

2022
2023

ANNUAL REPORT

DEPARTMENT OF HEALTH

PROVINCE OF MPUMALANGA



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA







DEPARTMENT OF HEALTH
PROVINCE OF MPUMALANGA
VOTE NO. 10
ANNUAL REPORT
2022/2023 FINANCIAL YEAR





Table of Contents

PART A: GENERAL INFORMATION	6
1. DEPARTMENT GENERAL INFORMATION	7
2. LIST OF ABBREVIATIONS/ACRONYMS	8
3. FOREWORD BY THE MEC	11
4. REPORT OF THE ACCOUNTING OFFICER	12
5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT	21
6. STRATEGIC OVERVIEW	22
6.1. Vision	22
6.2. Mission	22
6.3. Values	22
7. LEGISLATIVE AND OTHER MANDATES	22
8. ORGANISATIONAL STRUCTURE	26
11. ENTITIES REPORTING TO THE MINISTER/MEC 26	26
PART B: PERFORMANCE INFORMATION	27
1. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES	28
2. OVERVIEW OF DEPARTMENTAL PERFORMANCE	28
2.1 Service Delivery Environment	28
2.2 Service Delivery Improvement Plan	30
2.3 Organisational environment	31
2.4 Key policy developments and legislative changes	32
3. ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES	32
4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION	33
4.1 PROGRAMME 1: ADMINISTRATION	33
4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)	37
4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES	45
4.4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES PROGRAMME	47
4.5 PROGRAMME 5: TERTIARY HOSPITAL SERVICES	50
4.6 PROGRAMME 6: HEALTH SCIENCE AND PROGRAMME TRAINING	53
4.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)	55
4.8 PROGRAMME 8: HEALTH FACILITY MANAGEMENT	559





5. TRANSFER PAYMENT	62
5.1. Transfer payments to public entities	62
5.2. Transfer payments to all organisations other than public entities	62
6. CONDITIONAL GRANTS	63
7. CAPITAL INVESTMENT	70
7.1. Capital investment, maintenance and asset management plan	70
PART C: GOVERNANCE	73
1. INTRODUCTION	74
2. RISK MANAGEMENT	74
3. FRAUD AND CORRUPTION	74
4. MINIMISING CONFLICT OF INTEREST	74
5. Code of conduct	74
6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES	75
7. PORTFOLIO COMMITTEES	75
8. SCOPA RESOLUTIONS	92
9. PRIOR MODIFICATIONS TO AUDIT REPORTS	92
10. INTERNAL CONTROL UNIT	93
11. INTERNAL AUDIT AND AUDIT COMMITTEES	94
12. AUDIT COMMITTEE REPORT	96
13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION	98
PART D: HUMAN RESOURCE MANAGEMENT	99
1. INTRODUCTION	100
2. OVERVIEW OF HUMAN RESOURCES	100
4. HUMAN RESOURCES OVERSIGHT STATISTICS	102
PART E: FINANCIAL INFORMATION	149
1. REPORT OF THE AUDITOR GENERAL	150
2. ANNUAL FINANCIAL STATEMENTS	165





PART A: GENERAL INFORMATION





1. DEPARTMENT GENERAL INFORMATION

PHYSICAL ADDRESS : INDWE (BUILDING NO.3)
NO. 7 GOVERNMENT BOULEVARD
RIVERSIDE PARK EXTENSION 2
NELSPRUIT
1200

POSTAL ADDRESS : PRIVATE BAG X 11285
NELSPRUIT
1200

TELEPHONE NUMBER : 013 766 3754
FAX NUMBER : 013 766 3475
EMAIL ADDRESS : health@mpuhealth.gov.za
WEBSITE ADDRESS : www.mpuhealth.gov.za
SOCIAL MEDIA : Facebook: Mpumalanga Department of Health
Twitter: @mpumalangahealth
Instagram: mpumalangahealth
TikTok: mpumalangahealth



2. LIST OF ABBREVIATIONS/ACRONYMS

ACRONYMS	
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ARI	Acute Respiratory Infections
ART	Anti-retroviral Treatment
BANC	Basic Antenatal Care
BOD	Burden of Disease
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CCMDD	Central Chronic Medication Dispensing and Distribution
CDC	Community Day Centre
CEO	Chief Executive Officer
CHC	Community Health Centre
CHWs	Community Health Workers
CMR	Child Mortality Rate
CoE	Compensation of Employees
CPIX	Consumer Price Index
CSR	Cataract Surgery Rate
DMER	District Health Expenditure Review
DHP	District Health Plan
DHS	District Health Services
DHIS	District Health Information System
DHMIS	District Health Management Information System
DoE	Department of Education
DOH	Department of Health
DORA	Division of Revenue Act
DOTS	Directly Observed Treatment Sort Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DR	Drug Resistant
DSD	Department of Social Development
DPWRT	Department of Public Works Roads and Transport

ACRONYMS

DOTS	Directly Observed Treatment Sort Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DR	Drug Resistant
DSD	Department of Social Development
DPWRT	Department of Public Works Roads and Transport
ECD	Early Childhood Development Center
EDL	Essential Drug List
EMS	Emergency Medical Services
ESMOE	Essential Steps in Managing Obstetric Emergencies
ETR.Net	Electronic TB Register
FMC	Financial Management Committee
GDP	Gross Domestic Product
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HCT	Health Care Provider Initiated Counseling and Testing
HFM	Health Facilities Management
HHCC	Household Community Components
HIV	Human Immuno-deficiency Virus
HOD	Head of Department
HPTDG	Health Professional Training and Development Grant
HPV	Human papillomavirus
HR	Human Resources
HRC	Human Resource Committee
HRD	Human Resource Development
HRM	Human Resource Management
HST	Health Sciences and Training
HTA	High Transmission Area



ACRONYMS

ICT	Information Communication Technology
IDP	Integrated Development Plan
IHPF	Integrated Health Planning Framework
IMCI	Integrated Management of Childhood Illnesses
IPT	Isoniazid Preventive Therapy
KMC	Kangaroo Mother Care
MBFI	Mother and Baby Friendly Hospital Initiative
MCWH&N	Maternal, Child, Women's Health and Nutrition
MDGs	Millennium Development Goals
MDR	Multi-drug Resistant
MEC	Minister of Executive Council
MMC	Male Medical Circumcision
MMR	Maternal Mortality Rate
MPAC	Mpumalanga Provincial AIDS Council
MRC	Medical Research Council
MTEF	Medium-term Expenditure Framework
MTSF	Medium-term Strategic Framework
NCD	Non Communicable Diseases
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHIRD	National Health Repository and Data Warehousing
NHLS	National Health Laboratory Services





MEC: HEALTH

Hon. Sasekani Manzini

FOREWORD BY THE MEC

MEC: HEALTH - HON. SASEKANI MANZINI

It is with great pleasure that I present this publication, which serves as a valuable resource for health professionals, policymakers, and the general public. In today's rapidly evolving world, the field of healthcare remains a top priority to the ruling party and the 6th administration of government. Our collective efforts toward better health outcomes and the well-being of our citizens are crucial.

This Annual Performance Report 2022/2023 brings together the progress towards sector MTSF 2019-2024 and subsequently National Development Plan 2030. Where the department failed to meet its targets, there are efforts brought together through action plans to improve on those programs. This report provides evidence-based information and innovative approaches, it equips us with the knowledge necessary to tackle the complex challenges we face in the realm of public health.

As a nation, we recognize that health is not merely the absence of disease but a state of complete physical, mental, and social well-being. Therefore, our focus extends beyond the treatment of illnesses to encompass preventive measures, health promotion, rehabilitation and the creation of supportive environments that foster healthy living.

In recent years, we have witnessed remarkable advancements in medical technology, innovative healthcare delivery models, and groundbreaking research. However, we are also confronted with new and emerging threats to public health, such as infectious diseases, environmental factors, and the impact of lifestyle choices.

To address these challenges effectively, collaboration and partnerships are essential. We must work together across sectors, engaging not just healthcare professionals but also educators, policymakers, community leaders, and individuals from all walks of life. Through shared responsibility and collective action, we can build a healthier society and more resilient health system.

I would like to express my deepest gratitude to the healthcare workers, partners and all other contributors who have dedicated their lives to delivery of health care services to all South Africans. Their commitment and dedication in the field of health is commendable, and their work will undoubtedly contribute to better health outcomes for our citizens.

I encourage all readers to delve into the invaluable insights presented in the report. May this report serve as a catalyst for meaningful conversations, evidence-based decision-making, and transformative actions that will shape the future of our healthcare services.

Together, let us embrace the challenges and opportunities that lie ahead, working hand in hand to create a healthier, more equitable, and resilient society for all.



HON. SJ MANZINI (MPL)
MEC: HEALTH

25 August 2023

Date





HEAD: HEALTH MRS DUDUZILE MDLULI

REPORT OF THE ACCOUNTING OFFICER

ACTING HEAD: HEALTH - MRS DUDUZILE MDLULI

Overview of the operations of the department

This annual report details the operations of the Department in implementing the commitments outlined in the National Development Plan Vision 2030 and presents a detailed progress on the interventions planned on the Annual Performance Plan of 2022/23 financial year, a tool that is in place to propel the Department to provide quality healthcare services to 4.72 million (4 720 497) citizens (Stats SA 2022 midterm estimates) for the province of Mpumalanga, of which 88 per cent (4.136 million) of the population is dependent on public health services, whilst 12 per cent (564 000) are medically insured. The province has more females at 2 410 691 than males at 2 332 894. The province is located in the north-eastern part of South Africa, bordered by Mozambique in the east and Swaziland in the south-east.

The following provinces also surround the province: Limpopo in the north, Gauteng in the west, Free State in the south-west and KwaZulu-Natal in the south-east. The province has four (4) regions, which are Ehlanzeni, Bohlabela, Gert Sibande and Nkangala. The Department is serving the province through three (3) health districts namely, Ehlanzeni which includes Bohlabela, Gert Sibande and Nkangala.

A dedicated health workforce of 22 204 is tasked to deliver on the vision of the Department which “A healthy long living Society”. Through this multi-skilled workforce, the Department has been able to achieve its performance both financial and non-financial. The audit report from Auditor General of South Africa is giving testimony that for the fourth consecutive year since 2019/2020 financial year the Department has been achieving an unqualified audit opinion, while performance against the APP indicators is achieved at 56.6%. This is indicative that prudent financial controls, leadership and governance is effective and that resources are utilised correctly to improve service delivery.



Specialized Services to Improve Life expectancy at Birth to 70 years by 2030.

Establish Oncology Services in the Tertiary Hospitals (Rob Ferreira and Witbank) Medical Oncology

(Chemotherapy) services were established in 2019 in both hospitals and the following has been recorded.

- 7847 patients who were getting treatment from Gauteng are now receiving treatment from the province.
- 111 still go Gauteng for Radiation services.
- Tender to establish a Radiation center in Rob Ferreira closed in August 2023

Establish In-house Nephrology Services in the Tertiary Hospitals

- 22 dialysis machines for Robs and 12 for Witbank delivered.
- 7 dialysis chairs for Robs and 12 for Witbank delivered.
- 2 mobile RO plants awaiting delivering.
- The Nephrology clinics are functional weekdays.
- 10 patients transferred back from SBAH to Rob Ferreira

Universal Health coverage for all South Africans progressively achieved and all citizens

- To prepare the Department to be NHI ready, investment in capital infrastructure projects, modern hi-tech hospitals are under construction.
- Investment in maintenance and refurbishment programme, 80% (235/294) of clinics achieved the ideal clinic status and ready for accreditation for NHI. Nkangala is number 2 in the country in terms of performance on Ideal with 82/91 facilities rated as Platinum facilities.
- 5581 CHWs integrated into health system, to improve quality of care through community-based services.
- To mitigate the risks related to medical litigation, the Department developed a strategy to prevent and mitigate on cases. Furthermore, a digitization project has been introduced to curb the risk of non-availability of clinical records.

Percentage of public sector facilities implementing the National Quality Improvement Programme

- Average Medicine availability at PHC level – 93% against the target of 92%
- To improve emergency medical services, 67 Ambulances procured in 2021/22, 39 procured 2022/23 and awaiting delivery of 10 procured this FY and 10 in 2024/25FY.

100% public sector facilities are implementing the National Quality Improvement Programme

The Department has achieved targets for youth mainstreaming at 37% above the planned 30%. While efforts to mainstreaming women especially in senior management are at 47% below 50% and disability is at 0.57% below the 2% norm.



Overview of the financial results of the department:

Departmental receipts

Departmental receipts	2021/2022			2022/2023		
	Estimate	Actual Amount Collected	(Over)/Under Collection	Estimate	Actual Amount Collected	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	77 025	54 828	(22 197)	70 283	61 447	8 836
Transfers received						
Fines, penalties and forfeits						
Interest, dividends and rent on land	5 888	6 011	123	6 137	12 129	(2 236)
Sale of capital assets	4 007	7 363	3 356	4 176	849	
Financial transactions in assets and liabilities	4 123	19 656	15 533	4 317	3515	
Total	91 043	87 858	(3 185)	84 913	77 940	5 992

The Department collected revenue amounting to R 77.940 million against a target of R 84.913 million. The revenue collection is lower when compared with the previous financial year due to the once off payment received from national in the financial transactions in assets and liabilities as well as a decline in the sale of capital assets. However, the sales of goods and services other than capital assets and interest, dividends and rent on land show a significant increase compared to the previous financial year. This is due to the increase in tariffs, good management of cash flow and higher interest. The department has under collected in the year under review due to the ongoing challenges with Road Accident Fund. Programme Expenditure

Programme Name	2021/2022				2022/2023			
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure
	R'000	R'000		R'000	R'000		R'000	R'000
Programme 1	421 452	421 452	0	332 892	328 641	4 251		
Programme 2	10 346 551	10 259 261	87 290	10 510 175	10 496 986	13 189		
Programme 3	421 918	421 824	94	439 644	439 359	285		
Programme 4	1 643 291	1 643 289	2	1 679 810	1 679 658	152		
Programme 5	1 437 890	1 437 887	3	1 727 213	1 727 170	43		
Programme 6	420 310	408 789	11 521	519 242	519 204	38		
Programme 7	246 113	239 676	6 437	292 454	234 252	58 202		
Programme 8	1 726 964	1 567 205	159 759	1 532 803	1 531 678	1 125		
Total	16 664 489	16 399 383	265 106	17 034 233	16 956 948	77, 285		

The Department has spent 99.55 percent of the adjusted budget for the 2022-23 financial year compared to the 98.4 in the previous financial year which shows an improvement of 1.15%.
The reasons for underspending were due to the following.

- Programme 1 under the sub-programme Management due to the non-appointment of senior managers.
- Programme 2 the underspending to the inability to contract GPs in the National Health Insurance Grant.
- Programme 7, The medicine Trading account sub-programme was used as trade account for pharmaceutical monthly variance report.

	Adjusted Appropriation	Expenditure Outcome 2022/23	Expenditure Variance	Budget BAS	Exp vs BAS Budget	Shiftings	Virement Approved by Accounting Officer	Final Budget	Virement %	Post Virement Exp Outcome
Administration	361 227	328 641	28 349	361 227	28 349	-	(28 335)	332 892	-7.8%	14
District Health Services	10 440 088	10 496 986	(56 898)	10 440 088	(56 898)	-	70 087	10 510 175	0.7%	13 189
Emergency Medical Services	454 961	439 359	15 602	454 961	15 602	-	(15 317)	439 644	-3.4%	285
Provincial Hospital Services	1 725 641	1 679 658	45 983	1 725 641	45 983	-	(45 831)	1 679 810	-2.7%	152
Central Hospital Services	1 649 808	1 727 170	(77 362)	1 649 808	(77 362)	-	77 405	1 727 213	4.7%	43
Health Sciences and Training	555 551	519 204	36 347	555 551	36 347	-	(36 309)	519 242	-6.5%	38
Health Care Support Services	317 884	234 252	35 921	317 884	35 921	-	(25 430)	292 454	-8.0%	10 491
Health Facilities Management	1 529 073	1 531 678	(2 605)	1 529 073	(2 605)	-	3 730	1 532 803	0.2%	1 125
Total	17 034 233	16 956 948	25 337	17 034 233	25 337	-	-	17 034 233	0.0%	25 337

- An amount of R28.335 million will be reduced from Programme 1 to defray overspending in Programme 2, Programme 5 and Programme 8.
- A Saving amounting to R15.317 million from Programme 3 will be utilised to defray overspending in Programme 2.
- A budget of R45.831 million will be reduced from Programme 4 to cover overspending in Programme 2, Programme 5 and Programme 8.
- An amount of R36.309 million will be reduced from Programme 6 to defray overspending in Programme 2 and Programme 5.
- A budget of R25.430 million will be reduced from Programme 7 to cover overspending in Programme 5 and Programme 8.

Economic classification	Adjusted Appropriation	Expenditure Outcome 2022/23	Expenditure Variance	Budget BAS	Exp vs BAS Budget	Shiftings	Total Virements	Final Budget	Virement %	Post Virement Exp Outcome
Current payments	15 689 358	15 521 181	115 546	15 688 758	114 946	(59 944)	(44 903)	15 583 911	0.7%	10 099
Compensation of employees	10 283 796	10 113 195	161 644	10 283 577	161 425	(104 399)	(47 749)	10 131 429	0.0%	9 277
Goods and services	5 407 945	5 450 7945	(46 068)	5 405 181	(46 449)	44 455	2 846	5 452 482	2.0%	852
Interest and rent on land	–	41	(30)	–	(30)	–	–	–	0.0%	(30)
Transfers and subsidies	165 493	268 646	(103 153)	166 093	(102 553)	58 045	44 903	269 041	27.9%	395
Provinces and municipalities	2 196	1 751	445	2 196	445	–	–	2 196	0.0%	445
Departmental agencies and accounts	28 548	29 716	(1 168)	28 548	(1 168)	–	–	28 548	0.0%	(1 168)
Non-profit institutions	5 580	2 580	3 000	5 580	3 000	–	–	5 580	0.0%	3 000
Households	129 169	234 599	(105 430)	129 769	(104 830)	58 045	44 903	232 717	35.8%	(1 882)
Payments for capital assets	1 179 382	1 166 287	12 944	1 179 382	12 944	1 899	–	1 181 281	1.8%	14 843
Buildings and other fixed structures	995 967	949 877	46 090	995 967	46 090	(26 316)	(18 794)	950 857	0.0%	980
Machinery and equipment	183 415	216 410	(33 146)	183 415	33 146)	28 215	18 794	230 424	11.7%	13 863
Payments for financial assets	–	834	–	–	–	–	–	–	0.0%	–
Total	17 034 233	16 956 948	25 337	17 034 233	25 337	–	–	17 034 233	1.0%	25 337

- The Budget of R18.794 million from building and other fixed structures will defray the overspending on machinery and equipment.
- A Saving amounting to R47.749 million from Compensation of Employees will be utilised to defray overspending in Goods and Services and households.

Unauthorised, Fruitless & Waste Expenditure

The Department did not incur any unauthorised expenditure during the year under review. However, an amount of R 51 948 million previously condoned without funding was written off in the year under review. Details of fruitless and wasteful expenditure incurred for the 2022/23 financial year is R41 thousands which was as a result of delays of payment for ESKOM in the main.

Reconciliation of fruitless and wasteful expenditure	2022/23 R'000	2021/22 R'000
Opening balance	1 942	3 182
Fruitless and wasteful expenditure – relating to prior year	3 517	2 211
Fruitless and wasteful expenditure – relating to current year	41	1 155
Less: Amounts recoverable	-3 517	-2 211
Less: Amounts written off	-	-2 395
Closing balance	1 983	1 942

Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)

Incident	Disciplinary steps taken/ criminal proceedings	2022/23 R'000
Late Payment to Service Providers	Under investigation	41
Overpayment	Debts Raised	3 517
Total		3 558

The Department has incurred fruitless and wasteful expenditure due to delays in the payment of service providers. The Department plans to reduce fruitless and wasteful expenditure by improving payment of service providers within 10 days as per the provincial policy. The Department plans to ensure that all MTEF priorities are achieved in line with the APP targets.

Irregular expenditure

Irregular expenditure	Notes	2022/23	2021/22
24.1 Reconciliation of irregular expenditure			
Opening balance		5,326,624	4,951,817
Add: Irregular expenditure - related to prior year		-	-
Add: Irregular expenditure - related to current year		197,013	495,374
Less: Prior year amounts condoned 24.3 (120,567) -			-120,567
Closing balance		5,523,637	5,326,624
Analysis of closing balance			
Current year		197,013	495,374
Prior year		5,326,624	4,831,250
Total		5,523,637	5,326,624
24.2 Details of current and prior year irregular expenditure – added current year (under determination and investigation)			
Figures in Rand thousand			2022/23
Incident	Disciplinary steps taken/ Criminal proceedings		
Non Compliance of SCM Processes (Provision of medical waste services)	Investigation completed and waiting for implementation of the recommendations		53,367
Non Compliance of SCM Processes	Investigation completed and waiting for implementation of the recommendations		124,967
Non Compliance of SCM Processes	Under investigation		596
Non Compliance of SCM Processes(Aeromedical Services)	Investigation completed and waiting for implementation of the recommendations		18,082
Total			197,013



Public Private Partnerships

None

Supply Chain Management

Unsolicited bid proposals concluded for the year under review

The department did not receive unsolicited bids during the year under review.

SCM systems are in place to prevent irregular expenditure

- The Department developed Supply Chain Management Checklist.
- Supply Chain Management policy and procedure manual.
- Supply Chain Management committees that ensure compliance in the procurement of goods and services (economizing committee, hospital finance management committees, district management committees, bid specification committee, bid evaluation committee, and bid adjudication committee).

Challenges experienced in SCM and resolutions.

The implementation of the Preferential Procurement Policy at facilities (Districts and hospitals). The challenges were resolved through training and reviewal of the SCM checklist and appointment of specification review committee.

Gifts and Donations received in kind from non-related parties

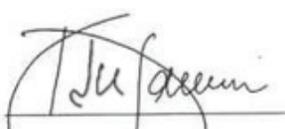
The Department received gifts and donations to the value of R15.679 million in kind, which is disclosed in the Annual Financial Statements page 209 (Annexure).

Exemptions and deviations received from the National Treasury

There were no exceptions and deviations received in the year under review.

In conclusion, I would like to appreciate the entire dedicated workforce that made our work easier for the Department to deliver its contract with South African citizens which is that of "A healthy long living Society" for all citizens of the province. I must appreciate the understanding from all our clients and patients that despite all the challenges, 84% of them experienced a better treatment. I would like to appreciate my family for their understanding and support.

Approval and sign off


MRS. DUDUZILE MDLULI
Acting Head: Health

Mpumalanga Department of Health

24 August 2023

Date





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

As an Accounting Officer, I hereby acknowledge and accept my responsibilities in accordance with the accounting principles and legal requirements applicable to the organization. I understand that my role involves maintaining accurate, reliable financial and non-financial records, preparing financial statement, and ensuring compliance with relevant laws and regulations.

I accept the responsibility for the integrity and completeness of the financial data recorded and reported by the organization. I have exercised due diligence and professional judgment in carrying out my duties, ensuring that all transactions are authorized, recorded, and classified in accordance with the applicable accounting standards.

I am responsible for implementing and maintaining internal controls to safeguard the organization's assets and prevent/ undertaking fraud or misappropriation of funds. I regularly reviewed and assessed the effectiveness of these controls, making necessary adjustments or improvements as required.

I understand the importance of transparency and will continue to ensure that financial statement is fairly represent the organization's financial position and results of departmental operations.

I thereby submit this statement of responsibility acknowledging that I understand the significance of my role as the accounting officer and committed to fulfil my obligations diligently and with utmost integrity.

Mrs. Duduzile Mdluli

Acting Head: Health

Mpumalanga Department of Health

24 August 2023

Date





6. STRATEGIC OVERVIEW

6.1. Vision

“A healthy long living Society”

6.2. Mission

To provide sustainable health services that are people-centric and aims at ensuring healthier, longer and better lives focusing on access, equity, efficiency and quality for the inhabitants of Mpumalanga.

6.3. Values

The department is committed to enhance quality and accessibility by improving efficiency and accountability. The following Batho Pele principles are adopted by the department as values to apply when rendering service to South African community.

- Consultation: citizens should be consulted about their needs
- Standards: all citizens should know what service to expect
- Redress: all citizens should be offered an apology and solution when standards are not met
- Accessible: all citizens should have equal access to services
- Courtesy: all citizens should be treated courteously
- Informative: all citizens are entitled to full, accurate information
- Openness and transparency: all citizens should know how decisions are made and departments are run
- Value for money: all services provided should offer value for money

7. LEGISLATIVE AND OTHER MANDATES

A. CONSTITUTIONAL MANDATES

In terms of the Constitution of the Republic of South Africa (Act No. 108 of 1996), the Department is guided by the following sections and schedules:

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

B. LEGAL MANDATES

- **National Health Act (Act No. 61 of 2003)**
Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the constitution and other laws on the national, provincial and local governments with regard to health services and to provide for matters connected therewith.
- **Pharmacy Act (Act No 53 of 1974, as amended)**
Provides for the establishment of the South African Pharmacy Council and for its objects and general powers; to extend the control of the council to the public sector; and to provide for pharmacy education and training, requirements for registration, the practice of pharmacy, the ownership of pharmacies and the investigative and disciplinary powers of the council; and to provide for matters connected therewith.





- **Medicines and Related Substance Control Act, (Act No. 101 of 1965 as amended)**

Provides the registration of medicines intended for human and for animal use; for the registration of medical devices; for the establishment of a Medicine Control Council; for the control of medicines, scheduled substances and medical devices; for the control of manufacturers, wholesalers and distributors of medicines and medical devices; and for the control of persons who may compound and dispense medicines; and for matters incidental thereto.

- **Mental Health Care Act (Act No. 17 of 2002)**

Provides a legal framework for the care, treatment and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in the admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill persons; to repeal certain laws; and to provide for matters connected therewith.

- **Medical Schemes Act (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 (Act 58 of 2000)**

Provides a legal framework for the Council to charge medical schemes certain fees.

- **Nursing Act (Act No 33 of 2005)**

Provides for the regulation of the nursing profession.

- **Human Tissue Act (Act No 65 of 1983)**

Provides for the administration of matters pertaining to human tissue.

- **Sterilisation Act (Act No. 44 of 1998)**

Provides a legal framework for sterilisations, also for persons with mental health challenges.

- **Choice on Termination of Pregnancy Act (Act No. 92 of 1996 as amended)**

Provides a legal framework for the termination of pregnancies, based on choice under certain circumstances.

- **Tobacco Products Control Act (Act No. 83 of 1993 as amended)**

Provides for the control of tobacco products, the prohibition of smoking in public places and for advertisements of tobacco products as well as the sponsoring of events by the tobacco industry.

- **National Health Laboratory Service Act (Act No. 37 of 2000)**

Provides for a statutory body that offers laboratory services to the public health sector.

- **South African Medical Research Council Act (Act 58 of 1991)**

Provides for the establishment of the South African Medical Research Council and its role in relation to health research.

- **The Allied Health Professions Act (Act No. 63 of 1982 as amended)**

To provide for the control of the practice of allied health professions, and for that purpose to establish an Allied Health Professions Council of South Africa and to determine its functions; and to provide for matters connected therewith.





- **Foodstuffs, Cosmetics and Disinfectants Act (Act No. 54 of 1972 as amended)**
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers as well as the importation and exportation of these items.
- **Hazardous Substances Act (Act No. 15 of 1973)**
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Dental Technicians Act (Act No. 19 of 1979)**
Provides for the regulation of dental technicians and for the establishment of a Council to regulate the profession.
- **Health Professions Act (Act No. 56 of 1974)**
Provides the regulation of health professions in particular, medical practitioners, dentists, psychologists and other related health professions, including community services by these professionals.
- **Allied Health Professions Act (Act No. 63 of 1982, as amended)**
Provides the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.
- **Occupational Diseases in Mines and Works Act (Act No 78 of 1973 as amended)**
Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines and for compensation in respect of those diseases.
- **Academic Health Centres Act (Act No.86 of 1993)**
Provides for the establishment, management and operation of academic health centres.

Other general legislation in terms of which the Department operates, includes, but not limited to, the following:

- **Child Care Act (Act 74 of 1983)**
Provides for the protection of the rights and well-being of children.
- **Public Finance Management Act (Act No 1 of 1999 as amended)**
To regulate the financial management in the national government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively; to provide for the responsibilities of persons entrusted with financial management in those government; and to provide for matters connected therewith.
- **Division of Revenue Act (Act 5 of 2012)**
Provides for the manner in which revenue generated, may be disbursed.
- **Promotion of Access to Information Act (Act No 2 of 2000)**
To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights; and to provide for matters connected therewith.
- **Promotion of Administrative Justice Act (Act No 3 of 2000)**
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.





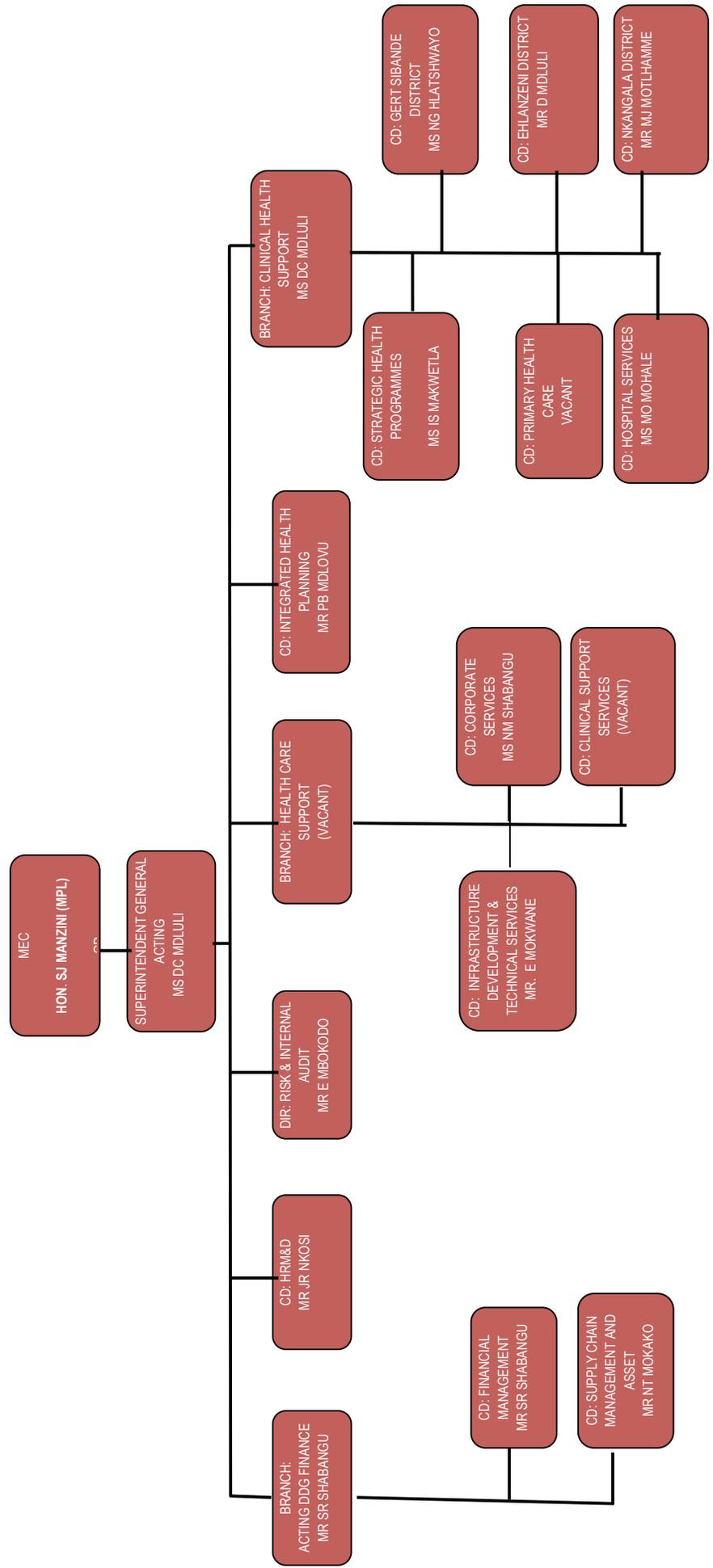
- **Preferential Procurement Policy Framework Act, 2000**
To give effect to section 217 (3) of the constitution by providing a framework for the implementation of the procurement policy contemplated in section 217(2) of the Constitution; and to provide for matters connected therewith.
- **Broad Based Black Empowerment Act (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.
- **Public Service Act (Proclamation No. 103 of 1994)**
Provides for the administration of the public in its national and provincial spheres, as well as for the powers of Ministers to recruit and terminate employment.
- **Labour Relations Act (Act No. 66 of 1995)**
Regulates the rights of workers, employers and trade unions.
- **Basic Conditions of Employment Act (Act No. 75 of 1997)**
To give effect to the right to fair labour practices referred to in section 23(1) of the Constitution by establishing and making provision for the regulation of basic conditions of employment and thereby to comply with the obligations of the Republic as a member state of the International Labour Organisation; and to provide for matters connected therewith.
- **Employment Equity 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.
- **Skills Development Act (Act 97 of 1998)**
Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.
- **Occupational Health and Safety Act (Act No. 85 of 1993 as amended)**
Provides for the requirements that employers must comply with, in order to create a safe environment for employees in the workplace.
- **Compensation for Occupational Injuries and Diseases Act (No. 130 of 1993 as amended)**
Provides for compensation 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 diseases.

C. **POLICY MANDATES**

- National Medium Term Strategic Framework 2014 -2019
- Provincial Medium Term Strategic Framework 2015 -2020
- National Development Plan (NDP) – Vision for 2030
- National Health Systems Priorities 2009 – 2014 (10 Point Plan)
- Negotiated Service Delivery Agreement
- Mpumalanga Economic Growth Path
- Mpumalanga Strategic Plan for HIV and AIDS, STIs and TB 2012 - 2016
- Integrated Development Plans (IDPs)
- District Health Management Information System Policy (DHMIS), 2011
- White Paper on the Transformation of the Health Sector, 1997
- Treasury Regulations
- Public Service Regulations
- Preferential Procurement Policy Framework Regulations



8. ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MINISTER/MEC

None



PART B: PERFORMANCE INFORMATION



1. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

The Auditor General recently conducted assessment of department's financial and non-financial performance for financial year 2022/2023. The aim of this assessment was to evaluate the integrity, validity, accuracy and completeness.

During the audit process, it was observed that the management report, which is included in the final assessment report, highlighted certain material findings. These findings shed light on control deficiencies in health system.

