211
Amount received (R'000)	R33 211
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R33 211
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	N/A

Conditional Grant 6: National Tertiary Service Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> • Ensure the provision of tertiary health services in South Africa • To compensate tertiary facilities for the additional costs associated with the provision of these services
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of inpatient separations • Number of day patient separations • Number of outpatient first attendances • Number of outpatient follow-up attendances • Number of inpatient days • Average length of stay by facility (tertiary) • Average length of stay by facility (psychiatry) • Bed utilisation rate by facility (tertiary) • Bed utilisation rate by facility (psychiatry)
Actual outputs achieved	<ul style="list-style-type: none"> • 59 870 inpatient separations • 95 744-day patient separations • 59 548 outpatient first attendances • 206 924 outpatient follow-up attendances • 304 703 inpatient days • 5-6 days by facility • 87.86% Bed Utilisation rate per facility
Amount per amended (R'000) DORA	R436 035
Amount received (R'000)	R436 035
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R395 621
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> • MRI Scan, Mammograms and other medical equipment have been delivered but not yet paid. Roll over has been applied for
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	N/A

Conditional Grant 7: Soc Sec EPWP Incentive Grant

Department who transferred the grant	Health (Vote 18)
Purpose of the grant	<ul style="list-style-type: none"> To incentivise provincial social sector departments, identified in the EPWP social sector plan, to increase work opportunities by focusing on the strengthening and expansion of social sector programmes that have employment potential
Expected outputs of the grant	<ul style="list-style-type: none"> 195 Full-Time Equivalents (FTEs) funded through the grant 187 people employed and receiving income through the EPWP grant 22 Average duration of person days for work opportunities created 1 870 beneficiaries provided with social services
Actual outputs achieved	N/A
Amount per amended (R'000) DORA	R10 499
Amount received (R'000)	R10 499
Reasons if amount as per DORA was not transferred	N/A
Amount spent by the department (R'000)	R10 499
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	N/A

7. DONOR FUNDS

7.1. Donor Funds Received

The Department did not receive donor funds for the period under review.

8. CAPITAL INVESTMENT

8.1. Capital investment, maintenance and asset management plan.

Infrastructure projects	2024/2025			2023/2024		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	208 163	183 172	24 991	211 374	191 230	20 144
Existing infrastructure assets	-	-	-	-	-	-
- Upgrades and additions	182 410	204 937	-22 527	234 446	215 827	18 619
- Rehabilitation, renovations and refurbishments	93 821	92 770	1 051	99 962	70 108	29 854
- Maintenance and repairs	164 658	177 373	-12 715	144 270	166 722	(22 452)
Infrastructure transfer	-	-	-	-	-	-
- Current	63 544	63 544	0	109 668	148 798	(39 130)
- Capital	0	0	0	0	0	0
Total	712 596	712 596	0	799 720	792 685	7 035

In the 2024/25 financial year, the NWDOH was allocated R712 596 000 which comprised of Grant Allocation only, no Equitable Share (ES) allocation. At the end of the financial year, NWDOH spent R712 596 000 of the total budget allocation which translate to 100% of the allocated budget. The NWDOH started the 2024/25 financial year with accruals of R96 040 622.40 and at the end of the financial year R96 040 622.40 (100%) of accruals were paid.

Projects (Capital expenditure) which are under construction in the reporting year include the following:

- Construction of Rapulana Clinic
- Construction of Ventersdorp Bulk Pharmacy
- Construction of Delareyville Bulk Pharmacy
- MMACON Completion project
- Upgrade of Gelukspan Hospital
- Refurbishment of Ganyesa Hospital
- Construction of Motswedi CHC
- Upgrade of Marcus Zenzile clinic
- Upgrade of Steve Tshwete clinic
- Excelsius College completion project
- Provision of Christiana Hospital Temporary Structure
- Construction of Bophelong Psychiatric Hospital Phase III
- Upgrade of Potchefstroom Hospital Casualty Unit
- Upgrade of Phokeng Forensic mortuary
- 16 Park-homes namely:
 - ✓ Boikhutso Clinic Park home
 - ✓ Fafung Clinic Park home
 - ✓ Colour Block Clinic Park home
 - ✓ Koffiekraal Clinic Park home
 - ✓ Boitekong Clinic Park home
 - ✓ Lobatla Clinic Park home
 - ✓ Mothanthanyaneng Clinic Park home
 - ✓ Cokonyane Clinic Park home
 - ✓ Uitkyk Clinic Park home
 - ✓ Sheila Clinic Park home
 - ✓ Modimola Clinic Park home
 - ✓ Magogoe Clinic Park home
 - ✓ Kabe Clinic Park home

- ✓ Logageng Clinic Park home
- ✓ Matshepe Clinic Park home
- ✓ Colridge Clinic Park home

Of the above-mentioned projects, the following were completed and ready for use by the user client:

- Ventersdorp Bulk Pharmacy
- Shiela Park home
- Uitkyk Park home
- Phokeng Forensic mortuary upgrade

The department continues to implement day-to-day, statutory maintenance projects in the four districts of the province as well as maintenance through the following term contract projects:

- Servicing and maintenance of fire equipment
- Servicing, maintenance and repairs of standby generators
- Servicing, maintenance and repairs of HVAC systems

Infrastructure projects that are currently in progress and were planned to be completed in the 2024/2025 financial year are:

Name of project	Expected completion date
Delareyville Bulk Pharmacy	31/03/2025
MMACON Completion	20/02/2025
Rapulana Clinic	31/03/2025

The above-mentioned projects could not be completed due to:

- Interruption of sites by “Business Forum”
- Poor contractor performance
- Contractor cash-flow challenges

In the 2024/2025 financial year, the department had no facilities that were downgraded or closed.

Infrastructure projects	2024/2025			2023/2024		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	208 163	183 172	24 991	211 374	191 230	20 144
Existing infrastructure assets	-	-	-	-	-	-
- Upgrades and additions	182 410	204 937	-22 527	234 446	215 827	18 619
- Rehabilitation, renovations and refurbishments	93 821	92 770	1 051	99 962	70 108	29 854
- Maintenance and repairs	164 658	177 373	-12 715	144 270	166 722	(39 130)
Infrastructure transfer	-	-	-	-	-	-
- Current	63 544	63 544	0	109 668	148 798	(39 130)
- Capital	0	0	0	0	0	0
EPWP Grant	2 000	2 000		0	0	0
Total	712 596	712 596	0	799 720	792 685	7 035

The above figures correspond with the summary figures as reflected in the appropriation statement for programme 8 and include all current payments during the financial year under review.



PART C:

GOVERNANCE

1. INTRODUCTION

Commitment by the NWDoH to maintain the highest standards of governance is fundamental to the management of public finances and resources. Users want assurance that the NWDoH has good governance structures in place to utilize state resources effectively, efficiently, and economically, which is funded by the tax payer.

2. RISK MANAGEMENT

The purpose of Risk Management within the department is to set out systematic and formalised processes to identify, assess, manage, and monitor risks and adopt a comprehensive approach to the management of risk, for the Department, its District functions, institutions, and its business units.

The department has an approved risk management policy and Strategy for the 2024/2025 financial year. The policy outlined the position of the department regarding risk management activities. A strategy outlined how the policy will be implemented through Risk management Implementation targets. The department has achieved 100% implementation targets of the risk management implementation plan 2024/2025.

The department has conducted Strategic, Fraud & Ethics and Operational risks assessments to determine the effectiveness of risk management strategy. During the 2024/2025 financial year the department achieved 86% implementation rate of strategic risks treatment plans, 91% implementation rate of Fraud and Ethics Risks treatment plans and 82% as well as operational risks treatment plans. The overall performance of all risks registers is 83% and the department has mechanism in place to achieve 100% in the fourth coming financial year.

Risk Management Committee has been established, and all members are appointed in writing. The Risk Management Committee meets on a quarterly basis to provide oversight on the departmental risk management activities. The Committee submits its oversight risk management reports to the Accounting Officer as well as the North West Social Cluster Audit Committee on a quarterly basis.

North West Social Cluster Audit Committee advice the department on risk management and provide oversight on the effectiveness of the risk management systems.

The culture of risk management in the department has improved compared to the preceding financial years. This improvement was as result of risk awareness workshops that were held throughout the department.

3. FRAUD AND CORRUPTION

The department has an Anti-Fraud and Corruption policy as well as Anti-Fraud and Corruption Strategy which encompasses an Anti-Fraud and Corruption implementation plan in place. These enabling documents were implemented and reported on at the Departmental Management Committee and the Risk management Committee meetings. The department managed to implement 100% of all Anti-Fraud and Corruption implementation plan targets.

The NWDoH has an approved whistleblowing policy that encourages officials to report suspected fraud and corruption. Cases that are reported through whistleblowing are handled in confidence and people who report such are assured that their details as well as the details of the case would be treated with the highest degree of confidentiality. Officials are encouraged to report cases to their supervisors, to the Human Resources Directorate, the Anti-Fraud and Ethics Management Unit or directly to the HOD. Reported allegations are investigated by relevant units or by the Anti-Fraud and Ethics Unit, depending on the complexity of and details relating to the matter reported. Consequence management is implemented where there is transgression. People who disclose are ensured protection as outlined in the Protected Disclosures Act, 26 of 20.

The department has established Ethics Management Committee which is chaired by the DDG and has already made positive impact on the improvement of ethics management in the department.

4. MINIMISING CONFLICT OF INTEREST

The NWDoH has consistently ensured submission of financial disclosures by designated members especially Senior Management Service (SMS) members as required by the Public Service Regulations of 2001 as amended in 2016. All disclosures are done electronically through the e-disclosure system managed by the DPSA.

In the 2023/2024 disclosure period which was managed in the 2024/2025 financial year, all SMS members disclosed their financial interests (100% disclosure rate), and these were submitted to the PSC as required on time.

The disclosure to the non-SMS categories were verified within the department and the same process done with SMS was followed. There was significant improvement for non-SMS members as the department achieved 80% disclosure rate compared to 39% in the preceding disclosure period

The department further runs the identity numbers of prospective suppliers on the DPSA website to check whether they are attached to a Persal number, if the identity number is attached to a Persal number then the order is not processed.

All officials in the department were reminded about the consequences of conflict of interests through workshops and newsletters.

5. CODE OF CONDUCT

The department conducts the compulsory public service induction programme to mainly new employees as well as existing employees. Through the induction programme, employees are made aware of the code of conduct and the implications of not adhering to it.

Management throughout the department are expected to inculcate the culture of adherence to the Code of conduct, identify the cases of non-adherence and institute progressive discipline if it is warranted. Serious and complicated cases are referred to Labour Relations for investigation and formal disciplinary processes.

The NWDoH has consistently ensured submission of financial disclosures by designated members especially Senior Management Service (SMS) members as required by the Public Service Regulations of 2001 as amended in 2016. All disclosures are done electronically through the e-disclosure system managed by the DPSA.

In the 2023/2024 disclosure period which was managed in the 2024/2025 financial year, all SMS members disclosed their financial interests (100% disclosure rate), and these were submitted to the PSC as required on time.

