

ANNUAL REPORT

DEPARTMENT OF HEALTH

2024-2025



health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA



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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
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WEBSITE ADDRESS	:	www.mpuhealth.gov.za
SOCIAL MEDIA	:	Facebook: Mpumalanga Department of Health Twitter: @mpumalangahealth Instagram: mpumalangahealth TikTok: mpumalangahealth

2. LIST OF ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-retroviral Treatment
ASELPH	Albertina Sisulu Executive Leadership Program in Health
BANC	Basic Antenatal Care
BPA	Business Process Automation
CCMDD	Central Chronic Medication Dispensing and Distribution
CEO	Chief Executive Officer
CHC	Community Health Centre
CHWs	Community Health Workers
CoE	Compensation of Employees
CCS	Complaints compliments and suggestions
DHP	District Health Plan
DHS	District Health Services
DHIS	District Health Information System
DHMIS	District Health Management Information System
DOH	Department of Health
DORA	Division of Revenue Act
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DR	Drug Resistant
DRT	Disaster Recovery Test
ECD	Early Childhood Development Center
EDL	Essential Drug List
EML	Essential Medicine List
EMS	Emergency Medical Services
ESMOE	Essential Steps in Managing Obstetric Emergencies
FMC	Financial Management Committee
GIAMA	Government Moveable Asset Management Act
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HCT	Health Care Provider Initiated Counseling and Testing
HHCC	Household Community Components
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HOD	Head of Department
HPCSA	Health Professional Council of South Africa
HPV	Human papillomavirus
HR	Human Resources
HRC	Human Resource Committee

HRD	Human Resource Development
HRM	Human Resource Management
HSE	Health Safety and Environmental
HST	Health Sciences and Training
ICRM	Ideal clinic realization maintenance
ICT	Information Communication Technology
IDP	Integrated Development Plan
IHPF	Integrated Health Planning Framework
IMCI	Integrated Management of Childhood Illnesses
IPMP	Infrastructure Programme Management Plan
IUCD	Intrauterine Contraceptive Device
LTF	Loss to follow-up
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
MOU	Midwife Obstetric Unit
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
NHS	National Health Systems
NPO	Non-profit Organisation
NSDA	Negotiated Service Delivery Agreement
NSP	National Strategic Plan
NTSG	National Tertiary Services Grant
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
PCR	Polymerase Chain Reaction (a laboratory HIV detection Test)
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PEC	Patient Experience of Care
PGDS	Mpumalanga provincial goals development strategy

PHC	Primary Health Care
PHS	Provincial Hospital Services
PMTCT	Prevention of mother-to-child Transmission
PPP	Public/Private Partnership
PPTS	Planned Patient Transport Services
PSI	Patient Safety Incident Reporting
PSP	Provincial Strategic Plan
PTC	Pharmaceutical Therapeutic Committees
PWD	Persons with disabilities
RV	Rota Virus
RWOPS	Remunerative work outside the Public Service
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SANAC	South African National AIDS Council
SAPS	South African Police Services
SMS	Senior Management Services
SOP	Standard Operating Procedures
STATS SA	Statistics South Africa
TB	Tuberculosis
THS	Tertiary Hospital Services
TROA	Total (patient) Remaining on Treatment
UAMP	User Asset Management Plan
VPN	Virtual Private Network
WHO	World Health Organisation

3. FOREWORD BY THE MEC



HON. MS SJ MANZINI (MPL)
MEC OF MPUMALANGA DEPARTMENT
OF HEALTH

It is with great appreciation that I present the foreword to the Department of Health's Annual Report for the financial year under review 2024/2025. This report provides a reflective and honest account of our achievements, the challenges we encountered, and our strategic focus going forward, all within the framework of our broader national and provincial policy commitments.

During the year under review, the Department made significant progress in implementing the priorities outlined in the 2019–2024 Medium Term Strategic Framework (MTSF) and advancing our outcomes as a department. We strengthened primary health care services, expanded access to maternal and child health interventions, and made strides in communicable and non-communicable disease control. Notably, we intensified our efforts toward universal health coverage through the progressive implementation of National Health Insurance (NHI) initiatives.

We also continued to prioritise infrastructure development, human resource strengthening, and digital health transformation which are key enablers of a resilient health system. Our health promotion campaigns, and community outreach programmes were expanded to ensure that preventive health remains central to our agenda.

Despite our achievements, the Department faced several constraints. These included persistent shortages in critical health professionals, budgetary pressures, ageing infrastructure, and the ongoing impact of disease outbreaks such as Foodborne Illness Disease and Mpox. The challenges were compounded by service delivery bottlenecks at facility level, medico-legal claims, and system inefficiencies that impacted timely reporting and quality of care in some areas. We have taken these challenges seriously and are implementing corrective measures through targeted interventions and robust monitoring mechanisms.

Looking ahead, our strategic focus remains anchored on strengthening health system resilience. Over the medium to long term, we will prioritise:

- Full implementation of the Provincial Health Strategy in alignment with the NHI rollout.
- Improving health outcomes through integrated service delivery models.
- Investing in our health workforce through recruitment, capacity building, and retention strategies.
- Accelerating health infrastructure renewal and maintenance.
- Enhancing governance, accountability, and performance monitoring across all levels of care.

We are committed to building a responsive, equitable, and efficient health system that leaves no one behind.

I extend my sincere appreciation to all healthcare workers, facility managers, district teams, and our provincial and national partners for their dedication and resilience in delivering essential health services under often challenging conditions. I also wish to acknowledge the leadership of the Head of Department and the Executive Management team for their stewardship and tireless efforts in driving our health mandate forward.

As we conclude this reporting period and prepare to transition into the final leg of the current MTSF, we remain committed to transforming the health system for the better. We draw strength from our achievements, learn from our setbacks, and remain steadfast in our vision of a healthier and empowered society.

Together, we will continue to serve with compassion, integrity, and a shared determination to improve the lives of the people of Mpumalanga Province.