The primary objective of this assessment was to assist the government in gaining public confidence by identifying and rectifying any abnormalities. It is crucial that appropriate actions are taken to address these shortcomings and ensure transparency and accountability within the department.

Refer to page 150 to 164 of the Report of the Auditor General, published as **Part E: Financial Information**.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service Delivery Environment

The Department of Health services an estimated population 4 743 584 citizens (Stats SA 2021 midterm estimates) for the province of Mpumalanga, of which 88 per cent (4.136 million) of the population is dependent on public health services, while 12 per cent (564 000) are medically insured. The province has more females at 2 410 691 than males at 2 332 894. The province is located in the north-eastern part of South Africa, bordered by Mozambique in the east and Swaziland in the south east.

The following provinces also surround the province: Limpopo in the north, Gauteng in the west, Free State in the south-west and KwaZulu-Natal in the south-east. The province has four (4) regions, which are Ehlanzeni, Bohlabela, Gert Sibande and Nkangala. The Department is serving the province through three (3) health districts namely, Ehlanzeni which includes Bohlabela, Gert Sibande and Nkangala.

The migration and specifically undocumented from the shared borders pose a challenge in rendering of healthcare services since demands can never be projected accurately in terms of planning and resource allocation. A comprehensive package of healthcare services is provided which includes:

- District health services with 292 PHC facilities and 3 Districts,
- Referral system –3 Regional, 4 Specialized TB and 2 Tertiary hospital services
- Emergency and Health care support services.

The outcome for Health Services is "A long and healthy life for all South Africans". All the programmes, projects and interventions of the Department are geared towards achieving this outcome and other provincial priorities. The demand for healthcare services has continued to grow and this is unlikely to change in the short to medium term, given the trends in the social determinants of health and the economic challenges the Country is facing. More and more people are becoming dependent on the public health system as medical aid becomes increasingly unaffordable.

The quadruple burden of disease, compounded by population growth, places enormous strain on the health system. The quadruple burden of disease refers to the combined burden of maternal, newborn and child health; HIV/AIDS and TB; non-communicable diseases; and violence and injury. Adding to the complexity is the fact that people now commonly present with multiple, interacting, and compounding health problems. HIV prevalence is approximately 37.3% among antenatal women in the province, due to the success of the ART programme, this is not coming down as HIV positive clients live for longer (NICD, 2017). However, the fifth South African national HIV prevalence, incidence, behaviour and communication survey (HSRC 2017), estimates the HIV prevalence among adults aged 15 to 49 years as 22.8%, which is the fourth highest in the country after KwaZulu Natal (27.0%), Free State (25.5%), and Eastern Cape (25.2%). Tuberculosis (TB) cases have decreased significantly over the past decade. However, of concern is the fact that of those who have TB, 87.7% are also HIV positive.

The burden of non-communicable diseases (NCD) remains significant due to the prevalence of risk factors such as smoking, obesity and lack of exercise. Furthermore, these patients form part of the work force, as the Department's data shows that 12 105 of diabetics are 40-65 years old.

Restructuring of service delivery platform

To implement efficiency measures on various aspects of service delivery in a bid to curtail inefficient and wasteful expenditure of scarce resources, the Department took a decision to decentralise and deinstitutionalise the management of multidrug resistant tuberculosis services. The four TB Specialised hospitals, namely Barberton, Bongani and Standerton and Witbank were having a reduced number of inpatients in most instances, no patients were admitted, hence the department has initiated a process to repurpose all TB hospitals in the province. Witbank TB hospital is earmarked for a Centre of Excellence in medicine, Barberton TB hospital earmarked for Rehabilitation Centre, while Standerton TB hospital is earmarked for a provincial archiving centre.

Human Resources for Health (HRH)

The department is delivering health care services to the population of Mpumalanga through a dedicated workforce of 22 204 employees with various skills, with a vacancy rate of 4.5% which is below 10% norm. The Department continues to implement gender, youth, and disability mainstreaming, 72% of the 22 204 employees are females while 44% of senior managers are females. The racial breakdown is, 96.5% African, 0.6% Coloured, 0.4% Indian, and 2.5% White.

Access to specialised services

The department has over the years, prioritised to specialist domain in Regional and Tertiary hospitals to improve clinical management and quality of care. In the Rob Ferreira Hospital, the following specialists were appointed: Paediatric Surgeon, Cardiothoracic Surgeon, Obstetrician & Gynaecologist, Head of Clinical Oncology, Head of Clinical Radiology, Neurologist, Dermatologist and Plastic surgeon. In Witbank, the following appointments were made Orthopaedic surgeon, Head of Clinical – Obstetrics & Gynaecology, Urologist, General surgeon, Sessional - Obstetrics & Gynaecology and dermatology. In Themba hospital, 2 Paediatricians, Ophthalmologist, Ermelo hospital, 2 Obstetrician and Orthopaedic surgeon.

To strengthen leadership, the department further appointed a Corporate Manager at Themba Hospital and an Executive support Manager at Mapulaneng Hospital. This contributed positively to governance and management of health services in regional and tertiary hospital.

Other major aspect of improving governance includes appointment of clinic committees at 96.2% year under review PHC facilities and hospital boards at 93.7% in hospitals. Furthermore, all appointed governance structures were trained for effective functionality.

Health Insurance and Financing

The NHI is one of government's main initiatives towards strengthening Health System Effectiveness. It seeks to improve access to quality health care for all people of South Africa and it is currently piloted in the three districts. The department has implemented the following Pillars of NHI:

- Contracted 5581 community health workers who are on stipend and render health promotion and preventive services at household level.
- The Ideal Clinic Realization and Maintenance initiative implementation is ongoing, with 81.03% of PHC facilities having attained Ideal Clinic status.

Sustaining the Ideal Clinic Status remains a challenge due to inadequate medical supplies for replenishing emergency trolleys, inadequate budget for infrastructure maintenance. The National Department of Health also provides medical equipment to support the Ideal clinic initiative.

Only one district hospital, which is Waterval Boven attained the Ideal hospital status. More support is therefore needed to ensure that district hospitals adhere to the Ideal hospital framework and those that attain the status sustain it. The process of establishing contracting units for PHC is being piloted in the three districts.

Intersectoral Collaboration

To promote intersectoral collaboration in health care services, Ehlanzeni is being supported by the Right to Care and Gert Sibande and Nkangala by BroadReach as implementing partners. Transfer of skill is necessary so that the department continue improving the quality of services even if the partners' term expires.

The Department also collaborates with other departments such as Department of Education in the provision of school health services, Department of Agriculture, Rural Development, Land and Environmental Affairs in rolling out a nutrition program, and Department of Social Development

The department has a cross-border agreement with Republic of Mozambique, Kingdom of Eswatini and Limpopo province on the management and prevention of Malaria.

Research and Evidence-Based Practices

Mpumalanga Province provides a rich arena for health and health-related research because of its excellent health care infrastructure and geographic location as it shares borders with other African Countries (Republic of Mozambique, Kingdom of Eswatini). The rate of migration from the said bordering states is high for both economic opportunities and healthcare services. To ensure that residents of Mpumalanga Province are fairly and respectfully treated by researchers, the Provincial Department of Health in Mpumalanga has identified a need to establish the Mpumalanga Department of Health Research and Ethics Committee (MPHREC). This need emanated from: a substantial increase in a number of requests from clinicians and allied staff members to conduct research earmarked for service improvement and publication in scientific journals; staff members registering with academic institutions lacking ethics committees; a lack of an accredited research and ethics committee in the province; ethics committees in academic institutions only assisting registered students for ethical clearance despite having MoUs with the department; and to promote high ethical standards and a need to safeguard the rights, dignity and well-being of prospective participants.

In terms of the National Health Act, every organisation/institution, health agency and health establishment at which health and health-related research involving human participants is conducted, must establish, or have access to a registered Human Research Ethics Committee (REC) (NHA s 73(1)). The Research Ethics Committee (REC) that review research involving human participants must register with the NHREC (NHA s 73(1)). Therefore, the primary role of the MPHREC is to protect the interests (rights and welfare) of the research participants who volunteer to take part in scientifically sound research.

2.2 Service Delivery Improvement Plan (SDIP)

The service delivery improvement plan for the department ended in 2021. There are changes made by the Department of Public Service and Administration regarding the new processes to be followed before developing an SDIP. It is envisaged that the new SDIP will be in place in the year 2024.

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Provision of maternal health services	All pregnant women	Reduce maternal mortality to 141/100 000	Reduce maternal mortality to 100/100 000	Maternal mortality reduced to 114/100 000
Provision of Emergency Medical Care	All citizens	Improve EMS P1 Response within 30 minutes in urban areas to 65%	Improve EMS P1 Response within 30 minutes in urban areas to 65%	EMS P1 Response within 30 minutes in urban areas has been 65% in this financial year.
		Improve EMS P1 Response within 60 minutes in rural areas to 69%	Improve EMS P1 Response within 60 minutes in rural areas to 69%	EMS P1 Response within 60 minutes in rural areas has been 65% in this financial year.

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

Current/actual arrangements	Desired arrangements	Actual achievements
Health facilities to conduct Open Days	All health facilities to conduct Open Days	Only 70 health facilities managed to conduct Open Days

Service delivery information tool

Current/actual information tools	Desired information tools	Actual achievements
Radio (Ligwalagwala FM) Ikwekwekwezi	27 radio slots	27 radio slots conducted
Radio (Ikwekwezi FM)	27 radio slots	27 radio slots conducted
Radio (Rise FM)	27 radio slots	
Radio (15 Community radio stations) Voice of Hope, Barberto CR, Voice of the Community, R FM, Radio Bush, Ikutana CR, Ligwa CR, Emalahleni CR, Mash CR, Ekasi CR, Mkhondo CR, Nkomazi CR, Eyethu CR, Moutse CR, Nkangala CR	48 x15 slots	720 slots conducted
Facebook	Social media	86 posted
Twitter	Social media	86 posted
Instagram	Social media	86 posted
Posters	Community campaigns	2500 posters distributed
Flyers	Community campaigns	10 000 flyers distributed
Departmental website	Departmental website	15 updates/adverts

Complaints Mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
Complaint, Compliment and Suggestion Boxes are available in all Health Establishments	Patients and their representatives must utilize the Complaint, Compliment and Suggestion Boxes in all Health Establishments to lodge complaints. Health Establishments must open suggestion boxes at least once per month.	Some complaints are lodged externally such as Office of Health Standards Compliance, National Department of Health, Human Rights Commission, Premier's Office, Member of Executive Council's office, Office of the Head: Health or any office. The ideal situation is that they must lodge their complaints at the Health Establishment where the dissatisfaction occurred.
Complaint Management Committees are available in Health Establishments and sit to analyse and develop quality improvement plans for all complaints, compliments and suggestions received	All Health Establishments must have Complaint Management Committees and sit monthly to analyse and develop quality improvement plans for all complaints, compliments and suggestions received	Some Health Establishments do not have appointed Committees or where appointed, are not meeting on a monthly basis. Annual Performance: 97.6% (315/324 health establishments have functional CCS committees)
Complaints, compliments and suggestion registers are available in all Health Establishments	Complaint, Compliments and suggestion registers must be available and utilized in all Health Establishments	Registers not used consistently: 96% of health establishment complied with CCS registers.
Verbal complaints can be lodged with the manager of the relevant unit at Health Establishments	Verbal complaints can be lodged with the manager of the relevant unit at Health Establishments, especially where urgent intervention is required.	Most Health establishments do not create an ideal environment for patients or their representatives to lodge complaints.



2.3 Organisational Environment

The recruitment process for the post of the Head: Health is at its advanced stage and it will be filled during the first quarter of 2022/23 financial year. Both the CFO and Chief Director: Supply Chain and Asset Management posts were vacated on 01 April 2022 through resignation and were advertised. The post of Chief Director: Supply Chain and Asset Management was replaced during the second quarter of the current financial year, whereas the Chief Financial Officer post was re-advertised since no suitable candidate was found. It is anticipated that the vacant position will be filled during the 2023/24 financial year.

The following key appointments were made:

1. Chief Director: Integrated Health Planning
2. Chief Director: Financial Accounting
3. Chief Director: Supply Chain and Asset Management
4. Director: Primary Health Care – Provincial Office
5. Director: Hospital Services – Gert Sibande
6. Director: Primary Health Care – Gert Sibande
7. Chief Executive Officer: Mapulaneng Hospital
8. Chief Executive Officer: Themba hospital

A total of three (3) cases of corruption were registered in the year under review. Out of these cases, two (2) were reported to the South African Police Services (SAPS) for further investigation. The investigations are ongoing.

2.4 Key policy developments and legislative changes

2.4.1 DPSA has issued a Directive on Organisational Functionality Assessment in the Public Service as contemplated in Regulation 35 of the Public Service Regulations, 2016 as amended. This Directive must be implemented by all government Departments in a 3-year MTEF cycle with effect from 01 April 2022. Departments are expected to conduct assessments using a prescribed OFA Tool and have been allocated time frames for submission of annual reports and implementation plans. Mpumalanga Provincial Administration is expected to submit its report on 01 April 2024.

2.4.2 A Guide for Members of the Executive has been amended for implementation with effect from 01 April 2022. The guide has given a directive for Departments to have permanent appointment for the post of Deputy Director: Office of the Executive Authority and that of the Registry Clerk for ensuring continuity of functions on vacation of office by the political office bearer.

3 ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

In the 6th administrative government, the department has outlined two fundamental impact statements, which are in line with the 2019-2024 MTSF (Medium Term Strategic Framework), aiming to drive positive changes in the healthcare services.

These impact statements have been further aligned with the departmental outcomes, with the objective of implementing effective health programmes and improving service delivery in health facilities. The following are departmental impact statements:

- Life expectancy for all South Africans improved to 70 years by 2030.
- Universal Health Coverage for all South Africans achieved, and all are protected from catastrophic financial impact of seeking health care by 2030.

In pursuit of these impacts, the department reached several milestones in implementation of departmental outcomes. The following outcomes progressively improved:

- Improve Financial Management unqualified audit opinion.
- Management of patient safety incidents improved electronic PSI system developed.
- Leadership and governance in the health sector enhanced to improve quality of care. Posts filled, hospital boards and clinic committees.
- Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced.
- Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery.
- Improve access to health care, more than 81% of clinics are now Ideal clinic.
- Quality of health services in public health facilities improved.



4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

4.1 PROGRAMME 1: ADMINISTRATION

List the sub-programmes.

- Office of the MEC
- Management Services

List the Strategic Outcomes.

- Re-alignment of human resource to Departmental needs
- Strengthening Health Systems Effectiveness

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

The planned output of reducing youth unemployment through percentage of youth appointment was achieved, advancing towards improving equity, training and enhance management of human resources for health. The department achieved 37.06% of youth employment against 30% planned target. However, the Department is experiencing challenges in attracting people living with disabilities, to address this the Department is engaging with the appropriate organisation for targeted recruitment. Gender mainstreaming in senior management remains a challenge, the Department attracted only 44% against the planned target of 50% which is an improvement from 40% in the previous financial year. The Department continues to achieve an unqualified audit opinion for four consecutive years since 2019/20.

Strategies to address under-performance

The Department will review its performance on quarterly basis and implement interventions to fasttrack performance



Table 2.4.4.2:

Programme / Sub-programme: Administration								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Improve Financial Management	Implement controls and mitigate risks	Audit opinion of Provincial DoH	Unqualified	Unqualified	Unqualified	Unqualified	None	None
	Achieve gender equity targets.	Percentage of women appointed in Senior Management positions	Not in plan	40%	50%	44%	(6%)	Target not achieved, only 22/50 posts are occupied by women in senior management. The Department has finalised the recruitment process where the newly recruited Senior Managers (3) resumed employment with effect from 1 April 2023.
Improve equity, training and enhance management of Human Resources for Health	Improve representation of persons with disability	Percentage of representation on employment of persons with disabilities across all levels	Not in plan	0,053%	2%	0,54%	(1,46%)	The Department has a challenge on attracting People Living with Disability (PLWD) to be appointed across the Department since certain professions demands Qualifications and labour intensive. This underlining reason is identified on the number of posts advertised for professional. Where the Department earmark vacancies to be filled by PLWD. Hence this is identified as a measure drive for the Departmental inability to recruit the individuals where all adverts issued by Department encourage inclusive appointments. The Department has identified funded vacancies earmarked to be filled by People Leaving with Disability and will further issue Bursaries opportunity that earmark for PLWD in the 2023/24 FY.

Table 2.4.4.2:

Programme / Sub-programme: Administration									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Improve equity, training and management of Human Resources for Health	Reduce youth unemployment	Percentage of youth appointed	Not in plan	37%	30%	37.06%	7.06%	<p>The target has been achieved. However, the Department has limited budget allocation for fulltime appointment, whereby current contracted youth account to 10% filled posts that are excluded to the current figure of 27.4% since they are appointed abnormal.</p> <p>The Department has identified funded vacancies earmarked to be filled by youth.</p>	

Linking performance with budgets

The programme achieved 50% of performance against planned targets while actual expenditure is at 98.7%.

Sub-programme expenditure

Sub- Programme Name	2021/2022			2022/2023		
	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
Office of the MEC	14 495	14 495	0	15 818	14 123	1 695
Management	406 957	406 957	0	317 074	314 518	2 556
Total	421 452	421 452	0	332 892	328 641	4 251

4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

Purpose

The purpose of the programme is to render comprehensive Primary Health Care Services to the community using the District Health System model.

List the sub-programmes

- District Management
- Community Health Clinics
- Community Health Centres
- Community Based Services
- HIV/AIDS
- Nutrition
- District Hospitals

List the Strategic Outcomes

- Quality of health services in public health facilities improved.
- Management of patient safety incidents improved.
- Leadership and governance in the health sector enhanced to improve quality of care.
- Contingent liability of medico-legal cases reduced by 80%.
- Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced.
- Reduce loss to follow up cases.
- Maternal, Neonatal, Infant and Child Mortality reduced.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.





Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

District Health Services:

The Department has made significant progress in achieving the Ideal Clinic status. 81.03% of PHC facilities have obtained an Ideal Clinic status, surpassing the planned target of 53%. This accomplishment has led to an increase in the number of facilities that have reached the Ideal Clinic status. It is an important milestone that brings us closer to realizing the envisioned quality of health services in public health facilities.

There is a significant improvement in the early reporting of the Severity Assessment code 1 incidents within 24-hours from 54% in the previous financial year to 72% in the year under review. This achievement has greatly improved the management of patient safety incidents, ensuring a more efficient and effective approach in addressing issues related to patient safety. This programme will assist the Department in the reduction of medical negligence incidents which will reduce the likelihood of Medico legal/ Contingent liability. This is evident that the contingent liability has been reduced from R10.3 billion in 2021/22 to R7.2 billion during the year under review.

The percentage of PHC facilities with functional clinic committee increased to 96.2% in the year under review against the previous year, and against the target of 89%. The achievement is envisaged to improve leadership and governance in the health sector thereby enhancing of quality of care.

HIV AND AIDS

The programme made significant strides in working towards the 90-90-90 strategy. Currently, the programme successfully reduced the percentage of HIV positive 15 to 24 year olds (excluding ANC) to 1.4%. This achievement surpasses our planned target of < 2.5% and showcases the commitment to combating morbidity and premature mortality due to communicable diseases. Additionally, the viral load suppression for adults started on treatment (12 months) achieved was 90% against a target of 90% in the year under review.

Mother and Child

There is significant improvement towards achievement of the departmental outcome 'reducing maternal, neonatal, infant, and child mortality'. The achievements are elaborated as follows.

- Early initiation of antenatal care services: programme successfully increased the rate of antenatal care visits before 20 weeks to an impressive 77.2%, surpassing our target of 76%.
- Increased number of postnatal visits: 76.2% of mothers have adhered to the recommended postnatal visits within 6 days, exceeding our target of 74%.
- On prevention of measles outbreak: the programme has achieved a measles 2nd dose coverage of 97.5%, surpassing the planned target of 90%.
- Improved vitamin A coverage: there is significant strides in improving the vitamin A dose 12-59 month coverage, achieving a rate of 77.2% against the target of 68.2%.
- Malaria prevention: malaria case fatality rate was 0.5% against the planned target of 0.5% in the year under review.



Table 2.4.4.2:

Programme / Sub-programme: District Health Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Quality of health services in public health facilities improved	Increase number of facilities that reached Ideal clinic status	Ideal clinic status obtained rate	33.1% (96/290)	59.04%	53%	81,03%	28,03%	The Department has exceeded planned target by 28.03% due to the procurement of medical equipment.	
	Increase number of patient satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (PHC)	84%	84%	85%	83%	(2%)	PHC facilities did not achieve on access to care (73.5% instead of 100%) and availability and use of medicine (92.2% instead of 95%).	
Management of patient safety incidents improved	Early reporting of severity incidents	Severity assessment code (SAC) 1 incidents reported within 24 hrs rate	59%	54%	65%	72%	7%	Continue monitoring reporting of SAC1 PSIs within 24 hours at all health establishments	
		Patient safety Incidents (PSI) case closure rate	86%	86%	86%	83%	(3%)	Delay in investigating PSI coupled with inadequate investigation skills. Train managers on the revised PSI guidelines and PSI investigation.	
Leadership and governance in the health sector enhanced to improve quality of care	Establish clinic committees	Percentage of PHC facilities with functional Clinic Committees	97.58% (283/290 PHC facilities with established clinic committees)	73.1%	89%	96.2%	3.76%	Msogwaba, Dwaleni clinics, Nelsvilles satellite clinic and KaNyamazane CHC in Ehlanzeni, Siyabuswa and Allemansdrift CHCs in Nkangala, do not have committees due to inadequate cooperation by Ward councillors	
Contingent liability of medico-legal cases reduced by 80%	Decrease contingent liability of medico-legal cases	Contingent liability of medico-legal cases	9 740 412 707.58	R10.3 billion	R 8 billion	R 7.2 billion	R 0.8 billion	Target achieved	

Programme / Sub-programme: HAST									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	**Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	ART Initiation to 90% of those who tested positive	HIV positive 15-24 years (excl. ANC) rate	<2.6%	1.8%	2.5%	1.4%	1,1%	Continue offering Pre-exposure prophylaxes to the 15-24 years aged group, increase HIV testing amongst the 15-24 years.	
		ART adult remain in care rate (12 months)	55.3%	72%	90%	71,7%	(18,3%)	Target not achieved. The Department lost 30 918 clients on the ART programme from those remained in the previous financial year.	
		ART child remain in care rate (12 months)	59.2%	76.3%	90%	76.7%	(13,3%)	30 918 Clients were lost-follow-up. The Department to implement the Welcome Back Strategy and increase registration of clients into CCMDD. Strengthen the Booking and Appointment system in facilities.	

Programme / Sub-programme: HAST									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	**Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Adult - viral load suppressed rate (12 months)	Adult - viral load suppressed rate (12 months)	86.5%	88.2%	90%	90%	0%	Target achieved.	
	Viral load suppressed to 90% of Clients on ART	Child - viral load suppressed rate (12 months)	63.1%	62.2%	90%	59.4%	(30,6%)	30 918 Clients were lost-follow-up. The Department to implement the Welcome Back Strategy and increase registration of clients into CCMDD. Strengthen the Booking and Appointment system in facilities	
Reduce loss to follow up cases	Reduce loss to follow up cases	All DS-TB client LTF rate	<11.4%	8.6%	<5%	6,89%	(1,89%)	Incorrect addresses and telephone numbers provided.	
	Improve TB treatment success	All DS-TB Client Treatment Success Rate	79.3%	80.3%	90%	83,40%	(6,6%)	High death and loss to follow-up rates impact negatively on the TB success rate. High comorbidity rate among TB patients.	

Programme / Sub-programme: MCWH&N									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	**Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Maternal, Neonatal, Infant and Child Mortality reduced	Increase couple year protection	Couple year protection rate	39.8%	39.1%	52%	43.3%	(8.7%)	Inconsistent supply of contraceptive.	
	Reduce teenage pregnancy	Delivery 10 to 19 years in facility rate	15.5%	15.8%	<13%	16.1%	(3.1%)	Inadequate number of adolescent and youth friendly services	
	Early initiation of antenatal care services to clients	Antenatal 1st visits before 20 weeks rate	74.9%	74.3%	76%	77.2%	1,2%	Target achieved. Pregnant women are offered antenatal care services at 1st presentation to the health facility.	
	Reduce number of maternal deaths in facility	Maternal Mortality in facility Ratio	108.3/100 000	130/100 000	100/100 000	114 / 100 000	(14/ 100 000)	Inadequate clinical skills in the management of obstetric emergencies	
	Reduce low birth weight	Live birth under 2500g in facility rate	11.5/1000	12%	<11.5%	11,01%	0.49%	Target achieved.	
	Increase number of postnatal visits	Mother postnatal visit within 6 days rate	73.9%	74.2%	74%	76.2%	2,2%	Capturing of mothers with admitted newborn babies staying long in hospitals.	
	Decrease number of neonatal death <28 days	Neonatal (<28 days) death in facility rate	12.7/1000	12.8/1000	10/ 1000	18,06/1000	(8.06/1000)	Limited Neonatal ICU beds and skills in management of ANC patients with comorbidities.	
			Infant PCR test positive around 10 weeks rate	0.61%	0.57%	<1%	0.5%	0,5%	Universal testing and HAART for all HIV positive pregnant and breastfeeding mothers
			Immunisation under 1 year coverage.	91.5%	97.3%	90%	89,2%	(0,8%)	Measles campaign prohibited the co-administration with another antigen

Programme / Sub-programme: MCWH&N									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	** Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
	Prevent measles outbreak	Measles 2nd dose coverage	84.2%	91.6%	90%	97,5%	7,6%	Public awareness on measles outbreak led to increased uptake of measles vaccines.	
		Death under 5 years against live birth rate	1.4 per 1000	1.7 per 1000 live birth	<15 per 1000 live birth	18,1 per 1000 live birth	(3,1 per 1000 live birth)	Target not achieved due to late presentation of patients in health facilities.	
		Child under 5 years diarrhoea case fatality rate	2.5%	1.9%	<2%	2.03%	(0,03%)	Target not achieved due to late presentation of patients in health facilities.	
	Reduce all death under 5yrs in facility	Child under 5 years pneumonia case fatality rate	6.2%	2.1%	<2.5%	2,77%	(0,27%)	Target not achieved due to late presentation of patients in health facilities.	
		Severe acute malnutrition death under 5 years rate	3.2%	3.8%	<9%	8.99%	0,01%	Target achieved as a result of procurement of equipment for growth monitoring of children under 5 years.	
	Improve vitamin A dose 12-59 months coverage.	Vitamin A dose 12-59-month coverage	51.1%	53.2%	68.2%	77.2%	9%	Vitamin A catch-up activities conducted at ECD centres and at households' level.	

Programme / Sub-programme: DPC									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Reduce malaria death cases	Malaria case fatality rate	0.98% (14/1435)	0.8%	0.5%	0.5%	0%	Target achieved	

Linking performance with budgets

The Department has achieved 48.3% of the planned outputs of this programme and expenditure 99.87%. It is important to note that, the services rendered under this programme are demand driven and expenditure might not always be aligned to performance.

Sub-programme expenditure

Sub-Programme Name	2021/2022			2022/2023		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
District Management	1 031 741	1 031 734	7	847 878	837 813	10 065
Community Health Clinics	1 743 842	1 743 842	87	1 776 742	1 776 742	-
Community Health Centres	1 099 341	1 099 341	0	1 122 804	1 122 804	-
Community-based Services	20 534	20 534	0	18 261	16 933	1 328
HIV/Aids	2 644 376	2 576 375	68 001	2 665 620	2 663 824	1 796
Nutrition	7 741	7 741	0	9 226	9 226	-
District Hospitals	3 798 976	3 779 694	19 282	4 069 644	4 069 644	-
Total	10 346 551	10 259 261	87 290	10 510 175	10 496 986	13 189

4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Purpose

The purpose of Emergency Medical Services is to provide pre-hospital medical services, inter-hospital transfers, Rescue and Planned Patient Transport to all inhabitants of Mpumalanga Province within the national norms of 15 minutes in urban and 40 minutes in rural areas.

List the sub-programmes

- Emergency Transport
- Planned Patient Transport

List the strategic Outcomes.

- Co-ordinating health services across the care continuum, re-orienting the health system towards primary health.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

As part of departmental efforts of coordinating health services across the continuum of care and reorientate the health system towards primary health, the programme has made significant improvements in EMS P1 urban and rural response time outputs.

The programme successfully achieved the planned targets of EMS P1 urban response time under 30 minutes at a rate of 65%, which matches the planned target. Additionally, the EMS P1 rural response time under 60 minutes was achieved at a rate of 69%, meeting the planned target.

The Department continues to invest in the emergency medical services and procured 34 emergency vehicles & 3 response vehicles, however, this does not alleviate the pressure as some ambulances already having high mileage and written off due to accidents. The planned patient transport remains one of our interventions to improve the referral system. Furthermore, the Department plans to procure an Emergency Management System to improve monitoring and dissemination of EMS resources.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: EMS									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2021/2022	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons deviations	for
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 Urban response time improved	EMS P1 urban response under 30 minutes	65%	65%	65%	65%	0	Target Achieved	
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes	65%	69%	69%	69%	0	Target Achieved	

Linking performance with budgets

The programme achieved 100% of its planned outputs. The expenditure 99.9%

Sub-programme expenditure

Sub-Programme Name	2021/2022			2022/2023		
	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	406 745	406 653	92	426 350	426 066	284
Planned Patient Transport	15 173	15 171	2	13 294	13 293	1
Total	421 918	421 824	94	439 644	439 359	285

4.4 PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Purpose

The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialized hospital services.

List the sub-programmes.

- General (Regional) Hospital
- Tuberculosis Hospitals
- Psychiatric/ Mental Hospitals

List the Strategic Outcomes.

- Maternal, Neonatal, Infant and Child Mortality reduced.
- Improved quality of health care

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

To improve health outcomes the Department has appointed several clinical specialists: paediatrician surgeon, obstetrician and gynaecologist, and Ophthalmologist.

The programme has functional adverse events committees in all the hospitals. The committees meet on monthly basis and on ad hoc basis to discuss adverse events, identify gaps and recommend measures to address those gaps. This contributes to improved quality of care and the reduction of medico legal cases due to medical negligence.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: Regional Health Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Maternal Mortality in facility ratio	207/100 000	277.1/100 000	97/100 000	274.1/100 000	(177,1/100 000)	High-risk patients that are referred late to regional hospitals. Shortage of Obstetrician Gynaecologists Herbal medication ingestion
		Death under 5 years against live birth rate	2.2/1000 live birth	2/1000	14.5 per 1000 live birth	27.5 per 1000 live birth	(13 per 1000 live births)	Late health seeking behaviours of mothers and care givers. Late health seeking behaviours of mothers and care givers.
Improved Quality of Care	Reduce all death under 5yrs in facility	Child under 5 years diarrhoea case fatality rate	<6%	1.4%	<2%	4%	(2%)	Children presenting with comorbidities. Delayed referral and transportation from feeder facilities
		Child under 5 years pneumonia case fatality rate	<5.4%	2.9%	<2.5%	3,4%	(0,9%)	Shortage of Paediatricians Delayed referral and transportation from feeder facilities
Quality of health services in public health facilities improved	Patient experience of care improved	Severe acute malnutrition death under 5 years rate	28.6%	2.7%	<6.5%	11.3%	(4,8%)	Late health seeking behaviours. Delayed referral and transportation from feeder facilities
		Patient Experience of Care satisfaction rate (Regional Hospitals)	83.6%	82%	85%	74%	(11%)	Unavailability of medication Long patient waiting time

Programme / Sub-programme: Specialised Hospital Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	**Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	83.6%	82%	85%	75%	(10%)	Patient waiting time Patent Safety	

Linking performance with budgets

The programme managed to reduce the vacancy rate on clinical specialist by appointing several clinical specialists such as paediatrician surgeon, obstetrician & gynaecologist and Ophthalmologist. The expenditure for the year under review is 99.99%

Sub-programme expenditure

Sub- Programme Name	2021/2022			2022/2023		
	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
General (Regional) Hospitals	1 442 606	1 442 604	2	1 495 946	1 495 795	151
Tuberculosis Hospitals	151 648	151 648	0	136 414	136 414	-
Psychiatric/ Mental Hospitals	49 037	49 037	-	47 450	47 449	1
Total	1 643 291	1 643 289	2	1 679 810	1 679 658	152

4.5 PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Purpose

The purpose of the programme is to render tertiary health care services and to provide a platform for training of health care workers and to conduct research.

List the sub-programmes

- Provincial Tertiary Hospital Services

List the strategic objectives

- Improved quality of health care

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

To improve health outcomes the Department has appointed following clinical specialists: paediatric surgeon, cardiothoracic, neurologist, plastic surgeon and a general surgeon as well as clinical heads of oncology and radiology.

The programme has made significant improvement in reduction of all death under 5yrs in facility outputs. The programme successfully achieved the planned target on death under 5 years against live birth rate at 3 per 100 live births against 28 per 100 live births target, Child under 5 years diarrhoea case fatality rate at 2.1% against 3% target and Child under 5 years pneumonia case fatality rate at 2.5% against the 3% planned target.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: Provincial Tertiary Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	** Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Maternal Mortality in facility Ratio	317.7/100 000	361.7/100 000	<155 /100 000	316,3/ 100 000	(161.3/ 100 000)	Shortage of experienced doctors in O&G High turnover of specialists Late presentation of patients with complications
	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	3.2/1000 live birth	2.9/1000 live birth	28 Per 1000 live birth	3 per 1000 live birth	25 per 1000 live births	Appointment of specialists Procurement of equipment and consumables Outreach services conducted
		Child under 5 years diarrhoea case fatality rate	1.8%	1.5%	<3%	2.1%	0,9%	Appointment of specialists Procurement of essential equipment Outreach services conducted.
Quality of health services in public health facilities improved	Patient experience of care increased	Child under 5 years pneumonia case fatality rate	3.6%	1.5%	<3%	2,5%	0,5%	Appointment of specialists Procurement of essential equipment Outreach services conducted
		Severe acute malnutrition death under 5 years rate	<0.79%	9.9%	<4%	8,3%	(4,3%)	Late health seeking behaviours. Children presenting with comorbidities. Delayed referral
		Patient Experience of Care satisfaction rate (Hospitals)	71%(Rob Ferreira 80.1%, Witbank hospital 62.5%)	64%	85%	73%	(13%)	Patient Waiting Time Values and Staff attitude

Linking performance with budgets

The programme achieved 50% of its planned outputs for the year under review. The programme managed to reduce the vacancy rate of clinical specialist and appointed the following: paediatric surgeon, cardiothoracic, neurologist, plastic surgeon, and a general surgeon as well as clinical heads of oncology and radiology. The expenditure is at 99,99%.