The disclosure to the non-SMS categories were verified within the department and the same process done with SMS was followed. There was significant improvement for non-SMS members as the department achieved 80% disclosure rate compared to 39% in the preceding disclosure period

The department further runs the identity numbers of prospective suppliers on the DPISA website to check whether they are attached to a Persal number, if the identity number is attached to a Persal number then the order is not processed.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

For purposes of optimal occupational health and safety of employees and the safety of users of our facilities and the sustainability of the environment, the management of occupational and general risks and quality of services, the department:

- To maintain healthy and safe and further foster working environment where employees can identify potential hazards, take care of their own health and safety and where managers are able to support health and safety efforts, the department maintained the training of managers and employees on Hazard Identification and Risk Assessment (HIRA), OHS Act and Legal Liability.
- Continued provision of in-service training to Compensation of Injuries and Diseases practitioners, where the aim is to ensure that accidents and incidents are duly reported, and that common understanding is reached on the drive to zero harm within the department.
- Creating a culture of safety throughout the department by provision of health and safety advice and support on a day-to-day basis for the delivery of the proactive areas such as inspections, policy interpretation, OHS awareness, education, consultation and induction of new employees.
- The department initiated a drive to ensure that all hazards and risks are attended to in time, and this was done through HIRA treatment plans monitoring program, where the department monitors progress made against recommendations contained in risk assessments.
- OHS matters and challenges are discussed at relevant levels within the department, through statutory OHS committees at facility and district levels, including the Provincial Steering Committee. These committees are monitored monthly to ensure compliance with Section 20(4) of the OHS Act.
- The department continued to monitor compliance in facilities, through the provincial OHS Task Team, to ensure occupational health and safety, (occupational hygiene included) based on risks and hazards identified, programmes to mitigate against and control of these risks.

- The department was able to host an Occupational Health and Safety Forum for OHS Nurses, OHS Practitioners and Environmental Health Practitioners, where the aim was to deliberate on strategies to improve the implementation of the Safety, Health, Environment, Risk and Quality of the programme in the department.
- Hosted a virtual training on OHS compliance and construction regulations.
- TB Surveillance programme for employees for the years 2022, 2023 and 2024, was implemented through the assistance of the National Institute of Occupational Health.

7. PORTFOLIO COMMITTEES

The NWDoH has attended scheduled meetings with the Portfolio Committee on Health and Social Development for the period under review (2024/25) as follows:

Date of meeting	Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
18 July 2024	1	Posts to be filled or filled.	The Department needs to provide a list of posts to be filled within the next six months and those that have already been filled.	List prepared and submitted.	Yes
	2	Completed infrastructure projects.	The Department needs to provide details on the calculations of the 8% and 9% underperformance in programme 8.	Explanation of calculations provided.	Yes
	3	Private Facility Adjudication Committee (PFAC) meetings schedule.	Department to provide the programme for the Private Facility Adjudication Committee (PFAC) meetings.	Meeting schedule submitted.	Yes
	4	Complaints Committees.	Department to submit the contact list of the complaint committees.	Contact list of committees submitted.	Yes
	5	Delayed infrastructure projects.	Department needs to provide a list of the delayed infrastructure projects that were affected by the construction Mafias or business forum interference.	List prepared and submitted.	Yes
	6	Emergency Medical Service (EMS) vehicle procurement.	Department to provide the Emergency Medical Service (EMS) catch up programme for the procurement of ambulances and the deadline for 100 ambulances.	Catch up plan submitted.	Yes

Date of meeting	Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
12 November 2024	1	2nd Quarter Performance Report 2024/25 & Draft APP 2025/26	<p>Department to present 2nd Quarter Performance Report 2024/25 & Draft APP 2025/26.</p> <p>The committee raised the following concerns based on the presentation:</p> <ul style="list-style-type: none"> The planned reduction of maternal mortality rates while the situation at the clinics is a cause for concern. Regarding the insufficient distribution of medication at healthcare facilities, the committee urged the department to monitor patient satisfaction rate and levels of care at all facilities as there is an outcry from communities. The committee sought clarity on the strategies and plans it has in place to implement National Health Insurance. 	The report and Draft APP were presented. Department responded to the concerns raised by the Committee.	Yes

8. SCOPA RESOLUTIONS

No SCOPA meetings took place in the financial year under review.

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
N/A	N/A	N/A	N/A	N/A

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

The NWDoH has developed audit register templates, where findings and recommendations raised by the AG and provincial internal auditors have been addressed in management reports and Audit Committee meetings.

The findings and recommendations are updated on the audit register as and when the findings are closed, or mitigations are updated. The department utilises the Post Audit Action Plan System (PAAP) to capture findings raised by the Auditor General and monitor

implementation of the recommendations. Herewith an example of the details reflected in the audit register:

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
Qualified Audit Opinion The North West Department of Health was qualified on:	2018/19	
Compensation of Employees		Limitation of scope documents submitted to AGSA during the current audit process for the first three qualified areas
Goods and Services		
Expenditure for Capital Assets		
Movable Tangible Capital Assets		Movable tangible capital assets are classified as per the different asset categories for 2018/19 and current year
Immovable Tangible Capital Assets		Immovable tangible capital assets valued as per the valuation method approved by both Department of Health, Department of Public Works and Roads and the Provincial Treasury
Contingent Liabilities		Claim amounts on the Contingent liabilities' notes recorded at the actual claim amount for prior year and current year.
Commitments		Limitation of scope documents submitted to AGSA during the current audit process
Qualified Audit Opinion The North West Department of Health was qualified on:	2019/20	Limitation of scope documents submitted to AGSA during the current audit process for the two qualified areas
Compensation of Employees and Goods and Services		
Unqualified Audit Opinion	2020/21	Not applicable
Unqualified Audit Opinion	2021/22	Not applicable
Unqualified Audit Opinion	2022/23	Not applicable
Unqualified Audit Opinion	2023/24	Not applicable

10. INTERNAL CONTROL UNIT

The Internal Control Unit monitors the implementation of both the Auditor General and Provincial Internal Audit current and prior years' audit recommendations. The PAAP register is used for monitoring implementation of these recommendations. The unit further performs the coordination of audits in terms of request for information and communication of findings for both assurance providers.

The Internal Control Unit performs pre- and post-auditing of payment vouchers, subsistence and travelling, fuel, and resettlement claims to ensure compliance of financial and other related prescripts. These activities are performed at both Head Office and the districts' financial offices.

The unit identifies, confirm and perform determinations and reports all cases of Irregular, fruitless, and wasteful expenditure within the NWDoH. The unit also recommends possible recoveries and write-offs of irrecoverable incidents to the Irregular Expenditure Committee.

The Internal Control Unit ensures the safekeeping of all creditors' payments vouchers. In addition to the safekeeping of vouchers, the unit has put in place an effective efficient internal control measure to ensure that there are registers to monitor the movement of payment vouchers within the NWDoH. The voucher systems enhance the search and retrieval ability and ensures fast responses to Auditor General requests.

The unit further reviews internal controls on areas identified to be high risk through assessments, Internal Audit and AGSA audit findings, recommend controls monitor implementation and effectiveness.

One of the challenges that the unit still face is under staffing and the inability to fill vacant posts, as this hampers the performance of the unit. The unit is expected to play an inspectorate role in the department and a full complement of staff is required to carry out the internal control function in the department.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

Key activities and objectives of the internal audit

- **Purpose and mandate**

Provincial Internal Audit (PIA) helps the Department accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management, and control processes.

Treasury Regulation (TR) 3.2 read with sections 38(1)(a)(ii) and 76(4)(d) of the Public Finance Management Act, Act No 1 of 1999 (PFMA) mandates PIA to assist the accounting officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency, and by developing recommendations for enhancement or improvement.

PIA reports functionally to the Provincial Audit Committee (AC) and administratively to the Accounting Officer of the Provincial Treasury and functions in compliance with the Internal Audit Charter endorsed by the Accounting Officer of the Provincial Treasury and approved by the AC.

- **Vision and strategy**

PIA aspires to make a positive, impactful contribution to governance, risk management and internal control processes in the Department through effective and efficient internal audit assurance and advisory services. The internal audit strategy is aligned to support Departmental strategies.

- **Charter, methodology and internal audit plans**

The internal audit charter, rolling 3-year strategic internal audit plan and annual plan for the first year of the rolling 3-year internal audit plan were reviewed and approved by the AC as prescribed by Treasury Regulation 3.2.7(a)-(c).

- **Independence and objectivity**

Through the functional reporting line established by the Internal Audit and Audit Committee Charters, PIA achieves organisational independence and has operated freely in exercising its independence from the Department. Internal audit services were also performed with objectivity as required by the Internal Audit Charter and the Internal Audit Standards (Standards) set by the Institute of Internal Auditors.

- **Internal audit modality**

PIA is fully in-sourced (no consultants utilised) and was set up as a shared internal audit function of the North West Provincial Administration under sections 38(1) (a) (ii) and 76 of the PFMA and paragraph 3.2.3 of the Treasury Regulations.

- **Staffing**

PIA has the collective knowledge, skills, and experience needed to perform its responsibilities. The function also has extensive training and development plans, and internal audit staff are fully supported to obtain professional certification.

The departmental audit team has an approved structure of sixteen (16) internal audit staff members of which four (4) positions were vacant during the period under review. Budget permitting the vacant positions will be filled during the 2025/26 financial year.

- **Quality assurance and improvement program**

A Quality Assurance and Improvement Program with continuous internal assessment is in place. Furthermore, PIA also underwent the prescribed five (5) yearly external independent quality assurance assessment. The external assessment was concluded in December 2024. The assessment outcomes were, generally conforms and generally effective. This is the highest ratings that can be achieved, which means that PIA has a charter, policies, and processes, and the execution and results of these are judged to be in conformance with the Standards and effective. The assessment also considered feedback from key stakeholders on the performance and value-add of PIA.

- **Stakeholder relationships**

PIA maintains relationships with various stakeholders. This includes the AC, oversight functions, management of the Department, the Provincial Treasury and other internal as well as external assurance providers. For the 2025/26 financial year a specific strategy has been determined to enhance the management of stakeholder interaction and expectations.

Specify a summary of audit work done

- **Planned and completed audits, roll-overs and ad-hoc projects**

For the period under review the approved annual internal audit plan for the Department included thirty (30) assurance audit engagements that were planned to be performed. Twenty-five (25) planned assignments were completed and reported on and five (5) assignments were rolled over the 2025/26 annual audit plan. In addition, four (4) ad-hoc audits were initiated and completed. The assignments rolled over were completed up to draft reporting stage and the outcome thereof compliments existing findings. The ad-hoc assignment relates to the pre-award audit of supply chain management processes followed for bids with a value in excess of R10 million.

- **Internal audit recommendations**

Treasury Regulation 3.1.12 requires that the audit committee must report and make recommendations (inclusive of internal audit recommendations) to the accounting officer, but the accounting officer retains responsibility for implementing such recommendations.

For the year under review one hundred (100) internal audit recommendations were made by PIA.

Based on follow up audits performed by PIA the status of implementation of internal audit recommendations was thirty-one (31) percent of the recommendations due for implementation at the date of the follow up audit. The Department reported recommendation implementation rate, as at 31 March 2025, as forty-five (45) percent.