MS SJ MANZINI (MPL)
MEC FOR MPUMALANGA DEPARTMENT OF HEALTH

DATE: 29 SEPTEMBER 2025

4. REPORT OF THE ACCOUNTING OFFICER



DR LK NDHLOVU
HEAD OF THE DEPARTMENT OF HEALTH

It is an honour to present the Mpumalanga Department of Health's Annual Report for the financial year under review. This report captures the collective efforts of the Department in delivering on its mandate amidst a complex and evolving healthcare landscape. The period under review was characterized by a deliberate effort to align our departmental plans and service delivery outputs with the 2019–2024 Medium Term Strategic Framework (MTSF), as well as the Provincial Strategic Priorities. We continued to prioritise the revitalisation of primary health care, the reduction of the burden of disease, and the provision of equitable and quality healthcare services to all citizens of the province.

Overview of the operations of the department

During the year under review, the Department implemented several key projects with measurable impact:

- We activated Outbreak Response Teams across all districts in response to public health threats, including suspected Foodborne Illness (FBI) and Diphtheria alerts, demonstrating the effectiveness of our surveillance and response mechanisms.
- Through the Human Resources for Health Repositioning Strategy, we filled critical posts in under-served areas and capacitated healthcare workers through ongoing professional development.
- The Department also successfully launched the Indoor Residual Spraying (IRS) Campaign, targeting malaria elimination in high-burden areas with strong community participation.
- Strengthened community-based health services, including expanded ward-based outreach teams.

- Ongoing implementation of health infrastructure projects aimed at improving access and quality of care.
- Enhanced partnerships with academic institutions, NGOs, and other sectors to support integrated service delivery.
- However, we encountered several challenges, including:
 - Resource constraints, particularly in the areas of staffing, medical supplies, and infrastructure maintenance.
 - Delays in supply chain management processes, which affected the timely delivery of essential equipment and medicines.
 - Late reporting and management of adverse events, which impacted responsiveness in some instances
 - The rising cost of medico-legal claims and litigation, which placed significant pressure on the Department's budget.
 - Systems and process inefficiencies, particularly related to data management, reporting, and monitoring of clinical outcomes

Despite these obstacles, we remained committed to adaptive leadership and responsive service delivery. We strengthened internal accountability mechanisms, enhanced the use of health information for decision-making, and intensified efforts to build managerial and clinical capacity at all levels. As we move forward, the Department's strategic focus will be on:

- Consolidating the gains made in priority programmes, particularly in maternal health, HIV, TB, and non-communicable diseases.
- Accelerating NHI-readiness by improving financial management, clinical governance, and digital health infrastructure.
- Recruitment and retention of critical staff categories and expanding training opportunities to address human resource gaps.
- Improved responsiveness to public health threats, with enhanced outbreak preparedness and emergency response systems.
- Embedding a culture of continuous improvement through stronger oversight, mentorship, and performance management.

Overview of the financial results of the department:

Departmental receipts

The Department collected revenue amounting to R115.122 million, exceeding the annual target of R99.152 million. However, the overall revenue reflects a decrease when compared to the previous financial year. This is primarily due to a once-off payment received from the national government in the previous year under financial transactions related to assets and liabilities, as well as a decline in the sale of capital assets during the current period. Notably, there was a significant increase in revenue from the sale of goods and services (excluding capital assets) and from interest, dividends, and rent on land, compared to the previous financial year.

Departmental receipts	2024/2025			2023/2024		
	Estimate	Actual Amount Collected	(Over)/Under Collection	Estimate	Actual Amount Collected	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	71 883	84 619	(12 915)	64 883	65 071	(187)
Transfers received			-			
Fines, penalties and forfeits			-			
Interest, dividends and rent on land	18 859	24 504	(5 545)	25 859	12 180	13 679
Sale of capital assets	4 046	2 713	1 333	4 046	1 775	2 271
Financial transactions in assets and liabilities	4 364	3 285	1 079	4 364	5 364	(100)
Total	99 152	115 121	15 969	99 152	84 389	14 763

Programme Expenditure

The Department spent 99.8% of the adjusted budget for the 2024/25 financial year, reflecting an improvement compared to the 99.3% expenditure recorded in the previous financial year, with an increase of 0.5 percentage points. Programme 5 recorded underspending, which is mainly attributed to delays in the finalisation of the Banker Project. A rollover request has been submitted to the Provincial Treasury to allow utilisation of the unspent funds in the 2025/26 financial year.

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Programme 1	384 186	384 185	1	338 829	338 717	112
Programme 2	11 463 896	11 443 730	20 166	10 690 777	10 672 245	18 532
Programme 3	548 749	548 747	2	473 947	473 944	3
Programme 4	1 861 214	1 861 213	1	1 710 171	1 710 152	19
Programme 5	2 104 942	2 084 537	20 405	1 841 736	1 841 571	165
Programme 6	521 244	519 908	1 336	517 380	515 275	2 105
Programme 7	399 590	399 544	46	363 361	360 673	2 688
Programme 8	1 708 420	1 708 417	3	1 847 812	1 754 342	93 470
Total	R18 992 241	R18 950 281	R41 960	R17 784 013	R17 666 919	R117 094

Virements/roll overs

An amount of R107.232 million will be reprioritised from Programme 2 to address overspending in Programme 1, Programme 5, and Programme 7. A saving of R5.925 million from Programme 4 will be utilised to offset overspending within Programme 5. A budget reduction of R24.669 million from Programme 6 will be used to cover budget pressures in Programme 1, Programme 3, Programme 5, and Programme 7. An amount of R3.678 million will be redirected from Programme 8 to defray overspending in Programme 5.