52 Sub-programme expenditure

Sub- Programme Name	2021/2022			2022/2023		
	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
Tertiary Hospital Services	1,437,890	1,437,887	3	1,727,213	1,727,170	43
Total	1,437,890	1,437,887	3	1,727,213	1,727,170	43



4.6 PROGRAMME 6: HEALTH SCIENCE AND TRAINING

Purpose

The purpose of the Health Sciences and Training programme is to ensure the provision of skills development programmes in support of the attainment of the identified strategic objectives of the Department.

List the sub-programmes

- Nurse Training Colleges
- EMS Training College
- Bursaries
- Primary Health Care Training
- Training Other

List the Strategic Outcomes

- Quality of health services in public health facilities improved.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

The programme gradually increased capacity in health facilities by achieving on district training and development plan for frontline service delivery points at 273 against 100 targeted personnel. This contributes towards improvement of quality of health services in public health facilities.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: Health Sciences Training									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
Quality of health services in public health facilities improved	Increase capacity in health facilities	Number of Healthcare workers trained on critical clinical skills	17964	6849	6000	5 732	(268)	Training at training centre was put on hold	
		Bursaries awarded to first year nursing students	0	70	90	70	(20)	SANC has accredited the Mpumalanga nursing has accredited for 70 per intake.	
		District training and development plan for frontline service delivery points implemented	10 724	157	100 trained	273 trained	173	Training however some of the trainings were supplemented by inhouse training.	

Linking performance with budgets

The programme achieved 33.3% of its planned outputs. The expenditure is at 99.99%.

Sub-programme expenditure

Sub- Programme Name	2021/2022			2022/2023		
	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	138 929	138 706	223	143 656	143 655	1
EMS Training Colleges	2 695	2 634	61	2 850	2 850	-
Bursaries	41 991	31 388	10 603	30 519	28 724	1 795
Primary Health Care Training	4 164	4 164	0	3 553	3 553	-
Training Other	232 531	231 897	634	338 664	340 422	(1758)
Total	420 310	408 789	11 521	519 242	519 204	38

4.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Purpose

The Health Care Support Service programmes aim to improve the quality and access of health care provided through:

- The availability of pharmaceuticals and other ancillaries.
- Rendering of credible forensic health care which contributes meaningfully to the criminal justice system.
- The availability and maintenance of appropriate health technologies.
- Improvement of quality of life by providing needed assistive devices.
- Coordination and stakeholder management involved in specialized care.
- Rendering in-house services within the health care value chain.

List the sub-programmes

- Laundries
- Engineering
- Forensic Services
- Orthotic & Prosthetic Services
- Medicine Trading Account

List the Strategic Outcomes.

Quality of health services in public health facilities improved.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

The programme increased on number of hospitals compliant to radiation control prescripts at 29 against 29 planned targets, increase CCMDD registration of patients by improving on number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme from 507 313 baseline in 2021/22 to 518 442 in 2022/23 surpassing the planned target of 450 409 for the financial year under review. This contributes towards quality of health services in public health facilities.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: Health Care Support Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	** Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Quality of health services in public health facilities improved	Increase number of hospitals compliant to radiation control prescripts	Number of hospitals compliant to radiation control prescripts in facilities	96.6%/(28/29)	29/30	29	29	0	Target archived.
	Maintain EML stock levels	Percentage Availability of Essential Medicine List (EML) at the Depot	83%	80%	90%	80.3%	(9.7%)	Orders not delivered on time by contracted suppliers due to manufacturing constraints and shipment challenges for imported surgical sundries and medicines. Continuous partial deliveries from contracted suppliers and prolonged delivery lead-times (insufficient quantities),

Programme / Sub-programme: Health Care Support Services								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	** Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
	Increase CCMIDD registration of patients	Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMIDD) programme	54 416 (431 970 cumulative)	62 904 + 444 409(507 313)	6000+ 444 409 (450409)	68 033 + 444 409 512 442 (Cumulative)	62 033	The Change Over Process of Service Providers from Pharmacy Direct to Medipost commenced from Oct 2022 – Jan 2023 (Transition Process). The new Service Provider was fully responsible for the program from the 1st of February 2023. There were data challenges experienced with the transition, which still needs to be resolved.
	Increase number of orthotic and prosthetic devices issued	Number of Orthotic and Prosthetic devices issued	4262	5039	4750	5710	960	System put in place to follow-up and remind patients due for fitting and/or collection of devices. Provision of outreach services
	Maintain number of functional blood transfusion committees	Number of hospitals audited for functionality of blood transfusion committees	28	28	28	28	0	Target achieved.

Programme / Sub-programme: Health Care Support Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	** Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations	
	Maintain number of sites rendering Forensic Pathology Services	Number of sites rendering Forensic Pathology Services	21	21	21	20	(1)	Witbank Forensic Pathology Facility is closed due to prohibition notice issued by Department of Labour.	
	Increase number of hospitals providing laundry services	Number of hospitals providing laundry services	23/23	23/23	23/23	23	0	Target achieved.	

Linking performance with budgets

The programme achieved 71% of its planned outputs. The expenditure is at 80%

Sub-programme expenditure

Sub- Programme Name	2021/2022		2022/2023		(Over)/Under Expenditure
	Final Appropriation R'000	Actual Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	
Laundries	36 255	36 098	157	46 313	3 457
Engineering	24 434	24 433	1	46 670	9 113
Forensic Services	108 456	107 909	547	107 732	6 062
Orthotic and Prosthetic Services	6 245	6 025	220	8 596	628
Medicine Trading Account	70 723	65 211	5 512	83 143	38 942
Total	246 113	239 676	6 437	292 454	58 202



4.8 PROGRAMME 8: HEALTH FACILITY MANAGEMENT

Purpose

The purpose of the programme is to build, upgrade, renovate, rehabilitate, and maintain health facilities.

List the sub-programmes.

- Community Health Facilities
- Provincial Hospital Services

List the Strategic Outcomes

- Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

Percentage of Health facilities with completed capital infrastructure project was achieved at 71% surpassing the target of 25% in the financial year under review, impacting positively on the outcome; The Department is implementing the costed infrastructure plan to improve efficiency and effectiveness of health services delivery.

Strategies to address under-performance

The Department will review annual performance targets to conform to the SMART principles and utilise trends for realistic targets.



Table 2.4.4.2:

Programme / Sub-programme: Health Facility Management								
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons for deviations
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery Improve access to health care		Percentage of Health facilities with completed capital infrastructure project	New indicator	New indicator	25%	71%	46%	End users' requests for capital maintenance. Community demands for their facilities to be renovated.
		Percentage of preventative maintenance expenditure	New indicator	New indicator	New Target	100%	Not applicable	All life savings equipment in all 32 hospitals were serviced
		Number of renovation and refurbishment projects completed	New indicator	New indicator	New Target	35 Maintenance projects completed	Not applicable	All the 35 maintenance projects were completed.
		Most of the upgrades were complete, Shongwe nursing outstanding upgrades such as Mimamethlake college). and Rob Ferreira Hospitals prioritized for the next financial year	New indicator	New indicator	New Target	4 facilities under upgrading. (66 Anderson building, Naas Malaria station, Witbank TB hospital ward 2-5, Lydenburg EMS station and Shongwe nursing college).	4	Not applicable
		Number of new and replacement projects completed	New indicator	New indicator	New Target	3 Projects in various progress (Mapulaneng Hospital – 33%, Middelburg Hospital – 85% and KaNyamazane CHC – 41%)	3	Not applicable

Linking performance with budgets

The programme has successfully implemented costed infrastructure plan to improve efficiency and effectiveness of health services delivery. The expenditure is at 99.9%

Sub-programme expenditure

Sub- Programme Name	2021/22			2022/23		
	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
Community Health Facilities	1 269 899	1 110 818	159 081	1 069 493	1 069 518	(25)
Provincial Hospital Services	457 065	456 387	678	463 310	462 160	1 150
Total	1 726 964	1 567 205	159 759	1 532 803	1 531 678	1 125



5. TRANSFER PAYMENT

5.1 Transfer payments to public entities

None

5.2 Transfer payments to all organisations other than public entities

None



6. CONDITIONAL GRANTS

6.1 Conditional grants and earmarked funds paid

District Health Programmes Grant

<p>Department/ Municipality to whom the grant has been transferred</p>	<p>Mpumalanga Department of Health</p>
<p>Purpose of the grant</p>	<ul style="list-style-type: none"> • To enable the health sector to develop and implement an effective response to HIV and 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 2019 – 2023 • To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations for grade five school girls in all public and special schools and progressive integration of HPV into the integrated school health programme • To enable the health sector to rollout COVID-19 vaccine
<p>Expected outputs of the grant</p>	<ul style="list-style-type: none"> • By 2030, Zero new HIV and TB infections, zero new infections due to vertical transmission, zero preventable deaths associated with HIV and TB and zero discrimination associated with HIV, STIs and TB • Improved quality of TB (including drug resistant-TB) services including access to prevention, screening, testing, treatment and adherence monitoring and support. • Improved coordination and collaboration in the rollout of COVID-19 vaccine • Increased access to HPV vaccines by grade four school girls in all public and special schools • Improved access to quality primary care services at community level with a focus on preventive and promotive care, screening for health conditions and referral for relevant services • Improved implementation of malaria strategies in support of malaria elimination efforts • Strengthen mental healthcare service delivery in primary health care and community-based mental health services • Implement community based mental healthcare services • Enhance access to healthcare services for obstetric and cancer patients



<p>Actual outputs achieved</p>	<ul style="list-style-type: none"> · 35 627 000 No of Male condoms distributed · 1 367 918 No of Female condoms distributed · 22 128 Male Urethritis Syndrome treated - new episode · 16 183 No of Individuals who received an HIV service or referral at High 1 714 133 No of clients tested (including antenatal) · 135 283 No of MMC performed · 53 802 No of people started on PrEP · 19 135 No of babies PCR tested at 10 weeks · 41 055 No of new patients started on treatment · 563 135 No of patients on ART remaining in care · 682 042 ART patients enrolled to EX-PUP · 98% DS-TB treatment start rate (under 5yrs and 5yrs and older combined)
<p>Amount per amended DORA</p>	<p>R 2 638 302</p>
<p>Amount transferred (R'000)</p>	<p>R 2 638 302</p>
<p>Reasons if amount as per DORA not transferred</p>	<p>None</p>
<p>Amount spent by the department/ municipality (R'000)</p>	<p>R 2 636 506</p>
<p>Reasons for the funds unspent by the entity</p>	<p>Delays on cars ordered due to Supplier failed to honour the deadline</p>
<p>Monitoring mechanism by the transferring department</p>	<p>Monthly variance report Quarterly DoRA report Quarterly grant reviews</p>



Health Facility Revitalisation Grant

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	The purpose of the grant is to help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in Health including, Health Technology, Organizational Developments Systems and Quality Assurance; to enhance capacity to deliver health infrastructure.
Expected outputs of the grant	The final infrastructure developed for service delivery
Actual outputs achieved	<ul style="list-style-type: none"> • 31 Hospitals were maintained on day-to-day maintenance. • 35 Health facilities were refurbished, • 31 Hospitals lifesaving and support equipment's were serviced as per Manufacture specifications. • Construction of 5 Malaria stations concrete palisade is completed. • 3 EMS stations refurbishment is complete. • 4 PHC's facilities planning, and designs is at 60% work in progress • Construction of two Maternity units (Kwamhlanga and Themba Hospitals) are advertised for construction. • Refurbishment of Ermelo Hospital Mental ward and Carolina hospital & Ermelo Hospital theatres were refurbished.
Amount per amended DORA	R 463 310
Amount transferred (R'000)	R 463 310
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R 462 330
Reasons for the funds unspent by the entity	Underspending is due to delays in finalization of final account for pankop and Oakley clinic
Monitoring mechanism by the transferring department	<p>In year monitoring (IYM)</p> <p>Project Management Information system (PMIS)</p> <p>Infrastructure reporting model (IRM)</p>



National Tertiary Services Grant

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	Ensure provision of tertiary health services in South Africa; to compensate tertiary facilities for the additional costs associated with provision of these services.
Expected outputs of the grant	Provision of designated national tertiary services in 2 hospitals (Witbank and Rob Ferreira hospital)
Actual outputs achieved	National tertiary services provided as per the YES list for 2022/23
Amount per amended DORA	R145 385
Amount transferred (R'000)	R145 385
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R145 379
Reasons for the funds unspent by the entity	N/A
Monitoring mechanism by the transferring department	Monthly variance report Quarterly DoRA report Quarterly grant reviews



Human Resources and Training Grant

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	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
Expected outputs of the grant	<p>Provision of clinical teaching and training of health professionals in designated facilities by:</p> <ul style="list-style-type: none"> • Appointing 50 Medical specialist • Training 12 registrars in different fields of speciality • Appointing 12 clinical supervisors
Actual outputs achieved	<ul style="list-style-type: none"> • Clinical teaching and training of health professionals was provided as per business plan through the outreach services. • 12 registrars - registered in different fields of speciality. • 45 specialists – appointed and provided clinical training to other health professionals. • 12 clinical supervisors (10 x Nurse preceptor and 2 x Pharmacy tutors) - provided clinical teaching to student nurses and pharmacist
Amount per amended DORA	R274 266
Amount transferred (R'000)	R274 266
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R274 229
Reasons for the funds unspent by the entity	N/A
Monitoring mechanism by the transferring department	<p>Monthly variance report</p> <p>Quarterly DoRA report</p> <p>Quarterly grant reviews</p>



Social Sector Expanded Public Works Programme

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	To incentivise the provincial social sector departments identified in 2020 in Social Sector EPWP log-frame to increase job creation for focusing on the strengthening and expansion of social services programme that have employment potential.
Expected outputs of the grant	299 (49 Clinic Admins, 50 EMS ambulance cleaners and 200 EPWP community facility cleaners) recruited and paid stipend.
Actual outputs achieved	521 (47 Clinic Admins, 47 EMS ambulance cleaners and 427 EPWP community facility cleaners) recruited and paid stipend.
Amount per amended DORA	R13 140
Amount transferred (R'000)	R13 140
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R11 812
Reasons for the funds unspent by the entity	SCM delayed in providing quotations for procurement of laptops and PPE's for EPWP participants
Monitoring mechanism by the transferring department	Monthly variance report Quarterly DoRA report Quarterly grant reviews



National Health Insurance Grant

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers
Expected outputs of the grant	<p>Mental Health</p> <ul style="list-style-type: none"> • 41 Mental Health Practitioners contracted • 12 095 Number of patients screened and treated for mental health problems <p>Health Professionals Contracting</p> <ul style="list-style-type: none"> • 61 Health Practitioners contracted • 87 000 patients seen (per discipline) <p>Oncology</p> <ul style="list-style-type: none"> • 5 Number of health professionals contracted for oncology services • 4 063 patients seen (per discipline)
Actual outputs achieved	<p>Mental Health</p> <ul style="list-style-type: none"> • 21 Mental Health Practitioners contracted • 19 921 Number of patients screened and treated for mental health problems <p>Health Professionals Contracting</p> <ul style="list-style-type: none"> • 39 Health Practitioners contracted • 56 383 patients seen (per discipline) <p>Oncology</p> <ul style="list-style-type: none"> • 5 Number of health professionals contracted for oncology services • 5 960 patients seen (per discipline)
Amount per amended DORA	R82 875
Amount transferred (R'000)	R82 875
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R72 810
Reasons for the funds unspent by the entity	Underspent because recruitment targets have not been met
Monitoring mechanism by the transferring department	<p>Monthly variance report</p> <p>Quarterly DoRA report</p> <p>Quarterly grant reviews</p>

6.2 Conditional grants and earmarked funds received.

None

7. DONOR FUNDS

7.1 Donor Funds Received

The department has not received any donor funds for the financial year 2022/23.

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

Progress made on implementing the capital, investment, and asset management plan.

No	Project Name	Total Project Cost R'000	Project Start Date	Planned Completion Date	Project Physical Progress
1	Mmamethlake Hospital - Alterations and additions (Phase 3) – Nkangala	597 860	Apr 2019	Jun 2023	98%
2	New Middelburg District Hospital - Nkangala	1 699 406	Nov 2017	October 2023	90%
3	Middelburg Hospital (External bulk infrastructure) - Nkangala	31 488	Jan 2023	Oct. 2023	50%
4	New Kanyamazane CHC - Ehlanzeni	228 199	Dec 2021	Dec 2023	49%
5.	New Bethal Hospital -Gert Sibande	828 685	Oct 2016	Apr 2023	100%

REPAIRS, REFURBISHMENT AND REHABILITATION PROJECTS

The following reflects Infrastructure projects have been planned to be completed in the current year and the progress in comparison to what was planned at the beginning of the year.

NO	Project Name	Total Project Cost R'000	Project Start Date	Planned Completion Date	Project Physical Progress
6	Rob Ferreira Hospital Phase 2A (RRR) – Ehlanzeni	26 710	Nov 2020	May 2023 Revised comp. 15 July 2023	93%
7	Rob Ferreira Hospital Phase 2B (RRR) – Ehlanzeni	22 180	Nov 2019		95%
8	Rob Ferreira Hospital Phase 2C (RRR) – Ehlanzeni	25 752	Nov 2019		95%
9	Rob Ferreira Hospital Phase 2D (RRR) – Ehlanzeni	26 810	Feb 2021		90%

Infrastructure projects that are currently in progress (list projects) and when are they expected to be completed

None

Plans to close down or down-grade any current facilities

None

COMPLETED PROJECT FOR FINANCIAL YEAR 2022/2023

NO.	PROJECT NAME	District Munic	SCOPE OF WORK	START DATE	COMPLETED DATE	%	PROJECT VALUE VAT INCL.
1	Witbank TB 4 & 5	Nkangala	Renovation, Partition of the ward and repairs of leaks,	12/10/2023	30/11/2022	100%	1 144 761,38
2	Witbank TB 2& 3	Nkangala	Renovation, Partition of the ward and repairs of leaks,	01/09/2022	12/10/2022	100%	1 384 543,83
3	Sabie	Bohlabela	Renovation of Xray Department	01/09/2022	04/01/2023	100%	856 431,50
4	Buffespruit Clinic	Ehlanzeni	Renovation of the Clinic	7 /03/2022	10/11/2022	100%	2 670 818,86
6	Mapulaneng	Bohlabela	Repair leaks and installation of stairs	2026/08/22	10/10/2022	100%	2 089 834,03
7	Lydenburg EMS	Bohlabela	Renovation of EMS Station	22/07/2021	22/10/2021	100%	2 649 389,22
8	Lydenburg EMS	Bohlabela	Repair of Storm Damage	29/05/2022	15/06/2022	100%	361 382,02
9	Eziweni Clini	Ehlanzeni	Construction of toilet and erection of concrete palisade fence	07/04/2022	07/09/2022	100%	3 708 987,76
10	Rob ferreira Hospital	Ehlanzeni	Repairs of broken ceilings at Casualty	24/02/2022	24/03/2022	100%	125 120,94
11	Evander nursing collage	Gert Sibande	Renovations of Nursing school	19/02/2022	28/02/2022	100%	3 838 562,15
12	Shongwe Nursing School	Ehlanzeni	Renovation of Nursing school	10/11/2022	25/01/2023	100%	4 092 453,14
13	Embhaleinhle ChC	Gert Sibande	Supply and installation of 2.4m concrete palisade fence with razor wire and a clearvu 6m*1.8m gate	10/10/2022	02/02/2023	100%	837 759,93
14	Naas Malaria Centre	Ehlanzeni	Refurbishment and renovations to existing building	10/10/2022	18/01/2023	100%	2 783 881,71
15	Piet Kornhof offices	Nkangala	Renovations of 1st floor	28/07/2022	28/11/2022	100%	3 646 524,62
16	Diepdale Clinic	Gert Sibande	Building of 4 waterborne toilets	21/09/2022	14/12/2022	100%	235 409,86
17	Tonga Hospital Psychiatric	Ehlanzeni	Removal of old damaged ceiling by patients and installation of new ceiling to the ward	16/05/2022	20/09/2022	100%	859 881,04
18	Bhuga ChC	Ehlanzeni	Supply and installation of 2.4m concrete palisade fence with razor wire and a clearvu 6m*1.8m gate	12/12/2022	10/02/2023	100%	1 528 531,13
19	Carolina Hospital	Gert Sibande	Refurbishment and renovations to theatre	02/08/2022	11/11/2022	100%	3 614 967,50
20	Gutshwa	Ehlanzeni	Comprehensive maintenance of the facility	23/09/2022	12/12/2022	100%	1 930 000,00
21	Mbhejeka ChC	Gert Sibande	Repair of storm damaged roof	04/11/2022	17/03/2023	100%	1 396 442,31

Capital Assets

Index	Number of facilities	Percentage
Condition Rating C5 (Excellent)	11	3.3%
Condition Rating C4 (Good)	113	33.8%
Condition Rating C3 (Fair)	188	56.3%
Condition Rating C2 (Poor)	22	6.6%

The above table indicates that under the excellent (C5) rating there are 11 facilities, and under the fair (C2) category there are 22 facilities. The condition of the facilities rated C2 will be improved through day-to-day maintenance, preventative maintenance, and minor refurbishment

Major Maintenance Projects

No	Project Name	Total Project Cost R'000	Project Start Date	Planned Completion Date	Project Physical Progress
1	Mmamethlake Hospital - Alterations and additions (Phase 3) – Nkangala	597 860	April 2019	June 2023	98%
2	New Middelburg District Hospital - Nkangala	1 699 406	November 2017	October 2023	90%
3	Middelburg Hospital (External bulk infrastructure) - Nkangala	31 488	January 2023	October 2023	50%
4	New Kanyamazane CHC - Ehlanzeni	228 199	December 2021	December 2023	49%
5.	New Bethal Hospital -Gert Sibande	828 685	October 2016	April 2023	100%

The 22 facilities rated C2 (Poor) at 6.6% are in the process of being replaced or some are earmarked for upgrading in the new financial year as follows:

	PROPERTY DESCRIPTION		PROPERTY DESCRIPTION
1	Driekoppies Clinic	12	Vlaklaagte CHC
2	Buffelshoek Clinic	13	Eastdene Clinic
3	Dingledale	14	Hendrina Clinic
4	Legogotho Clinic	15	Mhluzi 6 Clinic
5	Kromdraai nursing home	16	Mhluzi 8 Clinic
6	Lothair EMS	17	Kwazamokuhle Clinic
7	Amersfort EMS	18	Ogies Clinic
8	Acherville clinic	19	Thubelihle Clinic
9	Troya clinic	20	Rietspruit Clinic
10	Jeppesreef clinic	21	Beatty Clinic
11	Brooklyn Clinic	22	Lydenburg Hospital

PART C: GOVERNANCE



1. INTRODUCTION

The Department has established systems to maintain the highest standards of governance and professional ethics which is fundamental to the management of public finances and resources. Users want assurance that the department has good governance structures in place to utilize the state resources effectively, efficiently and economically, which is funded by a taxpayer.

2. RISK MANAGEMENT

The Mpumalanga Department of Health has an approved risk management policy, strategy and implementation plan which were prepared in consultation with the Risk & Ethics Committee and approved by the Head of Department on 20th May 2021. Progress on the risk management implementation plan is reported to the Risk & Ethics Committees on a quarterly basis.

The Department conducts annual risk assessment workshops which also includes Strategic, Operation, ICT and fraud risk assessment. and quarterly identifies new or emerging risks which are reported to Management. The strategic risk assessment workshop was conducted on February 2021 whilst the operational risk assessment workshops were conducted from 07 to March 2021 and the assessment reports were finalised in March 2019. The risks are reviewed during the development of annual performance plan to assess its effectiveness to achieve the five year strategic plan.

The Risk Management unit operates with a low vacancy rate however it has a functional Risk and Ethics Committee with an independent chairperson which held 4 successful meetings during the year under review. Institutional risk registers were reviewed in the districts and hospitals. Risk management awareness workshops were conducted to 3 Hospitals. to create awareness on the importance of risk management and communicate the framework, policy and strategy.

The Department monitors and reports on all risks to the Risk & Ethics Committee and to the Audit Committee quarterly on significant, fraud and ICT risks. Changes on the risk profile including new and emerging risks are reported quarterly to the Risk and Audit Committees.

The Department noticed minimal progress in the management of risks and this could be attributed to the following:

- Continuous amending of mitigating plans for risks associated with the existence of the department demonstrating lack of long term planning to adequately address root causes;
- The forward shifting of mitigating plans resulting in overcrowding activities to be undertaken this could therefore be translated as over achievement in that specific quarter whereas such an activity had a different planned due date;
- Lack of ownership on risks which cuts across Programmes (e.g. poor records management, high number of litigation cases and inadequate collection of revenue).
- Lack of buy in from management.

3. FRAUD AND CORRUPTION

The Department has an approved fraud prevention strategy, policy, and implementation plan, and whistleblowing policy. The fraud prevention strategy and whistleblowing policy are available on the departmental intranet to ensure access by all employees. Fraud, anti-corruption and ethics management awareness workshops are conducted regularly for management and employees at grass root level.

The Department relies on various channels to receive allegations for fraud and corruption such as the Office of the Premier, National Ant-corruption Hotline, Public Service Commission and irregularities identified by Internal Audit.

All proven allegations of fraud and corruption are subjected to investigation and where appropriate criminal or/and internal disciplinary processes are instituted against those found guilty as required in terms of applicable legislation. The department previously identified the tracking and monitoring of cases as one area which required improvement, such has been achieved by quarterly reporting on the status of anti-corruption cases to the Risk & Ethics Committee.

The cases received are either reported on the national anti-corruption hotline or / and via the office of the Accounting Officer which are allocated either to Forensic Investigation unit within the department or Integrity Management unit at Office of the Premier for further investigation.

4. MINIMISING CONFLICT OF INTEREST

The members of the Senior Management Service and other categories of employees designated by the Minister are required to disclose to the Accounting Officer and Executive Authority respectively particulars of all registrable interests in accordance with chapter 2 of the Public Service Regulations, 2016. The objective of chapter 2 is to identify any conflicts of interest in order to promote just and fair administrative actions of all officials and thereby to protect the public service from actions that may be detrimental to its functioning. Financial disclosure process takes place annually and should any conflict of interest arise it is dealt with in accordance to the Public Service Regulations, 2016 and related prescripts. All senior managers disclosed their financial interests for the year under review.

In respect to Remunerative Work outside the Public Service (RWOPs), the Public Service Regulation, 2016 requires that officials seek prior approval from the Executive Authority to engage in any work outside their employment in the public service. However, this excludes those officials who are or have been doing business with the state. The department further implements a policy on RWOPs which was approved on 23 August 2019 and was reviewed and approved again in 24 November 2021 by the Accounting Officer which brought about the establishment of Hospital RWOPs Committees. 61 officials were granted approval by the Executive Authority to undertake remunerative work outside the public service and 11 disapproved with key drivers such as organizational requirements (workload), Prevents employee from placing their time at the disposal of the State, Conflict of interest, contravene provisions in the Code of Conduct and Failure to comply with the submission of annual financial disclosure.

5. CODE OF CONDUCT

The Department is guided by the Public Service code of conduct, which sets out the expected behaviours and ethical standards for all employees within the institution. These guidelines serve as a framework for creating a positive and respectful environment, where everyone's well-being is prioritized, and ethical standards are maintained.

In the year under review, department witnessed Six (6) cases of serious transgressions, ranging from gross negligence and fraud, attempts or threats of assault, improper conduct, and nepotism. Out of these Six (6) cases, only One (01) has been resolved, resulting in a guilty verdict with a warning letter being issued. The remaining Five (5) cases are still under investigation, and one (01) has been referred to the Special Investigation Unit for further action. Of great concern is that Four (4) out of these Six (6) cases involve employees who hold managerial positions within our department. This behaviour contradicts the expected behaviours and ethical standards laid out in our guidelines and principles.

The department will continue to capacitate and implement awareness programs to instil culture of upholding to highest standards of professionalism, accountability, and integrity. By following these guidelines, all employees can collectively ensure that work environment remains inclusive, fair, and supportive. It's important for individuals to respect one another's perspectives and treat everyone with kindness.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

Section 19 (1) of the Occupation Health and Safety Act states: "An employer shall in respect of each workplace where two or more health and safety representatives have been designated, establish one or more health and safety committees and, at every meeting of such a committee as contemplated in sub-section (4), consult with the committee with a view to initiating, developing, promoting, maintaining and reviewing measures to ensure the health and safety of his employees at work".

In line with the above Section 19 (1) of the Occupation Health and Safety Act 1993 (Act No. 85 of 1993) the department has put the following measures:

- Developed OHS workplace policies, guidelines and standard operating procedures;
- Each facility, provincial and district offices conducted risk assessment; and developed quality improvement plan;
- Two hundred and twenty (220) Health and Safety Representatives have been trained;
- Trained Infection prevention and control, environmental Health and Occupational Health Practitioners on IPC, HIV, and TB guidelines and policies.
- Four hundred (400) PHC Operational Managers have been trained on Occupation Health and Safety compliance standards and guidelines and the implementation thereof;
- Conducted OHS compliance inspections and audits at various facilities including Forensic Pathology Laboratory Services and Mortuaries;

Challenges

- The delegated Occupational Health Nurse Practitioners are assigned other non- occupational health responsibilities, which influence negatively in rendering comprehensive occupational health services.
- Lack of permanently appointed OHS Coordinators at District and Sub-district impact negatively on the Occupational Health Services

Recommendations

- Intensify conducting of OHS Compliance audits in every facility
- Continue with Trainings of facility managers, employees and all relevant stakeholders on appropriate implementation of OHS policies, guidelines and protocols.
- All health establishments to have appointed health and safety representatives and committees.
- The department has to prioritize the appointment of district and Sub-district OHS Coordinators

7. PORTFOLIO COMMITTEES

1st QUARTER HOUSE RESOLUTIONS

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.1	The Accounting Officer is set to develop and implement an action plan for the remedial of the payment of creditors within 10 or 30 days;	Ensure effective implementation of the action plan for the remedial of the payment of creditors within 10 or 30 days;	The Department has developed a strategy to settle invoices within 10 or 30 days. The payment strategy was approved and is currently being implemented. Annexure A: Implementation plan on how to implement payments within 30 days
8.2	The department has set aside a budget of R10 332 000 for the 2022/23 financial year to procure essential medical equipment to ensure implementation of quality improvement plans in line with ICRM tool;	Outline a list of identified essential medical equipment (per health facility and the financial implication) to ensure implementation of quality improvement plans in line with ICRM tool, inclusive of progress made in terms of procurement thereof;	The department has developed plans for all three districts. Annexure B: Ideal Clinic Realisation Maintenance (ICRM).
8.3	A total number of 388 patients are waiting for wheelchairs (Ehlanzeni 128, Gert Sibande 168 and Nkangala 92);	Fast track the procurement and distribution of wheelchairs to identified patients;	Procurement of wheelchairs were done for the district and all beneficiaries that were identified were covered
8.4	The department plans to procure 10 ambulances within the 2022/2023 financial year;	Provide progress on the planned procurement of the 10 ambulances for the province;	Ten (10) Advanced Life Support Inter - facility transfer ambulances are in the process of procurement. Quotations have been received and motivation submitted to procurement section.
8.5	The department is reportedly in the process of renovating eight government houses (KDC nurses' homes) in order to cancel all private leases in KwaMhlanga;	Provide a detailed report (inclusive of financials and set timeframes) on all infrastructure development projects underway – renovation, refurbishment and new construction;	The department is currently renovating the eight government houses in KwaMhlanga hospital

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.6	<p>The department and the Department of Community Safety, Security and Liaison (DCSS&L) agreed that DCSS&L will make an urgent court application to interdict Mafoko Security Patrols from entering the department's premises;</p>	<p>Follow up on the matter and also provide progress report on the urgent court application to interdict Mafoko Security Patrols from entering the department's premises in ensuring that only one security company is contracted to serve the department at a given period;</p>	<p>There is no agreement that exist between the department and DCSS&L to make an urgent court application to interdict Mafoko Security Patrols from entering the department's premises. The question should be addressed to DCSS&L.</p>
8.7	<p>The department has recorded more than 8576 patients waiting for cataract operation;</p>	<p>Strengthen the measures put in place (with sufficient budget for resources) to address the backlog of the 8576 patients awaiting cataracts operation (also indicate if the department is still in partnership with Tshemba Foundation and the Council for the Blind to increase the number of cataract surgeries performed);</p>	<p>The Department has allocated R12 million to engage on a cataract marathon to reduce the backlog. The council for the Blind and Tshemba Foundation have Service Level Agreements with the Department and will resume cataract operations very soon before the end of the month.</p>
8.8	<p>The department has a backlog of over 93 people waiting for Orthotic and Prosthetic Devices;</p>	<p>Strengthen the measures put in place to address the backlog on the issuing of orthotic and Prosthetic devices including the planned procurement of three (3) suitable light delivery vehicles with canopy and basic tools (one vehicle for each Medical Orthotic and Prosthetic centre);</p>	<p>Ermelo Regional hospital is in the process of procurement of one vehicle for Ermelo MOP workshop. Mapulaneng hospital is busy with recruitment processes for appointment of a Production Medical Orthotist. The backlog is currently only experienced in Rob Ferreira MOP workshop. The procurement of the additional two MOP workshop vehicles will be considered in the next FY.</p>
8.9	<p>Glencore Mine is reportedly waiting for Department of Mineral and Resource (DMR) for the approval of the construction of the new Newtown Parkhome Clinic project;</p>	<p>Follow up with Glencore Mine on their pending approval from the Department of Mineral and Resource (DMR) for the construction of the new Newtown Parkhome Clinic project;</p>	<p>The department is awaiting responses from the department of minerals and energy to approve the donation</p>