This includes recommendations made during previous financial years.

- **Value add**

The outcome of the independent external quality assurance assessment indicated that there is an appreciation from stakeholders of the contribution and value that PIA adds. PIA continuously reflect on its efficient and effective functioning and therefore at all times seek to improve the quality of the service that it renders.

- **Limitations**

There were no limitations not already mentioned elsewhere (if applicable) that impacted the optimal performance of internal audit.

Key activities and objectives of the audit committee

- **Purpose and mandate**

Refer to Part 1 of the Audit Committee Report.

- **Independence**

Refer to Part 1 of the Audit Committee Report.

- **Protecting the independence of the internal audit function**

The AC has reviewed the organisational positioning, and all aspects related to the independence of PIA, including safeguards in place to protect the independence of internal auditors and to protect PIA from threats and victimisation. Safeguards include the Internal Audit and Audit Committee Charters as well as the functional reporting line of PIA to the AC. The AC confirms that there were no instances during the period under review, where the AC was required to protect internal auditors.

- **Performance against statutory duties**

Refer to Part 1 of the Audit Committee Report.

- **Composition of the audit committee**

Refer to Part 2 of the Audit Committee Report.

- **Meeting attendance**

Refer to Part 2 of the Audit Committee Report.

- **Combined assurance**

Refer to Part 3 of the Audit Committee Report.

- **Resolution of audit committee recommendations**

Refer to Part 3 of the Audit Committee Report.

- **Audit committee performance evaluation**

The AC has conducted an annual evaluation of its own performance and effectiveness for the period under review. The evaluation comprised of a self-evaluation and an evaluation performed by the accounting officers of the departments. The evaluation outcomes were very positive.

Remuneration of audit committee members

- **Rates**

Chairperson of the Provincial Audit Committee:	R2 557 per hour
Chairperson of the Cluster Audit Committee:	R2 307 per hour
Cluster Audit Committee Member:	R 2 007 per hour

The remuneration paid to audit committee members has been determined through the application of Treasury Regulation 3.1.6.

- **Remuneration of audit committee members who worked or are working for an organ of state**

For the period under review no audit committee member worked for an organ of state.

- **Total audit committee expenditure for the reporting period.**

The total Audit Committee expenditure for the Social Cluster AC for the period under review amounted to R792 659. This Cluster AC provides AC oversight over three (3) departments. The average AC cost per department in the Cluster is R264 219.

- **Attendance of audit committee meetings by audit committee members**

The table below discloses relevant information on the audit committee members:

Name	Qualifications	Professional Affiliation (e.g. SAICA, IIA, IOD(SA))	Appointment: Term of Office		No. of meetings attended 2024/25	Has the AC member declared private and business interests in every meeting? (Yes/No)	Is the AC member an employee of an organ of state? (Yes / No)	No. of other ACs that the member served on during the reporting period (whether in the public sector or not)	No. of other governance structures the member served on during the reporting period, e.g. Boards, Risk Committee, IT Committee, etc, whether in this or any other institution(s)
			Start date	End Date					
Central Audit Committee									
Ms P. Mzizi	CA(SA)	SAICA	14 February 2022	31 October 2025	6	Yes	No	4	3
Mr P. Tjie	B.Com, PMD	IOD(SA)	14 February 2022	31 October 2025	6	Yes	No	2	2
Mr. L. Ally	CA(SA)	SAICA	14 February 2022	31 October 2025	6	Yes	No	1	3
Cluster Audit Committee									
Mr. L. Ally	CA(SA)	SAICA	14 February 2022	31 October 2025	8	Yes	No	1	3
Ms. N. Mtebele	B.Com, Higher Diploma in Taxation	Chartered Governance Institute of Southern Africa	14 February 2022	31 October 2025	5	Yes	No	1	1
Ms. L. Francios	GIA(SA), MBA	IIA(SA), Institute of Directors (SA)	14 February 2022	31 October 2025	6	Yes	No	3	4
Prof A. Robinson	MBCChB, MBCChB, DHSM, FCPHM	HPCSA	14 February 2022	31 October 2025	7	Yes	No	-	1
*Ms P. Mzizi (co-opted for specific meeting)	CA(SA)	SAICA	14 February 2022	31 October 2025	1	Yes	No	4	3

12. AUDIT COMMITTEE REPORT

We are pleased to present our report for the financial year ended 31 March 2025.

Report to be provided by PIA (Mr A. Nel) after the AGSA issued their audit report.

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

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

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion <i>(include a discussion on your response and indicate what measures have been taken to comply)</i>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	NO	N/A
Developing and implementing a preferential procurement policy?	YES	Approved Policy
Determining qualification criteria for the sale of state-owned enterprises?	NO	N/A
Developing criteria for entering into partnerships with the private sector?	NO	N/A
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	NO	N/A



PART D:

HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

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

2. OVERVIEW OF HUMAN RESOURCES

2.1 The status of human resources in the department

During the year under review, the department advertised vacant funded posts, and the process was still subject to the Department of Public Service and Administration's circular 49 of 2023 on cost containment. The department had to extend the existing contracts to ensure continuity of service delivery.

Effectively, the department filled 647 permanent posts and 2 732 on contract / periodical abnormal and sessional basis.

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

The following were key focus areas prioritised during the year under review;

- Advertising and filling of replacement permanent posts and extension of critical contract posts.
 - A total of 647 appointments were made during the year under review.
 - A total of 90 internships and learnerships were contracted as part of our developmental programmes.
 - Community Health Workers (5 129) have been contracted to provide support in order to strengthen Primary Health Care services.
- Addressing employees' performance assessment backlogs including SMS members.

- Maintenance of labour peace
 - Sectoral bargaining chamber meetings were held, and chamber task team meetings were also held to discuss and resolve matters delegated by the chamber.
 - Chamber meetings were used as a platform to consult with trade unions on some new departmental policies as well as policies that were due for review.
 - Meetings were also held with individual sector trade unions to discuss and resolve matter specific to the respective trade unions.
- Development of ideal organizational structure is still in progress and the focus group discussions with the various branches are continuing to ensure a full consultative process in the development of the ideal structure.

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

The department has approved human resources plan 2022-2025 which addresses the workforce needs to achieve the departmental objectives.

Awarding of bursaries and study leaves is used as one of the strategies to attract, recruit and retain scarce skills. Further, processing of grade progression for qualifying employees is prioritised in the light of this being one of the measures introduced through implementation of occupation specific dispensation (OSD) with a view to facilitating retention of scarce skills. The department also has an approved recruitment and retention strategy in place.

2.4 Employee performance management

The Department has finalised the performance assessments and processed performance rewards for all qualifying employees for the period under review.

- The Pay Progression for SMS in 2023/24 were processed including employees on salary levels 2 to 12.
- Grade Progression for the non-OSD was also implemented for qualifying employees.

2.5 Employee wellness programmes

In providing programmes that can develop and maintain healthy, dedicated, responsive and productive employees, who can add value within the department, the following services were provided:

- The department was able to develop 4 Operational plans for HIV, STI & TB management, Health and productivity management, Safety, Health, Environment, Risk and quality management, and Wellness management pillar.
- Reviewed and approved HIV, STI & TB management and Wellness management policy.
- Reviewed and approved Standard operating procedures on, Compensation of Injuries on duty (COD) and Waste management.
- Developed and approved Wellness Clinic SoP.
- Supervisory sessions were held with managers for easier implementation of the programme.
- Trauma debriefing sessions were offered including trauma management to Forensic Pathology Services and Emergency Management Services personnel.
- Trained managers on Mental Health.
- Trained 2 practitioners as master trainers for Mental Health.

2.6 Achievements and challenges faced by the department, as well as future human resource plans/goals

2.6.1. The following are some of the achievements for the year in review:

During the year under review, the department achieved notable progress in several areas. One of the key accomplishments was a significant improvement in the signing of Performance Agreements, reaching a 93% completion rate across all employee categories. In addition, 97% of the 2023/2024 performance assessments were successfully completed, with performance incentives processed for all qualifying employees in the 2024/2025 financial year. The department also improved turnaround times for filling funded vacant posts and ensured compliance with the Performance Management and Development System (PMDS) policy, particularly in the timely signing of Performance Agreements (PMAs) and the processing of grade progressions.

2.6.2. Challenges

Despite these achievements, several challenges persisted. Maintaining the vacancy rate at the acceptable norm of 10% remained difficult, especially amid ongoing budget reductions and a decreasing budget baseline. The department also faced obstacles in reaching 100% completion of Performance Agreement signings by the June 30th deadline. Additional challenges included delays in receiving concurrence for appointments and the high costs associated with external advertising for vacancies.

3. HUMAN RESOURCES OVERSIGHT STATISTICS

3.1 Personnel related expenditure

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

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

Table 3.1.1 *Personnel expenditure by programme for the period 1 April 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	1 171 569	326 429	0	0	4	501
District health services	8 250 594	6 383 489	884	0	70	359
Emergency medical services	500 972	408 404	0	0	5	473
Provincial hospital services	2 381 446	1 912 164	1 183	0	21	524
Central hospital services	2 534 725	1 733 079	1 066	0	19	539
Health sciences and training	269 626	154 865	6 706	0	2	269
Health care support services	707 189	93 662	182	0	1	369
Health facilities management	714 600	25 558	70	0	0	544
Total as on Financial Systems (BAS)	16 530 721	11 037 650	10 090	0	121	409

NOTE: THIS REPORT SHOWS DATA AS EXTRACTED FROM THE FINANCIAL SYSTEMS. NO INFORMATION FROM PERSAL WILL BE SHOWN.