Programme	2024/25				
	Adjusted Appropriation	Post-Adjustments		Final Appropriation	Virement %
		Virements	Shifting of Funds		
1. Administration	356 119	28 067	–	384 186	7,9%
2. District Health Services	11 571 128	(107 232)	–	11 463 896	-0,9%
3. Emergency Medical Services	545 300	3 449	–	548 749	0,6%
4. Provincial Hospital Services	1 867 139	(5 925)	–	1 861 214	-0,3%
5. Central Hospital Services	1 997 848	107 094	–	2 104 942	5,4%
6. Health Sciences and Training	545 913	(24 669)	–	521 244	-4,5%
7. Health Care Support Services	396 696	2 894	–	399 590	0,7%
8. Health Facilities Management	1 712 098	(3 678)	–	1 708 420	-0,2%
Total	18 992 241	–	–	18 992 241	0,0%

A saving of R225.727 million from the Compensation of Employees budget will be reprioritised to address overspending in Goods and Services, Households, and Machinery and Equipment. Additionally, an amount of R179 thousand from Provinces and Municipalities will be redirected to fund Departmental Agencies and Accounts as well as Households under Transfers and Subsidies. Furthermore, a reduction of R903 thousand from Buildings and Other Fixed Structures will be utilised to offset overspending in Machinery and Equipment

Programme	2024/25				
	Adjusted Appropriation	Post-Adjustments		Final Appropriation	Virement %
		Virements	Shifting of Funds		
Economic classification	18 992 241	-	-	18 992 241	
Current payments	17 411 000	(63 966)	–	17 347 034	-0,4%
Compensation of employees	11 698 303	(225 727)	–	11 472 576	-1,9%
Goods and services	5 712 697	161 761	–	5 874 458	2,8%
Transfers and subsidies	131 245	37 456	–	168 701	28,5%
Provinces and municipalities	2 416	(179)	–	2 237	-7,4%
Departmental agencies and accounts	30 715	19	–	30 734	0,1%
Non-profit institutions	9 431	–	–	9 431	0,0%
Households	88 683	37 616	–	126 299	42,4%
Payments for capital assets	1 449 996	26 510	–	1 476 506	1,8%
Buildings and other fixed structures	1 141 614	(903)	–	1 140 711	-0,1%
Machinery and equipment	308 382	27 413	–	335 795	8,9%
Total	18 992 241	–	–	18 992 241	0,0%

Rollover Request

Programmes	AMOUNT R '000
National Tertiary Service Grant	20 278
Total	20 278

Unauthorised, Fruitless, and Wasteful Expenditure

During the 2024/25 financial year, the Department recorded instances of fruitless and wasteful expenditure, primarily due to interest charges incurred as a result of delays in processing payments related to the construction of the new Middelburg Hospital. These delays were caused by administrative bottlenecks within the procurement and payment approval processes. The total amount of fruitless and wasteful expenditure for the period under review stands at R 17 462 million with the majority attributed to interest penalties on late payments to contractors and service providers. There were no unauthorised expenditures recorded for the year. To address and prevent recurrence of such expenditure, the Department has implemented the following measures: Strengthening of internal controls within the Supply Chain and Finance units to ensure timely processing and approval of payments; capacity building and accountability reinforcement among programme and finance managers to improve compliance with financial regulations and service-level agreements; enhanced monitoring and escalation protocols for capital infrastructure projects, including the establishment of a dedicated task team to oversee progress and payment cycles for the Middelburg Hospital project and regular reporting and early warning mechanisms to detect and address payment delays proactively. The Department remains committed to ensuring sound financial management, improving operational efficiency, and upholding the principles of transparency and accountability as prescribed by the Public Finance Management Act (PFMA).

	2024/25	2023/24
Reconciliation of Unauthorised Expenditure	R'000	R'000
Opening Balance	95 475	95 475
Unauthorised Expenditure-Related to prior year	-	-
Unauthorised Expenditure-Related to Current Year	-	-
Less: Amounts Recoverable	-	-
Less: Amounts Written off	15 000	-
Closing Balance	80 475	95 475

	2024/25	2023/24
Reconciliation of Fruitless and Wasteful Expenditure	R'000	R'000
Opening Balance	2 157	1 983
Fruitless and Wasteful Expenditure -Related to prior year	-	2 454
Fruitless and Wasteful Expenditure -Related to Current Year	15 305	174
Less: Amounts Recoverable	-	-
Less: Amounts Written off	-	(2454)
Closing Balance	17 462	2 157

Incident	Disciplinary steps taken/criminal proceedings	2024/25
Late payment of municipality Accounts and construction of the New Middelburg Hospital due to the court dispute	Under Investigation	15 305

Reconciliation of Irregular Expenditure	2024/25	2023/24
	R'000	R'000
Opening Balance	5 773 561	5 535 313
Irregular Expenditure -Related to prior year	-	-
Irregular Expenditure -Related to Current Year	360 021	238 248
Less: Prior year Amount Condoned	-	-
Closing Balance	6 133 582	5 773 561

Description of Incident	2024/25
	R'000
Non-compliance on the aeromedical contract	20 981
Non-compliance on the waste contract	74 609
Non-compliance with IUSS standards	264 003
Non-compliance with bid specification	428
Grand Total	360 021

Strategic Focus Over the Short to Medium Term Period

Over the short to medium term, the Department will focus on strengthening health system resilience, enhancing operational efficiency, and improving health outcomes. Priority will be given to consolidating district health services, scaling up preventative and promotive programmes, and implementing innovations that drive efficiency and accountability.

Public-Private Partnerships (PPP's)

During the year under review, the Department did not enter into any new Public-Private Partnerships (PPP's). There was also no progress to report on PPPs from the previous financial year, as no formal PPPs were initiated or active. The Department continues to explore opportunities for sustainable partnerships where appropriate, guided by applicable legislation and strategic health system priorities. There were no activities discontinued or scheduled for discontinuation during the year under review. Also, no new or proposed key activities were introduced during the period under review.

Supply Chain Management

The Department did not receive or conclude any unsolicited bid proposals during the year under review. The Department has supply chain management (SCM) systems and processes in place, aligned with the Public Finance Management Act (PFMA) and Treasury Regulations, to prevent irregular expenditure. Bid committees (Bid Specification, Bid Evaluation, and Bid Adjudication) were functional and capacitated to ensure compliance and proper oversight. The department experience a challenge of delays in procurement processes due to supplier non-performance, budget constraints, and administrative backlogs. To address this, the department intensified supplier performance monitoring, improved internal capacity through targeted training, and implemented stricter contract management processes.

Gifts and Donations Received in Kind from Non-Related Parties

During the financial year, the Department received gifts and donations in kind to the value of R92.830 million. These included: medical equipment and supplies (e.g., PPE, diagnostic tools) and support for community health interventions (e.g., mobile clinics). Donations were received from non-governmental organisations, private sector partners, and international development agencies. Full disclosure is provided in Annexure 1H of the Annual Financial Statements.