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT																		
8.11	<p>The department anticipates filling the post of the Head of Department by 01 December 2022 as planned while fast-tracking the filling of all vacant and funded positions, including those of the Hospital Executive Management Teams;</p> <p>The department anticipates filling the post of the Head of Department by 01 December 2022 as planned while fast-tracking the filling of all vacant and funded positions, including those of the Hospital Executive Management Teams;</p> <p>recruitment processes are underway to fill vacant and funded positions including those in the Hospital Executive Management Teams, amongst others;</p>	<p>Ascertain that the post of the Head of Department is filled by 01 December 2022 as planned while fast-tracking the filling of all vacant and funded positions, including those of the Hospital Executive Management Teams;</p>	<p>The Department has finalised the process of the appointment of the Head Health, pending finalisation from the Executive Council. The Department's critical list for the financial year 2022/23 consists of 376 posts and 221 posts advertised and recruitment process under way whilst 147 employees resumed employment across the three Districts. Progress made on the Departmental mandate to ensure and maintain full hospital Executive Management:</p> <table border="1" data-bbox="624 209 1167 1105"> <thead> <tr> <th>Category group</th> <th>No. of Facilities</th> <th>Reasons for deviation</th> </tr> </thead> <tbody> <tr> <td>Hospital CEO's</td> <td>26/28</td> <td>The Posts of CEO's Sabie to be advertised, while Waltervalboven is the Hospital complex supported by Bernise Samuel Hospital CEO</td> </tr> <tr> <td>Clinical Managers</td> <td>32/33</td> <td>None: The Sesifuba TB is managed by Ermelo Hospital</td> </tr> <tr> <td>Nursing Service Managers</td> <td>32/33</td> <td>None: The Sesifuba TB is managed by Ermelo Hospital</td> </tr> <tr> <td>Finance Managers</td> <td>30/33</td> <td>Rob Ferreira and Sabie Hospital Finance Manager to be appointed in January 2023</td> </tr> <tr> <td>Corporate Managers</td> <td>32/33</td> <td>Themba Hospital Corporate manager to resume duties in January 2023</td> </tr> </tbody> </table> <p>The posts of Hospital CEO for Sabie and Finance has been advertised and the recruitment process is underway. The post of Corporate Manager, Themba Hospital is interviewing process is finalised pending issuing of appointment letter for the appointed candidate. Date of assumption is 01 January 2023.</p>	Category group	No. of Facilities	Reasons for deviation	Hospital CEO's	26/28	The Posts of CEO's Sabie to be advertised, while Waltervalboven is the Hospital complex supported by Bernise Samuel Hospital CEO	Clinical Managers	32/33	None: The Sesifuba TB is managed by Ermelo Hospital	Nursing Service Managers	32/33	None: The Sesifuba TB is managed by Ermelo Hospital	Finance Managers	30/33	Rob Ferreira and Sabie Hospital Finance Manager to be appointed in January 2023	Corporate Managers	32/33	Themba Hospital Corporate manager to resume duties in January 2023
Category group	No. of Facilities	Reasons for deviation																			
Hospital CEO's	26/28	The Posts of CEO's Sabie to be advertised, while Waltervalboven is the Hospital complex supported by Bernise Samuel Hospital CEO																			
Clinical Managers	32/33	None: The Sesifuba TB is managed by Ermelo Hospital																			
Nursing Service Managers	32/33	None: The Sesifuba TB is managed by Ermelo Hospital																			
Finance Managers	30/33	Rob Ferreira and Sabie Hospital Finance Manager to be appointed in January 2023																			
Corporate Managers	32/33	Themba Hospital Corporate manager to resume duties in January 2023																			

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.12	<p>The department has fifteen (15) cases of misconduct and another two (2) cases which were prompted by the I-Firm investigation report as initiated by the Office of the Premier ongoing, and others which are still being investigated by the State Investigation Unit;</p>	<p>Diligently comply with the investigation and disciplinary procedures on the misconduct cases as per requirement;</p>	<ul style="list-style-type: none"> · One General Manager resigned immediately after the I-firm report submitted for drafted charged and possible running of the disciplinary hearing. · One Administration Clerk still pending and postponed to February 2023 due non-availability of the representative of the employee. · Four officials resigned, and two dismissed. · Two were imposed with salary suspension as punitive sanction. · Five are pending and still on going.
8.13	<p>Infrastructure development projects: 8.13.1. The department has numerous identified facilities that have maintenance projects (in various states) underway; 8.13.2. There are also identified new construction projects (in various states) underway; 8.13.3. Construction of a new Middelburg District hospital – the department has engaged the Contractor and the Project Manager to reconsider returning to site on the 26 October 2022, following work suspension.</p>	<p>Ensure continuous monitoring and evaluation of the projects in joint management of the projects together, with the implementing agent - Department of Public Works, Roads and Transport.</p>	<p>The Department can confirm that is currently monitoring projects together with the implementing agents. Department has assigned Professional registered Quantity Surveyors to individual projects.</p>

2ND QUARTER HOUSE RESOLUTIONS

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.1	The province was hit by yet another outbreak of Measles;	Effectively implement all measures put in place to prevent, detect and treat the measles and also ensure continuous monitoring and evaluation for improved results;	<p>The Department has put the following measures in place to prevent, detect and treat the measles:</p> <ul style="list-style-type: none"> · Outbreak response teams are activated at all levels. · Measles outbreak IMT meetings conducted weekly. · Facilities are on high alert for early detection and response. · Robust measles surveillance is ongoing. · Case investigation and contact tracing is ongoing to identify any new measles cases. · As of 17 January 2023, the province has recorded: <ul style="list-style-type: none"> ii 76 total confirmed measles cases and 4130 contacts identified. ii A total of 178 520 measles vaccine booster doses have been administered to contacts and the community (Ehlanzeni =106 866, Gert Sibande= 20 777 and Nkangala= 50 877) ii 733 Health Workers Trained on measles surveillance and management · Strengthened Risk Communication and Community Engagement · Collaborated with Private health providers · Set up vaccination sites at roadblocks and ports of entries

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.2	<p>The refurbishment of the Witbank Heritage building has been ceded to the National Department of Health and plans are on course to start with the renovations in February 2023;</p>	<p>Ensure continuous monitoring and evaluation of the project in joint management of the project together, with the National Department of Health;</p>	<p>The Department has ceded this project to NDOH however, in terms of the NDOH/IDT timelines, the project tender will be 01st March 2023 and anticipated construction to start by 1st May 2023.</p> <p>The Department will jointly monitor and manage this project together with NDOH & IDT.</p>
8.3	<p>The department plans to in-source renal dialysis services to be done at Rob Ferreira hospital, procurement of the machines required to render the services is reportedly in process;</p>	<p>Ensure that the in-source renal dialysis services planned to be done at Rob Ferreira hospital and procurement of the machines required to render the services is processed;</p>	<p>Dialysis machines procured and delivered. Reverse osmosis machines outstanding. The delivery of the reverse osmosis machines will enable the start with acute renal dialysis service.</p>
8.4	<p>The department plans to increase the number of beds in the neonatal ICU and high care facilities;</p>	<p>Ensure that the number of beds in the neonatal ICU and high care facilities is increased as planned;</p>	<p>ROB FERREIRA TERTIARY HOSPITAL</p> <ul style="list-style-type: none"> · 20 HD and 1 CVVH machines procured and delivered, awaiting consumables. · Pharmaceuticals and surgical consumables ordered, awaiting depot to source and deliver. · Awaiting orders of mobile RO machines and permanent RO plant to be delivered and installed. · Awaiting modifications to be done to identified ward according to Provincial Infrastructure unit and Public Works plan. <p>(Abbreviations to please be in full...)</p>

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.5	<p>There were delays in the procurement of goods and services above R 500 000 due to the suspension of PPPFA in April and May 2022, this has affected the implementation of new infrastructure projects (the delays on the appointment of service providers for new infrastructure projects) which resulted in low spending;</p>	<p>Fast-track the procurement of goods and services above R 500 000-00, for improved implementation of new infrastructure projects and expenditure. And also ensure that all funds that are anticipated to be unspent (as planned with specified timeframes) are committed for future use;</p>	<p>ERMELO REGIONAL HOSPITAL</p> <ul style="list-style-type: none"> · Neonatal ICU beds increased from 8 to 10 beds. · Training of staff on critical care is ongoing · Paeds specialist being recruited. · ICU COVID Equipment repurposed for Neonatal ICU <p>THEMBA REGIONAL HOSPITAL</p> <p>Currently 4 Neonatal ICU beds in use – to increase by 1 in 2023/24 to make it 5 beds.</p> <p>MAPULANENG REGIONAL HOSPITAL</p> <ul style="list-style-type: none"> · One Neonatal ICU bed functional · Two additional Neonatal ICU beds in the process of being established – procurement of required items in progress. <p>ROB FERREIRA TERTIARY HOSPITAL</p> <ul style="list-style-type: none"> · Critical care unit capacity for neonates has been increased to 7 beds and 3 for infants/children. · An additional Paeds specialist and Paediatrics Surgeon have been appointed. · Order to modify the Neonatal unit by adding more medical and oxygen points which will increase the available beds by 8 beds has been sent to infrastructure. Awaiting contractor.

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.6	<p>The Executive Authority plans to convene MunMec on 29 November 2022;</p>	<p>Ascertain that the Executive Authority convenes the MunMec on 29 November 2022 and provide a detailed report on the matters raised and how they were addressed;</p>	<p>The MunMec could not take place due to competing activities.</p>
8.7	<p>The final consolidation of inputs on the draft Subdistrict Model was planned for 01 November 2022 but due to conflicting priorities it was reportedly postponed to 15 November 2022;</p>	<p>Ascertain that draft Subdistrict Model is finalised with processes in place for its implementation;</p>	<p>The development of the sub- model is at the final stage. To fast track and finalise costing of human resources, by 28 February 2023.</p>
8.8	<p>The last and final consultative meeting on the Referral System of the department was reportedly held on 02 November 2022, it is envisaged that the Policy will be finalised and approved by 30 November 2022;</p>	<p>Ensure that the Policy on the Referral System is finalized with processes in place for its implementation;</p>	<p>Patient Referral Policy has been finalised and was signed off by the Acting Head: Health on the 16th of November 2022 and has been distributed to facilities to implement.</p>

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT								
8.9	The department's Audit Committee is scheduled to hold its meeting on 01 December 2022;	Ascertain that the Audit Committee convenes its meeting as planned and provide a detailed report on the matters raised and how they were addressed;	<p>The Audit Committee meeting did convene their meeting on 1 December 2022 as planned and the following matters were raised:</p> <table border="1" data-bbox="560 197 1077 1103"> <thead> <tr> <th data-bbox="560 684 790 1103">Matters Raised</th> <th data-bbox="560 197 790 684">Mitigation Measures</th> </tr> </thead> <tbody> <tr> <td data-bbox="790 684 936 1103">Develop a turnaround strategy for management of Performance Information and hold workshops with facilities managers and relevant coordinators.</td> <td data-bbox="790 197 936 684">Draft strategy has been developed. Workshops are planned to be integrated with the approved National Indicator Dataset (NIDS) 2023.</td> </tr> <tr> <td data-bbox="936 684 1024 1103">A committee including internal and external people need to be established to preside over litigation cases.</td> <td data-bbox="936 197 1024 684">Head hunting still in progress and no suitable candidates yet</td> </tr> <tr> <td data-bbox="1024 684 1077 1103">A workshop should be conducted subsequent to the appointment of the legal advisory committee and invite various stakeholders.</td> <td data-bbox="1024 197 1077 684">Pending appointment of the committee</td> </tr> </tbody> </table>	Matters Raised	Mitigation Measures	Develop a turnaround strategy for management of Performance Information and hold workshops with facilities managers and relevant coordinators.	Draft strategy has been developed. Workshops are planned to be integrated with the approved National Indicator Dataset (NIDS) 2023.	A committee including internal and external people need to be established to preside over litigation cases.	Head hunting still in progress and no suitable candidates yet	A workshop should be conducted subsequent to the appointment of the legal advisory committee and invite various stakeholders.	Pending appointment of the committee
Matters Raised	Mitigation Measures										
Develop a turnaround strategy for management of Performance Information and hold workshops with facilities managers and relevant coordinators.	Draft strategy has been developed. Workshops are planned to be integrated with the approved National Indicator Dataset (NIDS) 2023.										
A committee including internal and external people need to be established to preside over litigation cases.	Head hunting still in progress and no suitable candidates yet										
A workshop should be conducted subsequent to the appointment of the legal advisory committee and invite various stakeholders.	Pending appointment of the committee										
8.10	The department recorded a high number of officials in need of Employee Assistance Programme (EAP) support, it was then recommended that the services be decentralised to districts; post have reportedly been advertised at district level and appointment are envisaged to be done before end of January 2023;	Fast-track the appointment and placement of the EAP support personnel at districts;	The Department has identified the post to be filled each district for EAP. The posts were advertised in January 2023 for all the three districts.								

3RD QUARTER HOUSE RESOLUTIONS

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT
8.1	<p>An average of 60 ambulances were operational daily during the reporting period in the province, ten (10) ICU ambulances have been procured and were being converted from panel vans into ambulances.</p>	<p>Fast track the repair of all ambulances reportedly in need for mechanical repairs and due for scheduled maintenance, the conversion of the ICU ambulances and also prioritise the appointment of the identified vacancies needed for the use of the 12 ambulances not in use due to the shortage of personnel;</p>	<p>Vehicle Repairs Ambulances are being repaired on a continuous basis when necessary and during their scheduled maintenance. Turnaround times are being discussed with the merchants to shorten out of service times coupled with physical inspection to monitor the repairs.</p> <p>Conversion of 10 Mobile ICU ambulances The ambulances are in the process of being converted and will be delivered to the province in the next quarter.</p> <p>Appointment of staff Funds have been made available to appoint 10 Basic Life Support and 10 Advanced Life Support for operational ambulances in the 2023/24 FY.</p>
8.2	<p>The department incur irregular expenditure in the 3rd quarter amounting to R115,300 000-00 which relates to previous financial years contracts.</p>	<p>Outline the department's plan to settle the recorded irregular expenditure of R115,300 000-00 and how this expenditure will be curbed in the future;</p>	<p>Part of amounts on irregular expenditure are in the finalisation processes of investigation and will be condoned after the implementation of recommendations in the final investigation report.</p>

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT												
8.3	<p>Vacancies:</p> <p>8.3.1. The post of the Chief Financial Officer is reportedly at the stage in the recruitment process amongst other identified vacancies; including those of - Chief Executive Officers: Piet Retief and Sabie Hospitals and Finance Managers: Rob Ferreira and Sabie Hospitals.</p> <p>8.3.2. A total of 34 health facilities provincially are without an appointed Operational Manager (two in Gert Sibande; 14 in Nkangala and 18 at Ehlanzeni districts).</p> <p>8.3.3. Sr Mashiteng, Kwazamokuhle and Rockdale clinics awaits the appointment of Professional Nurses before they could have their operation hours extended to 24 hours.</p> <p>8.3.4. The department has a vacancy rate of Pharmacist Assistants reportedly at 5.6%.</p> <p>8.3.5. The department's Legal Unit reportedly operates with only two personnel following numerous resignations.</p>	<p>Fast track the filling of all vacant, funded and critical positions;</p>	<p>8.3.1 The post of Chief Financial has conducted and pending the final stage of appointment</p> <p>Progress on the filling of post is as follows</p> <table border="1" data-bbox="402 231 1067 1144"> <thead> <tr> <th data-bbox="402 755 458 1144">Post name</th> <th data-bbox="402 231 458 755">Status of Recruitment</th> </tr> </thead> <tbody> <tr> <td data-bbox="458 755 613 1144">Chief Executive Officer: Sabie Piet Retief</td> <td data-bbox="458 231 613 755">Appointed effective from 01 April 2023 Shortlisting conducted</td> </tr> <tr> <td data-bbox="613 755 687 1144">Chief Financial Officer</td> <td data-bbox="613 231 687 755">Appointment stage</td> </tr> <tr> <td data-bbox="687 755 837 1144">Operational Managers : Ehlanzeni District</td> <td data-bbox="687 231 837 755">10 x appointed 8 x not appointed due to budgetary constraint funding to be sourced</td> </tr> <tr> <td data-bbox="837 755 926 1144">Operational Managers: Gert Sibande District</td> <td data-bbox="837 231 926 755">2 x appointed</td> </tr> <tr> <td data-bbox="926 755 1067 1144">Operational Managers: Nkangala District</td> <td data-bbox="926 231 1067 755">No suitable candidate could be found. Posts to be re advertised on 26 May 2023.</td> </tr> </tbody> </table> <p>Reporting on 8.3.3, 8.3.4 and 8.3.5 ?</p>	Post name	Status of Recruitment	Chief Executive Officer: Sabie Piet Retief	Appointed effective from 01 April 2023 Shortlisting conducted	Chief Financial Officer	Appointment stage	Operational Managers : Ehlanzeni District	10 x appointed 8 x not appointed due to budgetary constraint funding to be sourced	Operational Managers: Gert Sibande District	2 x appointed	Operational Managers: Nkangala District	No suitable candidate could be found. Posts to be re advertised on 26 May 2023.
Post name	Status of Recruitment														
Chief Executive Officer: Sabie Piet Retief	Appointed effective from 01 April 2023 Shortlisting conducted														
Chief Financial Officer	Appointment stage														
Operational Managers : Ehlanzeni District	10 x appointed 8 x not appointed due to budgetary constraint funding to be sourced														
Operational Managers: Gert Sibande District	2 x appointed														
Operational Managers: Nkangala District	No suitable candidate could be found. Posts to be re advertised on 26 May 2023.														

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT										
8.4	<p>The department has a total of 65 cases waiting finalisation – under investigation and/or disciplinary processes, costing the department thousands to millions of rands in payment of employees on suspensions or otherwise.</p>	<p>Diligently comply with the investigation and disciplinary procedures on the misconduct cases as per requirement;</p>	<p>The Department has made progress in managing and finalisation of cases. The following is a summary of the progress on status of cases recorded:</p> <table border="1" data-bbox="486 209 746 1147"> <thead> <tr> <th>Type of case</th> <th>status</th> </tr> </thead> <tbody> <tr> <td>Total number of suspension</td> <td>11</td> </tr> <tr> <td></td> <td>3 x cases finalised 8 x remain</td> </tr> <tr> <td>Total number of misconduct cases</td> <td>65</td> </tr> <tr> <td>Number of cases recorded</td> <td>10 x finalised 55 x outstanding, awaiting disciplinary proceedings</td> </tr> </tbody> </table> <p>The Department is conducting on-going monitoring of the pending cases monthly</p>	Type of case	status	Total number of suspension	11		3 x cases finalised 8 x remain	Total number of misconduct cases	65	Number of cases recorded	10 x finalised 55 x outstanding, awaiting disciplinary proceedings
Type of case	status												
Total number of suspension	11												
	3 x cases finalised 8 x remain												
Total number of misconduct cases	65												
Number of cases recorded	10 x finalised 55 x outstanding, awaiting disciplinary proceedings												
8.5	<p>The number of Primary Health Care facilities (clinics) provincially without a visiting doctor are reportedly 144, (68 Ehlanzeni, 35 Gert Sibande and 41 Nkangala districts).</p>	<p>Prioritise the contracting of General Practitioners and placements thereafter for clinics to have sessional doctor visits weekly;</p>	<p>Progress made to date:</p> <ul style="list-style-type: none"> Ehlanzeni: Nkomazi is busy headhunting for 5 GPs, however there is difficulty attract the required GPs. Gert Sibande: A submission for recruitment of one (1) sessional doctor who is to support six (6) PHC facilities in Lekwa, has been made. Nkangala district is busy headhunting 13 GPs. 										
8.6	<p>The department is yet to conclude the closure of New Scotland Clinic, consultations with stakeholders and the public have been finalised.</p>	<p>Ensure that the closure of New Scotland Clinic is concluded accordingly;</p>	<p>The following progress has been made regarding the closure of New Scotland clinic:</p> <ul style="list-style-type: none"> The local municipality has been engaged about the closure. Waiting for the date from the Office of the Speaker for community consultation. 										

8.7	<p>The planning, design, and construction to the Heritage building at Witbank Hospital responsibility has been taken over by the National Department of Health (NDOH) with their appointed Implementing Agent (IDT – Independent Development Trust) and professional service providers (PSP's), which NDOH will fund and pay for</p>	<p>Outline the plan of the National Department of Health for the re-construction of the Heritage Building at Witbank Hospital, inclusive of budget breakdown, timeframe and binding documents (contracts and Memorandum of Understanding/ Agreement);</p>	<p>The Accounting officer can respond as follows:</p> <ul style="list-style-type: none"> The Mpumalanga Department of Health has handed over the upgrading of the Witbank Hospital Heritage Building to the National Department of Health; On the 23 September 2022, the NHC (National Health Council) Technical members visited the Witbank Hospital and the National Department of Health has agreed that it will assist the province by implementing the upgrading of the Heritage Building through their Infrastructure dedicated Grants; Please see below the current status of various milestones of the project: Envisaged date of completion of the project after the procurement process has been completed. <p style="text-align: center;">STATUS OF THE PROGRAM – HERITAGE BUILDING WITBANK</p> <table border="1" data-bbox="689 287 1324 1074"> <thead> <tr> <th>DISCRIPTION</th> <th>CURRENT STATUS</th> </tr> </thead> <tbody> <tr> <td>HIA (Heritage Impact Assessment) Application Approval</td> <td>Approved</td> </tr> <tr> <td rowspan="4">Design drawings & Consultants Coordination</td> <td>Architectural</td> <td>Completed</td> </tr> <tr> <td>Civil/ Structural</td> <td>Completed</td> </tr> <tr> <td>Electrical</td> <td>Completed</td> </tr> <tr> <td>Mechanical</td> <td>Completed</td> </tr> <tr> <td>Client Presentation & Peer Review</td> <td>Completed</td> </tr> <tr> <td>BoQ (Bill of Quantities) preparation and Finalization</td> <td>Completed</td> </tr> <tr> <td>Client BoQ Approval</td> <td>Completed</td> </tr> <tr> <td>Tender Documentation (specification)</td> <td>Completed</td> </tr> <tr> <td>Tendering & Adjudication</td> <td>In the process</td> </tr> <tr> <td>Contractor Appointment & Construction Permit Application</td> <td>1st Week of June 2023</td> </tr> <tr> <td>Construction</td> <td>30 June 2023</td> </tr> </tbody> </table>	DISCRIPTION	CURRENT STATUS	HIA (Heritage Impact Assessment) Application Approval	Approved	Design drawings & Consultants Coordination	Architectural	Completed	Civil/ Structural	Completed	Electrical	Completed	Mechanical	Completed	Client Presentation & Peer Review	Completed	BoQ (Bill of Quantities) preparation and Finalization	Completed	Client BoQ Approval	Completed	Tender Documentation (specification)	Completed	Tendering & Adjudication	In the process	Contractor Appointment & Construction Permit Application	1 st Week of June 2023	Construction	30 June 2023
DISCRIPTION	CURRENT STATUS																													
HIA (Heritage Impact Assessment) Application Approval	Approved																													
Design drawings & Consultants Coordination	Architectural	Completed																												
	Civil/ Structural	Completed																												
	Electrical	Completed																												
	Mechanical	Completed																												
Client Presentation & Peer Review	Completed																													
BoQ (Bill of Quantities) preparation and Finalization	Completed																													
Client BoQ Approval	Completed																													
Tender Documentation (specification)	Completed																													
Tendering & Adjudication	In the process																													
Contractor Appointment & Construction Permit Application	1 st Week of June 2023																													
Construction	30 June 2023																													
8.8	<p>A total of 276 facilities (84%) needs backlog maintenance urgently;</p>	<p>Plan and budget accordingly for the maintenance of the 276 facilities (84%) in need for urgent backlog maintenance</p>	<p>The Department has noted the advice and concern for planning and budgeting of 276 facilities however due to budgetary constraints, department is unable to budget for the above-mentioned facilities.</p> <p>Department has priorities 40 facilities (see attached list of facilities) for comprehensive maintenance with budget of R84m.</p>																											

NO.	COMMITTEE FINDING	COMMITTEE RECOMMENDATION	PROGRESS REPORT																								
8.9	<p>There are infrastructure development projects that are reported at 0% work progress but has recorded expenditure as outlined on the table in page 38-39 of this report.</p>	<p>Outline in detail the factors that led to the recorded expenditure against the 0% work progress and also reflect the expected completion dates on all infrastructure projects listed on the table on page 38 of 39 this report.</p>	<p>The Accounting Officer can report that the projects with 0% during the 3rd Quarter was due to the following:</p> <ul style="list-style-type: none"> Some of the projects were haven't awarded / allocated to the contractors. Some of the project's contractors were allocated by work not started. <p>However, the progress is as follows:</p> <table border="1" data-bbox="760 202 1084 1152"> <thead> <tr> <th>Projects</th> <th>Start</th> <th>Completion</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Sandriver clinic – repairs of storm damages</td> <td>2023/03/30</td> <td>2023/06/30</td> <td>30%</td> </tr> <tr> <td>Witbank kitchen – renovations.</td> <td>2023/03/29</td> <td>2023/06/29</td> <td>10%</td> </tr> <tr> <td>Thulamahashe clinic - renovations</td> <td>2023/02/20</td> <td>2023/04/20</td> <td>100%</td> </tr> <tr> <td>Boekenhouthoek clinic – repairs of storm damages</td> <td>2023/01/30</td> <td>2023/04/30</td> <td>100%</td> </tr> <tr> <td>Witbank TB Hospital – conversion of ward to OPD</td> <td>2023/03/29</td> <td>2023/06/29</td> <td>80%</td> </tr> </tbody> </table> <p>Brooklyn clinic – Department has appointed contractor and site hand over will take place on 24/05/2023.</p>	Projects	Start	Completion	%	Sandriver clinic – repairs of storm damages	2023/03/30	2023/06/30	30%	Witbank kitchen – renovations.	2023/03/29	2023/06/29	10%	Thulamahashe clinic - renovations	2023/02/20	2023/04/20	100%	Boekenhouthoek clinic – repairs of storm damages	2023/01/30	2023/04/30	100%	Witbank TB Hospital – conversion of ward to OPD	2023/03/29	2023/06/29	80%
Projects	Start	Completion	%																								
Sandriver clinic – repairs of storm damages	2023/03/30	2023/06/30	30%																								
Witbank kitchen – renovations.	2023/03/29	2023/06/29	10%																								
Thulamahashe clinic - renovations	2023/02/20	2023/04/20	100%																								
Boekenhouthoek clinic – repairs of storm damages	2023/01/30	2023/04/30	100%																								
Witbank TB Hospital – conversion of ward to OPD	2023/03/29	2023/06/29	80%																								

4th QUARTER HOUSE RESOLUTIONS

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
1 VACANCY			
1.1	<p>The vacancy rate for Pharmacy Assistants reportedly stands at 4.40%, department reported to have prioritized and advertised 65 posts of pharmacy assistants and to be appointed in various Primary Health Care Centers</p>	<p>Ensure that all the identified posts are filled for improved service delivery.</p>	<p>The Department recently advertised 65 x posts of Pharmacy Assistants and 49 x were issued with appointment letters to assume duties on the 01st of August 2023, 15 x posts are in the recruitment process and 1 x is disputed.</p>
1.2	<p>The posts of Quality Assurance Coordinators in Gert Sibande and Nkangala districts are reportedly at different stages of the recruitment process.</p>	<p>Ensure that all the identified posts are filled for improved service delivery.</p>	<p>In Gert Sibande district, the post was advertised however, no suitable candidate was found. The post will be readvertised. In Nkangala district, the post was advertised, and the process of shortlisting is underway.</p>
1.3	<p>The posts of Plastic Surgeon, Neonatologist, Anaesthetist, Radiology, Oncology and Paediatric Surgery have reportedly been headhunted and recruitment processes are underway and the recruitment of final year Registrars with the aim of translating them into specialists as soon as they are registered with Health Professional Council of South Africa</p>	<p>Ensure that all the identified posts are filled for improved service delivery.</p>	<p>The following appointments have been made:</p> <ul style="list-style-type: none"> · 1x Paediatric Surgeon · 1x Radiologist (not yet started) · 1x Oncologist (Started April 2023) · 1x Head of Unit Oncology (to start 1st of August 2023) · 1x Anaesthetist (interviewed on 18 July 2023) · Headhunting is continuing.

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
1	VACANCY		
2.	The draft Bill in response to section 31(5) and 42(2) of the National Health Act has reportedly been circulated for inputs to MPDOH and District Municipalities' officials.	Fast-track the finalization of the draft Bill in response to sections 31(5) and 42(2) of the National Health Act.	The department received inputs from all the districts and the South African Local Government Association (SALGA). The department is currently consolidating the inputs and will be meeting with SALGA before the end of July 2023 for further consultation.
3.	Costing of the new sub-district model is reportedly underway, and there is no dedicated funding of the developed new single sub-district model. The noted challenges of having different subdistrict models reportedly poses inequity and non-uniformity in resources allocation and management.	Provide the final report on the costing of the new sub-district model and plans on how it is going to be funded since there is reportedly no dedicated budget for it. And outline how the department is mitigating the noted challenges of having different sub-district models.	The process of costing is not concluded as the sub-district model needs to be aligned with the new National DHS Policy Framework and Strategy.
4.	The Accounting Officer reported that there is a backlog maintenance of 226 facilities which is 70% of facilities, however the following four (4) facilities (Driekoppies, Troya, Casteel, and CN Cindi clinic) are not suitable for maintenance and earmarked for replacement in the 2023/24 financial year.	Provide a detailed progress report on all healthcare facilities with maintenance backlog including projects underway, set timeframes and financials. And detailed plan on the replacement of the identified four healthcare facilities.	<p>The Accounting Officer would like to submit report as follows.</p> <ul style="list-style-type: none"> · Completed 21 Projects as at the end of 4th Quarter (See attached Annexure A). · Following four (4) facilities (Driekoppies, Troya, Casteel, and CN Cindi clinic) are at various stages of Design and Planning and are earmarked for construction in 2023/24 financial year.

8. SCOPA RESOLUTIONS

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
a	Auditor General report	Provide the audit action plan and strengthen the implementation of the measures put in place to address the matters found in AGSA report for improved management and governance, ensure that information provided is reliable, accurate and complete;	Office of Chief Financial Officer	Yes
b	Litigations	Fast track the appointment of the litigation advisory committee, comprised of Specialists who will assist in assessing the cases for merits;	Directorate: Legal Services	No
c	Filling of vacant and funded post	Outline the plan by the department to address the continuous challenge of litigations in the absence of the Litigation Advisory Committee;	Directorate: Legal Services	No
d	Disciplinary procedure	Ensure that all vacant and funded positions are prioritised and filled;	Chief Directorate Human Resource and Development	No
e	Draft bills	Outline the disciplinary procedures put in place to curb absenteeism, gross insubordination, fraud, absence of performance contracts, and ensure efficient implementation thereof;	Directorate: Labour relations	Yes
	Contingent Liability	Provide progress report on the processing of the Mpumalanga District Health Councils Clinics and Community Health Centres Committees Draft Bills, including revised timeframes.	Directorate Legal Services	No
		Provide a detailed progress report on the investigation and settlement of the contingent liabilities.	Office of Chief Financial Officer	Yes

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
The Department received an unqualified audit opinion for the past financial year.	None	Audit Action plan implemented to ensure improvement.



10. INTERNAL CONTROL UNIT

In the year under reviews, the department maintained and implemented internal controls systems which entails policies, procedures, and practices to ensure reliability of the report, compliance to legislation and improve on effectiveness and efficiency. The measure/strategies include but not limited to the following:

Segregation of Duties

This control ensures that no single individual has complete control over a transaction or process from start to finish. By separating duties such as authorization, custody, and recording, organizations reduce the risk of fraud or error.

Authorization and Approval

To ensure that transactions, activities, or changes in the organization are appropriately authorized by designated individuals based on their authority levels. This assist in preventing unauthorized actions or transactions.

Physical Controls

This includes protection of physical assets, such as cash, inventory, or sensitive information. This includes use of strong rooms, installation of camera, access controls and alarm systems.

Reconciliation and Review

To identify discrepancies. Regular reviews of financial statements, reports, and other records are also important to detect errors or irregularities.

Documentation and Recordkeeping

All financial transactions and activities are adequately documented and recorded in a timely manner. This improved on accountability, and audit trail.

Training and Education

Continuous trainings are conducted to enrich employee's knowledge and skills to perform their duties effectively and in compliance with established policies and procedures.

Monitoring and Continuous Improvement

Ongoing monitoring to identify weaknesses or gaps and implement necessary improvements. Regular internal audits, reviews, and feedback mechanisms were helpful to assess the effectiveness of controls.





11. INTERNAL AUDIT AND AUDIT COMMITTEES

The Internal Audit Unit and Audit Committee derive their mandate from the Internal Audit Charter and Audit Committee Charter.

Key activities and objectives of the internal audit:

The Internal Audit Unit conducts its activities as per the Internal Audit Plan that is based on the risk assessment and approved by the Audit Committee.

The Internal Audit Unit exists to provide assurance and consulting activity to the Department of Health to add value and improve operations to enable the Department of Health to achieve its strategic goals and objectives.

Summary of audit work done:

The Internal Audit Unit reports quarterly to the Audit Committee on the progress of work conducted in accordance with the approved Internal Audit Plan.

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

- Annual Financial Statement Review
- Annual Report Review
- Interim Financial Statement
- Supply Chain Management and Expenditure Management
- Performance Information Review
- Mental Health
- Infrastructure Management
- Asset Management
- Conditional Grant Received and Transferred
- Revenue Management
- Information and Communication Technology
- Contingent Liabilities



Key activities and objectives of the Audit Committee:

The Audit Committee fulfils a vital role in corporate governance to ensure the integrity of integrated reporting and internal controls and the identification and management of risks. The Audit Committee assists management in carrying out its responsibilities relating financial management and other reporting practices, internal controls, and management of risks as well as compliance with laws, regulations and ethics.

The table below discloses relevant information on the Audit Committee members:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended
Mr Abel Mawela	<ul style="list-style-type: none"> Diploma in Commerce B. Comm B. Comm (Hons) Masters degree-Business Administration 	External	N/A	1 December 2018	N/A	8
Dr Charles Motau	<ul style="list-style-type: none"> B Comm HDip Computer Auditing Masters -Business Leadership Masters degree -IT Certified in Execution Leadership Certified in Human Resource Management Doctorate Computer Science 	External	N/A	1 December 2018	N/A	8
Ms Nomfundo Madonsela	<ul style="list-style-type: none"> Bachelor of Law/LLB 	External	N/A	1 September 2019	N/A	8
Mr Thamsanqa Gay Mokoena	<ul style="list-style-type: none"> Bachelor of Administration Bachelor of Administration (Honours) Diploma in Financial Management Diploma in Programme for Management Development (PMD) Master of Business Leadership (MBL) 	External	N/A	1 December 2021	N/A	8



12. AUDIT COMMITTEE REPORT

We are pleased to present our report for the financial year ended 31 March 2023.

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

The Department of Health has a system of internal control to provide cost effective assurance that the Department's goals and objectives will be economically, efficiently and effectively achieved. Our review of the findings of the Internal Audit work, which was based on the risk assessments conducted in the department revealed certain internal control weaknesses, which were then raised with the Department.

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

- Annual Financial Statement Review
- Annual Report Review
- Interim Financial Statement
- Supply Chain Management and Expenditure Management
- Performance Information Review
- Mental Health
- Infrastructure Management
- Asset Management
- Conditional Grant Received and Transferred
- Revenue Management
- Information and Communication Technology
- Contingent Liabilities

The following were areas of concern:

- Internal Controls deficiency.
- Irregular, Fruitless and Wasteful Expenditure.
- Payments not made within 30 days from date of receipt of an invoice.
- Inadequate implementation of quality improvement plans.
- Actual achievements not validated before been recorded in the District Health Information System (DHIS).
- Difference between District Health Information System (DHIS), input forms and registers
- Payment made for maintenance work incorrectly invoiced.
- Daily log sheet for backup power generators not completed.
- Inadequate contracts management.
- Inadequate controls to promote effective and efficient operations – Debt Management and Write-off Policy.
- Revenue collection streams not effectively optimised.
 - Assets selected from the Assets Register could not be physically verified.
 - Assets selected from the floor not barcoded and not recorded in the Asset Register.