Table 3.1.2 Personnel costs by salary band for the period 1 April 2024 and 31 March 2025

Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee (R'000)
Lower skilled (Levels 1-2)	863 820	8	3 507	246
Skilled (Levels 3-5)	2 494 599	22	7 535	331
Highly skilled production (Levels 6-8)	2 786 404	25	5774	483
Highly skilled supervision (Levels 9-12)	4 430 413	39	4 459	994
Senior and Top Management (Level 13-16)	94 402	1	71	1 330
Non-Permanent	373 564	3	5 675	66
Grand Total	11 043 201	98	27 004	409

Table 3.1.3 Salaries, Overtime, Home Owners 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
Administration	218 384	69	1 534	1	7 803	3	15 368	5
District health services	3 849 765	60	371 451	6	210 117	3	375 311	6
Emergency medical services	234 975	58	50 393	12	16 891	4	33 861	8
Provincial hospital services	1 080 407	59	213 700	12	58 795	3	118 835	6
Central hospital services	1 076 824	59	258 365	14	50 527	3	99 119	5
Health sciences and training	104 219	68	2 347	2	4 452	3	9 708	6
Health care support services	63 383	65	4 308	4	4 382	5	8 847	9
Health facilities management	16 422	66	19	0	188	1	418	2
Grand Total	6 644 379	60	902 118	8	353 155	3	661 467	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
Lower skilled (Levels 1-2)	503 986	58	38 528	5	69 709	8	126 198	15
Skilled (Levels 3-5)	1 546 618	62	141 465	6	143 436	6	270 966	11
Highly skilled production (Levels 6-8)	1 836 775	66	155 967	6	91 736	3	170 596	6
Highly skilled supervision (Levels 9-12)	2 689 373	61	566 157	13	47 766	1	92 971	2
Senior and Top Management (Level 13-16)	67 624	72	0	0	507	1	737	1
Non-Permanent	3	0	0	0	0	0	0	0
Grand Total	6 644 379	60	902 118	8	353 155	3	661 467	6

3.2 Employment and Vacancies

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

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

This information is presented in terms of three key variables:

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

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

Table 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	Number of employees additional to the establishment
Administration	709	560	21	37
District health services	14 787	12 383	16	884
Emergency medical services	995	842	15	2
Provincial hospital services	4 193	3 593	14	113
Central hospital services	3 588	3 208	11	239
Health sciences and training	443	369	17	129
Health care support services	292	254	13	19
Health facilities management	43	31	28	7
Grand Total	25 050	21 240	15	1430

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	Number of employees additional to the establishment
Lower skilled (Levels 1-2)	4 460	3 915	12	1
Skilled (Levels 3-5)	9 315	7 953	15	180
Highly skilled production (Levels 6-8)	5 826	4 958	15	487
Highly skilled supervision (Levels 9-12)	5 384	4 360	19	761
MEC & Senior management (Levels 13-16)	65	54	17	1
Grand Total	25 050	21 240	15	1 430

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	Number of employees additional to the establishment
Emergency Service and Rescue Worker	980	821	16	2
Professional Nurse	6141	5113	17	231
Clinical Psychologist	56	41	27	4
Dentist	89	76	15	24
Dietician	148	126	15	36
Medical Specialists	189	141	25	2
Environmental Health Officer	80	67	16	40
General Medical Practitioner	1541	1433	7	643
Nursing Support Worker	2603	2212	15	1
Occupational Therapy	95	71	25	28
Optometrists And Opticians	5	4	20	
Oral Hygienist	9	8	11	
Pharmaceutical Technicians and Assistants	208	184	12	1
Pharmacy Technician	33	24	27	1
Pharmacists	332	299	10	60
Physiotherapist	145	131	10	52
Radiography	199	166	17	55
Social Worker	104	82	21	3
Speech Therapy and Audiology	65	61	6	31
Enrolled Nurse	1698	1459	14	2
Total	13740	11698	15	1214

Notes

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
 - (a) in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available, or they are available but do not meet the applicable employment criteria;

- (b) for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- (c) where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- (d) in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

3.3 Filling of SMS Posts

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

Table 3.3.1 SMS post information as on 31 March 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	3	1	33	2	67
Salary Level 14	15	11	73	4	27
Salary Level 13	45	40	89	5	11
Total	64	53	83	11	17

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	3	1	33	2	67
Salary Level 14	17	11	65	6	35
Salary Level 13	46	41	89	5	11
Total	67	54	81	13	19

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
Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	1	0	1
Salary Level 14	1	0	1
Salary Level 13	1	0	1
Total	3	0	3

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
<ul style="list-style-type: none"> • Prolonged disciplinary cases e.g CFO case. • Prolonged acting appointments.

Reasons for vacancies not filled within twelve months
<ul style="list-style-type: none"> • Unavailability of panel members. • Limited number of candidates meeting the minimum requirements causing the Department to re advertise.

Notes

- In terms of the Public Service Regulations Chapter 1, Part VII C.1A.3, departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes.

Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2024 and 31 March 2025

Reasons for vacancies not advertised within six months
None

Reasons for vacancies not filled within six months
None

Notes

- In terms of the Public Service Regulations Chapter 1, Part VII C.1A.2, departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes. In the event of non-compliance with this regulation, the relevant executive authority or head of department must take appropriate disciplinary steps in terms of section 16A (1) or (2) of the Public Service Act.

3.4 Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 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
Lower Skilled (Levels 1-2)	4460	0	0	0	0	0	0
Skilled (Levels 3-5)	9315	0	0	0	0	0	0
Highly skilled production (Levels 6-8)	5826	0	0	0	0	0	0
Highly skilled supervision (Levels 9-12)	5384	0	0	0	0	0	0
Senior Management Service Band A	45	0	0	0	0	0	0
Senior Management Service Band B	15	0	0	0	0	0	0
Senior Management Service Band C	3	0	0	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
MEC	1	0	0	0	0	0	0
Total	25050	0	0	0	0	0	0

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

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	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0

Employees with a disability	0
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The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2024 and 31 March 2025

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Clerical Support Workers	2	3	2	Employees that have qualified for grade progression in line with resolution 3 of 2009.
	4	4	3	
	86	5	4	
	1	6	5	
	2	7	6	
	3	8	7	
Elementary	1	2	1	
	20	3	2	
	3	4	3	
Total number of employees whose salaries exceeded the level determined by job evaluation				
Percentage of total employed				0,57%

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

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	72	0	1	0	73
Male	49	0	0	0	49
Total	121	0	1	0	122

Employees with a disability	3	0	0	0	3
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Notes

- If there were no cases where the salary levels were higher than those determined by job evaluation, keep the heading, and replace the table with the following:

Total number of Employees whose salaries exceeded the grades determine by job evaluation	122
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3.5 Employment Changes

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

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-1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1-2)	3 987	67	73	2
Skilled (Levels3-5)	7 923	191	233	3
Highly skilled production (Levels 6-8)	4 453	227	425	10
Highly skilled supervision (Levels 9-12)	34 41	389	422	12
Senior Management Service Bands A	36	5	5	14
Senior Management Service Bands B	12	4	4	33
Senior Management Service Bands C	1	2	2	200
Senior Management Service Bands D	1	2	7	700
Contracts	1 658	12 40	14 23	86
Total	21 512	2 127	2 594	12

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-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Ambulance Officer	849	18	44	5
Clinical Psychologist	45	6	12	27
Dentist	73	25	24	33
Dietician	126	33	38	30
Environmental Health Officer	75	42	50	67
General Medical Practitioner	1 297	865	675	52
Medical Specialists	183	30	36	20
Nursing Support Worker	2 729	31	79	3
Occupational Therapist	61	29	20	33
Optometrist	4	3	2	50
Pharmacists	328	19	101	31
Physiotherapist	137	56	61	45
Professional Nurse	5 184	523	754	15
Radiography	164	6	55	34
Social Worker	86	3	6	7
Speech Therapy and Audiology	56	31	24	43
Staff Nurse	1 011	147	76	8
Total	12 408	1 867	20 57	17

Notes

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
 - (a) in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available, or they are available but do not meet the applicable employment criteria;
 - (b) for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;

- (c) where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- (d) in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

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

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
Death	74	3
Resignation	622	24
Expiry of contract	1 511	58
Dismissal – operational changes	0	0
Dismissal – misconduct	16	1
Dismissal – inefficiency	0	0
Discharged due to ill-health	21	1
Retirement	306	12
Transfer to other Public Service Departments	40	2
Other	4	0
Total	2 594	100
Total number of employees who left as a % of total employment	12	

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
Ambulance Officer	842	10	1	384	46
Clinical Psychologist	45	0	0	28	62
Dental Practitioners	73	3	4	28	38
Dieticians And Nutritionists	126	4	3	68	54
Environmental Health Officer	75	1	1	18	24
General Medical Practitioner	1 297	78	6	254	20
Medical Specialists	183	4	2	37	20

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
Nursing Support Worker	2 729	8	0	425	16
Occupational Therapy	62	0	0	19	31
Optometrist	4	0	0	1	25
Oral Hygienist	9	1	11	4	44
Pharmacists	328	12	4	135	41
Physicists	1	0	0	0	0
Physiotherapist	137	0	0	42	31
Professional Nurse	5 184	67	1	1 005	19
Medical Diagnostic Radiographer	164	0	0	42	26
Social Worker	86	3	4	17	20
Speech Therapy and Audiology	56	0	0	20	36
Staff Nurse	1011	9	1	371	37
Total	12 412	200	2	2 898	23

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 bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees by salary bands
Lower skilled (Levels 1-2)	3 995	42	1	2 662	67
Skilled (Levels 3- 5)	8 121	122	2	3 709	46
Highly skilled production (Levels 6-8)	4 964	66	1	1 913	39
Highly skilled supervision (Levels 9-12)	4 377	166	4	1 171	27
Senior management (Levels 13-16)	55	1	2	26	47
TOTAL	21 512	397	2	9 481	44

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 31 March 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Managers	207	4		7	203	7	1	14	443
Professionals	1 435	18	66	119	3 738	101	80	291	5 848
Technicians & Associate Technical Occupations	607	4	3	7	1769	33	4	69	2 496
Protect Rescue Social Health Science Support Pers	771	19	0	12	3 482	33	0	63	4 380
Skill Agri Fores Fish Craft Related Trades Workers	294	1	0	1	50	0	0	0	346
Clerical Support Workers	828	7	1	9	2 100	40	2	36	3 023
Plant & Machine Operators & Assemblers	170	2	0	1	11	0	0	2	186
Elementary	1 033	28	1	15	2 595	69	5	11	3 757
Other	251	6	0	5	314	3	4	8	591
Non-Permanent Worker	850	3	6	12	5 156	21	1	11	6 060
Grand Total	6 446	92	77	188	19 418	307	97	505	27 130
Employees with disabilities	59	2	0	3	53	0	2	4	123

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	
Exception - political office bearers	1	0	0	0	0	0	0	0	1
Top management	2	0	0	0	1	0	0	0	3
Senior management	29	2	0	2	19	0	0	0	52

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionally qualified and experienced specialists and mid-management	998	16	63	124	1 576	48	68	238	3 131
Skilled technical and academically qualified workers-junior management-supervisors-foremen- and superintendents	1 618	22	6	20	4 755	102	21	213	6 757
Semi-skilled and discretionary decision making	1 815	28	0	21	5 457	84	2	36	7 443
Unskilled and defined decision making	1 071	21	2	9	2 339	51	5	7	3 505
Developmental programmes	62	0	0	0	115	1	0	0	178
Non-permanent worker	850	3	6	12	5 156	21	1	11	60 60
Grand Total	6 446	92	77	188	194 18	307	97	505	27 130
Employees with disabilities	59	2	0	3	53	0	2	4	123

Table 3.6.3 Recruitment for the period 1 April 2024 to 31 March 2025

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Exception - Political Office Bearers	1	0	0	0	0	0	0	0	1
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	5	1	0	0	0	0	0	0	6
Professionally qualified and experienced specialists and mid-management	300	8	25	70	326	12	24	85	850
Skilled technical and academically qualified workers, junior management, supervisors, foreman and	130	4	4	3	401	18	9	47	616

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
superintendents									
Semi-skilled and discretionary decision making	55	0	0	0	250	0	0	2	307
Unskilled and defined decision making	18	0	0	1	38	0	0	0	57
Developmental Programme	20	0	0	0	51	0	0	0	71
Non-Permanent Workers	61	0	2	4	142	3	0	3	215
Total	590	13	31	78	1 208	33	33	137	2 123
Transfers to the Department	1	0	0	0	3	0	0	0	4
Total including transfers to the Department	591	13	31	78	1 211	33	33	137	2 127
Employees with disabilities	3	0	0	0	0	0	0	0	3