Exemptions and Deviations from the National Treasury

No exemptions from the PFMA, Treasury Regulations, or deviations from financial reporting requirements were received during the current or previous financial years. As such, there were no conditional requirements or mechanisms needed to address exemption timelines.

Events After the Reporting Date

Following the reporting date and prior to the approval of the Annual Financial Statements, there were no material adjusting or non-adjusting events identified that significantly affect the financial statements. At this stage, no material financial impact has been identified, and any minor developments are being monitored continuously. Should relevant events arise post-approval, they will be disclosed in subsequent reports. Furthermore, there were no other material facts or circumstances identified during the reporting period that could affect the understanding of the Department's financial state of affairs and that have not been addressed elsewhere in this report.

I wish to express my heartfelt gratitude to all our healthcare workers, managers, support staff, and partners who remain at the forefront of delivering health services under demanding conditions. Your unwavering dedication is the backbone of our public health system. A special word of thanks to the Honourable MEC for Health for her continued leadership and guidance, and to the Executive Management Team for their tireless efforts in driving our vision forward. I also acknowledge the support from the Premier's Office, Provincial Treasury, the Department of Public Works, and the National Department of Health.

In conclusion, the Department enters the coming year with a renewed sense of purpose and determination. While the challenges are significant, our commitment to strengthening the health system, promoting accountability, and improving health outcomes for the people of Mpumalanga remains firm. Together, we will continue to build a health system that is resilient, people-centred, and results-driven.



DR LK NDHLOVU
HEAD OF THE DEPARTMENT OF HEALTH

DATE: 29 SEPTEMBER 2025

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

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

All information and amounts disclosed throughout the annual report are consistent.

The annual report is complete, accurate and is free from any omissions.

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

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

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

The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.

The external auditors are engaged to express an independent opinion on the annual financial statements.

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2025.

Yours faithfully



DR LK NDHLOVU
HEAD OF THE DEPARTMENT OF HEALTH

DATE: 29 SEPTEMBER 2025

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, considering 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 No131 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.

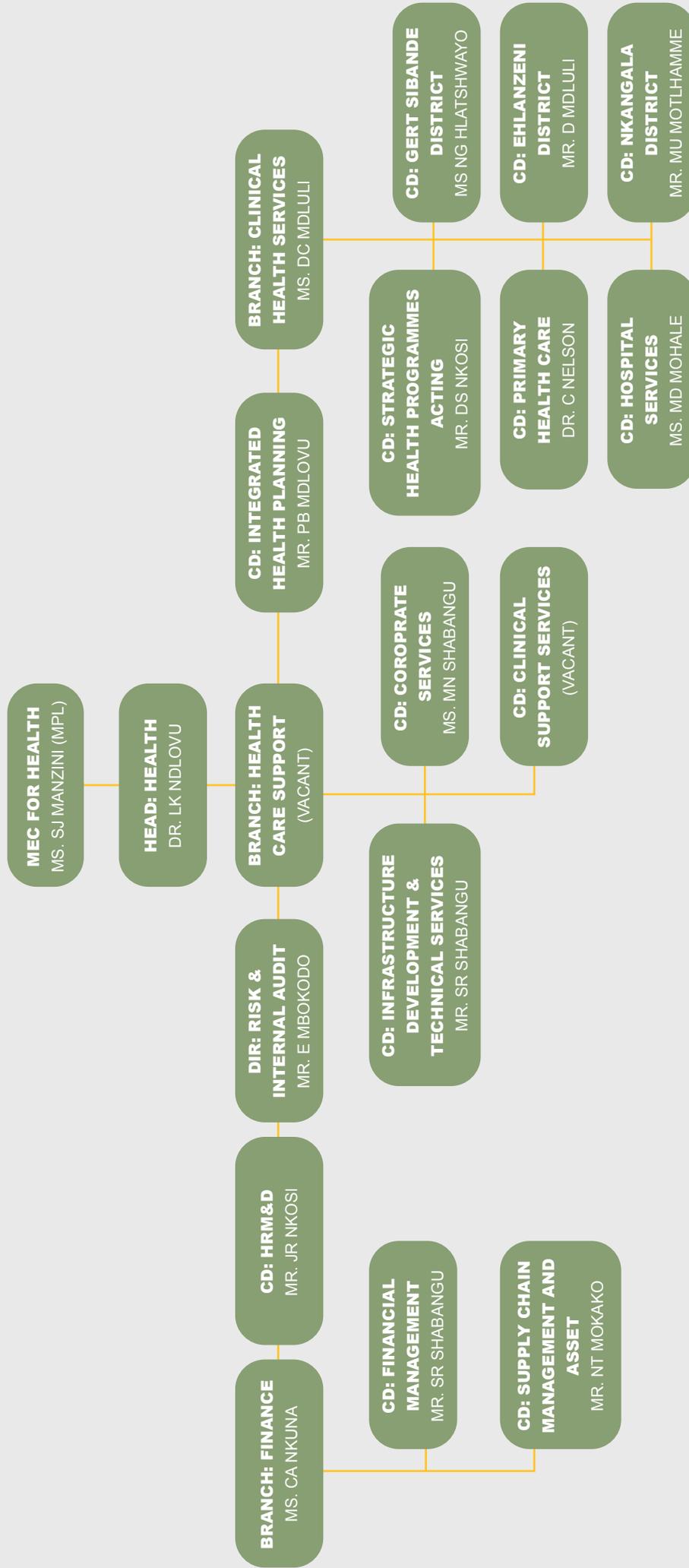
Compensation for Occupational Injuries and Diseases Act (No. 130 of 1993 as amended)

- 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

The table below indicates the entities that report to the Minister/MEC.

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
None	None	None	None

PART B:

PERFORMANCE INFORMATION



1. AUDITOR-GENERAL'S REPORT: PREDETERMINED OBJECTIVES

The AGSA currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report. Refer to page 146 of the Report of the Auditor-General, published as Part F: Financial Information.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service Delivery Environment

During the reporting period, the Department of Health operated in a complex and evolving service delivery environment shaped by both internal dynamics and external pressures. The department remained committed to its mandate of promoting health, preventing illness, and providing accessible, quality health care services to the population. Despite numerous challenges, significant progress was made in key programmatic areas, reflecting a concerted effort to improve health outcomes and equity in service access.