The Audit Committee will monitor progress made in implementing action plans developed and implemented by management.

In-Year Management and Monthly/Quarterly Report

The Audit Committee is satisfied with the content and quality of monthly and quarterly reports prepared and issued by the Department of Health as required by the PFMA.

Evaluation of Financial Statements

The Audit Committee has reviewed the financial statements prepared by the Department of Health.

Auditor General's Report

We have reviewed the Department of Health's implementation plan for audit issues raised in the previous year and we are satisfied that the matters have been adequately addressed.

The Audit Committee concurs and accepts the conclusion of the Auditor-General on the Annual Financial Statements and is of the opinion that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor-General.

Independence of the Audit Committee

The Audit Committee is independent of management in the execution of its duties.

Internal Audit

The Audit Committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the Department of Health in its audits.

Appreciation

The Audit Committee appreciates the assistance and cooperation of management in assisting in the discharge of its responsibilities.

Abel Mawela
Chairperson of the Audit Committee
Mpumalanga Department of Health
Date: 31/07/2023



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, Industry and Competition.

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	Included in Supply Chain Management 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 Department has organisational structure approved in 2010. Subsequently there were amendments made on the Chief Directorate: Infrastructure Management approved in 2014 and the Office of the CFO approved in 2016 to be aligned with Treasury Directives. The organisational structure is amended as and when new facilities are constructed. Over the years the Department strives to align the Organisational Structure with the approved Generic Service Model issued by the National Department of Health. The Department currently has 23 260 posts on the post establishment and has 22 204 filled posts captured on the PERSAL as operational posts. The Departmental vacancy rate currently stands at 4.50% which is below the National Benchmark rate of 10%.

There were significant strides made regarding the filling of critical vacancies for the financial year, 2022/23, based on the allocated budget. A total of 376 posts have been identified and prioritized for filling during in the financial year under review. Out of these, 336 positions have been successfully filled across the three districts.

However, there are still 40 remaining posts that have been prioritized for the operationalization of new health facilities and wards. These positions are of utmost importance to ensure the smooth running of these new establishments. The department will expedite the recruitment process for these remaining positions.

2. OVERVIEW OF HUMAN RESOURCES

During the reporting period the Department conducted a staff verification which was prioritised by the Provincial Treasury for the period of 2022/23 financial year, a total of 30000 employees were expected to be verified during the fiscal year whereby, 213 of the employees were not verified and subsequently their salaries were frozen.

The Department was unable to finalise the Critical and Replacement list of posts due to financial constraints, labour disputes, and the challenges relating to recruitment of skilled professionals faced by many rural provinces. However, the Department developed turnaround strategies to monitor both the filling of posts and management of leave after it was noted that the Department is unable to meet the set targets in terms of the deliverables.

The compliance and monthly reporting of statistics has proven to identify areas of improvement and provision of correct interventions to support Districts and Hospitals to address issues of turnaround time in filling of posts. The Department has appointed various committees to strengthen support and compliance with the regulations governing the public service.

The Department developed guidelines to support the management compliance and prevention of fruitless and wasteful expenditure on COE. Encouraging facilities to reduce spending on payment of overtime and instead use the funds to appoint additional staff.



To strengthen leadership and governance the Department has made the following appointments in the year under review:

COMPONENT DESCRIPTION	JOB TITLE DESCRIPTION	Total
BERNICE SAMUEL HOSPITAL	CLINICAL MANAGER (MEDICAL) GRADE 1	1
CD:INFRASTRUCTURE	ARCHITECT CHIEF GRADE A	2
DIR:HOSP SERV (GSB)	DIRECTOR: DISTRICT HOSPITAL SERVICES	1
DIR:PHC SERV (GSB)	DIRECTOR: GERT SIBANDE PHC	1
EMBHULENI HOSPITAL	CLINICAL MANAGER (MEDICAL) GRADE 1	1
	MEDICAL SPECIALIST GRADE 1	1
ERMELO HOSPITAL	MEDICAL SPECIALIST GRADE 2	1
	MEDICAL SPECIALIST GRADE 3	1
MMAMETLHAKE HOSPITAL	CLINICAL MANAGER (MEDICAL) GRADE 1	1
ROB FERREIRA HOSPITAL	HEAD CLINICAL UNIT (MEDICAL) GRADE 1	2
	MEDICAL SPECIALIST GRADE 1	4
STANDERTON HOSPITAL	CLINICAL MANAGER (MEDICAL) GRADE 1	1
THEMBA HOSPITAL	HEAD CLINICAL DEPARTMENT (MEDICAL) GRADE 2	1
	HEAD CLINICAL UNIT (MEDICAL) GRADE 1	1
	MEDICAL SPECIALIST GRADE 1	1
WITBANK HOSPITAL	HEAD CLINICAL UNIT (MEDICAL) GRADE 1	1
	MEDICAL SPECIALIST GRADE 1	1
	MEDICAL SPECIALIST GRADE 2	1
Grand Total		23

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 2022 and 31 March 2023

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	330 362	157 129	0	0	47.60	555
CENTRAL HOSPITAL SERVICES	1 707 290	1 063 628	0	0	62.30	480
DISTRICT HEALTH SERVICES	10 340 791	6 732 886	0	0	65.10	299
EMERGENCY MEDICAL SERVICES	447 175	331 471	0	0	74.10	390
HEALTH CARE SUPPORT SERVICES	365 831	135 092	0	0	36.90	498
HEALTH FACILITIES MANAGEMENT	1 532 883	36 208	0	0	2.40	739
HEALTH SCIENCE & TRAINING	511 311	371 492	0	0	72.70	486
PROVINCIAL HOSPITAL SERVICES	1 666 357	1 240 590	0	0	74.40	467
RECEIPTS OBJECTIVE	0	0	0	0	0	0
Total as on Financial Systems (BAS)	16 902 000	10 068 496	0	0	59.60	340

Table 3.1.2 Personnel costs by salary band for the period 1 April 2022 and 31 March 2023

Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee (R'000)
01 Lower skilled (Levels 1-2)	708 319	6.90	3 422	206 990
02 Skilled (Levels 3-5)	1 934 424	18.80	6 539	295 829
03 Highly skilled production (Levels 6-8)	2 726 696	26.60	5 991	455 132
04 Highly skilled supervision (Levels 9-12)	3 310 156	32.20	3 800	871 094
05 Senior management (Levels >= 13)	57 543	0.60	46	1 250 935
09 Other	115 060	1.10	239	481 423
10 Contract (Levels 1-2)	163	0	1	163 000
11 Contract (Levels 3-5)	165 680	1.60	696	238 046
12 Contract (Levels 6-8)	200 490	2	541	370 591
13 Contract (Levels 9-12)	593 328	5.80	662	896 266
14 Contract (Levels >= 13)	2 531	0	2	1 265 500
18 Contract Other	15 979	0.20	265	60 298
19 Periodical Remuneration	31 026	0.30	698	44 418
20 Abnormal Appointment	323 917	3.20	6 677	48 509
TOTAL	10 185 315	99.20	29 580	344 331

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2022 and 31 March 2023

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
01 Lower skilled (Levels 1-2)	490 802	69.30	12 739	1.80	61 912	8.70	85 934	12.10
02 Skilled (Levels 3-5)	1 387 022	71.30	61 554	3.20	120 530	6.20	200 673	10.30
03 Highly skilled production (Levels 6-8)	2 122 409	77.30	69 946	2.50	103 033	3.80	187 122	6.80
04 Highly skilled supervision (Levels 9-12)	2 630 622	78.50	242 672	7.20	49 282	1.50	93 498	2.80
05 Senior management (Levels >= 13)	50 595	80.80	2	0	899	1.40	495	0.80
09 Other	115 060	100	0	0	0	0	0	0
10 Contract (Levels 1-2)	131	80.40	0	0	19	11.70	0	0
11 Contract (Levels 3-5)	161 779	97.30	43	0	0	0	0	0
12 Contract (Levels 6-8)	196 029	97.30	2 538	1.30	3	0	94	0
13 Contract (Levels 9-12)	460 152	77.40	131 421	22.10	79	0	21	0
14 Contract (Levels >= 13)	2 430	96	0	0	0	0	0	0
18 Contract Other	15 972	95.80	0	0	0	0	0	0
19 Periodical Remuneration	31 019	98.70	0	0	0	0	0	0
20 Abnormal Appointment	323 911	100	0	0	0	0	0	0
TOTAL	7 987 933	77.80	520 913	5.10	335 756	3.30	567 837	5.50

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2022 and 31 March 2023

Salary band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
01 Lower skilled (Levels 1-2)	490 802	69.30	12 739	1.80	61 912	8.70	85 934	12.10
02 Skilled (Levels 3-5)	1 387 022	71.30	61 554	3.20	120 530	6.20	200 673	10.30
03 Highly skilled production (Levels 6-8)	2 122 409	77.30	69 946	2.50	103 033	3.80	187 122	6.80
04 Highly skilled supervision (Levels 9-12)	2 630 622	78.50	242 672	7.20	49 282	1.50	93 498	2.80
05 Senior management (Levels >= 13)	50 595	80.80	2	0	899	1.40	495	0.80
09 Other	115 060	100	0	0	0	0	0	0
10 Contract (Levels 1-2)	131	80.40	0	0	19	11.70	0	0
11 Contract (Levels 3-5)	161 779	97.30	43	0	0	0	0	0
12 Contract (Levels 6-8)	196 029	97.30	2 538	1.30	3	0	94	0
13 Contract (Levels 9-12)	460 152	77.40	131 421	22.10	79	0	21	0
14 Contract (Levels >= 13)	2 430	96	0	0	0	0	0	0
18 Contract Other	15 972	95.80	0	0	0	0	0	0
19 Periodical Remuneration	31 019	98.70	0	0	0	0	0	0
20 Abnormal Appointment	323 911	100	0	0	0	0	0	0
TOTAL	7 987 933	77.80	520 913	5.10	335 756	3.30	567 837	5.50

Employment and Vacancies
Table 3.2.1 Employment and vacancies by programme as on 31 March 2023

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ADMINISTRATION, Permanent	324	282	13	43
CENTRAL HOSPITAL SERVICES, Permanent	2 274	2 174	4.40	184
CENTRAL HOSPITAL SERVICES, Temporary	30	30	0	1
DISTRICT HEALTH SERVICES, Permanent	15 935	15 265	4.20	1 368
DISTRICT HEALTH SERVICES, Temporary	174	174	0	1
EMERGENCY MEDICAL SERVICES, Permanent	869	849	2.30	0
HEALTH CARE SUPPORT SERVICES, Permanent	282	268	5	1
HEALTH CARE SUPPORT SERVICES, Temporary	3	3	0	0
HEALTH FACILITIES MANAGEMENT, Permanent	54	49	9.30	3
HEALTH SCIENCE & TRAINING, Permanent	647	593	8.30	296
HEALTH SCIENCE & TRAINING, Temporary	1	1	0	0
PROVINCIAL HOSPITAL SERVICES, Permanent	2 625	2 474	5.80	152
PROVINCIAL HOSPITAL SERVICES, Temporary	42	42	0	0
TOTAL	23 260	22 204	4.50	2 049

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2023

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
01 Lower Skilled (Levels 1-2), Permanent	3 496	3 422	2.10	0
02 Skilled (Levels 3-5), Permanent	6 912	6 539	5.40	2
03 Highly Skilled Production (Levels 6-8), Permanent	6 273	5 990	4.50	19
03 Highly Skilled Production (Levels 6-8), Temporary	1	1	0	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	4 098	3 786	7.60	3
04 Highly Skilled Supervision (Levels 9-12), Temporary	14	14	0	1
05 Senior Management (Levels >= 13), Permanent	60	46	23.30	0
09 Other, Permanent	269	269	0	182
09 Other, Temporary	235	235	0	1
10 Contract (Levels 1-2), Permanent	1	1	0	0
11 Contract (Levels 3-5), Permanent	696	696	0	685
12 Contract (Levels 6-8), Permanent	541	541	0	529
13 Contract (Levels 9-12), Permanent	662	662	0	627
14 Contract (Levels >= 13), Permanent	2	2	0	0
TOTAL	23 260	22 204	4.50	2 049

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	310	299	3.50	0
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	24	24	0	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	11	11	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	12	11	8.30	0
HUMAN RESOURCES CLERKS, Permanent	138	132	4.30	0
HUMAN RESOURCES RELATED, Permanent	38	35	7.90	0
INFORMATION TECHNOLOGY RELATED, Permanent	1	1	0	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES, Permanent	1	1	0	0
INSTITUTION BASED PERSONAL CARE WORKERS, Permanent	5	5	0	0
LIBRARIANS AND RELATED PROFESSIONALS, Permanent	2	2	0	0
LIBRARY MAIL AND RELATED CLERKS, Permanent	28	27	3.60	0
LIGHT VEHICLE DRIVERS, Permanent	176	166	5.70	0
LOGISTICAL SUPPORT PERSONNEL, Permanent	18	18	0	0
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	77	75	2.60	0
MEDICAL EQUIPMENT OPERATORS, Permanent	2	1	50	0
MEDICAL PRACTITIONERS, Permanent	1 262	1 177	6.70	528
MEDICAL PRACTITIONERS, Temporary	229	229	0	1
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	1	1	0	0
MEDICAL SPECIALISTS, Permanent	64	55	14.10	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
MEDICAL SPECIALISTS, Temporary	9	9	0	0
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	14	13	7.10	0
MESSENGERS PORTERS AND DELIVERERS, Permanent	223	215	3.60	0
MOTOR VEHICLE DRIVERS, Permanent	28	26	7.10	0
NURSING ASSISTANTS, Permanent	2 159	2 119	1.90	97
OCCUPATIONAL THERAPY, Permanent	105	91	13.30	30
OPTOMETRISTS AND OPTICIANS, Permanent	6	6	0	0
OPTOMETRISTS AND OPTICIANS, Temporary	1	1	0	0
ORAL HYGIENE, Permanent	8	7	12.50	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	1 708	1 655	3.10	361
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	127	119	6.30	0
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	5	5	0	0
OTHER OCCUPATIONS, Permanent	10	10	0	0
PHARMACEUTICAL ASSISTANTS, Permanent	158	151	4.40	0
PHARMACEUTICAL ASSISTANTS, Temporary	1	1	0	0
PHARMACISTS, Permanent	448	429	4.20	68
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA, Permanent	6	6	0	0
PHYSIOTHERAPY, Permanent	120	109	9.20	35
PHYSIOTHERAPY, Temporary	1	1	0	0
PROFESSIONAL NURSE, Permanent	7 173	6 840	4.60	378
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	57	57	0	19

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
DENTAL PRACTITIONERS, Permanent	92	88	4.30	13
DENTAL PRACTITIONERS, Temporary	3	3	0	0
DENTAL SPECIALISTS, Permanent	1	1	0	0
DENTAL THERAPY, Permanent	31	30	3.20	0
DIETICIANS AND NUTRITIONISTS, Permanent	150	144	4	17
DIETICIANS AND NUTRITIONISTS, Temporary	1	1	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	27	25	7.40	0
EMERGENCY SERVICES RELATED, Permanent	266	258	3	0
ENGINEERING SCIENCES RELATED, Permanent	11	10	9.10	3
ENGINEERS AND RELATED PROFESSIONALS, Permanent	9	9	0	1
ENVIRONMENTAL HEALTH, Permanent	74	70	5.40	30
FARM HANDS AND LABOURERS, Permanent	2	1	50	0
FINANCE AND ECONOMICS RELATED, Permanent	19	17	10.50	0
FINANCIAL AND RELATED PROFESSIONALS, Permanent	46	43	6.50	0
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	280	263	6.10	38
FOOD SERVICES AIDS AND WAITERS, Permanent	476	459	3.60	0
FOOD SERVICES WORKERS, Permanent	17	15	11.80	0
HEALTH SCIENCES RELATED, Permanent	13	11	15.40	0
HEALTH SCIENCES RELATED, Temporary	3	3	0	0
HOISTING AND RELATED PLANT OPERATORS, Permanent	2	2	0	0
HORTICULTURISTS FORESTERS AGRICUL.& FORESTRY TECHN, Permanent	1	1	0	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Temporary	1	1	0	1
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE, Permanent	2	2	0	0
RADIOGRAPHY, Permanent	158	151	4.40	30
RADIOGRAPHY, Temporary	1	1	0	0
RISK MANAGEMENT AND SECURITY SERVICES, Permanent	5	5	0	0
ROAD WORKERS, Permanent	2	2	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	252	244	3.20	0
SENIOR MANAGERS, Permanent	63	42	33.30	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS, Permanent	1	1	0	0
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	50	47	6	0
SPEECH THERAPY AND AUDIOLOGY, Permanent	75	68	9.30	26
STAFF NURSES AND PUPIL NURSES, Permanent	1 275	1 182	7.30	149
STUDENT NURSE, Permanent	266	227	14.70	134
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	3	2	33.30	0
TRADE LABOURERS, Permanent	3	3	0	0
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION, Permanent	2	2	0	0
TOTAL	23 260	22 204	4.50	2 049

3.2 Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2023

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	0	0%	1	100%
Salary Level 16	0	0	0%	0	0%
Salary Level 15	2	1	50%	1	50%
Salary Level 14	13	10	76.92%	3	23.07%
Salary Level 13	44	33	75%	11	25%
Total	60	44	73.33%	15	25%

Table 3.3.2 SMS post information as on 30 September 2022

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	0	0%	1	100%
Salary Level 16	0	0	0%	0	0%
Salary Level 15	2	1	50%	1	50%
Salary Level 14	13	10	76.92%	3	23.07%
Salary Level 13	44	36	81%	8	19%
Total	60	48	78.68%	13	21.31%

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2022 and 31 March 2023

SMS Level	Advertising Number of vacancies per level advertised in 6 months of becoming vacant	Filling of Posts	
		Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	1	0	1
Salary Level 16	0	0	0
Salary Level 15	1	0	1
Salary Level 14	1	0	1
Salary Level 13	11	0	1
Total	14	0	1

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 2022 and 31 March 2023

Reasons for vacancies not advertised within six months
The process of security screening takes longer than anticipated, hence other post were readvertised pending appointment

Reasons for vacancies not filled within twelve months
The process of security screening takes longer than anticipated, hence other posts were re-advertised pending appointment. All SMS posts must be approved by the EXCO

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 2022 and 31 March 2023

Reasons for vacancies not advertised within six months
None

Reasons for vacancies not filled within six months
The process of security screening takes longer than anticipated, hence other post were readvertised Pending appointment

3.3 Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2022 and 31 March 2023

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
01 Lower Skilled (Levels 1-2)	3 496	0	0	0	0	0	0
02 Skilled (Levels 3-5)	6 912	0	0	2	100	0	0
03 Highly Skilled Production (Levels 6-8)	6 274	0	0	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	4 112	0	0	3	100	0	0
05 Senior Management Service Band A	41	0	0	0	0	0	0
06 Senior Management Service Band B	15	0	0	0	0	0	0
07 Senior Management Service Band C	2	0	0	0	0	0	0
08 Senior Management Service Band D	2	0	0	0	0	0	0
09 Other	504	0	0	0	0	0	0
10 Contract (Levels 1-2)	1	0	0	0	0	0	0
11 Contract (Levels 3-5)	696	0	0	0	0	0	0
12 Contract (Levels 6-8)	541	0	0	6	100	0	0
13 Contract (Levels 9-12)	662	0	0	0	0	0	0
14 Contract Band A	2	0	0	0	0	0	0
TOTAL	23 260	0	0	11	100	0	0

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2022 and 31 March 2023

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
-----------------------------	----------

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2022 and 31 March 2023

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
0	0	0	0	None
TOTAL	0	0	0	0
Total number of employees whose salaries exceeded the level determined by job evaluation				
Percentage of total employed				
				0

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2022 and 31 March 2023

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0

Employees with a disability	0	0	0	0	0
-----------------------------	----------	----------	----------	----------	----------

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	0
---	----------

3.4 Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2022 and 31 March 2023

Salary band	Number of employees at beginning of period-1 April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
01 Lower Skilled (Levels 1-2) Permanent	3 444	159	63	1.80
02 Skilled (Levels 3-5) Permanent	6 802	114	185	2.70
03 Highly Skilled Production (Levels 6-8) Permanent	6 004	172	231	3.80
03 Highly Skilled Production (Levels 6-8) Temporary	1	0	0	0
04 Highly Skilled Supervision (Levels 9-12) Permanent	3 545	227	203	5.70
04 Highly Skilled Supervision (Levels 9-12) Temporary	13	1	0	0
05 Senior Management Service Band A Permanent	31	0	1	3.20
06 Senior Management Service Band B Permanent	10	1	0	0
07 Senior Management Service Band C Permanent	1	0	0	0
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	309	51	21	6.80
09 Other Temporary	235	17	16	6.80
10 Contract (Levels 1-2) Permanent	1	0	0	0
11 Contract (Levels 3-5) Permanent	614	470	22	3.60
12 Contract (Levels 6-8) Permanent	458	499	302	65.90
13 Contract (Levels 9-12) Permanent	653	552	512	78.40
14 Contract Band A Permanent	1	1	0	0
TOTAL	22 123	2 264	1 556	7

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2022 and 31 March 2023

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
ADMINISTRATIVE RELATED Permanent	480	33	18	3.80
AGRICULTURE RELATED Permanent	1	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	53	0	2	3.80
AMBULANCE AND RELATED WORKERS Permanent	593	1	13	2.20
ANTI-CORRUPTION Permanent	1	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	27	2	1	3.70
AUXILIARY AND RELATED WORKERS Permanent	410	16	35	8.50
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE. TECHNI Permanent	10	0	0	0
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	281	18	13	4.60
BUS AND HEAVY VEHICLE DRIVERS Permanent	16	0	0	0
CIVIL ENGINEERING TECHNICIANS Permanent	1	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	2 700	95	83	3.10
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS) Permanent	81	1	4	4.90
COMMUNICATION AND INFORMATION RELATED Permanent	4	0	0	0
COMMUNITY DEVELOPMENT WORKERS Permanent	46	0	3	6.50
COMPUTER PROGRAMMERS. Permanent	1	0	0	0

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
COMPUTER SYSTEM DESIGNERS AND ANALYSTS. Permanent	4	0	0	0
DENTAL PRACTITIONERS Permanent	90	16	15	16.70
DENTAL PRACTITIONERS Temporary	3	0	0	0
DENTAL SPECIALISTS Permanent	1	0	0	0
DENTAL THERAPY Permanent	32	2	2	6.30
DIETICIANS AND NUTRITIONISTS Permanent	146	19	21	14.40
DIETICIANS AND NUTRITIONISTS Temporary	1	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	25	0	0	0
EMERGENCY SERVICES RELATED Permanent	262	0	3	1.10
ENGINEERING SCIENCES RELATED Permanent	10	3	3	30
ENGINEERS AND RELATED PROFESSIONALS Permanent	8	1	1	12.50
ENVIRONMENTAL HEALTH Permanent	67	28	23	34.30
FARM HANDS AND LABOURERS Permanent	2	0	1	50
FINANCE AND ECONOMICS RELATED Permanent	18	0	0	0
FINANCIAL AND RELATED PROFESSIONALS Permanent	42	4	4	9.50
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	221	48	6	2.70
FOOD SERVICES AIDS AND WAITERS Permanent	452	24	12	2.70
FOOD SERVICES WORKERS Permanent	17	0	2	11.80
HEALTH SCIENCES RELATED Permanent	13	1	2	15.40

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
HEALTH SCIENCES RELATED Temporary	1	2	0	0
HOISTING AND RELATED PLANT OPERATORS Permanent	2	0	0	0
HORTICULTURISTS FORESTERS AGRICUL.& FORESTRY TECHN Permanent	1	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS Permanent	304	10	6	2
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	24	0	0	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	11	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	12	0	0	0
HUMAN RESOURCES CLERKS Permanent	136	2	7	5.10
HUMAN RESOURCES RELATED Permanent	33	1	0	0
INFORMATION TECHNOLOGY RELATED Permanent	1	0	0	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES Permanent	1	0	0	0
INSTITUTION BASED PERSONAL CARE WORKERS Permanent	6	0	1	16.70
LIBRARIANS AND RELATED PROFESSIONALS Permanent	2	0	0	0
LIBRARY MAIL AND RELATED CLERKS Permanent	28	0	1	3.60
LIGHT VEHICLE DRIVERS Permanent	175	1	9	5.10
LOGISTICAL SUPPORT PERSONNEL Permanent	19	0	0	0
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	76	1	2	2.60

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
MEDICAL EQUIPMENT OPERATORS Permanent	2	0	1	50
MEDICAL PRACTITIONERS Permanent	1 059	581	456	43.10
MEDICAL PRACTITIONERS Temporary	233	12	15	6.40
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	1	0	0	0
MEDICAL SPECIALISTS Permanent	58	10	13	22.40
MEDICAL SPECIALISTS Temporary	7	3	1	14.30
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	17	0	5	29.40
MESSENGERS PORTERS AND DELIVERERS Permanent	205	9	6	2.90
MOTOR VEHICLE DRIVERS Permanent	27	2	1	3.70
NURSING ASSISTANTS Permanent	2 094	88	23	1.10
OCCUPATIONAL THERAPY Permanent	98	30	36	36.70
OPTOMETRISTS AND OPTICIANS Permanent	6	0	0	0
OPTOMETRISTS AND OPTICIANS Temporary	1	0	0	0
ORAL HYGIENE Permanent	7	0	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1 593	326	46	2.90
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	125	2	5	4
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	5	0	0	0
OTHER OCCUPATIONS Permanent	11	0	1	9.10

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
PHARMACEUTICAL ASSISTANTS Permanent	158	3	10	6.30
PHARMACEUTICAL ASSISTANTS Temporary	1	0	0	0
PHARMACISTS Permanent	412	100	73	17.70
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONALS Permanent	7	0	1	14.30
PHYSIOTHERAPY Permanent	105	34	31	29.50
PHYSIOTHERAPY Temporary	1	0	0	0
PROFESSIONAL NURSE Permanent	6 674	531	407	6.10
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	49	25	3	6.10
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	0	1	0	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	2	0	0	0
RADIOGRAPHY Permanent	155	32	38	24.50
RADIOGRAPHY Temporary	1	0	0	0
RISK MANAGEMENT AND SECURITY SERVICES Permanent	5	0	0	0
ROAD WORKERS Permanent	2	0	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	254	1	8	3.10
SECURITY GUARDS Permanent	0	1	0	0
SENIOR MANAGERS Permanent	30	7	3	10
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	1	1	0	0

Critical occupation	Number of employees at beginning of period-April 2022	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
SPEECH THERAPY AND AUDIOLOGY Permanent	82	27	39	47.60
STAFF NURSES AND PUPIL NURSES Permanent	1 314	108	24	1.80
STUDENT NURSE Permanent	314	0	14	4.50
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	3	0	1	33.30
TRADE LABOURERS Permanent	3	0	0	0
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION Permanent	2	0	0	0
TOTAL	22 123	2 264	1 556	7

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 2023

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 – SENIOR OFFICIALS AND MANAGERS	19	0	0	0	23	1	1	0	24
02 - PROFESSIONALS	1 026	7	35	107	1 081	14	14	35	1 130
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	1 704	9	1	21	6 772	56	56	15	6 843
04 - CLERKS	788	3	1	3	1 638	9	9	6	1 653
05 - SERVICE SHOP AND MARKET SALES WORKERS	805	3	0	17	3 342	6	6	1	3 349
07 - CRAFT AND RELATED TRADE WORKERS	64	0	0	1	14	0	0	0	14
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	199	0	0	0	11	0	0	0	11
09 - LABOURERS AND RELATED WORKERS	1 278	5	0	2	2 654	14	14	1	2 669
99 - UNKNOWN	0	0	0	0	4	0	0	0	4
TOTAL	5 883	27	37	151	15 539	100	100	58	15 697

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2023

Occupational band	Male			Female			Total		
	African	Coloured	Indian	White	African	Coloured		Indian	White
01 Top Management, Permanent	0	0	0	0	2	0	0	0	2
02 Senior Management, Permanent	26	0	0	0	17	1	0	0	44
03 Professionally qualified and experienced specialists and mid-management, Permanent	964	7	17	45	2 531	33	24	165	3 786
03 Professionally qualified and experienced specialists and mid-management, Temporary	6	0	0	2	2	0	0	4	14
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1 293	3	1	17	4 552	27	4	93	5 990
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
05 Semi-skilled and discretionary decision making, Permanent	1 755	8	0	11	4 722	11	6	26	6 539
06 Unskilled and defined decision making, Permanent	1 112	3	0	1	2 289	15	1	1	3 422
07 Not Available, Permanent	84	1	0	0	182	1	0	1	269
07 Not Available, Temporary	172	0	5	27	29	0	0	2	235
09 Contract (Senior Management), Permanent	1	0	0	0	1	0	0	0	2
10 Contract (Professionally Qualified), Permanent	242	3	14	46	268	5	20	64	662
11 Contract (Skilled Technical), Permanent	99	2	0	2	376	7	3	52	541
12 Contract (Semi-Skilled), Permanent	129	0	0	0	567	0	0	0	696
13 Contract (Unskilled), Permanent	0	0	0	0	1	0	0	0	1
TOTAL	5 883	27	37	151	15 539	100	58	409	22 204

Table 3.6.3 Recruitment for the period 1 April 2022 and 31 March 2023

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	1	0	0	0	0	0	0	0	1
03 Professionally qualified and experienced specialists and mid-management, Permanent	92	0	1	3	124	1	1	5	227
03 Professionally qualified and experienced specialists and mid-management, Temporary	1	0	0	0	0	0	0	0	1
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	36	0	0	0	136	0	0	0	172
05 Semi-skilled and discretionary decision making, Permanent	42	1	0	0	71	0	0	0	114
06 Unskilled and defined decision making, Permanent	64	0	0	0	95	0	0	0	159
07 Not Available, Permanent	11	0	0	0	40	0	0	0	51
07 Not Available, Temporary	14	0	0	0	3	0	0	0	17
09 Contract (Senior Management), Permanent	0	0	0	0	1	0	0	0	1
10 Contract (Professionally qualified), Permanent	194	3	13	43	217	5	18	59	552
11 Contract (Skilled technical), Permanent	93	2	0	2	339	7	3	53	499
12 Contract (Semi-skilled), Permanent	83	0	0	0	387	0	0	0	470
TOTAL	631	6	14	48	1 413	13	22	117	2 264

Table 3.6.4 Promotions for the period 1 April 2022 and 31 March 2023

Occupational band	Male			Female			Total		
	African	Coloured	Indian	White	African	Coloured		Indian	White
02 Senior Management, Permanent	14	0	0	0	11	1	0	0	26
03 Professionally qualified and experienced specialists and mid-management, Permanent	449	7	10	27	1 148	15	13	90	1 759
03 Professionally qualified and experienced specialists and mid-management, Temporary	1	0	0	0	2	0	0	2	5
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	666	2	1	9	2 066	13	3	49	2 809
05 Semi-skilled and discretionary decision making, Permanent	1 313	6	0	6	2 824	8	5	12	4 174
06 Unskilled and defined decision making, Permanent	789	3	0	1	1 809	13	1	1	2 617
07 Not Available, Temporary	30	0	2	2	2	0	0	0	36
10 Contract (Professionally qualified), Permanent	29	0	0	4	23	0	1	4	61
11 Contract (Skilled technical), Permanent	1	0	0	0	2	0	0	0	3
12 Contract (Semi-skilled), Permanent	0	0	0	0	0	0	0	0	0
TOTAL	3 292	18	13	49	7 887	50	23	158	11 490

Table 3.6.5 Terminations for the period 1 April 2022 and 31 March 2023

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	0	0	0	0	0	0	0	1	1
03 Professionally qualified and experienced specialists and mid-management, Permanent	52	0	1	3	135	1	2	9	203
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	72	0	0	0	151	1	0	7	231
05 Semi-skilled and discretionary decision making, Permanent	83	0	0	1	99	1	0	1	185
06 Unskilled and defined decision making, Permanent	18	0	0	0	44	1	0	0	63
07 Not Available, Permanent	2	0	0	0	19	0	0	0	21
07 Not Available, Temporary	7	0	1	4	3	0	0	1	16
10 Contract (Professionally qualified), Permanent	158	7	14	56	198	3	19	57	512
11 Contract (Skilled technical), Permanent	61	0	2	1	185	8	6	39	302
12 Contract (Semi-skilled), Permanent	3	0	0	0	19	0	0	0	22
TOTAL	456	7	18	65	853	15	27	115	1 556

Table 3.6.6 Disciplinary action for the period 1 April 2022 and 31 March 2023

Disciplinary action	Male			Female			Total		
	African	Coloured	Indian	White	African	Coloured		Indian	White
	57	0	0	1	42	0	0	1	101

Table 3.6.7 Skills development for the period 1 April 2022 and 31 March 2023

Occupational category	Male			Female			Total		
	African	Coloured	Indian	White	African	Coloured		Indian	White
Legislators, senior officials and managers	18	0	0	0	13	0	0	0	31
Professionals	1221	3	10	16	3446	3	9	12	4720
Technicians and associate professionals	639	0	2	5	1041	0	1	4	1692
Clerks	149	0	0	0	369	0	0	0	518
Service and sales workers	39	0	0	0	279	0	0	0	318
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	0	0	0	0	0	0	0	0	0
Elementary occupations	13	0	0	0	15	0	0	0	28
Total	2079	3	12	21	5163	3	10	16	7307
Employees with disabilities	0	0	0	0	0	0	0	0	0

1.1 Signing of Performance Agreements by SMS Members

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2022

SMS Level	Head of Department	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/ Department		0	0	0	0
Salary Level 16		1	1	1	100%
Salary Level 15		2	1	1	100%
Salary Level 14		13	11	7	77%
Salary Level 13		48	33	26	85%
Total		64	46	35	83.9%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 May 2022

Reasons
Unknown

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 March 2022

Reasons
Yes

1.2 Performance Rewards

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2022 and 31 March 2023

Race and Gender	Beneficiary Profile		Cost		
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African, Female	45	15 476	0.30	246.88	5 486
African, Male	25	5 837	0.40	164.51	6 581
Asian, Female	0	58	0	0	0
Asian, Male	0	37	0	0	0
Coloured, Female	1	98	1	5.45	5 451
Coloured, Male	0	27	0	0	0
Total Blacks, Female	46	15 632	0.30	252.33	5 486
Total Blacks, Male	25	5 901	0.40	164.51	6 581
White, Female	5	406	1.20	42.65	8 530
White, Male	0	146	0	0	0
Employees with a disability	0	119	0	0	0
TOTAL	76	22 204	0.30	459.50	6 046

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2022 and 31 March 2023

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	Average Cost per Employee (R)	
Salary Band	Number of Beneficiaries	Number of Employees	% of Total within Salary Band	Total Cost (R'000)	Average Cost per Employee	Average Cost per Employee (R)	0
01 Lower Skilled (Levels 1-2)	12	3 422	0.40	25.97	2 164	2 164	0
02 Skilled (Levels 3-5)	25	6 539	0.40	84.07	3 363	3 363	0
03 Highly Skilled Production (Levels 6-8)	23	5 991	0.40	110.61	4 809	4 809	0
04 Highly Skilled Supervision (Levels 9-12)	16	3 800	0.40	238.85	14 928	14 928	0
09 Other	0	504	0	0	0	0	0
10 Contract (Levels 1-2)	0	1	0	0	0	0	0
11 Contract (Levels 3-5)	0	696	0	0	0	0	0
12 Contract (Levels 6-8)	0	541	0	0	0	0	0
13 Contract (Levels 9-12)	0	662	0	0	0	0	0

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2022 and 31 March 2023

Critical occupation	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee	per
FINANCIAL CLERKS AND CREDIT CONTROLLERS	0	263	0	0	0	0
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	0	24	0	0	0	0
HUMAN RESOURCES CLERKS	0	132	0	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS	0	299	0	0	0	0
ORAL HYGIENE	0	7	0	0	0	0
MESSENGERS PORTERS AND DELIVERERS	0	215	0	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	0	51	0	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	1	11	9.10	5.98	5 977	
RISK MANAGEMENT AND SECURITY SERVICES	0	5	0	0	0	0
DENTAL SPECIALISTS	0	1	0	0	0	0
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	0	10	0	0	0	0
LOGISTICAL SUPPORT PERSONNEL	0	18	0	0	0	0
FINANCE AND ECONOMICS RELATED	0	17	0	0	0	0
FOOD SERVICES WORKERS	0	15	0	0	0	0
OPTOMETRISTS AND OPTICIANS	0	7	0	0	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	8	1 655	0.50	32.49	4 062	
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	0	11	0	0	0	0

Critical occupation	Beneficiary Profile				Cost		
	Number beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee		
AUXILIARY AND RELATED WORKERS	1	387	0.30	2.05	2 051		
OTHER OCCUPATIONS	0	10	0	0	0		
FINANCIAL AND RELATED PROFESSIONALS	1	43	2.30	3.01	3 013		
BUILDING AND OTHER PROPERTY CARETAKERS	0	282	0	0	0		
OCCUPATIONAL THERAPY	0	91	0	0	0		
MEDICAL TECHNICIANS/TECHNOLOGISTS	0	13	0	0	0		
EMERGENCY SERVICES RELATED	11	258	4.30	45.66	4 151		
RADIOGRAPHY	0	152	0	0	0		
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	0	1	0	0	0		
ANTI-CORRUPTION	0	1	0	0	0		
ADMINISTRATIVE RELATED	1	447	0.20	30.64	30 635		
COMMUNICATION AND INFORMATION RELATED	0	4	0	0	0		
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	2	244	0.80	8.63	4 313		
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	11	2 694	0.40	25.14	2 285		
LIBRARY MAIL AND RELATED CLERKS	0	27	0	0	0		
HUMAN RESOURCES RELATED	0	35	0	0	0		
DENTAL PRACTITIONERS	1	91	1.10	29.13	29 127		
AMBULANCE AND RELATED WORKERS	7	582	1.20	30.98	4 426		
PHARMACEUTICAL ASSISTANTS	1	152	0.70	4.29	4 293		
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION	0	2	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
STUDENT NURSE	0	227	0	0	0
MEDICAL EQUIPMENT OPERATORS	0	1	0	0	0
COMPUTER PROGRAMMERS.	0	1	0	0	0
TRADE LABOURERS	0	3	0	0	0
PHYSIOTHERAPY	0	110	0	0	0
ENVIRONMENTAL HEALTH	0	70	0	0	0
MEDICAL PRACTITIONERS	1	1 406	0.10	5.31	5 306
SOCIAL WORK AND RELATED PROFESSIONALS	0	47	0	0	0
CIVIL ENGINEERING TECHNICIANS	0	1	0	0	0
ROAD WORKERS	0	2	0	0	0
MATERIAL-RECORDING AND TRANSPORT CLERKS	0	75	0	0	0
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	0	58	0	0	0
FARM HANDS AND LABOURERS	0	1	0	0	0
DIETICIANS AND NUTRITIONISTS	1	145	0.70	7.57	7 568
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	0	119	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	0	27	0	0	0
INSTITUTION BASED PERSONAL CARE WORKERS	0	5	0	0	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES	0	1	0	0	0
PROFESSIONAL NURSE	20	6 840	0.30	139.56	6 978
BUS AND HEAVY VEHICLE DRIVERS	0	16	0	0	0
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0	1	0	0	0

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2022 and 31 March 2023.