Table 3.6.4 *Promotions for the period 1 April 2024 to 31 March 2025*

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	1	0	0	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management	59	0	1	8	57	6	3	10	144
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	29	2	0	0	54	0	1	0	86
Semi-skilled and discretionary decision making	39	0	0	0	82	0	0	0	121
Unskilled and defined decision making	15	0	0	0	27	0	0	0	42
Non-Permanent Worker	2	0	0	0	1	0	0	0	3
Total	145	2	1	8	221	6	4	10	397
Employees with disabilities	1	0	0	0	7	0	0	0	8

Table 3.6.5 *Terminations for the period 1 April 2024 to 31 March 2025*

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Exception - Political Office Bearers	1	0	0	0	0	0	0	0	1
Top management	1	0	0	0	0	0	0	0	1
Senior management	2	0	0	0	3	0	0	0	5
Professionally qualified and experienced specialists and mid-management	289	5	14	64	411	12	25	89	909
Skilled technical and academically qualified workers-junior management-supervisors- foremen- and superintendents	204	4	1	7	626	15	10	52	919
Semi-skilled and discretionary decision making	106	0	0	2	203	3	1	2	317
Unskilled and defined decision making	25	0	0	1	48	1	0	0	75
Developmental Programme	46	0	0	0	89	1	0	0	136
Non-permanent worker	61	0	0	6	119	2	0	3	191
Total terminations	735	9	15	80	1 499	34	36	146	2 554
Transfers out of the Department	8	0	0	0	29	2	0	1	40
Total including transfers out of the Department	743	9	15	80	1528	36	36	147	2594
Employees with Disabilities	4	0	0	1	2	0	0	0	7

Table 3.6.6 *Disciplinary action for the period 1 April 2024 to 31 March 2025*

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Unlawful protest /incitement	5	0	0	0	1	0	0	0	6
Theft	6	0	0	0	7	0	0	0	13
Contravention of Supply Chain Management and National Treasury practice Act	1	0	0	0	0	0	0	0	1

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Assault	5	0	0	0	4	0	0	0	9
Absenteeism	35	0	0	1	9	0	0	0	45
Dereliction of duty	13	0	0	0	14	0	0	0	27
Sexual Harassment	2	0	0	0	1	0	0	0	3
Insubordination	4	0	0	0	6	0	0	0	10
Dishonesty	8	0	0	0	7	0	0	0	15
Insolent behaviour	3	0	0	0	3	0	0	0	6
Financial Misconduct	3	0	0	0	3	0	0	0	6
Negligence	7	0	0	0	3	0	0	0	10
Intimidation	3	0	0	0	1	0	0	0	4
Racial Discrimination	0	0	0	0	0	0	0	0	0
Total	95	0	0	1	59	0	0	0	155

Table 3.6.7 Skills development for the period 1 April 2024 to 31 March 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	15	3	0	1	31	2	1	2	55
Professionals	796	4	9	41	3 501	33	15	73	4 472
Technicians and associate professionals	454	1	1	2	677	2	1	3	1 141
Clerks	320	1	0	3	1 321	7	1	9	1 662
Service and sales workers	273	1	0	1	511	4	-	5	795
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	199	0	0	0	35	0	0	0	234
Plant and machine operators and assemblers	4	0	0	1	2	0	0	1	8
Elementary occupations	129	5	1	2	457	9	1	3	607
Total	2 190	15	11	51	6 535	57	19	96	8 974
Employees with disabilities	3	0	0	0	0	0	0	0	3

3.7 Signing of Performance Agreements by SMS Members

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

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 July 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	0	0	0	0
Salary Level 16	1	1	1	100%
Salary Level 15	3	3	1	100%
Salary Level 14	15	11	11	100%
Salary Level 13	44	38	36	95%
Total	63	53	49	92%

Notes

- In the event of a National or Provincial election occurring within the first three months of a financial year all members of the SMS must conclude and sign their performance agreements for that financial year within three months following the month in which the elections took place. For example if elections took place in April, the reporting date in the heading of the table above should change to 31 July 20ZZ.

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 July 2024

Reasons
ILL- Health.
Prolong leave of absence (Precautionary suspension).

Notes

- The reporting date in the heading of this table should be aligned with that of Table 3.7.1.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 July 2024

Reasons
None

Notes

- The reporting date in the heading of this table should be aligned with that of Table 3.7.1.

3.8 Performance Rewards

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

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2024 to 31 March 2025

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African	48	20 003	0	1 475	30 745,30
Male	38	14 369	0	1 139	29 974,40
Female	10	5 634	0	336	33 674,70
Asian	1	376	0	28	28 595,50
Male	0	288	0	0	0
Female	1	88	1	28	28 595,50
Coloured	0	175	0	0	30 745,30
Male	0	98	0	0	0
Female	0	77	0	0	0
White	1	686	0	23	23 561,10
Male	1	499	0	23	23 561,10
Female	0	187	0	0	0
Total	50	21 240	0	1 527	R 30 558,60

**Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management
Service for the period 1 April 2024 to 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 bands	Total Cost (R'000)	Average cost per employee	
Lower Skilled (Levels 1-2)	0	3915	0	0	0	0
Skilled (level 3-5)	14	7953	0	296	21 147	0
Highly skilled production (level 6-8)	18	4958	0	596	33 093	0
Highly skilled supervision (level 9-12)	18	4360	0	636	35 345	0
Total	50	21 186	0	1 528	30 559	0

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2024 to 31 March 2025

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Ambulance Officer	0	821	0	0	0
Clinical Psychologist	0	41	0	0	0
Dentist	2	76	3	73 593,00	R 36 796,50
Dieticians And Nutritionists	0	126	0	0	0
Environmental Health	0	67	0	0	0
General Medical Practitioner	2	1 427	0	71 903,40	35 951,70
Medical Diagnostic Radiographer	1	166	1	37 641,30	37 641,30
Medical Specialists	0	149	0	0	0
Nursing Assistants	0	2 209	0	0	0
Occupational Therapy	0	71	0	0	0
Optometrists and Opticians	0	4	0	0	0
Oral Hygienist	0	8	0	0	0
Pharmacists	0	299	0	0	0

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Physiotherapy	2	131	2	67 630,80	33 815,40
Nursing Professionals	16	5 113	0	534 609,12	33 413,10
Social Worker	0	82	0	0	0
Speech Therapy and Audiology	0	61	0	0	0
Enrolled Nurse	2	1 459	0	46 768,50	23 384,30
Total	25	12 310	0	832 146,12	33 285,80

Notes

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
 - (a) in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available, or they are available but do not meet the applicable employment criteria;
 - (b) for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
 - (c) where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
 - (d) in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2024 to 31 March 2025

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	40	0	0	0	0
Band B	0	11	0	0	0	0
Band C	0	1	0	0	0	0
Band D	0	2	0	0	0	0
Total	0	54	0	0	0	0

3.9 Foreign Workers

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

Table 3.9.1 Foreign workers by salary band for the period 1 April 2024 and 31 March 2025

Salary band	01 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Lower skilled (Levels 1-2)	2	0,5	2	0,6	0	0
Skilled (Levels 3-5)	5	1,3	4	1,1	-1	4
Highly skilled production (Levels 6-8)	12	3,2	11	3,2	-1	4
Highly skilled supervision (Levels 9-12)	200	53,6	192	55,2	-8	32
Senior Management (Level 13-16)	13	3,5	9	2,6	-4	16
Contract (Levels 1-2)	0	0	0	0	0	0
Contract (Levels 3-5)	0	0	0	0	0	0
Contract (Levels 6-8)	8	2,1	6	1,7	-2	8
Contract (Levels 9-12)	133	36	124	35,6	-9	36
Contract (Levels 13-16)	0	0	0	0	0	0
Total	373	100	348	100	-25	100

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	% Change
Administration Clerks	1	0,3	1	0	0	0
Emergency Service and Rescue Worker	1	0,3	1	0	0	0
Architects Town and Traffic Planners	1	0,3	1	0	0	0
Biomedical Engineer	1	0,3	1	0	0	0
Garden Worker	1	0,3	1	0	0	0
Cardiothoracic Perfusion Clinical Technologist	1	0,3	1	0	0	0
Caretaker/ Cleaner	1	0,3	1	0	0	0
Communication and Marketing Manager	1	0,3	1	0	0	0
Construction Project Manager	0	0	1	0	1	-4
Dental Practitioners	3	0,8	1	0	-2	8
General Medical Practitioner	267	71,6	249	72	-18	72
Logistical Support Personnel	1	0,3	1	0	0	0
Medical Specialists	37	9,9	35	10	-2	8
Medical Technician	2	0,5	2	1	0	0
Nursing Assistants	2	0,5	2	1	0	0
Occupational Therapist	1	0,3	2	1	1	-4
Pharmacists	23	6,2	21	6	-2	8
Physicists	2	0,5	2	1	0	0
Physiotherapist	7	1,9	4	1	-3	12
Physiotherapy Technician	0	0	1	0	1	-4
Radiation Oncologist	0	0	1	0	1	-4
Radiography	5	1,3	3	1	-2	8
Professional Nurse	13	3,5	13	4	0	0
Senior Managers	1	0,3	1	0	0	0
Speech Therapist	1	0,3	1	0	0	0
Total	373	100	348	100	-25	100

3.10 Leave utilisation

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

Table 3.10.1 Sick leave for the period 1 January 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)
Lower Skills (Level 1-2)	18 498	92	2 510	17	7	13 366
Skilled (levels 3-5)	38 945	87	5 560	37	7	40 794
Highly skilled production (levels 6-8)	28 498	84	4 183	28	7	47 681
Highly skilled supervision (levels 9 -12)	19 001	85	2 860	19	7	58 824
Top and Senior management (levels 13-16)	192	90	31	0	6	974
Total	105 134	86	15 144	100	7	161 639

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)
Lower skilled (Levels 1-2)	5 998	100	139	19	43	4 341
Skilled (Levels 3-5)	10 613	100	273	36	39	10 754
Highly skilled production (Levels 6-8)	7 502	100	189	25	40	12 566
Highly skilled supervision (Levels 9-12)	5 376	100	145	19	37	16 661
Senior management (Levels 13-16)	122	100	3	0	41	710
Total	29 611	100	749	100	40	45 031

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

Table 3.10.3 Annual Leave for the period 1 January 2024 to 31 December 2024

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Lower skilled (Levels 1-2)	81 600,86	3 595	23
Skilled Levels 3-5)	173 183,77	7 627	23
Highly skilled production (Levels 6-8)	128 204,18	5 733	22
Highly skilled supervision (Levels 9-12)	95 176,04	4 461	21
Senior management (Levels 13-16)	1 234	57	22
Total	479 398,85	21 473	22

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 Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2022
Lower skilled (Levels 1-2)	0	0	0	0
Skilled Levels 3-5)	98	13	8	2
Highly skilled production (Levels 6-8)	45	10	5	4
Highly skilled supervision (Levels 9-12)	98	12	8	5
Senior management (Levels 13-16)	0	0	0	13
Total	241	35	7	3

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

Table 3.10.5 Leave pay-outs for the period 1 April 2024 and 31 March 2025

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave pay-out for 2024/25 due to non-utilisation of leave for the previous cycle	898	19	47 264
Capped leave pay-outs on termination of service for 2024/25	0	0	0
Current leave pay-out on termination of service for 2024/25	39 344	718	54 797
Total	40 242	737	54 603

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
Nurses and doctors administering injections to patients at the healthcare facilities.	Education and in-service training on safe handling and disposal of needles and syringes. Also offering post exposure prophylaxis (PEP) to those who have pricked themselves.
Nurses and doctors attending patients in theatre and maternity, who are predisposed to facial and mucosal eye splashes, including splashes to the non-intact skin.	In-service training on self-protection as well as provision of personal protective equipment (PPE).
Laundry workers handling soiled linen who are likely to be exposed to contaminated blood and hidden sharp objects.	In-service training on handling of dirty linen, and provision of PPE always.
Cleaners and other healthcare workers collecting healthcare risk waste from the wards and from the clinics to the central collection point, awaiting transportation to the disposal site.	Proper waste management, segregation of waste, provision of appropriate and puncture proof waste collection receptacles and provision of acceptable PPE to the affected workers always.