Services Delivered Directly to the Public

The department continued to deliver essential health services across the full continuum of care, including:

- **Primary Health Care (PHC):** Strengthened delivery through ward-based outreach teams, mobile clinics, and integrated chronic disease management.
- **Hospital Services:** Provided through a network of district, regional, and tertiary hospitals, with emphasis on maternal and child health, surgical care, and emergency services.
- **Public Health Programs:** Included expanded immunization campaigns, TB and HIV services, mental health care, reproductive health services, and non-communicable disease prevention.
- **Emergency Medical Services (EMS):** Responded to trauma and medical emergencies, though response times remained a concern in rural areas.
- **Health Promotion and Education:** Community engagement and campaigns focused on lifestyle modification, sanitation, and communicable disease prevention.

Challenges Encountered and Corrective Actions Taken

While the department achieved measurable progress in delivering health services, several persistent and emerging challenges continued to impede optimal service delivery. One of the key issues was the shortage of human resources, particularly in rural and remote areas, which the department addressed through recruitment drives, bursary s, and the strategic deployment of community service professionals, while also advocating for the filling of critical posts. Inadequate infrastructure and ageing health facilities further strained service provision, prompting the prioritization of maintenance plans and infrastructure revitalization projects, with public-private partnership (PPP) models under consideration to augment resources. Supply chain inefficiencies, particularly in medicine availability, were mitigated through strengthened contract management and the digitization of stock monitoring systems, enabling more efficient and real-time tracking. Additionally, healthcare facilities remained overburdened due to patient bypassing, which was addressed through demand management strategies, community-based health education, and the reinforcement of referral systems. In some instances, delays in Emergency Medical Services (EMS) response times persisted and as a result, this was countered by procuring additional ambulances, increasing EMS staffing levels, and optimizing dispatch protocols. Lastly, limitations in data management posed challenges to effective decision-making, necessitating the rollout of enhanced Health Information Systems (HIS) and the targeted training of health information officers to improve data quality and use.

Significant External Developments Impacting Service Delivery

Several external factors significantly influenced both the demand for health services and the department's capacity to deliver including outbreaks and public health emergencies such as localized outbreaks of foodborne illnesses, measles and diphtheria which placed additional pressure on surveillance, laboratory services, and community outreach. Socio-economic pressures emanating from the rising unemployment and poverty levels increased reliance on public health services, while load-shedding disrupted facility operations, particularly cold chain management and emergency surgeries. Climate-related events where flooding and extreme weather conditions in some districts affected infrastructure and access to services, requiring temporary health service relocations and emergency response mechanisms. Additionally, migration and cross-border health demands in which influx of patients from neighbouring countries and provinces created additional demand, especially for maternal and child health and TB/HIV services.

This overview presents a balanced and transparent reflection of the service delivery environment, acknowledging both achievements and areas needing sustained focus

2.2 Service Delivery Improvement Plan

The department has completed a delivery service plan. The tables below highlight the service delivery plan and the achievements to date.

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Early initiation of antenatal care services to clients	All pregnant women	77%	77%	76.9%
Reduce the number of maternal deaths in facility rate	All postnatal mothers	113.6/ 100 000	113.6/ 100 000	118.7/100 000
Emergency Medical Services	EMS P1 urban response under 30 minutes rate	70%	70%	65%
	EMS P1 rural response under 60 minutes rate	70%	70%	69%

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

Current/actual arrangements	Desired arrangements	Actual achievements
Conducting of Open Days	All Institutions Conduct Open Day	158 Institutions conducted Open Days

Service delivery information tool

Tools	Desired information tools	Actual achievements
None	None	None

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
Complaint, Compliment and Suggestion (CCS) Boxes are available in all Health Establishments. Some boxes do not have pens, papers and times when the boxes are opened are not displayed.	Patients and their representatives must utilize the Complaint, Compliment and Suggestion Boxes in all Health Establishments to lodge complaints	Majority of complaints 1347/1645 (82%) complaints were lodged in the health establishments.
Complaint Management Committees are available in Health Establishments and sit to analyse and develop quality improvement plans for all complaints, compliments and suggestions received	Health Establishments must open suggestion boxes at least once per month.	94% (1539) of the complaints were closed and 95% (1464) were closed within 25 working days.
Complaints, compliments and suggestion registers are available in all Health Establishments	Heads of health establishments must monitor availability of pens and complaint forms on the CCS boxes. Times when CCS boxes are opened should be well displayed on the box.	Some Health Establishments do not have appointed Committees or where appointed, are not meeting on a regular basis
Some patients and users prefer to use the National Complaint App to lodge their complaints	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	Annual Performance: 97% (312/330 health establishments have functional CCS committees)
Verbal complaints are lodged with the manager of the relevant unit at Health Establishments	Complaint, Compliments and suggestion registers must be available and utilized in all Health Establishments	Registers not used consistently
Some complaints are lodged at chapter 9 institutions, office of the health ombud, presidential hotline, national department of health, social media platforms and other avenues.CC	The ideal platform to lodge a complaint for immediate response and action is at the health establishment where the care is received.	97% of health establishment complied with CCS registers.
Complaints, compliments and suggestion registers are available in all Health Establishments	Verbal complaints can be lodged with the manager of the relevant unit at Health Establishments, especially where urgent intervention is required.	24/1645 complaints were lodged using the National Complaint App

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
Complaints, compliments and suggestion registers are available in all Health Establishments	Patients and other users of health facilities are encouraged to lodge complaints within the health establishments where they are receiving care.	Most Health establishments do not create an ideal environment for patients or their representatives to lodge complaints.
Some patients and users prefer to use the National Complaint App to lodge their complaints	Managers of health establishments must be responsive and create an enabling environment and confidence for patients and users of healthcare services to lodge complaints in the health establishment.	18,2% (300/1645) complaints were lodged outside the facility.
Verbal complaints are 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.	
Some complaints are lodged at chapter 9 institutions, office of the health ombud, presidential hotline, national department of health, social media platforms and other avenues.CC	Patients and other users of health facilities are encouraged to lodge complaints within the health establishments where they are receiving care.	Most Health establishments do not create an ideal environment for patients or their representatives to lodge complaints.
	Managers of health establishments must be responsive and create an enabling environment and confidence for patients and users of healthcare services to lodge complaints in the health establishment.	