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	33	0	0	0	0
Band B	0	13	0	0	0	0
Band C	0	1	0	0	0	0
Band D	0	1	0	0	0	0
TOTAL	0	48	0	0	0	0

1.7 Foreign Workers

Table 3.9.1 Foreign workers by salary band for the period 1 April 2022 and 31 March 2023

Salary band	01 April 2022		31 March 2023		Change	
	Number	% of total	Number	% of total	Number	% Change
Highly skilled production (Levels 6-8)	1	4.30	1	3.20	0	0
Highly skilled supervision (Levels 9-12)	22	95.70	29	93.50	7	87.50
Lower skilled (Levels 1-2)	0	0	0	0	0	0
Other	0	0	1	3.20	1	12.50
Senior management (Levels 13-16)	0	0	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0	0	0
TOTAL	23	100	31	100	8	100

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2022 and 31 March 2023

Major occupation	01 April 2022		31 March 2023		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative office workers	0	0	0	0	0	0
Elementary occupations	0	0	0	0	0	0
Professionals and managers	23	100	31	100	8	100
Social natural technical and medical sciences+supp	0	0	0	0	0	0
Technicians and associated professionals	0	0	0	0	0	0
TOTAL	23	100	31	100	8	100

3.5 Leave utilisation

Table 3.10.1 Sick leave for the period 1 January 2022 to 31 December 2022

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	675.50	88.40	162	1.40	4	547
Contract (Levels 6-8)	1 542	77.20	356	3.20	4	1 842
Contract (Levels 9-12)	1 109	67.30	283	2.50	4	2 560
Contract Other	114	89.50	31	0.30	4	30
Highly skilled production (Levels 6-8)	26 774.50	92.20	3 328	29.60	8	39 807
Highly skilled supervision (Levels 9-12)	15 724	90	1 892	16.80	8	44 006
Lower skilled (Levels 1-2)	12 479.50	95	1 632	14.50	8	7 301
Senior management (Levels 13-16)	69	87	8	0.10	9	302
Skilled (Levels 3-5)	28 036	94.20	3 551	31.60	8	24 690
TOTAL	86 523.50	92.20	11 243	100	8	121 085

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2022 to 31 December 2022

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 9-12)	98	100	3	3.60	33	151
Highly skilled production (Levels 6-8)	1 677	100	27	32.10	62	2 387
Highly skilled supervision (Levels 9-12)	592	100	10	11.90	59	1 570
Lower skilled (Levels 1-2)	1 189	100	16	19	74	685
Skilled (Levels 3-5)	1 660	100	28	33.30	59	1 434
TOTAL	5 216	100	84	100	62	6 227

Table 3.10.3 Annual Leave for the period 1 January 2022 to 31 December 2022

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Contract (Levels 1-2)	6	6	1
Contract (Levels 3-5)	4 058.92	10	407
Contract (Levels 6-8)	7 794	14	543
Contract (Levels 9-12)	8 329	13	622
Contract Other	1 534	13	122
Highly skilled production (Levels 6-8)	129 476.96	23	5 559
Highly skilled supervision (Levels 9-12)	80 690.68	23	3 450
Lower skilled (Levels 1-2)	64 434.54	22	2 976
Senior management (Levels 13-16)	663	19	35
Skilled (Levels 3-5)	137 884.10	22	6 148
TOTAL	434 871.20	22	19 863

Table 3.10.4 Capped leave for the period 1 January 2022 to 31 December 2022

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 2023
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	31	0
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	13	3	39	5
Highly skilled supervision (Levels 9-12)	50	4	52	12
Lower skilled (Levels 1-2)	0	0	15	0
Other	0	0	0	0

Table 3.10.5 Leave payouts for the period 1 April 2022 and 31 March 2023

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Annual - discounting with resignation (workdays)	7 610	308	24 708
Annual - discounting: contract expiry (workdays)	2 258	333	6 781
Annual - gratuity: death/retirement/medical retirement (work)	14 980	677	22 127
Capped - gratuity: death/retirement/medical retirement (work)	17 927	227	78 974
TOTAL	42 774	1 545	
Leave Payouts (Actual) Allowance Codes - 0060, 0168, 0625, 0422, 0567, 0698, 0699, 0701	42 722	1 318	

1.6 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
<p>All healthcare workers are at risk of contracting HIV and Hepatitis through contaminated needles and exposure to body fluids</p>	<ul style="list-style-type: none"> • A procedure to follow when exposed to contaminated blood or body fluid and access to Post Exposure Prophylaxis (PEP) policy has been developed and communicated and implemented in all health establishments. • PEP is available to all health care workers including after hours. • Hepatitis immunisation programme is in place and accessible to employees in the health establishments.
<p>All healthcare workers are at risk of contracting TB in the workplace</p>	<ul style="list-style-type: none"> • Training of Infection Prevention and Control, Environmental Health and Occupational Health Practitioners have been conducted on workplace TB and HIV infection prevention and control guidelines. • TB HCWs are provided with personal protective equipment and clothing. Medical surveillance and biological monitoring is carried out to HCWs. • Health risk assessments are being conducted and reviewed as and when necessary. • Health and Safety Representatives have been trained and OHS Committee established in the health facilities. Awareness and TB screening among HCWs is being conducted. • Employees are screened for TB and diseases of the lifestyle.

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.	Yes		Mr J.R Nkosi – Chief Director: Human Resource Management and Development
2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		Employee Health and Wellness and Occupational Health Unit.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	Yes		Health Promotion and Health Education. HIV/AIDS/STI/TB and Covid-19 management
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	Yes		Employee Wellness Committee Occupational Health and Safety committee Names of members of committee are as follows: <ul style="list-style-type: none"> • Ms. L Chaiwe: Barberton General Hospital. • Mr. DM Nkosi: EMS Voltrust. • Mr. S. Shongwe: Barberton TB Hospital.
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		All the employment policies were reviewed during 2021/22 financial year



Question	Yes	No	Details, if yes
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		<p>HIV/AIDS Policy in the workplace</p> <ul style="list-style-type: none"> • Constitutional rights • Confidentially • Ethical Conduct • Right to Privacy • Stigma and discrimination
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		1550 of people screened for HIV counselling and testing.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		<p>The Department has the following measures/ indicators in the operational plan, to monitor and evaluate the impact of its health promotion programme:</p> <ul style="list-style-type: none"> • Number of Healthy lifestyle support groups established. • Number of Health Promoting schools established in the 3 districts. • Number of HHCC of IMCI established in the 3 districts to contribute in the reduction of infant morbidity and mortality. • Number of Health Promotion Practitioners trained to improve human resource efficiency in the implementation of Health Promotion interventions.





Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2022 and 31 March 2023

Subject matter	Date
Resolution 3 of 2022, Remuneration of community health workers (PHSDSBC)	21 July 2022
Resolution 1 of 2022, Summit on collective Bargaining (PSCBC)	22 June 2022
Resolution 2 of 2023, Agreement on the salary adjustment (PSCBC)	31 March 2023

Notes

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

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

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2022 and 31 March 2023

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	4	6%
Verbal warning	0	0
Written warning	0	0
Final written warning	29	56%
Suspended without pay	7	13%
Fine	0	0
Demotion	0	0
Dismissal	5	8%
Not guilty	6	9%
Case withdrawn	1	8%
Total	52	100%

Notes

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

Total number of Disciplinary hearings finalised	44
--	-----------



Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2022 and 31 March 2023

Type of misconduct	Number	% of total
Absenteeism	12	16%
Assault	10	13%
Gross insubordination	4	5%
Gross Negligence	9	12%
Dereliction of Duties	3	4%
Misuse of State Property	6	8%
Intimidation and victimization	2	2%
Fraud	3	4%
Unacceptable Conduct	24	31%
Dereliction of duties	3	4%
Violation of procurement procedures	1	1%
Total	77	100%

Table 3.12.4 Grievances logged for the period 1 April 2022 and 31 March 2023

Grievances	Number	% of Total
Number of grievances resolved	54	52%
Number of grievances not resolved	50	48%
Total number of grievances lodged	104	100%

Table 3.12.5 Disputes logged with Councils for the period 1 April 2022 and 31 March 2023

Disputes	Number	% of Total
Number of disputes upheld	4	36%
Number of disputes dismissed	7	64%
Total number of disputes lodged	11	100%

Table 3.12.6 Strike actions for the period 1 April 2022 and 31 March 2023

Total number of persons working days lost	08 Days
Total costs working days lost	0 No attendance register distributed as employer premises were closed
Amount recovered as a result of no work no pay (R'000)	No amount recovered

Table 3.12.7 Precautionary suspensions for the period 1 April 2022 and 31 March 2023

Number of people suspended	22
Number of people whose suspension exceeded 30 days	13
Average number of days suspended	581 days
Cost of suspension(R'000)	R3899 406.35

1.8 Skills development

Table 3.13.1 Training needs identified for the period 1 April 2022 and 31 March 2023

Occupational category	Gender	Number of employees as at 1 April 2022	Training needs identified at start of the reporting period			Total
			Learnerships	Skills Programmes & other short courses	Other forms of training	
Legislators, senior officials and managers	Female	19	0	15	0	15
	Male	27	0	10	0	10
Professionals	Female	1192	0	2688	0	2688
	Male	1124	0	1556	0	1556
Technicians and associate professionals	Female	6952	0	2330	0	2330
	Male	1783	0	1800	0	1800
Clerks	Female	1615	0	90	0	90
	Male	773	0	60	0	60
Service and sales workers	Female	3719	0	130	0	130
	Male	866	0	20	0	20
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	14	0	0	0	0
	Male	66	0	0	0	0
Plant and machine operators and assemblers	Female	11	0	0	0	0
	Male	209	0	0	0	0
Elementary occupations	Female	2671	0	49	0	0
	Male	1262	0	20	0	0
Sub Total	Female	16193	0	5242	0	5242
	Male	6110	0	3446	0	3446
Total		22303	0	8688	0	8688

Table 3.13.2 Training provided for the period 1 April 2022 and 31 March 2023

Occupational category	Gender	Number of employees as at 1 April 2022	Training provided within the reporting period			Total
			Learnerships	Skills Programmes & other short courses	Other forms of training	
Legislators, senior officials and managers	Female	19	0	13	0	13
	Male	27	0	18	0	18
Professionals	Female	1192	0	3470	0	3470
	Male	1124	0	1250	0	1250
Technicians and associate professionals	Female	6952	0	1046	0	1046
	Male	1783	0	646	0	646
Clerks	Female	1615	0	369	0	369
	Male	773	0	149	0	149
Service and sales workers	Female	3719	0	279	0	279
	Male	866	0	39	0	39
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	14	0	0	0	0
	Male	66	0	0	0	0
Plant and machine operators and assemblers	Female	11	0	0	0	0
	Male	209	0	0	0	0
Elementary occupations	Female	2671	0	15	0	15
	Male	1262	0	13	0	13
Sub Total	Female	16193	0	5192	0	5192
	Male	6110	0	2115	0	2115
Total		22303	0	7307	0	7307

1.9 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 2022 and 31 March 2023

Nature of injury on duty	Number	% of total
Required basic medical attention only	612	75.46%
Temporary Total Disablement	199	24.54%
Permanent Disablement	0	0
Fatal	0	0
Total	811	100%



1.10 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 2022 and 31 March 2023

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand
	0	0	0

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
0	0	0	0

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period April 2022 and 31 March 2023

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
0	0	0	0

Table 3.15.3 Report on consultant appointments using Donor funds for the period April 2022 and 31 March 2023

Project title	Total Number of consultants that worked on project	Duration (Work days)	Donor and contract value in Rand
0	0	0	0

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
0	0	0	0

Table 3.15.4. Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period April 2022 and 31 March 2023

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
0	0	0	0

1.11 Severance Packages

Table 3.16.1 Granting of employee initiated severance packages for the period April 2022 and 31 March 2023

Salary band	Number of applications received	Number of applications referred to the MPESA	Number of applications supported by MPESA	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: FINANCIAL STATEMENT





Report of the auditor-general to Mpumalanga Provincial Legislature on vote no. 10: Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Department of Health set out on pages 165 to 216 which comprise the appropriation statement, statement of financial position as at 31 March 2023, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2023, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2022.

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matter

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

Restatement of corresponding figures

7. As disclosed in note 30 of the financial statements, the corresponding figures for 31 March 2022 were restated as a result of an error in the financial statements of the department at, and for the year ended 31 March 2023.





Other matter

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

National Treasury Instruction Note No. 4 of 2022-23: PFMA Compliance and Reporting Framework

9. On 23 December 2022, the National Treasury issued Instruction Note 4 of 2022-23, which came into effect on 3 January 2023, in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA. The instruction note deals with the PFMA compliance and reporting framework and addresses, among others, the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure. Irregular expenditure and fruitless and wasteful expenditure incurred in prior financial years and not yet addressed no longer need to be disclosed in the disclosure notes to the annual financial statements. Only the current year and prior year figures are disclosed in note 10 to the financial statements of the department. Movements in respect of irregular expenditure and fruitless and wasteful expenditure also no longer need to be disclosed in the notes to the annual financial statements. The disclosure of these movements (e.g. condoned, recoverable, removed, written off, under assessment, under determination and under investigation) is now included as part of the other information in the annual report of the department. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report

Responsibilities of the accounting officer for the financial statements

10. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
11. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

12. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



13. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

14. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.

15. I selected the following programmes presented in the annual performance report for the year ended 31 March 2023 for auditing. I selected programmes that measures the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
District health services	37	To render comprehensive primary healthcare services to the community using the district health system model.
Regional health services	47	To render level 1 and 2 healthcare services in regional hospitals.

16. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.

17. I performed procedures to test whether:

- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives,
- the indicators are well defined and verifiable to ensure that they are easy to understand and apply consistently and that I can confirm the methods and processes to be used for measuring achievements,
- the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated,
- the indicators and targets reported on in the annual performance report are the same as what was committed to in the approved initial or revised planning documents,



- the reported performance information is presented in the annual performance report in the prescribed manner,
- there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.

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

19. The material findings on the performance information of the selected programmes are as follows:

District Health Services

Ideal clinic status obtained rate.

An achievement of 81,03% was reported against a target of 53%. However, some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Antenatal 1st visit before 20 weeks rate

An achievement of 77,2% was reported against a target of 76%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the target was not achieved.

Maternal Mortality in Facility ratio

An achievement of 114/100 000 was reported against a target of 100/100 000. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the achievement against the target was lower than reported.

Mother postnatal visit within 6 days rate

An achievement of 76.2% was reported against a target of 74%. However, some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Neonatal (<28 days) death in facility rate

An achievement of 18,06/1 000 was reported against a target of 10/1 000. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Infant PCR test positive around 10 weeks rate

An achievement of 0.50% was reported against a target of <1%. However, some supporting evidence was not provided for auditing; and, where it was, I identified material differences between





the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Severe acute malnutrition death under five (5) years rate

An achievement of 8,99% was reported against a target of <9%. However, some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Programme 4: Regional Health Services

Maternal Mortality in Facility ratio

The indicator and target of maternal mortality in facility included in the approved annual performance plan and strategic plan were changed to Maternal mortality in facility ratio without the necessary approval.

Death under 5 years against live birth rate

The indicator and target of Death under 5 years against live birth included in the approved annual performance plan and strategic plan were changed to Death under 5 years against live birth rate without the necessary approval.

An achievement of 27,5 per 1 000 live birth was reported against a target of 14,5 per 1 000 live birth. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Death under 5 years pneumonia case fatality rate

An achievement of 3,4% was reported against a target of <2.5%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the underachievement on the target was more than reported.

Severe acute malnutrition death under 5 years rate

An achievement of 11% was reported against a target of <6.5%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the underachievement on the target was more than reported.

Other matters

20. I draw attention to the matters below.



Achievement of planned targets

21. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- and under achievements. This information should be considered in the context of the material findings on the reported performance information.
22. The department plays a key role in delivering services to South Africans. The annual performance report includes the following service delivery achievements against planned targets:

23. Key service delivery indicators not achieved	Planned target	Reported achievement
Programme 2: District Health Services		
<i>Targets achieved: 48.28%</i>		
<i>Budget spent: 99.87%</i>		
Patient Experience of Care satisfaction rate (PHC)	85%	83%
Patient safety Incidents (PSI) case closure rate	86%	83%
ART adults remain in care rate (12 months)	90%	71.7%
ART child remain in care rate (12 months)	90%	76.7%
Child - viral load suppressed rate (12 months)	90%	59.4%
All DS-TB client LTF rate	<5%	6.89%
All DS-TB Client Treatment Success Rate	90%	83.4%
Couple year protection rate	52%	43,3%
Delivery 10 to 19 years in facility rate	<13%	16,1%
Maternal Mortality in Facility ratio	100/100 000	114/100 000
Neonatal (<28 days) death in facility rate	10/1 000	18,06/1 000
Immunisation under 1 year coverage.	90%	89,2%
Death under 5 years against live birth rate	<15 per 1 000 live birth	18,1 per 1 000 live birth
Child under 5 years diarrhoea case fatality rate	<2%	2,03%
Child under 5 years pneumonia case fatality rate	<2,5%	2,77%
Programme 4: Regional Health Services		
<i>Targets achieved: 0%</i>		
<i>Budget spent: 99.99%</i>		
Maternal Mortality in facility ratio	97/100 000	274,1/100 000
Death under 5 years against live birth rate	14,5 Per 1000 live birth	27,5 Per 1000 live birth
Child under 5 years diarrhoea case fatality rate	<2%	4%
Child under 5 years pneumonia case fatality rate	<2,5%	3,4%
Severe acute malnutrition death under 5 years rate	<6,5%	11,3%
Patient Experience of Care satisfaction rate (Hospitals)	85%	74%



23. Key service delivery indicators not achieved	Planned target	Reported achievement
Patient Experience of Care satisfaction rate (Specialised Hospitals)	85%	75%

Reasons for the underachievement of targets are included in the annual performance report on pages 32 to 60.

Material misstatements

24. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of District Health Services and Regional Health Services. Management did not correct all of the misstatements and I reported material findings in this regard.

Report on compliance with legislation

25. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.

26. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.

27. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.

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

Strategic planning and performance

29. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery, as required by public service regulation 25(1)(e)(i) and (ii).

Expenditure Management

30. Effective and appropriate steps were not taken to prevent irregular expenditure, as disclosed in note 22 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by non-compliance with Preferential Procurement Regulations.





Consequence management

31. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred irregular expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into irregular expenditure.
32. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against some of the officials who had permitted irregular expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.

Annual financial statements, performance report and annual reports

33. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework, as required by section 40(1)(a) of the PFMA. Material misstatements of disclosure items identified by the auditors in the submitted financial statements were corrected, resulting in the financial statements receiving an unqualified opinion.

Other information in the annual report

34. The accounting officer is responsible for the other information included in the annual report. The other information referred to does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in this auditor's report.
35. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation, do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
36. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
37. The other information I obtained prior to the date of this auditor's report is the irregular and fruitless and wasteful expenditure information and the rest of the annual report's outstanding information are expected to be made available to us after 06/8/2023.
38. If based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact, I have nothing to report in the regard.
39. When I do receive and read the outstanding information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.



Internal control deficiencies

40. I considered internal control relevant to my audit of the separate financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
41. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion and the material findings on the annual performance report and the material findings on compliance with legislation included in this report.
- The accounting officer did not exercise oversight responsibility regarding compliance with laws and regulations and performance reporting.
 - The accounting officer did not adequately monitor the implementation of an effective action plan to address internal control deficiencies.
 - Management did not implement proper record keeping in a timely manner to ensure that complete, relevant and accurate information was accessible and available to support financial and performance reporting.

Material irregularities

42. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

Material irregularities in progress

43. I identified other material irregularities during the audit and notified the accounting officer of these, as required by material irregularity regulation 3(2). By the date of this auditor's report, the responses of the accounting officer were not yet due. These material irregularities will be included in the next year's auditor's report.

Status of previously reported material irregularity

Fictitious payments made from infrastructure maintenance budget.

44. Payments were made on 26 February 2021 to three suppliers without supporting evidence and goods or services being received. The officials whose names appeared on the audit trail of the BAS payment system claimed that they did not process the transactions. The suspected fraud is likely to result in a material financial loss of R1 478 623 if the amount is not recovered.
45. The accounting officer was notified of the suspected material irregularity on 15 September 2021 and invited to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer indicated that immediately after the suspicious transactions were identified, an attempt was made to recall the payments, but it was unsuccessful. A case of fraud was opened with the South African Police Services in March 2021 and is being investigated. In a letter dated 23 June 2023, the South African Police



Services indicated that the matter was referred to the DPP, SCCU Mpumalanga, and a decision was still awaited.

46. I will follow up on this investigation during my next audit.

Other reports

47. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

48. Five investigations by the Special Investigating Unit were ongoing at the time of the audit. All of these investigations relate to improper procurement processes followed in procuring ICT infrastructure networks at Bethal Hospital; a fleet management solution and citizen engagement platform; the connection of community health centres and clinics to a Virtual Private Network that would provide internet access, web filter and fire wall protection, and the Queue Management System for used by hospitals. These investigations had not been concluded at the date of this auditor's report. The Special Investigation Unit investigated the ICT infrastructure to operationalise Middelburg Hospital and the matter has been referred to Asset Forfeiture Unit.

Auditor - General

Mbombela

7 August 2023





Annexure to the auditor's report

The annexure includes the following:

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

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

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

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





Communication with those charged with governance

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

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

Communication with those charged with governance

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

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



Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act No.1 of 1999 (PFMA)	Section 1 Section 38(1)(a)(iv); 38(1)(b);38(1)(c);38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); Section 39(1)(a); 39(2)(a); Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(4); 44; 44 (1) and (2); 45(b);
Treasury Regulations for departments, trading entities, constitutional institutions and public entities (TR)	Treasury Regulation 4.1.1; 4.1.3 Treasury Regulation 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Treasury Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b) Treasury Regulation 7.2.1 Treasury Regulation 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1 Treasury Regulation 9.1.1; 9.1.4 Treasury Regulation 10.1.1(a); 10.1.2 Treasury Regulation 11.4.1; 11.4.2; 11.5.1 Treasury Regulation 12.5.1 Treasury Regulation 15.10.1.2(c') Treasury Regulation 16A3.1 ; 16A 3.2; 16A 3.2(a); 16A 6.1; 16A6.2(a) ,(b) & (e) ; 16A 6.3(a); 16A 6.3(a)(i);16A 6.3(b); 16A 6.3(c);16A6.3(d) ; 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A7.1; 16A.7.3; 16A.7.6; 16A.7.7; TR 16A8.2 (1) and (2); 16A 8.3 16A8.3 (d); 16A 8.4; 16A9; 16A9.1; 16A9.1(b)(ii);16A9.1 (c); 16A 9.1(d); 16A 9.1(e); 116A9.2; 16A9.2(a)(ii) &(iii); 16A9.1(f). Treasury Regulation 17.1.1 Treasury Regulation 18.2 Treasury Regulation 19.8.4
Division of Revenue Act No. 5 of 2022	DoRA 11(6)(a) DoRA 12(5) DoRA 16(1)
Public service regulation	Public service regulation 13(c);18; 18 (1) and (2); 25(1)(e)(i); 25(1)(e)(iii)
Prevention and Combating of Corrupt Activities Act No.12 of 2004 (PRECCA)	Section 29 Section 34(1)
Construction Industry Development Board Act No.38 of 2000 (CIDB)	Section 18(1)
Construction Industry Development Board Regulations	CIDB regulation 17; 25(1); 25 (5) & 25(7A)
PPPFA	Section 1(i); 2.1(a); 2.1(b); 2.1(f)
PPR 2017	Paragraph 4.1; 4.2 Paragraph 5.1; 5.3; 5.6; 5.7 Paragraph 6.1; 6.2; 6.3; 6.5; 6.6; 6.8 Paragraph 7.1; 7.2; 7.3; 7.5; 7.6; 7.8 Paragraph 8.2; 8.5 Paragraph 9.1; 9.2 Paragraph 10.1; 10.2 Paragraph 11.1; 11.2 Paragraph 12.1 and 12.2
PPR 2022	Paragraph 3.1 Paragraph 4.1; 4.2; 4.3; 4.4 Paragraph 5.1; 5.2; 5.3; 5.4
SITA ACT	Section 7(3) Section 7(6)(b) Section 20(1)(a)(l)
SITA regulations	Regulation 8.1.1 (b); 8.1.4; 8.1.7 Regulation 9.6; 9.4 Regulation 12.3 Regulation 13.1 (a) Regulation 14.1; 14.2
PFMA SCM Instruction no. 09 of 2022/2023	Paragraph 3.1; 3.3 (b); 3.3 (c); 3.3 (e); 3.6

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act No.1 of 1999 (PFMA)	Section 1 Section 38(1)(a)(iv); 38(1)(b);38(1)(c);38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); Section 39(1)(a); 39(2)(a); Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(4); 44; 44 (1) and (2); 45(b);
Treasury Regulations for departments, trading entities, constitutional institutions and public entities (TR)	Treasury Regulation 4.1.1; 4.1.3 Treasury Regulation 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Treasury Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b) Treasury Regulation 7.2.1 Treasury Regulation 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1 Treasury Regulation 9.1.1; 9.1.4 Treasury Regulation 10.1.1(a); 10.1.2 Treasury Regulation 11.4.1; 11.4.2; 11.5.1 Treasury Regulation 12.5.1 Treasury Regulation 15.10.1.2(c) Treasury Regulation 16A3.1 ; 16A 3.2; 16A 3.2(a); 16A 6.1; 16A6.2(a) , (b) & (e) ; 16A 6.3(a); 16A 6.3(a)(i);16A 6.3(b); 16A 6.3(c);16A6.3(d) ; 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A7.1; 16A.7.3; 16A.7.6; 16A.7.7; TR 16A8.2 (1) and (2); 16A 8.3 16A8.3 (d); 16A 8.4; 16A9; 16A9.1; 16A9.1(b)(ii);16A9.1 (c); 16A 9.1(d); 16A 9.1(e); 116A9.2; 16A9.2(a)(ii) &(iii); 16A9.1(f). Treasury Regulation 17.1.1 Treasury Regulation 18.2 Treasury Regulation 19.8.4
Division of Revenue Act No. 5 of 2022	DoRA 11(6)(a) DoRA 12(5) DoRA 16(1)
Public service regulation	Public service regulation 13(c);18; 18 (1) and (2); 25(1)(e)(i); 25(1)(e)(iii)
Prevention and Combating of Corrupt Activities Act No.12 of 2004 (PRECCA)	Section 29 Section 34(1)
Construction Industry Development Board Act No.38 of 2000 (CIDB)	Section 18(1)
Construction Industry Development Board Regulations	CIDB regulation 17; 25(1); 25 (5) & 25(7A)
PPPFA	Section 1(i); 2.1(a); 2.1(b); 2.1(f)
PPR 2017	Paragraph 4.1; 4.2 Paragraph 5.1; 5.3; 5.6; 5.7 Paragraph 6.1; 6.2; 6.3; 6.5; 6.6; 6.8 Paragraph 7.1; 7.2; 7.3; 7.5; 7.6; 7.8 Paragraph 8.2; 8.5 Paragraph 9.1; 9.2 Paragraph 10.1; 10.2 Paragraph 11.1; 11.2 Paragraph 12.1 and 12.2
PPR 2022	Paragraph 3.1 Paragraph 4.1; 4.2; 4.3; 4.4 Paragraph 5.1; 5.2; 5.3; 5.4
SITA ACT	Section 7(3) Section 7(6)(b) Section 20(1)(a)(l)
SITA regulations	Regulation 8.1.1 (b); 8.1.4; 8.1.7 Regulation 9.6; 9.4 Regulation 12.3 Regulation 13.1 (a) Regulation 14.1; 14.2
PFMA SCM Instruction no. 09 of 2022/2023	Paragraph 3.1; 3.3 (b); 3.3 (c); 3.3 (e); 3.6

Legislation	Sections or regulations
National Treasury Instruction No.1 of 2015/16	Paragraph 3.1; 4.1; 4.2
NT SCM Instruction Note 03 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4; 4.4 (a);4.4 (c) -(d); 4.6 Paragraph 5.4 Paragraph 7.2; 7.6
NT SCM Instruction 4A of 2016/17	Paragraph 6
NT SCM Instruction Note 03 2019/20	Par 5.5.1(vi); Paragraph 5.5.1(x);
NT SCM Instruction Note 11 2020/21	Paragraph 3.1; 3.4 (a) and (b); 3.9; 6.1;6.2;6.7
NT SCM Instruction note 2 of 2021/22	Paragraph 3.2.1; 3.2.2; 3.2.4(a) and (b); 3.3.1; 3.2.2 Paragraph 4.1
PFMA SCM Instruction 04 of 2022/23	Paragraph 4(1); 4(2); 4(4)
Practice Note 5 of 2009/10	Paragraph 3.3
PFMA SCM instruction 08 of 2022/23	Paragraph 3.2 Paragraph 4.3.2 and 4.3.3
NT instruction note 4 of 2015/16	Paragraph 3.4
NT instruction 3 of 2019/20 - Annexure A	Section 5.5.1 (iv) and (x)
Second amendment of NTI 05 of 2020/21	Paragraph 4.8; 4.9; 5.1; 5.3
Erratum NTI 5 of 202/21	Paragraph 1
Erratum NTI 5 of 202/21	Paragraph 2
Practice note 7 of 2009/10	Paragraph 4.1.2
Practice note 11 of 2008/9	Paragraph 3.1 Paragraph 3.1 (b)
NT instruction note 1 of 2021/22	Paragraph 4.1
Public Service Act	Section 30 (1)





Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Table of Contents

Appropriation Statement	164 - 174
Notes to the Appropriation Statement	174 - 175
Statement of Financial Performance	176
Statement of Financial Position	177
Statement of Changes in Net Assets	178
Cash Flow Statement	179
Accounting Policies	180 - 186
Notes to the Annual Financial Statements	187 - 204
Unaudited Annexures to the Financial Statements	205 - 214



Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand	2022/2022				2021/2023				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Appropriation per programme									
1	361,227	-	(28,335)	332,892	328,641	4,251	98.72 %	421,452	421,452
Programme 1- Administration									
2	10,440,088	-	70,087	10,510,175	10,496,986	13,189	99.87 %	10,346,551	10,259,261
Programme 2- District Health Services									
34	454,961	-	(15,317)	439,644	439,359	285 152	99.94%	421,918	421,824
Programme 3- Emergency Medical Services									
34	1,725,641	-	(45,831)	1,679,810	1,679,658		99.99%	1,643,291	1,643,289
Programme 4- Provincial Hospital									
5	1,649,808	-	77,405	1,727,213	1,727,170	43	100.00 %	1,437,890	1,437,887
Programme 5- Central Hospital									
6	555,551	-	(36,309)	519,242	519,204	38	99.99 %	420,310	408,789
Programme 6- Health Science and									
7	317,884	-	(25,430)	292,454	234,252	58,202	80.10 %	246,113	239,676
Programme 7- Health Care Support									
8	1,529,073	-	3,730	1,532,803	1,531,678	1,125	99.93 %	1,726,964	1,567,205
Programme 8- Health Facility Management									
Programme subtotal	17,034,233	-	-	17,034,233	16,956,948	77,285	99.55 %	16,664,489	16,399,383
Total	17,034,233	-	-	17,034,233	16,956,948	77,285	99.55 %	16,664,489	16,399,383
Reconciliation with statement of financial performance									
Add:									
Add: Prior year unauthorised expenditure approved without funding					51,948				87,282
Actual amounts per statement of financial performance (total expenditure)					17,008,896				16,486,665

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand	2022/2023					2021/2022			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Appropriation per economic classification									
Economic classification									
Current payments									
Compensation of employees	10,283,796	(104,618)	(47,749)	10,131,429	10,113,195	18,234	99.82 %	9,746,023	9,630,205
Goods and services	5,405,562	44,074	2,846	5,452,482	5,407,945	44,537	99.18 %	5,396,997	5,365,362
Interest and rent on land	-	-	-	-	41	(41)	- %	-	712
Total current payments	15,689,358	(60,544)	(44,903)	15,583,911	15,521,181	62,730	99.60 %	15,143,020	14,996,279
Transfers and subsidies									
Provinces and municipalities	2,196	-	-	2,196	1,751	445	79.74 %	2,149	2,059
Departmental agencies and accounts	28,548	-	-	28,548	29,716	(1,168)	104.09 %	22,663	22,590
Non-profit institutions	5,580	-	-	5,580	2,580	3,000	46.24 %	2,465	2,459
Households	129,169	58,645	44,903	232,717	234,599	(1,882)	100.81 %	123,610	112,329
Total transfers and subsidies	165,493	58,645	44,903	269,041	268,646	395	99.85 %	150,887	139,437
Payments for capital assets									
Buildings and other fixed structures	995,967	(26,316)	(18,794)	950,857	949,877	980	99.90 %	1,137,145	990,897
Machinery and equipment	183,415	28,215	18,794	230,424	216,410	14,014	93.92 %	233,437	259,186
Total payments for capital assets	1,179,382	1,899	-	1,181,281	1,166,287	14,994	98.73 %	1,370,582	1,250,083
Payments for financial assets									
Total	17,034,233	-	-	17,034,233	16,956,948	77,285	99.55 %	16,664,489	16,399,383

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

1. Programme 1- Administration

Figures in Rand thousand	2022/2023						2021/2022		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme Office of the MEC	16,024	-	(206)	15,818	14,123	1,695	89.28 %	14,495	14,495
Management Services	345,203	-	(28,129)	317,074	314,518	2,556	99.19 %	406,957	406,957
Subtotal	361,227	-	(28,335)	332,892	328,641	4,251	98.72 %	421,452	421,452
Economic classification									
Current payments	165,716	(5,987)	(182)	159,547	156,800	2,747	98.28 %	153,163	153,163
Compensation of employees	194,413	-	(28,153)	166,260	164,763	1,497	99.10 %	225,118	225,120
Goods and services	-	-	-	-	-	-	- %	-	674
Interest and rent on land	-	-	-	-	-	-	- %	-	-
Total current payments	360,129	(5,987)	(28,335)	325,807	321,563	4,244	98.70 %	378,281	378,957
Transfers and subsidies Provinces and municipalities	1,098	-	-	1,098	1,091	7	99.36 %	1,318	1,318
Households	-	5,967	-	5,967	5,967	-	100.00 %	41,462	40,787
Total transfers and subsidies	1,098	5,967	-	7,065	7,058	7	99.90 %	42,780	42,105
Payments for capital assets Machinery and equipment	-	20	-	20	20	-	100.00 %	391	390
Total payments for capital assets	-	20	-	20	20	-	100.00 %	391	390
Total	361,227	-	(28,335)	332,892	328,641	4,251	98.72 %	421,452	421,452

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

2. Programme 2- District Health Services

Figures in Rand thousand	2022/2023					2021/2022			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme District Management	840,289	(3,871)	11,460	847,878	837,813	10,065	98.81 %	1,031,741	1,031,734
Community Health Clinics	1,773,419	(11,518)	14,841	1,776,742	1,776,742	-	100.00 %	1,743,842	1,743,842
Community Health Centres	1,156,594	(34,742)	952	1,122,804	1,122,804	-	100.00 %	1,099,341	1,099,341
Community Based Services	33,338	(16,020)	943	18,261	16,933	1,328	92.73 %	20,534	20,534
HIV/AIDS	2,638,302	27,318	-	2,665,620	2,663,824	1,796	99.93 %	2,644,376	2,576,375
Nutrition	11,125	(1,899)	-	9,226	9,226	-	100.00 %	7,741	7,741
District Hospitals	3,987,021	40,732	41,891	4,069,644	4,069,644	-	100.00 %	3,798,976	3,779,694
Subtotal	10,440,088	-	70,087	10,510,175	10,496,986	13,189	99.87 %	10,346,551	10,259,261
Economic classification									
Current payments	6,835,087	(47,767)	-	6,787,320	6,778,048	9,272	99.86 %	6,596,494	6,496,015
Compensation of employees	3,395,821	29,752	13,443	3,439,016	3,437,666	1,350	99.96 %	3,649,559	3,649,559
Goods and services	-	-	-	-	35	(35)	- %	-	7
Interest and rent on land	-	-	-	-	-	-	- %	-	-
Total current payments	10,230,908	(18,015)	13,443	10,226,336	10,215,749	10,587	99.90 %	10,246,053	10,145,581
Transfers and subsidies									
Departmental agencies and accounts	680	-	-	680	149	531	21.91 %	166	94
Non-profit institutions	5,580	-	-	5,580	2,580	3,000	46.24 %	2,465	2,459
Households	73,122	16,218	46,101	135,441	138,972	(3,531)	102.61 %	31,269	31,269
Total transfers and subsidies	79,382	16,218	46,101	141,701	141,701	-	100.00 %	33,900	33,822
Payments for capital assets									
Machinery and equipment	129,798	1,797	10,543	142,138	139,161	2,977	97.91 %	66,598	66,598
Total payments for capital assets	129,798	1,797	10,543	142,138	139,161	2,977	97.91 %	66,598	66,598
Payments for financial assets	-	-	-	-	375	(375)	- %	-	13,260
Total	10,440,088	-	70,087	10,510,175	10,496,986	13,189	99.87 %	10,346,551	10,259,261

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

3. Programme 3- Emergency Medical Services

Figures in Rand thousand	2022/2023				2021/2022				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme Emergency Transport	434,113	2,201	(9,964)	426,350	426,066	284	99.93 %	406,745	406,653
Planned Patient Transport	20,848	(2,201)	(5,353)	13,294	13,293	1	99.99 %	15,173	15,171
Subtotal	454,961	-	(15,317)	439,644	439,359	285	99.94 %	421,918	421,824
Economic classification									
Current payments Compensation of employees	347,417	(3,283)	(12,649)	331,485	331,485	-	100.00 %	321,229	321,227
Goods and services	102,921	3,283	-	106,204	106,203	1	100.00 %	73,357	73,356
Total current payments	450,338	-	(12,649)	437,689	437,688	1	100.00 %	394,586	394,583
Transfers and subsidies	1,098	-	-	1,098	660	438	60.11 %	831	741
Provinces and municipalities									
Households	428	-	-	428	583	(155)	136.21 %	626	625
Total transfers and subsidies	1,526	-	-	1,526	1,243	283	81.45 %	1,457	1,366
Payments for capital assets Machinery and equipment	3,097	-	(2,668)	429	428	1	99.77 %	25,875	25,875
Total payments for capital assets	3,097	-	(2,668)	429	428	1	99.77 %	25,875	25,875
Total	454,961	-	(15,317)	439,644	439,359	285	99.94 %	421,918	421,824

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

4. Programme 4- Provincial Hospital Services

Figures in Rand thousand	2022/2023				2021/2022				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	1,528,788	1,521	(34,363)	1,495,946	1,495,795	151	99.99 %	1,442,606	1,442,604
General (Regional) Hospitals									
Tuberculosis Hospitals	147,763	119	(11,468)	136,414	136,414	-	100.00 %	151,648	151,648
Psychiatric/ Mental Hospitals	49,090	(1,640)	-	47,450	47,449	1	100.00 %	49,037	49,037
Subtotal	1,725,641	-	(45,831)	1,679,810	1,679,658	152	99.99 %	1,643,291	1,643,289
Economic classification									
Current payments Compensation of employees	1,269,282	(20,795)	(13,848)	1,234,639	1,234,639	-	100.00 %	1,206,682	1,206,682
Goods and services	430,945	1	(31,983)	398,963	398,499	464	99.88 %	429,120	429,058
Interest and rent on land	-	-	-	-	6	(6)	- %	-	5
Total current payments	1,700,227	(20,794)	(45,831)	1,633,602	1,633,144	458	99.97 %	1,635,802	1,635,745
Transfers and subsidies Departmental agencies and	82	-	-	82	29	53	35.37 %	34	33
accounts Households	23,672	20,794	-	44,466	44,465	1	100.00 %	4,886	4,886
Total transfers and subsidies	23,754	20,794	-	44,548	44,494	54	99.88 %	4,920	4,919
Payments for capital assets Machinery and equipment	1,660	-	-	1,660	1,561	99	94.04 %	2,569	2,568
Total payments for capital assets	1,660	-	-	1,660	1,561	99	94.04 %	2,569	2,568
Payments for financial assets	-	-	-	-	459	(459)	- %	-	57
Total	1,725,641	-	(45,831)	1,679,810	1,679,658	152	99.99 %	1,643,291	1,643,289

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand	2022/2023				2021/2022				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	1,649,808	-	77,405	1,727,213	1,727,170	43	100.00 %	1,437,890	1,437,887
Provincial Tertiary Hospital Services									
Economic classification									
Current payments									
Compensation of employees	1,081,565	(20,060)	-	1,061,505	1,061,505	-	100.00 %	984,563	984,270
Goods and services	553,027	4,394	72,294	629,715	629,866	(151)	100.02 %	429,155	429,154
Interest and rent on land	-	-	-	-	-	-	- %	-	26
Total current payments	1,634,592	(15,666)	72,294	1,691,220	1,691,371	(151)	100.01 %	1,413,718	1,413,450
Transfers and subsidies									
Departmental agencies and accounts	55	-	-	55	12	43	21.82 %	12	12
Households	1,314	15,666	-	16,980	16,980	-	100.00 %	3,167	3,166
Total transfers and subsidies	1,369	15,666	-	17,035	16,992	43	99.75 %	3,179	3,178
Payments for capital assets									
Machinery and equipment	13,847	-	5,111	18,958	18,807	151	99.20 %	20,993	20,992
Total payments for capital assets	13,847	-	5,111	18,958	18,807	151	99.20 %	20,993	20,992
Payments for financial assets									
Total	1,649,808	-	77,405	1,727,213	1,727,170	43	100.00 %	1,437,890	1,437,887

5. Programme 5- Central Hospital Services

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

6. Programme 6 - Health Science and Training

Figures in Rand thousand	2022/2023				2021/2022				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	159,184	240	(15,768)	143,656	143,655	1	100.00 %	138,929	138,706
Nurse Training Colleges									
EMS Training College	2,528	322	-	2,850	2,850	-	100.00 %	2,695	2,634
Bursaries	35,187	(456)	(4,212)	30,519	28,724	1,795	94.12 %	41,991	31,388
Primary Health Care Training	4,400	(211)	(636)	3,553	3,553	-	100.00 %	4,164	4,164
Training Other	354,252	105	(15,693)	338,664	340,422	(1,758)	100.52 %	232,531	231,897
Subtotal	555,551	-	(36,309)	519,242	519,204	38	99.99 %	420,310	408,789
Economic classification									
Current payments	400,431	-	(21,070)	379,361	379,361	-	100.00 %	303,692	303,481
Compensation of employees									
Goods and services	95,722	-	(15,953)	79,769	79,732	37	99.95 %	52,150	51,587
Total current payments	496,153	-	(37,023)	459,130	459,093	37	99.99 %	355,842	355,068
Transfers and subsidies									
Departmental agencies and accounts	27,731	-	-	27,731	29,526	(1,795)	106.47 %	22,451	22,451
Households	30,508	-	(1,338)	29,170	27,375	1,795	93.85 %	41,534	30,932
Total transfers and subsidies	58,239	-	(1,338)	56,901	56,901	-	100.00 %	63,985	53,383
Payments for capital assets									
Machinery and equipment	1,159	-	2,052	3,211	3,210	1	99.97 %	483	338
Total payments for capital assets	1,159	-	2,052	3,211	3,210	1	99.97 %	483	338
Total	555,551	-	(36,309)	519,242	519,204	38	99.99 %	420,310	408,789

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

7. Programme 7- Health Care Support Services

Figures in Rand thousand	2022/2023				2021/2022				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme									
Laundries	46,313	-	-	46,313	42,856	3,457	92.54 %	36,255	36,098
Engineering	42,914	-	3,756	46,670	37,557	9,113	80.47 %	24,434	24,433
Forensic Services	108,990	(1,258)	-	107,732	101,670	6,062	94.37 %	108,456	107,909
Orthotic & Prosthetic Services	8,595	1	-	8,596	7,968	628	92.69 %	6,245	6,025
Medicine Trading Account	111,072	1,257	(29,186)	83,143	44,201	38,942	53.16 %	70,723	65,211
Subtotal	317,884	-	(25,430)	292,454	234,252	58,202	80.10 %	246,113	239,676
Economic classification									
Current payments	142,073	(712)	-	141,361	135,146	6,215	95.60 %	130,878	130,878
Compensation of employees	141,832	630	(29,186)	113,276	71,773	41,503	63.36 %	94,526	88,090
Total current payments	283,905	(82)	(29,186)	254,637	206,919	47,718	81.26 %	225,404	218,968
Transfers and subsidies	125	-	-	125	117	8	93.60 %	613	612
Households	33,854	82	3,756	37,692	27,216	10,476	72.21 %	20,096	20,096
Payments for capital assets									
Machinery and equipment									
Total payments for capital assets	33,854	82	3,756	37,692	27,216	10,476	72.21 %	20,096	20,096
Total	317,884	-	(25,430)	292,454	234,252	58,202	80.10 %	246,113	239,676

Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

8. Programme 8- Health Facility Management

Figures in Rand thousand	2022/2023					2021/2022			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Sub programme	1,065,763	-	3,730	1,069,493	1,069,518	(25)	100.00 %	1,269,899	1,110,818
Community Health Facilities									
Provincial Hospital Services	463,310	-	-	463,310	462,160	1,150	99.75 %	457,065	456,387
Subtotal	1,529,073	-	3,730	1,532,803	1,531,678	1,125	99.93 %	1,726,964	1,567,205
Economic classification									
Current payments	42,225	(6,014)	-	36,211	36,211	-	100.00 %	49,322	34,489
Compensation of employees									
Goods and services	490,881	6,014	22,384	519,279	519,443	(164)	100.03 %	444,012	419,438
Total current payments	533,106	-	22,384	555,490	555,654	(164)	100.03 %	493,334	453,927
Transfers and subsidies Households	-	-	140	140	140	-	100.00 %	53	52
Total transfers and subsidies	-	-	140	140	140	-	100.00 %	53	52
Payments for capital assets Buildings and other fixed structures	995,967	(26,316)	(18,794)	950,857	949,877	980	99.90 %	1,137,145	990,897
Machinery and equipment	-	26,316	-	26,316	26,007	309	98.83 %	96,432	122,329
Total payments for capital assets	995,967	-	(18,794)	977,173	975,884	1,289	99.87 %	1,233,577	1,113,226
Total	1,529,073	-	3,730	1,532,803	1,531,678	1,125	99.93 %	1,726,964	1,567,205

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

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

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the annual financial statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 Annual appropriation to the annual financial statements.

3. Detail on payments for financial assets

Details of these transactions per programme can be viewed in the note on Payments for financial assets to the annual financial statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1. Per programme

Figures in Rand thousand	Final Appropriation	Actual Expenditure	Variance	Variance as a% of Final Appropriation
Programme 1- Administration	332,892	328,641	4,251	1.3 %
Programme 2- District Health Services	10,510,175	10,496,986	13,189	0.1 %
Programme 3- Emergency Medical Services	439,644	439,359	285	0.1 %
Programme 4- Provincial Hospital Services	1,679,810	1,679,658	152	- %
Programme 5- Central Hospital Services	1,727,213	1,727,170	43	- %
Programme 6- Health Science and Training	519,242	519,204	38	- %
Programme 7- Health Care Support Services	292,454	234,252	58,202	19.9 %
Programme 8- Health Facility Management	1,532,803	1,531,678	1,125	0.1 %

Programme 7 undespent due to Medicine Trading account used as trading account for procurement of pharmaceuticals and expenditure journalised to service delivery programmes based on issued stock.

4.2. Per economic classification

Figures in Rand thousand	Final Appropriation	Actual Expenditure	Variance	Variance as a% of Final Appropriation
Current payments				
Compensation of employees	10,131,429	10,113,195	18,234	- %
Goods and services	5,452,482	5,407,945	44,537	1 %
Interest and rent on land	-	41	(41)	- %
Transfers and subsidies				
Provinces and municipalities	2,196	1,751	445	20 %
Departmental agencies and accounts	28,548	29,716	(1,168)	(4)%
Non-profit institutions	5,580	2,580	3,000	54 %
Households	232,717	234,599	(1,882)	(1)%
Payments for capital assets				
Buildings and other fixed structures	950,857	949,877	980	- %
Machinery and equipment	230,424	216,410	14,014	6 %

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Payments for financial assets - 834 (834) - %

The Department wrote off R 51, 948 million unauthorised expenditure without funding in current account (Amounts written off as follows- Compensation of employees R 8, 957 and Goods and Services R 42, 991). Provinces, Municipalities and NPI underspending was caused by delays in the finalisation of vehicle licences and service level agreement. The delay of delivery of vehicles contributed to the underspending in machinery and equipment.

4.3.Per conditional grant

Figures in Rand thousand	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
District Health Programme Grant	2,638,302	2,636,506	1,796	- %
Health Facility Revitalisation Grant (Health)	463,310	462,330	980	- %
Human Resources and Training Grant (Health)	274,266	274,229	37	- %
National Health Insurance Grant	82,875	72,810	10,065	12 %
National Tertiary Services Grant (Health)	145,385	145,379	6	- %
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	13,140	11,812	1,328	10 %

The average spending on Conditional Grants was 100 percent. The underspending in NHI and Soc Sec EPWP grant was due to delay of appointment

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

of general practitioners and community health workers.

Statement of Financial Performance

Figures in Rand thousand

	Note(s)	2022/2023	2021/2022
Revenue			
Annual appropriation	1	17,034,233	16,664,489
Expenditure			
Current expenditure			
Compensation of employees	3	10,113,195	9,630,205
Goods and services	4	5,407,945	5,365,362
Interest and rent on land	5	41	712
Total current expenditure		15,521,181	14,996,279
Transfers and subsidies			
Transfers and subsidies	7	268,646	139,437
Expenditure for capital assets			
Tangible assets	8	1,166,287	1,250,083
Unauthorised expenditure approved without funding		51,948	87,282
Payments for financial assets	6	834	13,584
Total expenditure		17,008,896	16,486,665
Surplus for the year		25,337	177,824
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds			
Annual appropriation		11,125	174,859
Conditional grants		14,212	2,965
		25,337	177,824

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Statement of Financial Position as at 31 March 2023

Figures in Rand thousand

	Note(s)	2022/2023	2021/2022
Assets			
Current Assets			
Cash and cash equivalents	9	77,524	278,322
Receivables	10	30,576	25,884
		108,100	304,206
Total Assets		108,100	304,206
Liabilities			
Current Liabilities			
Voted funds to be surrendered to the Revenue Fund	11	172,805	426,442
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	12	9,405	10,815
Payables	13	15,416	9,617
		197,626	446,874
Total Liabilities		197,626	446,874
		(89,526)	(142,668)
Represented by:			
Recoverable revenue		5,949	4,755
Unauthorised expenditure		(95,475)	(147,423)
Total		(89,526)	(142,668)

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Statement of Changes in Net Assets

Figures in Rand thousand

	Note	2022/2023	2021/2022
Recoverable revenue			
Opening balance		4,755	4,116
Transfers: Irrecoverable amounts written off	6.1	834	13,584
Debts recovered (incl in dept receipts)		1,237	3,281
Debts raised		(877)	(16,226)
Closing balance		5,949	4,755
Unauthorised expenditure]			
Opening balance		(147,423)	(234,705)
Less: Amounts approved by Parliament/Legislature without funding and derecognised: Current		51,948	87,282
Closing balance		(95,475)	(147,423)
Total		(89,526)	(142,668)

Notes of the Appropriation Statement

Annual Financial Statements for the year ended 31 March 2023

Cash Flow Statement

Figures in Rand thousand

	Note(s)	2022/2023	2021/2022
Cash flows from operating activities			
Receipts			
Annual appropriated funds received	1.1	17,034,233	16,664,489
Departmental revenue received	2	64,962	74,484
Interest received	2.2	12,129	6,011
		17,111,324	16,744,984
Net (increase)/ decrease in working capital		1,107	98,263
Surrendered to Revenue Fund		(358,324)	(301,060)
Current payments		(15,573,088)	(15,082,849)
Interest paid	5	(41)	(712)
Payments for financial assets		(834)	(13,584)
Transfers and subsidies paid		(268,646)	(139,437)
Net cash flow available from operating activities	14	911,498	1,305,605
Cash flows from investing activities			
Payments for capital assets	8	(1,166,287)	(1,250,083)
Proceeds from sale of capital assets	2.3	849	7,363
Net cash flows from investing activities		(1,165,438)	(1,242,720)
Cash flows from financing activities			
Increase/ (decrease) in net assets		53,142	639
Net increase/ (decrease) in cash and cash equivalents		(200,798)	63,524
Cash and cash equivalents at beginning of year		278,322	214,798
Cash and cash equivalents at the end of the year	15	77,524	278,322

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

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 financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999, and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1. Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2. Going concern

The financial statements have been prepared on a going concern basis.

3. Presentation currency

Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

4. Rounding

Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R '000).

5. Foreign currency translation

Cash flows arising from foreign currency transactions are translated into South African Rand using the spot exchange rates prevailing at the date of payment / receipt.

6. Comparative information

6.1. Prior period comparative information

Prior period comparative information has been presented in the current year's annual financial statements. Where necessary figures included in the prior period annual 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 annual financial statements.

6.2. Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

7. Revenue

7.1. Appropriated funds

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

Appropriated funds are measured at the amounts receivable.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2. Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Departmental revenue is measured at the cash amount received.

In-kind donations received are recorded in the notes to the annual financial statements on the date of receipt and are measured at fair value.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

7.3. Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the annual financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.

8. Expenditure

8.1. Compensation of employees

8.1.1. Salaries and wages

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2. Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

8.2. Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

Donations made in kind are recorded in the notes to the annual financial statements on the date of transfer and are measured at cost or fair value.

8.3. Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the annual financial statements at cost or fair value at the reporting date.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

8.4. Leases

8.4.1. Operating leases

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.

The operating lease commitments are recorded in the notes to the annual financial statements.

8.4.2. Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.

The finance lease commitments are recorded in the notes to the annual financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9. Aid assistance

9.1. Aid assistance received

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the annual financial statements on the date of receipt and is measured at fair value.

CARA Funds are recognised when receivable and measured at the amounts receivable.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2. Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

10. Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11. Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

9. Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

10. Investments

Investments are recognised in the statement of financial position at cost.

11. Financial assets

14.1. Financial assets (not covered elsewhere)

A financial asset is recognised initially at its cost, plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

14.2. Impairment of financial assets

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the annual financial statements.

12. Payables

Payables recognised in the statement of financial position are recognised at cost.

13. Capital assets

16.1. Immovable capital assets

Immovable assets reflected in the asset register of the department are recorded in the notes to the annual financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

Additional information on immovable assets not reflected in the assets register is provided in the notes to annual financial statements.

16.2. Movable capital assets

Movable capital assets are initially recorded in the notes to the annual financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R 1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R 1

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

16.3. Intangible assets

Intangible assets are initially recorded in the notes to the annual financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the annual financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R 1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R 1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

16.4. Project costs: Work-in-progress

Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.

Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.

Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.

14. Provisions and contingents

17.1. Provisions

Provisions are recorded in the notes to the annual financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

17.2. Contingent liabilities

Contingent liabilities are recorded in the notes to the annual financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3. Contingent assets

Contingent assets are recorded in the notes to the annual financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

17.4. Capital commitments

Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the annual 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.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

15. Unauthorised expenditure

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or
- transferred to receivables for recovery.

Unauthorised expenditure recorded in the notes to the annual financial statements comprise of:

- unauthorised expenditure that was under assessment in the previous financial year;
- unauthorised expenditure relating to previous financial year and identified in the current year; and
- unauthorised expenditure incurred in the current year.

16. Fruitless and wasteful expenditure

Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.

Fruitless and wasteful expenditure is recorded in the notes to the annual financial statements when and at amounts confirmed, and comprises of:

- fruitless and wasteful expenditure that was under assessment in the previous financial year;
- fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and
- fruitless and wasteful expenditure incurred in the current year.

17. 20. Irregular expenditure

Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable.

Irregular expenditure is recorded in the notes to the annual financial statements when and at amounts confirmed and comprises of:

- irregular expenditure that was under assessment in the previous financial year;
- irregular expenditure relating to previous financial year and identified in the current year; and
- irregular expenditure incurred in the current year.

18. Changes in accounting estimates and errors

Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

19. Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the annual 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 annual financial statements.

Accounting Policies

Annual Financial Statements for the year ended 31 March 2023

20. Principal-Agent arrangements

The department is party to a principal-agent arrangement for [the management of the procurement, warehousing, distribution and information management for pharmaceuticals and surgical sundries]. In terms of the arrangement the department is the principal and is responsible for [requisitioning supplies through the agent]. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the annual financial statements where appropriate.

21. Departures from the MCS requirements

Management has concluded that the financial statement present fairly the department's primary and secondary information and has not departed from MCS requirements.

22. Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.

23. Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

24. Related party transactions

A related party transactions within the MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.

The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.

25. Inventories

At the date of acquisition, inventories are recognised at cost in the statement of financial performance.

Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.

The cost of inventories is assigned by using the weighted average cost basis.

26. Public-Private Partnerships

Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.

A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the annual financial statements.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

27. Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the employee benefits note.

Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date.

The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

28. Transfers of functions

Transfers of functions are accounted for by the acquirer by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of transfer.

Transfers of functions are accounted for by the transfer or by derecognising or removing assets and liabilities at their carrying amounts at the date of transfer.

29. Mergers

Mergers are accounted for by the combined department by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of the merger.

Mergers are accounted for by the combining departments by derecognising or removing assets and liabilities at their carrying amounts at the date of the merger.

1. Annual appropriation

1.1. Annual appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

Figures in Rand thousand	2022/2023		2021/2022	
	Final budget	Actual funds received	Final budget	Appropriation received
Programmes				
Programme 1- Administration	332,892	332,892	421,452	421,452
Programme 2- District Health Services	10,510,175	10,510,175	10,346,551	10,346,551
Programme 3- Emergency Medical Services	439,644	439,644	421,918	421,918
Programme 4- Provincial Hospital Services	1,679,810	1,679,810	1,643,291	1,643,291
Programme 5- Central Hospital Services	1,727,213	1,727,213	1,437,890	1,437,890
Programme 6- Health Science and Training	519,242	519,242	420,310	420,310
Programme 7- Health Care Support Services	292,454	292,454	246,113	246,113
Programme 8- Health Facility Management	1,532,803	1,532,803	1,726,964	1,726,964
Total	17,034,233	17,034,233	16,664,489	16,664,489

The Department has requested and received all funds appropriated.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

1.2. Conditional grants**

Total grants received	31	3,617,278	3,392,183
-----------------------	----	-----------	-----------

The Prior year Conditional Grants received note was restated to reflect the Grants received and not spent.

2. Departmental revenue

Sales of goods and services other than capital assets	2.1	61,447	54,828
Interest, dividends and rent on land	2.2	12,129	6,011
Sales of capital assets	2.3	849	7,363
Transactions in financial assets and liabilities	2.4	3,515	19,656
Total revenue collected		77,940	87,858
Less: Own revenue included in appropriation	12	77,940	87,858
Departmental revenue collected		-	-
2.1. Sales of goods and services other than capital assets			
Sales by market establishment		8,636	8,908
Administrative fees		3,047	2,270
Other sales		49,636	43,450
Sales of goods and services produced by the department		61,319	54,628
Sales of scrap, waste and other used current goods		128	200
Total		61,447	54,828

Other sales include boarding services, commission on insurance and garnishee, course fees, day care fees, patient fees, private patient fees, patient transport, special events, cremation/ mortuary fees and photocopies and fax fees.

Figures in Rand thousand

	Note(s)	2022/2023	2021/2022
2.2. Interest, dividends and rent on land			
Interest		12,129	6,011
2.3. Sales of capital assets			
Tangible assets			
Machinery and equipment		849	7,363
2.4. Transactions in financial assets and liabilities			
Receivables		2,278	3,709
Other receipts including recoverable revenue		1,237	15,947
Total	2	3,515	19,656
Other receipts include recovery of previous year's expenditure.			

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

2.5. Transfers received

2.5.1. Donations received in-kind (not included in the main note)

Prior Year Donations Received	-	56,894
Goods & Services	15,266	-
Other machinery and equipment	399	-
Computers	7	-
Furniture	7	-
Total	2	56,894

Prior Year disclosure of in Kind Donations was disclosed in Aid Assistance.

3. Compensation of employees

3.1. Salaries and wages

Basic salary	6,036,207	5,705,384
Performance award	2,029	45,097
Service based	6,597	7,356
Compensative/circumstantial	934,936	934,944
Periodic payments	209,664	18,221
Other non-pensionable allowances	1,650,227	1,722,284
Total	8,839,660	8,433,286

Other Non - pensionable allowances include Capital remuneration, Housing allowances, Non- pensionable allowances not seperately provided for and Service bonus. Included in Compensative/ circumstantial expenditure is Overtime expenditure to the value of R 520 979 989.55 which includes commuted overtime for doctors.

3.2. Social contributions

Employer contributions

	2022/2023	2021/2022
Pension	699,550	669,799
Medical	570,414	523,729
UIF	6	1
Bargaining council	1,637	1,613
Insurance	1,928	1,777
Total	1,273,535	1,196,919
Total compensation of employees	10,113,195	9,630,205
Average number of employees	28,830	28,020

The Department had an averaged 28 830 employees. The number of employees the Department had as at 31 March 2023 on the establishment was as follows- 19761 permanent employees, 15 part time employees, 2155 contracted employees, 674 periodical appointments, 235 sessional appointments, 6721 abnormal appointments, 1 temporary and 1 political appointment.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

4. Goods and service

		2022/2023	2021/2022
Administrative fees		198,348	259,869
Advertising		35,740	39,297
Minor assets	4.1	4,947	5,745
Bursaries (employees)		515	-
Catering		8,316	2,966
Communication		46,318	48,515
Computer services	4.2	316,930	88,910
Consultants: Business and advisory services		4,397	5,411
Laboratory services		705,789	743,812
Legal services		55,810	115,643
Contractors		514,437	340,462
Agency and support / outsourced services		60,554	73,677
Audit cost - external	4.3	26,011	22,212
Fleet services		173,151	125,114
Inventory	4.4	1,961,968	2,395,942
Consumables	4.5	536,092	507,000
Operating leases		36,740	51,223
Property payments	4.6	544,798	431,150
Rental and hiring		544	1,444
Transport provided as part of the departmental activities		751	901
Travel and subsistence	4.7	153,252	98,271
Venues and facilities		10,192	2,630
Training and development		7,439	3,455
Other operating expenditure	4.8	4,906	1,713
Total		5,407,945	5,365,362

Expenditure under Consultants: Business and advisory services the following expenditure was incurred: Board & Comm Mem- R7,5 thousand, Human Resource- R 4,168 million and Research & Advisors- R 222 thousand. Expenditure under Contractors, the following expenditure was incurred: Graphic designers-R 421 thousand, Medical Services- R 468,748 million, Stage and Sound crew- R429 thousand, Security Services-R 14, 809 million and Maintenance of Machinery and Equipment- R 30,020 million. Expenditure in Agency and support/ Outsourced services the following expenditure was incurred: Admin and Support Staff-R5,179 million, Burial services- R 761 thousand, Medical and Chemical Waste Removal- R 53,367 million, Medical Doctors- R 73 thousand and Medical Services- R 1,174 million.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand

4.1.Minor assets

Tangible assets

Machinery and equipment

4.2.Computer services

SITA computer services

External computer service providers

Total

4

External computer service providers include Queue Management and digitisation of patient records.

4.3.Audit cost - external

Regularity audits

4.4.Inventory

Food and food supplies

Medical supplies

Medicine

Total

4

4.5.Consumables

Uniform and clothing

Household supplies

IT consumables

Other consumables

Consumable supplies

Stationery, printing and office supplies

Total

4

Other includes Medical supplies, Gifts and awards, Fuel supplies, Gas supplies, Notice Boards, Garden and Farm supplies, Hardware, Security Acces Consumables, Photographic consumables and Bags and accessories. The expenditure increase in stationary was due to procurement of clinical stationary.

4.6.Property payments

Municipal services

Property maintenance and repairs

Other

Total

4

Other includes Fire fighting, Pest control and Safety and Security.