Table 3.11.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	✓		Ms Constance Ratseane: Director
2. Does the department have a dedicated unit, or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	✓		<p>The following are staff members who offer health and wellbeing services to employees:</p> <ul style="list-style-type: none"> • Head office: X5 (X3 Social workers, 1 Nurse, EHP) • NMM: X2(Social workers) • DR KK: 11 (X1 Psychologist and 9 Social Workers on contract and a registered counsellor on contract) • DR RSM: X2(Social Workers, one is on contract) • BOJANALA: X5 (X4 Social Workers and 1 EHP) • HOSPITALS: X17 OHS Nurses • COLLEGES: X2 (Social Worker) <p>R2.5m was the allocated budget for 2024/2025 financial year for OHS&EW services, with R600 000 for compensation of employees included.</p>
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.	✓		<p>The department is complying with the DPSA EHWP strategic framework which deals with individuals holistically, thus focus on the Four Pillars which are the following:</p> <ol style="list-style-type: none"> 1. HIV/AIDS, STI and TB 2. Safety, Health, Environment, Risk and Quality management (SHERQ) 3. Health and Productivity Management (HPM) 4. Wellness Management Pillars
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	✓		<p>Department has appointed OHS nurses and social workers to deal with HIV/AIDS&TB in the workplace.</p> <p>Then department has also established the provincial Employee Wellness Committee, and the provincial OHS Steering Committees to monitor compliance.</p> <p>The following are the members of the Employee Wellness Committee:</p>

Question	Yes	No	Details, if yes
			<ul style="list-style-type: none"> • Mr. I. Tswaile: Director Financial Planning (Chairperson) • Mr. I. Moloji: Director Dr. KK District Health (Deputy chairperson) • Ms. C. Ratseane: Director OHS & EW (Secretariat) • Ms. R. Puso: ASD OHS & EW (Secretariat) • Mr M. Tshabalala: OHS & EW (Member) • Ms. E. Mere: Director Nursing Services (Member) • Mr. P. Dikobe: Director Bojanala District Health (Member) • Ms. N. Legobye: Director NMM District Health (Member) • Ms. E. Mogorosi: Director RSM District Health (Member) • Ms. M. Seema: Director Health Programmes (Member) • Dr. G. Kegakilwe: Acting Manager District Hospitals (Member) • Ms. C. Masiangoako: Director Quality Assurance (Member) • Ms. T. Tuge: Deputy Director Nutrition (Member) • Ms. N. Segomotso: Deputy Director HIV Prevention & MCWH (Member) • Ms. M. Lerumo: Director Special Programmes (Member) • Mr. T. Lekgethwane: Director Media and communication (Member) • Mr. T. Segaetsho: Deputy Director Conditions of Service (Member) • Ms. D. Dijong: Director Mental Health (Member) <p>The following Organised Labour unions have been represented for the past financial year:</p> <ul style="list-style-type: none"> • DENOSA: Mr R Molete (Member) • HOSPERSA: Mr M Mongane (Member) • PSA: Mr K Moalusi (Member)
<p>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.</p>	✓		<p>All policies have been reviewed although only 2 have been approved in the year 2024/25</p> <ul style="list-style-type: none"> • HIV/AIDS&TB, policy • Wellness management policy

Question	Yes	No	Details, if yes
			<p>The following SoPs have also been reviewed:</p> <ul style="list-style-type: none"> • COID management • Waste management <p>The employer has also developed and approved a new SoP on the Employee Wellness Clinic.</p>
<p>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.</p>	✓		<p>Section 11.2.1 of the reviewed HIV/AIDS&TB policy focuses on stigma and discrimination prevention, treatment, care and support, the following are the measures:</p> <ul style="list-style-type: none"> • Ensure that no employee or prospective employee is unfairly discriminated against based on her/his HIV status (or any other diseases) or perceived HIV status in the Department. • All employees shall treat information on an employee status as confidential and shall not disclose that information to any other person without the employee written consent. • Ensure that no employee is forced to take HIV or TB test without written consent. • All information and records pertaining to HIV/TB status of employee should be kept separate from their personnel files and be placed with EAP confidential files.
<p>7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.</p>	✓		<p>In contributing to the NSP objective of reducing new infections by optimising the implementation of high impact HIV prevention interventions, the following indicators are monitored:</p> <ul style="list-style-type: none"> • Number of male employees who tested for HIV – 1361. • Number of female employees who tested for HIV - 2326. • Number of male employees who tested positive – 12. • Number of female employees who tested positive – 25.
<p>8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.</p>	✓		<p>The following indicators are monitored on a quarterly basis under the health and productivity pillar:</p> <ul style="list-style-type: none"> • Number of employees screened on Hypertension - 16017 • Diabetes - 13791 • Obesity - 11593

Question	Yes	No	Details, if yes
			<ul style="list-style-type: none"> • Cholesterol - 2902 • Mental illness - 5960 <p>Number of employees referred for further treatment on:</p> <ul style="list-style-type: none"> • Hypertension - 806 • Diabetes – 533 • Obesity - 441 • Cholesterol - 277 • Mental illness - 256

3.12 Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2024 and 31 March 2025

Subject matter	Date
PHSDSBC Resolution 2 of 2024: Extension of Resolution 03 of 2014 - Agreement on the Increase of Levies	21 November 2024
PHSDSBC Resolution 1 of 2024: Amendment of Resolution 2 of 2023: Agreement on Provision of Token of Appreciation	23 October 2024
PHSDSBC Resolution 1 of 2025: A Further Extension of Resolution 03 of 2014	31 March 2025
PSCBC Resolution 2 of 2024: Amendment to Resolution 3 of 2017 Negotiation Protocol Agreement Wage Negotiation Process	09 July 2024
PSCBC Resolution 1 of 2025: Agreement on the payment of salary adjustments improvement of conditions of service in the public service	17 February 2025
PSCBC Resolution 2 of 2025: Agreement on matters referred to a further process for research investigation negotiations FY 2025/26	17 February 2025

Notes

- If there were no agreements, keep the heading and replace the table with the following:

Total number of Collective agreements	06
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The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

Table 3.12.2 *Misconduct and disciplinary hearings finalised for the period 1 April 2024 and 31 March 2025*

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	7	3,8
Verbal warning	2	1
Written warning	32	17,3
Final written warning	51	27,6
Suspended without pay	30	16,2
Fine	0	0
Demotion	1	0,1
Dismissal	16	8,6
Not guilty	15	8,1
Case withdrawn	31	16,8
Total	185	100

Notes

- If there were no agreements, keep the heading and replace the table with the following:

Total number of Disciplinary hearings finalised	166 Some of those included written warnings, final written warnings and suspension of payment of remuneration.
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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
Unlawful protest /incitement	6	4,5
Theft	13	9,8
Contravention of Supply Chain Management and National Treasury practice Act	1	0,8
Assault	09	6,8
Absenteeism	45	33,8
Dereliction of duty	27	20,3

Type of misconduct	Number	% of total
Sexual Harassment	3	2,3
Insubordination	10	7,5
Dishonesty	13	9,8
Insolent behaviour	6	4,5
Total	133	100

Table 3.12.4 Grievances logged for the period 1 April 2024 and 31 March 2025

Grievances	Number	% of Total
Number of grievances resolved	93	78,8
Number of grievances not resolved	25	21,2
Total number of grievances lodged	118	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	9	7,8
Number of disputes dismissed	39	33,9
Total number of disputes lodged	115	41,7

Table 3.12.6 Strike actions for the period 1 April 2024 and 31 March 2025

Total number of persons working days lost	0 days
Total costs working days lost	0
Amount recovered as a result of no work 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	10
Number of people whose suspension exceeded 30 days	10
Average number of days suspended	1 081 days
Cost of suspension(R'000)	R2 334 503.98

3.13 Skills development

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

Table 3.13.1 Training needs identified for the period 1 April 2024 and 31 March 2025

Occupational category	Gender	Number of employees as at 1 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	25	0	10	0	10
	Male	32	0	15	0	15
Professionals	Female	1 327	0	570	0	570
	Male	1 080	0	340	0	340
Technicians and associate professionals	Female	5 254	0	414	0	414
	Male	1 520	0	197	0	197
Clerks	Female	2 135	0	338	0	338
	Male	825	0	199	0	199
Service and sales workers	Female	3 740	0	223	0	223
	Male	875	0	112	0	112
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	13	0	6	0	6
	Male	56	0	33	0	33
Plant and machine operators and assemblers	Female	15	0	10	0	10
	Male	202	0	51	0	51
Elementary occupations	Female	2 874	0	673	0	673
	Male	1 393	0	244	0	244
Non-permanent worker	Female	5 436	34	360	0	394
	Male	925	16	205	0	221
Sub Total	Female	20 819	34	2 604	0	2 638
	Male	6 908	16	1 396	0	1 412
Total		27 727	50	4 000	0	4 050

Table 3.13.2 Training provided for the period 1 April 2024 and 31 March 2025

Occupational category	Gender	Number of employees as at 1 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	25	0	36	0	36
	Male	32	0	19	0	19
Professionals	Female	13 27	0	3 622	0	3 622
	Male	1 080	0	850	0	850
Technicians and associate professionals	Female	5 254	0	683	0	683
	Male	1 520	0	458	0	458
Clerks	Female	2 135	0	1338	0	1338
	Male	825	0	324	0	324
Service and sales workers	Female	3 740	0	520	0	520
	Male	875	0	275	0	275
Skilled agriculture and fishery workers	Female	0	0	0	0	-
	Male	0	0	0	0	-
Craft and related trades workers	Female	13	0	35	0	35
	Male	56	0	199	0	199
Plant and machine operators and assemblers	Female	15	0	3	0	3
	Male	202	0	5	0	5
Elementary occupations	Female	2 874	0	470	0	470
	Male	1 393	0	137	0	137
Non-permanent Worker	Female	5 436	34	-	0	34
	Male	925	16	-	0	16
Sub Total	Female	20 819	34	6 707	0	6 741
	Male	6 908	16	2 267	0	2 283
Total		27 727	50	8 974	0	9 024

3.14 Injury on duty

The following tables provide basic information on injury on duty.