2.3 Organisational environment

During the reporting period, the Department made significant progress in strengthening its senior management capacity through the appointment of the following officials:

- Chief Financial Officer
- Director: Management Accounting
- Director: Forensic Pathology
- Director: Legal Services
- Director: Institutional Performance Management
- Director: Special Projects
- Director: Research and Epidemiology

These appointments reflect the Department's commitment to gender equity, with five of the seven positions filled by women. This achievement has contributed to an increase in the representation of women in senior management from 44% to 48,2%, aligning with the Department's Annual Performance Plan (APP) targets. However, the Department also experienced the retirement of two senior managers during the last quarter of the reporting period: Director: Corporate Services – Gert Sibande District and Director: Primary Health Care – Ehlanzeni District.

In terms of organisational planning, the Department has concluded the review of its Macro Organisational Structure, which has been submitted for concurrence with the Minister for the Public Service and Administration. The review of the Micro Organisational Structure is currently underway to align functions with service delivery priorities.

The Department experienced five incidents of industrial action during the reporting period, which negatively impacted service delivery. Key issues raised by employees included concerns about workplace safety and staffing shortages. In response to safety concerns, and in collaboration with the Department of Community Safety, the Department implemented security measures within the limits of the available budget. To address staffing challenges, critical post lists are compiled and prioritised for filling each financial year. Additionally, a Joint Management and Labour Indaba was convened, resulting in resolutions aimed at promoting labour peace and improving communication between stakeholders.

Regarding corruption and disciplinary matters, two legacy cases from the 2023/2024 financial year were processed in collaboration with the South African Police Service (SAPS). One case was withdrawn, while an attachment order was issued for the other. Internally, both implicated employees were dismissed in May 2025 following disciplinary processes. During the current reporting period, three new corruption-related cases emerged. The implicated employees are currently on precautionary suspension pending the finalization of investigations.

2.4 Key policy developments and legislative changes

The key policy developments and legislative changes have affected the operations of the Department during the current reporting period are as follows:

2.4.1 Determination and Directive on the Automated Job Evaluation and Job Grading System for the Public Service (Compensate-Evaluate Job Evaluation System)

This Determination and Directive was issued by the Minister of Public Service and Administration on 01 August 2024 for implementation with effect from 01 June 2025. in terms of the provisions of section 41(3) of the Public Service Act, 1994, read with regulation 41 of the Public Service Regulations, 2016 (PSR, 2016)

From 01 June 2025, departments may not utilize the job evaluation system results and/or reports issued under the EQUATE or EVALUATE job evaluation systems for the filling of a vacancy and should, therefore, immediately commence with the process to evaluate and grade all jobs on their organisational structure, except jobs evaluated and graded by the MPSA in terms of regulation 41(2)(d) of the PSR, 2016 or jobs determined in an OSD.

2.4.2 Policy on the Prevention and Elimination of Harassment and Violence in the World of Work

The Department of Employment and Labour amended the Code of Good Practice on Handling Sexual Harassment in the Workplace of 2005 and replaced it with the Code of Good Practice on the Prevention and Elimination of Harassment in the Workplace which was Gazetted in March 2022. This led to the DPSA reviewing the Policy and Procedure on the Management of Sexual Harassment in the Public Service to the Policy on the Prevention and Elimination of Harassment in the Public Service World of Work. The policy comes into effect from 1st August 2024 and the first implementation report should be submitted to the DPSA on or before 30 April 2025. Provincial departments should submit their reports through the respective Office of the Premier.

2.4.3 The Employee health and wellness strategic framework for the public service (EH&WSF)

The South African Cabinet approved the National Framework for the Professionalization of the Public Sector in 2022, with the ultimate objectives of building a state that better serves its citizens and without political interference, where appointments are made based on merit. Public servants must embrace their character traits and attitudes as well as their professional conduct to achieve these objectives. Professionalization and Professionalism necessitate a strong work ethic and adherence to the regulations, principles, standards and code of conduct of a specific job, discipline, context, as well as qualifications, skills, competencies, and values. Similarly, in order to professionalize wellness programs in the government sector, Employee Health and Wellness Practitioners working in the wellness context should maintain such expected skills and qualifications.

In terms of the revised public service occupational classification system 2023: Occupational dictionary, professionals requiring registration with statutory bodies/ councils refers to a category of employees (occupations) performing work that requires formal tertiary qualifications (4 year or longer) university or equivalent qualification); and entails a statutory requirement to be registered with a professional council/ body (established by legislation) to perform the functions will be required to produce proof of registration their statutory body/council as pre-requirements for employment in government.

3. ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The Mpumalanga Department of Health's Strategic Plan (2019–2024) is aligned with the national Medium Term Strategic Framework (MTSF) and the Mpumalanga Provincial Growth and Development Strategy (PGDS). The Department focused its efforts on improving access to quality health services, addressing the burden of disease, and enhancing health system responsiveness, in line with Priority 3: Education, Skills and Health of the MTSF, and the province's developmental goals of improving the health and wellbeing of all communities.

Progress Towards Five-Year Strategic Outcomes

Increased Life Expectancy and Reduced Burden of Disease

- Mpumalanga made steady progress in increasing life expectancy through continued rollout of antiretroviral therapy, improved access to chronic disease care, and health promotion campaigns targeting lifestyle diseases and injuries.

Improved Maternal and Child Health Outcomes

- The Maternal Mortality in Facility Ratio (MMR) declined due to the training of obstetric teams, emergency transport improvements, and better antenatal coverage
- However, the province experienced an increase in Under-5 Mortality, highlighting the need for strengthened child health interventions, including improved neonatal care, nutrition support, and early detection and management of childhood illnesses

Enhanced HIV and TB Programme Performance

- The Department has recorded encouraging outcomes in several HIV and TB programme indicators, with most targets either met or exceeded, reflecting continued progress in disease prevention, management, and treatment adherence
- TB treatment success rates improved, supported by enhanced tracing of defaulters, implementation of the TB Recovery Plan, and decentralized treatment in sub-districts.