	2022/2023	2021/2022
	4,947	5,745
	4,534	4,125
	312,396	84,785
Total	316,930	88,910
	26,011	22,212
	97,611	86,744
	521,376	529,972
	1,342,981	1,779,226
Total	1,961,968	2,395,942
	64,661	131,627
	159,323	130,974
	259	647
	175,400	209,235
Consumable supplies	399,643	472,483
	136,449	34,517
Total	536,092	507,000
	219,669	191,609
	316,058	232,486
	9,071	7,055
Total	544,798	431,150

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

		2022/2023	2021/2022
4.7. Travel and subsistence			
Local		152,352	96,424
Foreign		900	1,847
Total	4	153,252	98,271
4.8. Other operating expenditure			
Professional bodies, membership and subscription fees		643	1,165
Resettlement costs		858	404
Other		3,405	144
Total	4	4,906	1,713
Other operating expenditure includes Non-life insurance and Courier & Delivery services.			
5. Interest and rent on land			
Interest paid		41	712
6. Payments for financial assets			
Debts written off	6.1	834	13,584
6.1. Debts written off			
Nature of debts written off			
Other debt written off Write Offs		-	12,127
Lost Cylinders		834	1,457
Total		834	13,584
7. Transfers and subsidies			
Provinces and municipalities	32	1,751	2,059
Departmental agencies and accounts	Annexure 1B	29,716	22,590
Non-profit institutions	Annexure 1F	2,580	2,459
Households	Annexure 1G	234,599	112,329
Total		268,646	139,437
7.1. Donations made in kind (not included in the main note)			
NP Motloung		-	25
MDU Masondo		-	18
ZP Thusi		75	-
Total	Annexure 1J	75	43

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

8. Expenditure for capital assets

		2022/2023	2021/2022
Tangible assets Buildings and other fixed structures	28	949,877	990,897
Machinery and equipment	26	216,410	259,186
		1,166,287	1,250,083

8.1. Analysis of funds utilised to acquire capital assets -2022/2023

Figures in Rand thousand

	Voted funds	Total
Tangible assets		
Buildings and other fixed structures	949,877	949,877
Machinery and equipment	216,410	216,410
	1,166,287	1,166,287

8.2. Analysis of funds utilised to acquire capital assets -2021/2022

Tangible assets		
Buildings and other fixed structures	990,897	990,897
Machinery and equipment	259,186	259,186
	1,250,083	1,250,083

9. Cash and cash equivalents

	2022/2023	2021/2022
Consolidated paymaster general account	76,782	281,085
Disbursements	(50)	(2,818)
Cash on hand	792	55
Total	77,524	278,322

10. Receivables

Figures in Rand thousand

		2022/2023		2021/2022	
	Note	Current	Total	Current	Total
Staff debt	10.1	17,057	17,057	16,031	16,031
Other receivables	10.2	13,519	13,519	9,853	9,853
Total		30,576	30,576	25,884	25,884

The Other Debtors includes various departments, suppliers and accounts.

10.1. Staff debt

Ex Employees	16,254	14,684
Employees	456	1,022
GG Accident	347	325
Total	17,057	16,031

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

	Notes	2022/2023	2021/2022
10.2. Other receivables			
Fruitless and wasteful expenditure		3,517	2,211
SAL: Deduction Disall Acc: CA		1	-
SAL:Tax Debt:CA		-	892
Suppliers		2,039	-
Inter-Departmental Receivables		7,652	6,160
SAL: Fin Institute Study Loans:CL		4	4
SAL:Gems Refund Control Acc:CL		-	586
Other		306	-
Total	10	13,519	9,853
Other consist Medical Aid and Tax Debt. The Interdepartmental receivables includes various departments (Annex 4)			
10.3. Impairment of receivables			
Estimate of impairment of receivables		7,369	7,369
11. Voted funds to be surrendered to the Revenue Fund			
Opening balance		426,442	458,193
Transferred from statement of financial performance (as restated)		25,337	177,824
Paid during the year		(278,974)	(209,575)
Closing balance		172,805	426,442
11.1. Reconciliation of unspent conditional grants			
Total conditional grants received	1.2	3,617,278	3,392,183
Total conditional grants spent		(3,603,066)	(3,389,218)
Unspent conditional grants to be surrendered		14,212	2,965
12. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		10,815	14,442
Own revenue included in appropriation	2	77,940	87,858
Paid during the year		(79,350)	(91,485)
Closing balance		9,405	10,815

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

	Notes	2022/2023	2021/2022
13. Payables -current			
Clearing accounts	13.1	15,416	9,617
13.1.Clearing accounts			
SAL:Bargaining Councils		3	3
SAL: Pension Debt:CA		2,674	3,197
SAL: ACB Recalls:CA		949	213
SAL: Subscription Prof Bodies:CL		6	6
SAL: Pension Fund		470	149
SAL:Medical Aid		-	19
SAL:Income Tax		7,956	5,576
SAL:Garnshee Order		417	408
SAL: Tax Debt:CA Other		-	46
Other		2,941	-
Total	13	15,416	9,617

Other refers to GEHS Refund Control Acc and SAL: Reversal Control Acc

14. Net cash flow available from operating activities

Net surplus as per Statement of Financial Performance	25,337	177,824
Add back non cash/ cash movements not deemed operating activities		
(Increase)/ decrease in receivables	(4,692)	5,127
(Increase)/ decrease in other current assets	-	87,282
Increase/ (decrease) in payables – current	5,799	5,854
Proceeds from sale of capital assets	(849)	(7,363)
Expenditure on capital assets	1,166,287	1,250,083
Surrenders to Revenue Fund	(358,324)	(301,060)
Own revenue included in appropriation	77,940	87,858
Net cash flow generated by operating activities	911,498	1,305,605

15. Reconciliation of cash and cash equivalents for cash flow purposes

Consolidated paymaster general account	76,782	281,085
Disbursements	(50)	(2,818)
Cash on hand	792	55
Total	77,524	278,322

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

16. Contingent liabilities and contingent assets

16.1. Contingent liabilities

	Nature	Notes	2022/2023	2021/2022
Liability to Claims against the department		Annexure 3B	7,170,792	7,911,109
Intergovernmental payables (unconfirmed balances)		Annexure 5	5,686	14,537
Total			7,176,478	7,925,646

Claims against the department arise in the course of the department's normal operations, which is the provision of health care. The amount and timing of the cash flows relating to the claims against the department is highly uncertain.

16.2. Contingent assets

Nature of contingent asset	2022/2023	2021/2022
Vehicle Accidents	1,753	-

17. Capital commitments

Buildings and other fixed structures	1,749,405	2,366,055
Machinery and equipment	104,398	56,865
Total	1,853,803	2,422,920

In terms of the changes in the MCS for commitments, the Department is only reporting on Capital commitments. Excluded in the capital commitment is the construction of new Middelburg hospital due to over expenditure incurred which resulted from unapproved variation orders by Provincial treasury, however irregular expenditure has been disclosed.

18. Accruals and payables not recognised

18.1.1 Accruals

Figures in Rand thousand Listed by economic classification	30 Days	2022/2023 30+ Days	Total	2021/2022 Total
Goods and services	292,974	695	293,669	285,197
Transfers and subsidies	-	2,573	2,573	5,326
Capital assets	15,554	17,994	33,548	17,072
Other	26,533	-	26,533	-
Total	335,061	21,262	356,323	307,595

Listed by programme level

Programme 1- Administration	26,880	3,892
Programme 2- District Health Services	132,316	67,535
Programme 2- Emergency Medical Services	12,874	10,622
Programme 4- Provincial Hospital Services	16,944	39,357
Programme 5- Central Hospital Services	31,959	6,851
Programme 6- Health Science and Training	-	12,063
Programme 7- Health Care Support Services	107,437	148,849
Programme 8- Health Facility Management	1,380	18,426
Other	26,533	-
Total	356,323	307,595

The Other relates to Persal transactions, overtime, rank translations and claims and BAS Salary transactions.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand

Note(s)

2022/2023

2021/2022

18. Accruals and payables not recognised (continued)

18.2. Payables not recognised

Figures in Rand thousand

Listed by economic classification

	30 Days	2022/2023 30+ Days	Total	2021/2022 Total
Goods and services	296,671	43,459	340,130	90,076
Transfers and subsidies	60	-	60	174
Capital assets	74,988	54,369	129,357	31,217
Other	-	-	-	20,539
Total	371,719	97,828	469,547	142,006

Listed by programme level

Programme 1- Administration	1,260	24,027
Programme 2 - District Health Services	119,226	21,952
Programme 3 - Emergency Medical Services	33,957	1,431
Programme 4 - Provincial Hospital Services	27,410	13,661
Programme 5 - Central Hospital Services	27,924	2,300
Programme 6 - Health Science and Training	7,086	575
Programme 7 - Health Care Support Services	81,247	4,543
Programme 8 - Health Facilities Management	171,437	50,999
Other	-	22,518
Total	469,547	142,006

Included in the above totals are the following:

Confirmed balances with other departments

Annexure 5

4,693

1,332

Confirmed balances with other government entities

Annexure 5

1,619

-

Total

6,312

1,332

19. Employee benefits

Leave entitlement	495,853	463,437
Service bonus (Thirteenth cheque)	237,029	226,448
Capped leave commitments	164,979	178,719
Other	8,454	6,859
Total	906,315	875,463

Other is for the long services awards for the next twelve months. Included in leave entitlements are negative leave and leave backdated entitlements.

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

	Note(s)	2022/2023	2021/2022	
20. Lease commitments				
20.1. Operating leases				
2021/2022				
Figures in Rand thousand				
		Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year		13,535	6,986	20,521
Later than 1 year and not later than 5 years		41,866	2,900	44,766
Later than five years		10,173	-	10,173
Total lease commitments		65,574	9,886	75,460
2021/2022				
Not later than 1 year		14,066	8,862	22,928
Later than 1 year and not later than 5 years		45,029	7,904	52,933
Later than five years		20,545	-	20,545
Total lease commitments		79,640	16,766	96,406
The buildings leases escalate on average 10 percent per year.				
21. Accrued departmental revenue				
Sales of goods and services other than capital assets		295,431	236,319	
21.1. Analysis of accrued departmental revenue				
Opening balance		236,319	220,201	
Less: Amounts received		(26,042)	(33,679)	
Add: Amounts recognised		85,154	83,030	
Less: Amounts written-off/reversed as irrecoverable		-	(33,233)	
Total		295,431	236,319	
21.2. Accrued department revenue written off				
Nature of losses				
Irrecoverable, Uneconomical and Deceased Patients				
Debts written off on the stand alone system		-	33,233	
21.3. Impairment of accrued departmental revenue				
Estimate of impairment of accrued departmental revenue		119,060	70,971	
The impairment is for patient fees not economically recoverable and prescribe.				
22. Unauthorised, Irregular and Fruitless and wasteful expenditure				
Irregular expenditure		208,689	495,374	
Fruitless and wasteful expenditure		41	1,155	
Total		208,730	496,529	

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Notes

2022/2023

2021/2022

23. Related party transactions

List related party relationships and the nature thereof

Department of Public Works provides buildings at no cost

Provincial Treasury Provides Financial Systems Department of Community Safety, Security and Liason for Security Services

Department of Agriculture, Rural Development, Land & Enviromental Affairs for contract management for food contractors

Provincial Treasury for provision and payment of internship

There is no related party transactions within the MEC portfolio, however, all departments are related and the above is disclosed as an additional information in line with TR21.2.4, but Key Management personnel are disclosed in note 24 not in Note 23 as related parties.

24. Key management personnel

Political office bearers (provide detail below)

Level 15 to 16

Level 14 (incl. CFO if at a lower level)

Family members of key management personnel

Total

2,093

2,000

5,017

5,830

15,501

18,345

3,755

3,406

26,366

29,581

The disclosure is based on the top management structure off the Department.

25. Provisions

Cuban Students payment

Retention

Litigation

Total

-

7,513

114,468

90,513

215,148

291,844

329,616

389,870

Provision for retention – funds are retained from different projects during the construction period of the projects. The amounts are payable six months after the completion of the projects. Provision for litigations- merits have been conceded and the department is still determining the quantum for litigations against the state. The litigation will be paid after court order has been issued.

25.1.Reconciliation of movement in provisions - 2022/2023

Figures in Rand thousand

	Cuban Students payment	Retention	Litigation	Total provisions
Opening balance	7,513	90,513	291,844	389,870
Increase in provision	-	114,468	59,543	174,011
Settlement of provision	(7,513)	(90,513)	(74,520)	(172,546)
Unused amount reversed	-	-	(61,719)	(61,719)
Closing balance	-	114,468	215,148	329,616

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Provisions(continued)

25.2.Reconciliation of movement in provisions - 2021/2022

Figures in Rand thousand	Cuban Students payment-	Retention	Litigation	Total provisions
Opening balance	-	62,216	207,699	269,915
Increase in provision	7,513	90,513	115,936	213,962
Settlement of provision	-	(62,216)	(10,701)	(72,917)
Unused amount reversed	-	-	(21,090)	(21,090)
Closing balance	7,513	90,513	291,844	389,870

26. Movable tangible capital assets

Movement in movable tangible capital assets per asset register for the year ended 31 March2023

Figures in Rand thousand	Opening balance	Additions	Disposals	Closing balance
Machinery and equipment				
Transport assets	479,268	50,577	20,452	509,393
Computer equipment	156,155	28,621	880	183,896
Furniture and office equipment	111,118	68,819	186	179,751
Other machinery and equipment	1,824,117	77,036	6,969	1,894,184
	2,570,658	225,053	28,487	2,767,224

26.1.Movement for 2021/2022

Movement in movable tangible capital assets per asset register for the year ended 31 March2022

Figures in Rand thousand	Opening balance	Prior period error	Additions	Disposals	Closing balance
Machinery and equipment					
Transport assets	498,995	(1,092)	39,003	57,638	479,268
Computer equipment	133,559	18,292	8,567	4,263	156,155
Furniture and office equipment	94,992	12,104	5,234	1,212	111,118
Other machinery and equipment	1,546,321	82,120	228,523	32,847	1,824,117
	2,273,867	111,424	281,327	95,960	2,570,658

26.1.1. Prior period error

Figures in Rand thousand	Note	2021/2022
Nature of prior period error Relating to 2021/2022 (affecting the opening balance)Prior Period Error on Capital Assets (Assets from floor not on Fixed Asset Register)		111,424

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

26.2. Minor assets

Movement in minor capital assets per the asset register for the year ended as at 31 March 2023

Figures in Rand thousand

	Machinery and equipment	Total
Opening balance	294,222	294,222
Additions	5,100	5,100
Disposals	1,508	1,508
Total minor capital assets	297,814	297,814
Number of minor assets at cost	160,740	160,740

Movement in minor capital assets per the asset register for the year ended as at 31 March 2022

Figures in Rand thousand

	Other machinery and equipment	Total
Opening balance	274,253	274,253
Prior period errors	21,220	21,220
Additions	5,888	5,888
Disposals	7,139	7,139
Total minor capital assets	294,222	294,222

Figures in Rand thousand

	Other machinery and equipment	Total
Number of minor assets at cost	151,424	151,424

26.2.1. Prior period error

Figures in Rand thousand

Nature of prior period error

Relating to 2021/2022 (affecting the opening balance)

Prior Period Error on Minor Assets (Assets from floor not on Fixed Asset Register)

Note 2021/2022

21,220

Movable capital assets written off for the year ended as at 31 March 2023

27. Intangible capital assets

Movement in intangible capital assets per asset register for the year ended 31 March 2023

Figures in Rand thousand

	Opening balance	Closing balance
Recipes, formulae, prototypes, designs, models	4,388	4,388

Movement for 2021/2022 Movement in intangible capital assets per asset register for the year ended 31 March 2022

Figures in Rand thousand

	Opening balance	Closing balance
Recipes, formulae, prototypes, designs, models	4,388	4,388

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

28. Immovable tangible capital assets

Movement for 2021/2022 Movement in intangible capital assets per asset register for the year ended 31 March 2022

Figures in Rand thousand	Opening balance	Additions	Closing balance
Buildings and other fixed structures			
Non-residential buildings	337,168	117,001	454,169
Other fixed structures	423,534	25,021	448,555
	760,702	142,022	902,724

28.1.Movement for 2021/2022

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2022

Figures in Rand thousand	Opening balance	Additions	Closing balance
Buildings and other fixed structures			
Non-residential buildings	233,086	104,082	337,168
Other fixed structures	399,649	23,885	423,534
	632,735	127,967	760,702

28.2.Capital Work-in-progress

Capital Work-in-progress as at 31 March 2023

Figures in Rand thousand

Figures in Rand thousand	Note	Opening balance 01 April 2022	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2023
Buildings and other fixed structures		3,137,510	949,876	(37,901)	4,049,485

Payables not recognised relating to Capital Work-in-progress

Payables			118,388	23,371
----------	--	--	---------	--------

Capital Work-in-progress as at 31 March 2022

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Figures in Rand thousand	Note	Opening balance 01 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2022
Note Buildings and other fixed structures		2,274,580	990,897	(127,967)	3,137,510
	Note(s)			2022/2023	2021/2022

29. Principal-agent arrangements Department acting as the principal

Bongani Rainmaker	189,038	253,097
-------------------	---------	---------

The Department has entered into Contract with Bongani Rainmaker for the management of the procurement, warehousing, distribution and information management for pharmaceuticals and surgical sundries at a management fee of 10.95 percent (April 2022 to June 2022) and 11.7 percent (July 2022 to March 2023). The land and buildings is owned by the Department of Public works while the machinery and equipment belongs to the Department, therefore the Agent is not the custodian of the land, building and machinery. The Department do not yet have the internal capacity to procure, distribute and manage. The Department will have to apply emergency procurement should the services be terminated without sufficient notice, there are no financial implication directly linked to termination of contract with the service provider

30. Prior period errors

30.1. Correction of prior period errors

Figures in Rand thousand	Note	Amount bef error correction	2021/2022 Prior period error	Restated amount
Assets: (e.g. Receivables, Investments, Accrued departmental revenue, Movable tangible capital assets, etc.)				
Prior Period Error on Capital Assets (Assets from floor not on Fixed Asset Register)	Note 26	2,273,867	111,424	2,385,291
Prior Period Error on Minor Assets (Assets from floor not on Fixed Asset Register)	Note 26	273,002	21,220	294,222
Net effect		2,546,869	132,644	2,679,513

	Note	Amount bef error correction	2021/2022 Prior period error	Restated amount
Liabilities: (e.g. Payables current, Voted funds to be surrendered, Commitments, Provisions, etc.)				
Error with Prior Year disclosure on Claims against the Department	Note 16	10,202,780	(2,291,671)	7,911,109
Error with Prior Year disclosure on Provisions for Litigations	Note 25	356,493	(64,649)	291,844
Net effect		10,559,273	(2,356,320)	8,202,953

Figures in Rand thousand

Notes to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

31. Statement of conditional grants received

Name of grant	Grant allocation			Spent			2021/2022		
	Division of Revenue Act/ Provincial Grants	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (Over- pending)	Division of Revenue Act	Amount spent by department
Community Outreach Services Component	-	-	-	-	-	-	-	270,820	267,078
HIV & AIDS Component	-	-	-	-	-	-	-	2,020,115	2,096,929
Malaria Elimination Component	-	-	-	-	-	-	-	26,012	17,886
Tuberculosis Component	-	-	-	-	-	-	-	35,388	31,114
Human Papillomavirus Component	-	-	-	-	-	-	-	19,454	16,981
COVID-19 Component	-	-	-	-	-	-	-	122,677	71,916
Mental Health Services Component	-	-	-	-	-	-	-	11,344	7,250
Oncology Services Component	-	-	-	-	-	-	-	49,841	45,332
Hospital Facility Revitalisation Grant	463,310	-	-	463,310	463,310	462,330	980	457,065	456,387
National Health Insurance Grant	69,428	13,447	-	82,875	82,875	72,810	10,065	19,243	18,607
Statutory Human Resource	149,493	-	-	149,493	149,493	149,492	1	77,762	77,762
Training and Development Component	124,773	-	-	124,773	124,773	124,737	36	123,356	123,224
National Tertiary Services Grant	145,385	-	-	145,385	145,385	145,379	6	142,411	142,057
District Health Component	493,127	-	28,521	521,648	521,648	520,142	1,506	-	-
Comprehensive HIV, AIDS Grant	2,145,175	-	(28,521)	2,116,654	2,116,654	2,116,364	290	-	-
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	13,140	-	-	13,140	13,140	11,812	1,328	16,695	16,695
	3,603,831	13,447	-	3,617,278	3,617,278	3,603,066	14,212	3,392,183	3,389,218

The average spending per Conditional Grants was at 100 percent. The underspending in NHI and Soc Sec EPWP grant was due to delay of appointment of general practitioners and community health workers.

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

32. Statement of conditional grants paid to the provinces

Figures in Rand thousand	Grant allocation		Transfer	2021/2022	
	Division of Revenue Act	Total Available	Actual Transfer	Division of Actual Revenue	Act Transfer
Summary by province					
Mpumalanga	2,196	2,196	1,751	2,149	2,059
Summary by grant					
Vehicle Licences	2,196	2,196	1,751	2,149	2,059
1. Vehicle Licences					
Mpumalanga	2,196	2,196	1,751	2,149	2,059

The Department of Safety, Security, Community Liason took over the payment for motor vehicle licensing in the Province, hence now the disclosure is disclosed under Note 32 and not in Note 33 as previously disclosed .

33. Broad based black economic empowerment performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

34. COVID 19 Response Expenditure

	Notes(s)	2022/2023	21/2022
Compensation of employees		23,417	317,872
Goods services		173,617	320,318
Transfers and subsidies		144	251
Expenditure for capital assets		116,253	36,778
Total	<i>Annexure 11</i>	313,431	675,219

The expenditure reflected was classified under the Covid project to finalise the Covid 19 commitment and to decommission Covid 19 interventions. The allocation was for Equitable share and partly District Health Programme Grant. The spending for stationery was classified under that allocation in order to accelerate expenditure and address shortage of clinical stationery at facilities.

Annexure 1B

Statement of transfers to Departmental Agencies and Accounts

Figures in Rand thousand	Transfer allocation		Transfer		2021/2022	
	Adjusted budget	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer
SKILLS DEVELOPMENT LEVY	27,731	27,731	29,526	106 %	22,451	22,451
COM: LICENCES	817	817	190	23 %	139	139
Total	28,548	28,548	29,716		22,590	22,590

Skills Development levy is payments to Seta's and licences for SABC TV licences at facilities.

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 1F

Statement of transfers to non-profit institutions

Figures in Rand thousand	Transfer allocation		Transfer		2021/2022	
	Adjusted budget	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer
Non-profit institutions						
Transfers						
Disabled People of South Africa	2,580	2,580	2,580	100 %	2,454	2,459
Council for Blind of South Africa	3,000	3,000	-	- %	-	-
	5,580	5,580	2,580		2,454	2,459

The transfer is to Disable People South Africa. The unspent funds were meant for Council for the Blind but not paid due to delays with Service level agreements.

Annexure 1G

Statement of transfers to households

Figures in Rand thousand	Transfer allocation			Expenditure		2021/2022	
	Adjusted budget	Adjustments	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer
Households							
Transfers H/H EMPL S/BEN: INJURY ON DUTY	1,621	(107)	1,514	1,514	100 %	865	865
H/H EMPL S/BEN: LEAVE GRATUITY	19,106	20,363	39,469	42,741	108 %	43,842	43,838
	20,727	20,256	40,983	44,255		44,707	44,703
SubsidiesH/H: CLAIMS AGAINST STATE (CASH)	78,442	84,747	163,189	163,489	100 %	40,316	39,641
H/H:BURSARIES (NON-EMPLOYEE)	30,000	(1,530)	28,470	26,780	94 %	38,544	27,942
H/H: DONATIONS& GIFTS (CASH)	-	75	75	75	100 %	43	43
	108,442	83,292	191,734	190,344		78,903	67,626
Total	129,169	103,548	232,717	234,599		123,610	112,329

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 1H

Statement of gifts, donations and sponsorships received

Name of organisation Received in kind

Annexure 1H (continued) Statement of gifts, donations and sponsorships received (continued)

Figures in Rand thousand	2022/2023	2021/2022	
Name of organisation	Nature of gifts, donations and sponsorships		
Anglo Inyosi Coal Community Trust	Volkswagen Crafter low roof panel van	-	1,244
Aspen (Paratus Telecommunications)	Communication Service	-	454
Blue Skies FreshPty Ltd OfficeFurniture		-	52
BroadReach..... Medical Consumables		-	686
DrFJJager..... Dental Chair		-	25
Health InformationSystem LENOVOTABLETS		-	388
Program		-	
Kruger National Park Groceries		-	18
MTN South Africa Foundation Tablets and Sim with 3GB		-	299
NPC		-	
Pioneer Corteva Seeds (PTy) Ltd PPEs		-	7
Right To Care..... HIV Test Kits		-	3,375
SAME Foundation Renovation Project		-	2,900
Sanlam LifeInsuranceLimited PPEs		-	37
Sasol..... Vehicles, computers andconsumables		-	3,341
Seriti Coal Proprietary Limited..... Expasion of Standerton Hospital Pharmacy		-	3,000
South African Medical & Shelter		-	233
Educational Foundation		-	
South African Medical & Renovation (Psychiatric Ward)		-	2,500

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Educational Foundation

	2022/2023	2021/2022
The Church of Jesus Christ Medical Equipment	-	3,700
Latter - day Saints		
Thungela Mine Host PPEs	-	471
Communities		
Thungela Resources Limited Furniture	-	40
Group		
Transalloys (Pty) Ltd Delivery Beds x2	-	53
Tshemba Charitable Foundation Medical Equipment	-	98
Van Schaik Bookstore (Pty) Ltd Books	-	46
World Organization Computers	-	27
National Dept of Health Pharmaceutical inventory	-	1,050
Pharmaceutical inventory	-	3,734
Pharmaceutical inventory	-	1,356
Pharmaceutical inventory	-	27,760
African Foundation Renovation	512	-
AL-Imdaad Foundation Sandwiches	16	-
Breast Health Foundation Breast and Cervical Cancer Screening	1,000	-
Broadreach HIV self-Screening	4,700	-
Kudu & Esperia Farms LTD Repairs and renovation	53	-
Lesaka Technologies Chairs	30	-
M. Care Highveld Sub- Acutr Matress, blinds, clothing, sheets etc services	82	-

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

	2022/2023	2021/2022
Right to Care HIV Test Kits	8,020	-
SA Van Conversions Shirts	6	-
Sansteple Patientclothing	268	-
Toyota Africa Motors PTY (LTD) Flight and accommodation	18	-
TshembaCharitable Medical Equipments	741	-
UniversityofWitwatersrand WifiInstallation	90	-
CumminsSouthAfrica Blankets	3	-
Thungela Green Side VariousAssets	40	-
MrWBurger Medical Asset	100	-
Subtotal	15,679	56,894

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 1J

Statement of gifts, donations and sponsorships made

Figures in Rand thousand	2022/2023	2021/2022
Nature of gifts, donations and sponsorships made in kind		
NP MOTLOUNG	-	25
MDU MASONDO	-	18
ZP THUSI	75	-
Total	75	43

Annexure 3B

Statement of contingent liabilities as at 31 March 2023

Figures in Rand thousand	Opening balance 01 April 2022	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Closing balance 31 March 2023
Nature of liabilities				
Claims against the department				
Medical Negligence	7,716,031	918,079	1,585,012	7,049,098
Motor Vehicle Accident	6,922	249	1,742	5,429
Unpaid Services	112,414	-	67,344	45,070
Other	75,742	1,334	5,881	71,195
Subtotal	7,911,109	919,662	1,659,979	7,170,792

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 4

Claims recoverable

Government entity	Unconfirmed balance outstanding		Total	
	2022/2023	2021/2022	2022/2023	2021/2022
Figures in Rand thousand				
Department				
Department of Education Mpumalanga	350	317	350	317
Department of Health North West Province	118	118	118	118
Department of Social Development Mpumalanga	26	51	26	51
Department of Health Gauteng	1,654	1,105	1,654	1,105
Department of Health Kwazulu Natal	1,883	1,698	1,883	1,698
Department of Health National	2,027	2,027	2,027	2,027
Department of Social Development Limpopo	4	4	4	4
Department of Health Limpopo	560	230	560	230
Department of Correctional Services	151	151	151	151
Department of Cooperative Governance	36	36	36	36
Department of Water and Sanitation	13	-	13	-
Department of Health Eastern Cape	2	2	2	2
Department of Health Western Cape	421	421	421	421
Department of Health- Free State	157	-	157	-
Department of Labour	82	-	82	-
Office of the Premier- Mpumalanga	168	-	168	-
Subtotal	7,652	6,160	7,652	6,160

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 5

Inter-government payables

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	2022/2023	2021/2022	2022/2023	2021/2022	2022/2023	2021/2022
Departments						
Current Department of Public Works Roads and Transport Mpumalanga	1,999	-	2,898	12,675	4,897	12,675
Department of Health Gauteng	-	-	2,492	1,747	2,492	1,747
Department of Justice	313	898	-	-	313	898
Department of Health KwaZulu - Natal	-	30	-	-	-	30
Department of Health Limpopo	-	152	104	-	104	152
Department of Employment & Labour	1,440	-	-	-	1,440	-
Department of Health National	-	90	-	-	-	90
Department of Public Works, Roads Gauteng	70	53	-	115	70	168
Department of Safety & Security Mpumalanga	275	109	-	-	275	109
Department of Agriculture Mpumalanga	596	-	-	-	596	-
Subtotal	4,693	1,332	5,494	14,537	10,187	15,869
Other government entity						
Current Government Printing Works	1,619	-	192	-	1,811	-
Total Inter-government payables	6,312	1,332	5,686	14,537	11,998	15,869

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Annexure 6

Inventories

Inventory for the year ended 31 March 2023

Figures in Rand thousand	Note	Pharmaceutical Inventory	Normal Warehouse Inventory	Total
Opening balance		590,147	3,512	593,659
Add/(Less): Adjustments to prior year balances		-	(235)	(235)
Add: Additions/Purchases - Cash		1,521,964	262,069	1,784,033
Add: Additions - Non-cash		3,771	8	3,779
(Less): Disposals		-	(1)	(1)
(Less): Issues		(1,638,420)	(263,284)	(1,901,704)
Add/(Less): Received current, not paid (Paid current year, received prior year)Add/(Less):		182,894	-	182,894
Adjustments		(24,931)	1,338	(23,593)
Closing balance		635,425	3,407	638,832

Inventory for the year ended 31 March 2022

Figures in Rand thousand	Note	Pharmaceutical Inventory	Normal Warehouse Inventory	Total
Opening balance		618,094	4,106	622,200
Add/(Less): Adjustments to prior year balances		(104,733)	(316)	(105,049)
Add: Additions/Purchases - Cash		1,968,809	223,537	2,192,346
Add: Additions - Non-cash		37,852	60	37,912
(Less): Disposals		(4,761)	8	(4,753)
(Less): Issues		(1,873,592)	(224,869)	(2,098,461)
Add/(Less): Received current, not paid (Paid current year, received prior year)Add/(Less):		(13,671)	-	(13,671)
Adjustments		(37,851)	986	(36,865)
Closing balance		590,147	3,512	593,659

Movement in capital-work-in progress for the year ended 31 March 2023

Figures in Rand thousand	Opening balance	Current year Capital WIP	Ready for use (Asset register)/ Contract terminated	Closing balance
Buildings and other fixed structures				
Dwellings	50,362	17,733	-	68,095
Non-residential buildings	3,058,909	894,467	12,880	3,940,496
Other fixed structures	28,239	37,676	25,021	40,894
	3,137,510	949,876	37,901	4,049,485

Unaudited Annexures to the Annual Financial Statements

Annual Financial Statements for the year ended 31 March 2023

Movement in capital work-in-progress for the year ended 31 March 2022

Figures in Rand thousand	Opening balance	Current year Capital WIP	Ready for use (Asset register)/ Contract terminated	Closing balance
Buildings and other fixed structures				
Dwellings	15,878	34,484	-	50,362
Non-residential buildings	2,253,813	909,178	104,082	3,058,909
Other fixed structures	4,889	47,235	23,885	28,239
	2,274,580	990,897	127,967	3,137,510

Annexure 11

COVID 19 responses expenditure

Per quarter and in total

Figures in Rand thousand	2022/2023				2021/2022	
	Subtotal	Subtotal	Subtotal	Subtotal	Total	Total
Expenditure per economic classification	Q1	Q2	Q3	Q4		
Compensation of employees	56,108	(41,255)	6,729	1,835	23,417	317,872
Goods services						
Administrative Fees	746	1,708	791	(95)	3,150	15,866
Advertising	-	-	-	-	-	6,358
Minor Assets	-	161	700	929	1,790	-
Catering	-	-	-	-	-	206
Computer Services	7,806	-	-	-	7,806	15,179
Laboratory Services	-	-	-	-	-	59,525
Contractors	14,809	-	421	-	15,230	5,519
Fleet Services	-	-	31	24	55	21
Inv: Medical Supplies	675	297	108	11,482	12,562	6,112
Inv: Medicine	-	-	-	-	-	3,160
Cons Supplies	26,750	24,990	20,326	34,479	106,545	193,752
Cons: Sta, Print&Off Sup	-	-	448	7,704	8,152	5,063
Property Payments	-	-	-	-	-	668
Travel and Subsistence	4,368	2,666	3,513	6,769	17,316	8,258
Venues and Facilities	69	215	591	136	1,011	624
Rental & Hiring	-	-	-	-	-	7
	55,223	30,037	26,929	61,428	173,617	320,318
H/H: Employee Social Benefits	4,625	(4,483)	2	-	144	251
Transport Equipment	1,959	-	22,037	15,224	39,220	15,343
Other Machinery & Equipment	4,432	2,070	39,889	30,642	77,033	21,435
	6,391	2,070	61,926	45,866	116,253	36,778
Total COVID 19 response expenditure	122,347	(13,631)	95,586	109,129	313,431	675,219

The expenditure reflected was classified under the Covid project to finalise the Covid 19 commitment and to decommission Covid 19 interventions. The allocation was for Equitable share and partly District Health Programme Grant. The spending for stationery was classified under that allocation in order to accelerate expenditure and address shortage of clinical stationery at facilities.



INDWE (BUILDING NO.3)
NO. 7 GOVERNMENT BOULEVARD
RIVERSIDE PARK EXTENSION 2
NELSPRUIT
1200

PRIVATE BAG X 11285
NELSPRUIT
1200

013 766 3754
013 766 3475
health@mpuhealth.gov.za
www.mpuhealth.gov.za

Facebook: Mpumalanga Department of Health
Twitter: @mpumalangahealth
Instagram: mpumalangahealth
TikTok: mpumalangahealth

ISBN: 970-0-621-51526-8
PR 281/2023