Table 3.14.1 Injury on duty for the period 1 April 2024 and 31 March 2025

Nature of injury on duty	Number	% of total
Required basic medical attention only	310	96%
Temporary Total Disablement	13	4%
Permanent Disablement	00	0
Fatal	00	0
Total	323	100%

3.15 Utilisation of Consultants

The following tables relates information on the utilisation of consultants in the department. In terms of the Public Service Regulations “consultant” means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

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

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2024 and 31 March 2025

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand ('000)
Construction of a new Deelpan Clinic	5	783	85 000
Construction of a new Manthe CHC	6	1 044	300 000
Construction of a new Lebotloane CHC	6	1 044	300 000
Construction of a new Mafikeng Provincial Hospital Renal	6	1 305	350 000
Refurbishment of EMS across the Province	6	1 305	590 000
Mafikeng Provincial Hospital Upgrade of Kitchen, Mortuary & Laundry	5	1 305	250 000

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand ('000)
Construction of a new Job Shimankana Tabane Hospital MOU	6	1 305	650 000
Construction of a new Ganyesa CHC	6	1 044	300 000
Construction of new Itso seng District Hospital	6	1 305	450 000
Upgrading of General De La Rey Hospital	6	1 305	450 000

The above contract values are estimated values.

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
10	58	11 745	3 725 000

The Department did not contract any new consultants in the 2024/2025 financial year due to financial constraints and avoiding over-committing the department. The above-mentioned projects are projects which recur from the previous financial years. NDoH has taken over the implementation of Refurbishment of Medical Depot project.

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
Construction of a new Deelpan Clinic	100%	100%	5
Construction of a new Manthe CHC	100%	100%	6
Construction of a new Lebotloane CHC	100%	100%	6
Construction of a new Mafikeng Provincial Hospital Renal	100%	100%	6
Refurbishment of EMS across the Province	100%	100%	6
Mafikeng Provincial Hospital Upgrade of Kitchen, Mortuary & Laundry	100%	100%	5
Construction of a new Job Shimankana Tabane Hospital MOU	100%	100%	6

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Construction of a new Ganyesa CHC	100%	100%	6
Construction of new Itsoseng District Hospital	100%	100%	6
Upgrading of General De La Rey Hospital	100%	100%	6

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 project	Duration (Work days)	Donor and contract value in Rand
N/A	N/A	N/A	N/A

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

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	N/A	N/A	N/A

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:

PFMA COMPLIANCE REPORT

1. IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

1.1. Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	10 596 101	11 385 695
Adjustment to opening balance		(1 004 361)
Opening balance as restated	10 596 101	10 381 334
Add: Irregular expenditure confirmed	203 106	240 326
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	0	(25 559)
Less: Irregular expenditure recoverable ¹	0	0
Less: Irregular expenditure not recoverable and written off	0	0
Closing balance	10 799 207	10 596 101

In the previous financial year, and irregular expenditure related to a security tender was registered following and assessment during the audit. Upon further internal review and determination, it was established that the initial assessment was incorrect. As a result, the expenditure was subsequently found not to be irregular and also affected the current year.

Reconciling notes

Description	2024/2025	2023/2024 ²
	R'000	R'000
Irregular expenditure that was under assessment	0	0
Irregular expenditure that relates to the prior year and identified in the current year	0	0
Irregular expenditure for the current year	203 106	240 326
Total	203 106	240 326

¹ Transfer to receivables

² Record amounts in the year in which it was incurred

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

Description ³	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure under assessment	90 954	79 390
Irregular expenditure under determination	10 799 207	11 917 891
Irregular expenditure under investigation	30 000	30 000
Total	10 920 161	12 027 281

Include discussion here where deemed relevant. – N/A

c) Details of irregular expenditure condoned

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure condoned	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

d) Details of irregular expenditure removed - (not condoned)

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure NOT condoned and removed	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

³ Group similar items

e) Details of irregular expenditure recoverable

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure recoverable	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

f) Details of irregular expenditure written off (irrecoverable)

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure written off	0	0
Total	0	0

Include discussion here where deemed relevant. - N/A

Additional disclosure relating to Inter-Institutional Arrangements

g) Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution *is not* responsible for the non-compliance)

Description
Not applicable
Total

Include discussion here where deemed relevant. – N/A

h) Details of irregular expenditure cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)⁴

Description	2024/2025 ⁵	2023/2024
	R'000	R'000
Not applicable	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

i) Details of disciplinary or criminal steps taken as a result of irregular expenditure

Disciplinary steps taken

All cases of Irregular Expenditure are subject to consequence management once an official is found liable. All fraud and corruption related irregular expenditure are handed over to law enforcement agencies.

Include discussion here where deemed relevant. – N/A

⁴ Refer to paragraphs 3.12, 3.13 and 3.14 of Annexure A (PFMA Compliance and Reporting Framework) to National Treasury Instruction No. 4 of 2022/2023

⁵ Amounts of irregular expenditure related to the current year must be disclosed in the annual financial statements.

1.2. Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	134 493	157 725
Adjustment to opening balance	0	0
Opening balance as restated	134 493	157 725
Add: Fruitless and wasteful expenditure confirmed	3 469	10 608
Less: Fruitless and wasteful expenditure recoverable ⁶	0	0
Less: Fruitless and wasteful expenditure not recoverable and written off	54 517	33 841
Closing balance	83 444	134 493

Include discussion here where deemed relevant. – N/A

Reconciling notes

Description	2024/2025	2023/2024 ⁷
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment	0	0
Fruitless and wasteful expenditure that relates to the prior year and identified in the current year	0	0
Fruitless and wasteful expenditure for the current year	3 469	10 608
Total	3 469	10 608

⁶ Transfer to receivables

⁷ Record amounts in the year in which it was incurred

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

Description ⁸	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure under assessment	761	0
Fruitless and wasteful expenditure under determination	851	43 369
Fruitless and wasteful expenditure under investigation	0	0
Total	1 613	48 369

Include discussion here where deemed relevant. – N/A

c) Details of fruitless and wasteful expenditure recoverable

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure recoverable	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

d) Details of fruitless and wasteful expenditure not recoverable and written off

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure written off	54 517	33 841
Total	54 517	33 841

Include discussion here where deemed relevant. - N/A

⁸ Group similar items

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

Disciplinary steps taken
Total amount of Fruitless and Wasteful expenditure referred to the Hawks.
Total = R75 816m

Include discussion here where deemed relevant. – N/A

1.3. Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	671 830	1 330 849
Adjustment to opening balance	0	0
Opening balance as restated	671 830	1 330 849
Add: unauthorised expenditure confirmed	41 209	73 226
Less: unauthorised expenditure approved with funding	0	732 242
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable ⁹	0	0
Less: unauthorised not recoverable and written off ¹⁰	0	0
Closing balance	713 039	671 830

Include discussion here where deemed relevant. – N/A

⁹ Transfer to receivables

¹⁰ This amount may only be written off against available savings

Reconciling notes

Description	2024/2025	2023/2024 ¹¹
	R'000	R'000
Unauthorised expenditure that was under assessment	0	0
Unauthorised expenditure that relates to the prior year and identified in the current year	0	0
Unauthorised expenditure for the current year	41 209	73 226
Total	41 209	73 226

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

Description ¹²	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	713 039	671 830
Unauthorised expenditure under investigation	0	0
Total	713 039	671 830

Include discussion here where deemed relevant. – N/A

1.4. Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) & (iii)¹³

a) Details of material losses through criminal conduct

Material losses through criminal conduct	2024/2025	2023/2024
	R'000	R'000
Theft	0	0
Other material losses	0	0
Less: Recoverable	0	0
Less: Not recoverable and written off	0	0
Total	0	0

Include discussion here where deemed relevant. – N/A

¹¹ Record amounts in the year in which it occurred

¹² Group similar items

¹³ Information related to material losses must be disclosed in the annual financial statements.

b) Details of other material losses

Nature of other material losses	2024/2025	2023/2024
	R'000	R'000
None	0	0
Total		

Include discussion here where deemed relevant and criminal or disciplinary steps taken by the institution. – N/A

c) Other material losses recoverable

Nature of losses	2024/2025	2023/2024
	R'000	R'000
None	0	0
Total		

Include discussion here where deemed relevant. – N/A

d) Other material losses not recoverable and written off

Nature of losses	2024/2025	2023/2024
	R'000	R'000
None	0	0
Total		

Include discussion here where deemed relevant. – N/A

2. LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated Value
		R'000
Valid invoices received	81 491	5 348 088
Invoices paid within 30 days or agreed period	25 564	3 115 790
Invoices paid after 30 days or agreed period	55 927	2 232 298
Invoices older than 30 days or agreed period (unpaid and without dispute)	9 840	567 604
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. – N/A

3. SUPPLY CHAIN MANAGEMENT

3.1. Procurement by other means

Project description	Name of supplier	Type of procurement by other means	Contract number	Value of contract R'000
Supply and installation of medical air in the Neonatal ward at JST Hospital CIDB grading 4ME or Higher	Smartec Woman	Limited Bidding	NWDOH/CB/02/2025	4 275
Urgent provision of water services at Job Shimankana Tabane Hospital situated in Rustenburg Local Municipality within the Bojanala District, North West Province. CIDB Grading 6CE or Higher.	Motivated Construction Team 14 CC	Limited Bidding	NWDOH/PS/13/21-3	13 134
Total				17 409

3.2. 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
Supply of containers, collection, removal, transportation and treatment of Health Care Risk Waste (HCRW) and final disposal of residues from public health care facilities of the North West Department of Health for a period of four (04) years	Tshenolo Waste (PTY) Ltd	Expansion	NWDOH 270/2019	Rates based	Not Applicable	Rates based
Food Service Management (Catering) Services at various Health Facilities in the North West Province for a period of four years-Cluster 1,2,6 and 8)	Medi-Ware (PTY) Ltd	Expansion	NWDOH 16/2016	Rates based	Not Applicable	Rates based
Food Service Management (Catering) Services at various Health Facilities in the North West Province for a period of four years-Cluster 4,5 and 7)	Duduza Hospitality Solution	Expansion	NWDOH 16/2016	Rates based	Not Applicable	Rates based
Food Service Management (Catering) Services at various Health Facilities in the North West Province for a period of four years-(Cluster 3)	Omega JV Rejabotlhe Hospitality	Expansion	NWDOH 16/2016	Rates based	Not Applicable	Rates based

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
Service, repairs and maintenance of standby generator plant in various institutions situated in the Bojanala District for Thirty-Six (36) months.	Bakoena Cooling Systems	Expansion	NWDOH 37/2020	Rates based	Not Applicable	Rates based
Service, repairs and maintenance of standby generator plant in various institutions situated in the Dr Ruth Segomotsi District for Thirty-Six (36) months.	Scalile SWE Trading	Expansion	NWDOH 38/2020	Rates based	Not Applicable	Rates based
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 1 Provincial Office	FPM Business Solution PTY LTD	Expansion	NWDOH 40/2020	49 567	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 2 Hospital Bojanala	Mazaxa Construction and Projects	Expansion	NWDOH 40/2020	73 872	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 21 Ramotshere Moiloa	Mazaxa Construction and Projects	Expansion	NWDOH 40/2020	59 713	Not Applicable	Rates Based (Month to Month)