Improved Human Resource Capacity for Health

- Strategic recruitment efforts resulted in increased appointments of critical health professionals including doctors, nurses, EMS personnel, and forensic pathology staff, with particular focus on underserved rural areas.
- The province also improved the gender equity in senior management, increasing the proportion of female SMS members.

Strengthened Health Infrastructure

- Despite fiscal constraints, the province completed key upgrades to health facilities.
- The Infrastructure Revitalization Grant was used strategically, although budgetary constraints slowed the pace of new capital projects
- Mobile clinics expanded access in remote areas, and infrastructure maintenance was prioritised to address ageing facilities.

Health System Responsiveness and Patient Experience

- Mpumalanga expanded implementation of the Ideal Clinic Realisation and Maintenance (ICRM) programme, with a growing number of facilities achieving ideal status of 96%.
- Patient complaints were addressed more systematically, and waiting times were monitored as part of facility-level performance reporting.

Contribution to the 2019–2024 MTSF Priorities

Priority 3: Education, Skills and Health

Mpumalanga contributed to improved health outcomes through scaled-up HIV, TB, maternal health, and chronic disease programmes, along with capacity building initiatives for health professionals.

Priority 1: A Capable, Ethical and Developmental State

- Through enhanced governance practices, improved audit outcomes, and active anti-corruption measures, the Department reinforced public trust and accountability.

Priority 2: Economic Transformation and Job Creation

- Recruitment of community service professionals, interns, and Expanded Public Works Programme (EPWP) participants contributed to job creation and skills development in the health sector.

Alignment with the Mpumalanga PGDS

- The Department's programmes directly support the PGDS goals of human capital development, inclusive growth, and health equity, particularly through expanded access to PHC, health infrastructure development in rural districts, and disease prevention campaigns in schools and communities.

Amendments to the Strategic Plan

- There were no amendments made to the 2019–2024 Strategic Plan during the reporting period
- The Department continued to implement its strategic priorities as originally outlined, ensuring alignment with the Medium-Term Strategic Framework (MTSF) and the Mpumalanga Provincial Growth and Development Strategy (PGDS).

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

4.1 PROGRAMME 1: ADMINISTRATION

Purpose

The purpose of this programme is to provide overall management and leadership of the Department of Health. It encompasses strategic planning, policy development, legislative oversight, communication services, and centralized administrative support. This is achieved through the Office of the Member of the Executive Council (MEC) and the Department's core administrative functions, ensuring effective coordination and alignment of departmental priorities.

Sub-programmes.

- Office of the MEC
- Management Services

Strategic Outcomes

Re-alignment of Human Resources to Departmental Needs

- Ensuring that staffing structures and skills are responsive to evolving service delivery demands and health sector priorities.

Strengthening Health Systems Effectiveness

- Enhancing efficiency, responsiveness, and resilience across all components of the health system, including workforce, service delivery, infrastructure, and governance.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

Although the Department has not yet reached the 50% target for the appointment of women in senior management positions, notable progress has been made, with an increase from 44% to 48,2% and thus a 4,2% improvement. This is attributed to the fact that five out of the seven recent appointments were female. While the Department has historically struggled to meet the 2% target for the employment of Persons with Disabilities (PWDs), a slight improvement has been recorded, from 0.54% to 0.93%, reflecting a marginal increase of 0.39%. The Department has consistently exceeded the target for reducing youth unemployment. The current youth representation stands at 34,3%, surpassing the 30% target. This figure includes both permanent and contract appointments.

Table 4.1.1: Programme 1 — Administration Performance

Programme / Sub-programme: Administration								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Improve Financial Management	Implement controls and mitigate risks	Audit opinion of Provincial DoH	Unqualified	Unqualified	Unqualified	Determination after audit (measured annually)	None	The department continues to implement the audit improvement plan
	Achieve gender equity targets.	Percentage of women appointed in Senior Management positions	40%	44%	50%	48.2%	(1.8%)	There was a delay in the filling of the posts due to security clearance and competency assessment
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	0,053%	0,54%	2%	0,93%	(1,07%)	The Department was unable to meet the targets, due to the fact that key priority posts require health professionals
	Reduce youth unemployment	Percentage of youth appointed	37%	37,06%	30%	34,3%	4,3%	The department contracted more youth such as data captures, finance interns, artisans and malaria spray operators.

Linking performance with budgets

The programme achieved 33% of performance against planned targets while actual expenditure is at 100%.

*Sub-programme expenditure***Table 4.1.2: Programme 1 — Administration Sub-programme expenditure**

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	18 573	18 572	1	13 639	13 638	1
Management	365 613	365 613	-	325 190	325 079	111
Total	384 186	384 185	1	338 829	338 717	112

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.

Sub-programmes

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

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.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

District Health Services

The Department has shown significant progress in key areas of patient care, safety, and medico-legal risk management during the reporting period. Notably, the Patient Experience of Care satisfaction rate at Primary Health Care (PHC) facilities reached 90%, exceeding the planned target of 85% and reflecting a positive deviation of 5%. This achievement highlights the Department's ongoing efforts to enhance service quality, staff-patient interaction, and responsiveness to community health needs. Performance on the critical patient safety indicator (Severity Assessment Code (SAC) 1 incidents reported within 24 hours) was exceptional, with a 100% reporting rate against a target of 65%, resulting in a positive deviation of 35%. This indicates enhanced vigilance, improved responsiveness, and strengthened accountability in the management of serious adverse events. In addition, the Department successfully closed 100% of reported patient safety incident cases, surpassing the annual target of 86% and yielding a positive deviation of 14%. This outcome reflects strengthened systems for incident tracking, investigation, and resolution, underscoring the Department's commitment to patient safety, quality assurance, and continuous improvement in health care delivery.

HIV/TB

The Department has demonstrated strong performance in the HIV and TB programmes, particularly in early infant diagnosis. The PCR test positivity rate at 6 months exceeded the annual target, indicating successful implementation of prevention of mother-to-child transmission (PMTCT) interventions. This achievement reflects improved antenatal HIV testing coverage, maternal ART adherence, and early infant testing. Additionally, the Department has made notable progress in reducing TB loss to follow-up, through intensified case management, enhanced tracing of defaulters, and community-based support systems. These outcomes underscore the effectiveness of integrated HIV/TB services and ongoing efforts to reduce the burden of communicable diseases in the province.