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
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 3 Hospital RSM	Mazibuku Security & Project	Expansion	NWDOH 40/2020	47 793	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 4 Hospital NMM	Mazibuku Security & Project	Expansion	NWDOH 40/2020	75 275	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 5 Hospital Kenneth Kaunda	Opera Security Solutions	Expansion	NWDOH 40/2020	R82 680	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 22 Matlosana & Maquassi Hills	Opera Security Solutions	Expansion	NWDOH 40/2020	55 616	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 6 CHC Bojanala	Tshedza Protection Services	Expansion	NWDOH 40/2020	74 193	Not Applicable	Rates Based (Month to Month)

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
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 15 Greater Taung	Tshedza Protection Services	Expansion	NWDOH 40/2020	74 193	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 7 CHC RSM	Gubis 85 Solution (PTY) LTD	Expansion	NWDOH 40/2020	60 931	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 13 Moses Kotane	Gubis 85 Solution (PTY) LTD	Expansion	NWDOH 40/2020	59 139	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 8 CHC NMM	Striving Mind Trading 519	Expansion	NWDOH 40/2020	64 370	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 12 Moretele	Striving Mind Trading 519	Expansion	NWDOH 40/2020	70 560	Not Applicable	Rates Based (Month to Month)

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
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 9 CHC Dr KK	T J L Security Services	Expansion	NWDOH 40/2020	64 288	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 10 Kgetleng & Rustenburg	Ndivhuwo Security Services	Expansion	NWDOH 40/2020	84 497	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 11 Madibeng	Ndivhuwo Security Services	Expansion	NWDOH 40/2020	74 193	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 14 Moses Kotane B	Rainbow Moon Trading 74CC	Expansion	NWDOH 40/2020	60 941	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 16 Ganyesa	Tyeks Security Services CC	Expansion	NWDOH 40/2020	34 348	Not Applicable	Rates Based (Month to Month)

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
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 17 Naledi, Mamusa & Lekwa Teemane	Tyekes Security Services CC	Expansion	NWDOH 40/2020	36 802	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 18 Ditsobotla	Mabotwane Security Services	Expansion	NWDOH 40/2020	44 776	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 20 Ratlou & Tswaing	Mabotwane Security Services	Expansion	NWDOH 40/2020	53 976	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 19 Mahikeng	Mphosha Security Services	Expansion	NWDOH 40/2020	59 825	Not Applicable	Rates Based (Month to Month)
Rendering of Physical Security for North West Department of Health for a period of three (03) years - Cluster 23 Tlokwe & Ventersdorp	Pothlako Security and Cleaning Services	Expansion	NWDOH 40/2020	37 250	Not Applicable	Rates Based (Month to Month)

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
Supply and delivery of Care Kits for Home Community Based Care (HCBC) programme in North West Department of Health for a period of three (03) years [01 May 2021 to 30 April 2024] Ngaka Modiri Molema District	Govic Projects (Pty) Ltd	Expansion	NWDOH 39/2020	Rates Based	Not Applicable	Rates Based
Supply and delivery of Care Kits for Home Community Based Care (HCBC) programme in North West Department of Health for a period of three (03) years [01 May 2021 to 30 April 2024] Dr Ruth Mompati	MCM Dynamics (Pty) Ltd	Expansion	NWDOH 39/2020	Rates Based	Not Applicable	Rates Based
Supply and delivery of Care Kits for Home Community Based Care (HCBC) programme in North West Department of Health for a period of three (03) years [01 May 2021 to 30 April 2024] Bojanala District	KLT Medical & Projects (Pty) Ltd	Expansion	NWDOH 39/2020	Rates Based	Not Applicable	Rates Based

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
Supply and delivery of Care Kits for Home Community Based Care (HCBC) programme in North West Department of Health for a period of three (03) years [01 May 2021 to 30 April 2024] Dr Kenneth Kaunda District	Govic Projects (Pty) Ltd	Expansion	NWDOH 39/2020	Rates Based	Not Applicable	Rates Based
Distribution of Pharmaceutical and Surgical products to North West Health Care Facilities (Bojanala and Dr Kenneth Kaunda Districts)	Sharon's Maintenance & Electrical Cc	Expansion	NWDOH 20/2021	Rates Based	Not Applicable	Rates Based
Distribution of Pharmaceutical and Surgical products to North West Health Care Facilities - NMM & Dr RSM Districts	Vatospark (PTY)LTD	Expansion	NWDOH 20/2021	Rates Based	Not Applicable	Rates Based
"EXT system Support and maintenance: 1. PAAB system	Faranani IT Services (PTY)ltd	Expansion	NWDOH 13/2021	33 070	Not Applicable	11 541
Upgrade of casualty ward at Potchefstroom hospital Dr Kenneth Kaunda District North West	Slindile 2020 projects J.V Flavcast (Pty) Ltd	Variation	NWDOH/PS/08/18	52 272	Not Applicable	627

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
Provision of park homes in various health facilities in the North West Province CIDB 4GB or Higher (Mothantheyane)	Mikano consulting and Project management	Variation	NWDOH 19/2023	6 346	Not Applicable	49
Provision of park homes in various health facilities in the North West Province CIDB 4GB or Higher(Sheila Clinic)	Mohuli Business Enterprise	Variation	NWDOH 19/2023	6 310	Not Applicable	2 547
Provision of park homes in various health facilities in the North West Province CIDB 4GB or Higher(Lobatla Clinic)	Kwanang Trading	Variation	NWDOH 19/2023	5 707	Not Applicable	757
Provision of park homes in various health facilities in the North West Province CIDB 4GB or Higher(Lobatla Clinic)	Tholo e teng Projects and service	Variation	NWDOH 19/2023	5 810	Not Applicable	996
Provision of park homes in various health facilities in the North West Province CIDB 4GB or Higher(Magogoe Clinic)	Rise Beyond	Variation	NWDOH 19/2023	5 747	Not Applicable	521

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
Refurbishment of Ganyesa Hospital in Kagisano Molopo Local Municipality, Dr Ruth Segomotsi Mompoti District in the North West Province	ENM-Lethukuthula and JP Canci JV	Variation	NWDOH/PS/31/19	57 600	Not Applicable	234
Completion of the additional of Mmacon Nursing College including all related site works (Phase1)	Xol-Mak Construction Cc	Variation	NWDOH/PS/01/20	139 206	Not Applicable	27 493
New office park HVAC system (Aircons) - 3 years	Nzwalo Investment (PTY)LTD T/A Lumacon	Variation	NWDOH 19/2021	2 834	Not Applicable	567
Upgrading of Bulk Pharmacy at Delareyville Hospital CIDB Grading Required 7GB	Mpfumelelo Business Enterprise JV Kolwana Holdings Cc	Variation	NWDOH /DPW239/06	34 609	Not Applicable	9 055
Construction of New Rapulana Clinic in NMM District	Magic Engineers (PTY)LTD	Variation	NWDOH/PS/10/18	66 026	Not Applicable	13 441
Refurbishment of Gelukspan Hospital, Ngaka Modiri Molema District, North West Province, CIDB Grading: 8GB of Higher	Rembu Peregrine JV	Variation	NWDOH//029/PS/11	191 224	Not Applicable	798

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
Upgrade of Marcus Zenzile Clinic in Dr Kenneth Kaunda District: Grade 7GB or Higher	Mercycon Quality Assurance JV Marabe	Variation	NWDOH PS/004/15	34 062	Not Applicable	2 867
Construction of new Bophelong Psychiatric hospital – Phase 3: administration block and rehabilitation wards	Ferny Creek JV ENM	Variation	NWDOH/PS/034/11C	854 651	Not Applicable	138 346
Total				2 894 272*	Not Applicable	209 839*

*The amount on the columns refers to items that can be quantified and excludes instances where items are rates based.



PART F:

FINANCIAL INFORMATION

1. REPORT OF THE AUDITOR GENERAL

This is the auditor's report as issued by AGSA.

2. ANNUAL FINANCIAL STATEMENTS

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ACCOUNTING POLICIES

for the year ended 31 March 2025

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	<p>Basis of preparation</p> <p>The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
2	<p>Going concern</p> <p>The financial statements have been prepared on a going concern basis.</p>
3	<p>Presentation currency</p> <p>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
4	<p>Rounding</p> <p>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
5	<p>Foreign currency translation</p> <p>Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment or receipt.</p>
6	<p>Comparative information</p>
6.1	<p>Prior period comparative information</p> <p>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.</p>
6.2	<p>Current year comparison with budget</p> <p>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>

7	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable I receivable in the statement of financial position.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
8	Expenditure
8.1	Compensation of employees
8.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>
8.2	<p>Other expenditure</p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p>
8.3	<p>Accruals and payables not recognised</p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>

8.4	Leases
8.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
8.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
9	Aid Assistance
9.1	<p>Aid assistance received</p> <p>Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.</p> <p>Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
9.2	<p>Aid assistance paid</p> <p>Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>
10	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
11	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p>Prepayments are expensed when the good(s) and/or service(s) being paid for have been received</p>
12	<p>Loans and receivables</p> <p>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.</p>
13	<p>Investments</p> <p>Investments are recognised in the statement of financial position at cost.</p>

14	Financial assets
14.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost, plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>The Department measures 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.</p>
14.2	<p>Impairment of financial assets</p> <p>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.</p>
15	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
16	Capital Assets
16.1	<p>Immovable capital assets</p> <p>Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register.</p> <p>Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another Department in which case the completed project costs are transferred to that Department.</p>
16.2	<p>Movable capital assets</p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another Department/entity in which case the completed project costs are transferred to that Department.</p>

<p>16.3</p>	<p>Intangible assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
<p>16.4</p>	<p>Project Costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
<p>17</p>	<p>Provisions and Contingents</p>
<p>17.1</p>	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
<p>17.2</p>	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
<p>17.3</p>	<p>Contingent assets</p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>

17.4	<p>Commitments</p> <p>Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
18	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
19	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
21	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>

22	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
23	<p>Principal-Agent arrangements</p> <p>The Department was not a party to any principal-agent arrangement for the year under review or in the prior year. Had there been any such arrangement, the Department would have recognised and recorded all related revenues, expenditures, assets and liabilities in terms of the relevant policies listed therein. Additional disclosures would have been provided in the notes to the financial statements where appropriate.</p>
24	<p>Departures from the MCS requirements</p> <p>The Department has not departed from any requirement of the MCS standard to achieve a fair presentation of the annual financial statements. Had this been necessary, the Department would have indicated the nature of the departure and the reason for departure.</p>
25	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed, and the related funds are received.</p>
26	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
28	<p>Inventories</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance.</p> <p>Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>

29	Public-Private Partnerships Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. Where the department has entered into a PPP, 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. For the year under review and the prior year, the Department did not enter into any PPP agreement.
30	Employee benefits The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

Insert the department's word version of the audited annual financial statements.



PHYSICAL ADDRESS

Cnr First & Sekame Street
Industrial Park Mahikeng

POSTAL ADDRESS

Private Bag X 2068,
Mmabatho, 2735

TEL : +27 18 391 4000/1

FAX : +27 86 645 8155

EMAIL: info@nwhealth.gov.za