Mother and Child

The Department continues to make notable progress in improving maternal and child health outcomes, with several key indicators meeting or exceeding set targets, while others highlight areas requiring strengthened interventions. The Maternal Mortality Ratio (MMR) per 100,000 live births achieved 111.8 against the annual target of 113.6, reflecting a significant improvement in maternal health outcomes. This progress is attributed to enhanced emergency obstetric care, improved referral systems, and focused training of maternal health teams. However, Under-5 Mortality continues to be a concern, with the province struggling to meet the target, primarily due to persisting challenges in neonatal care, malnutrition, and access to timely and quality child health services. Targeted interventions in child survival, including strengthened community outreach, improved postnatal follow-up, and better integration of child health services, remain a key priority. In terms of child health, the immunisation coverage for children under 1 year reached 85.3%, falling short of the 90% target. This underscores the need for strengthened outreach efforts and defaulter tracing to improve coverage.

Table 4.2.1: Programme 2 — District Health Services Performance

Sub Programme: District Health Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Improve Financial Management	Increase number of facilities that reached Ideal clinic status	Ideal clinic status obtained rate	94%	92%	100%	96%	(4%)	Closure of the following healthcare facilities due to infrastructural challenges: Troya clinic, Lefisoane clinic, Delmas FC Dumat Clinic	
Improve equity, training and enhance management of Human Resources for Health	Increase number of patient satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (PHC)	85%	85%	85%	90%	5%	The department has addressed the gaps identified in the previous annual Patient Experience of Care (PEC) survey	
	Early reporting of severity incidents	Severity assessment code (SAC) 1 incidents reported within 24 hours rate	54%	72%	65%	100%	35%	Target achieved due to functional Patient Safety Incident Committees	
Leadership and governance in the health sector enhanced to improve quality of care	Establish clinic committees	Patient safety Incidents (PSI) case closure rate	86%	83%	86%	100%	14%	Target achieved due to functional Patient Safety Incident Committees	
		Percentage of PHC facilities with functional Clinic Committees	73.1%	96.2%	100%	97.6%	(2.4%)	Lack of support from some ward councillors, who do not assist in setting nomination dates or mobilizing the community	
Leadership and governance in the health sector enhanced to improve quality of care	Establish clinic committees	Percentage of PHC facilities with functional Clinic Committees	73.1%	96.2%	100%	97.6%	(2.4%)	Lack of support from some ward councillors, who do not assist in setting nomination dates or mobilizing the community	
		Contingent liability of medico-legal cases reduced by 80%	Decrease contingent liability of medico-legal cases	Contingent liability of medico-legal cases	R10.3 billion	R 7.2 billion	R8 billion	R6.7 billion	1.3 billion

Table 4.2.2: Programme 2 — HAST Performance

Programme / Sub-programme: HAST								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	<p>ART Initiation to 90% of those who tested positive</p> <p>Viral load suppressed to 90% of Clients on ART</p> <p>Reduce loss to follow up cases</p> <p>Improve TB treatment success</p> <p>Reduce loss to follow up cases</p> <p>Improve TB treatment success</p>	HIV positive 15-24 years (excl. ANC) rate	1.8%	0.4%	<2%	1.0%	1%	Target achieved
		HIV test positive around 18 months rate	New Indicator	1.9%	<1.5%	0.1%	1.4%	Target achieved
		ART adult remain in care rate (12 months)	71.7%	95%	72.7%	(22.3%)	Self-transfer patients, Mobile population, and loss to follow.	
		ART child remain in care rate (12 months)	76.7%	95%	80.7%	(14.3%)	Self-transfer patients, Mobile population, and loss to follow.	
		Adult - viral load suppressed rate (12 months)	90%	95%	76.4%	(18.6%)	Self-transfer patients, Mobile population, and loss to follow.	
		ART Child - viral load suppressed rate below 50 (12 months)	59.4%	95%	46.4%	(48.6%)	Self-transfer patients, Mobile population, and loss to follow.	
		All DS-TB client LTF rate	6.89%	<6.5%	5.9%	0.6%	Early tracing of patients that are lost to follow-up.	
		All DS-TB Client Treatment Success Rate	80.3%	80%	76.7%	(3.3%)	Inadequate linkage of transferred-out patients between facilities at Ehlanzeni district. High death rate at Gert Sibande. District. High loss to follow-up rate at Nkangala district	
		Rifampicin resistant/ Multidrug Resistant treatment success rate	New Indicator	73.9%	71%	76.6%	5.6%	Implementing the short DR TB regimen
		Rifampicin resistant/ Multidrug Resistant lost to follow-up rate	New Indicator	8.8%	10%	10.9%	(0.9%)	High loss to follow up at Gert Sibande and Nkangala district
TB Pre-XDR treatment success rate	New Indicator	69.2%	70%	58.3%	(11.7%)	High death rate in Gert Sibande and Ehlanzeni districts.		
TB Pre-XDR lost to follow-up rate	New Indicator	0%	<10%	0%	10%	Target achieved		

Table 4.2.3: Programme 2 — MCWYH&N Performance

Programme / Sub-programme: MCWYH&N									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Maternal, Neonatal, Infant and Child Mortality reduced	Increase couple year protection	IUCD Uptake (*IUCD – Intra Uterine Contraceptive Device	New Indicator	New Indicator	1780	1813	33	Training and mentoring of clinicians on insertion of IUCD	
	Increase cervical cancer screening	Cervical cancer screening coverage	New Indicator	New Indicator	42%	50.2%	8.2%	Training and mentoring of nurses on conducting liquid-based cytology	
	Reduce teenage pregnancy	Delivery 10 to 14 years in facility	New Indicator	New Indicator	430	237	193	Increased awareness and improved access to Adolescent & Youth-friendly Services	
	Early initiation of antenatal care services to clients	Antenatal 1st visits before 20 weeks rate	77.3%	74.9	77%	77.8%	0.8%	Increased community awareness, effective health education campaigns, and improved access to services	
	Reduce number of maternal deaths in facility	Maternal Mortality in facility Ratio	114/100 000	109.5/ 100 000	113.6/ 100 000	111.8/100 000	1.8/100 000	Training of clinicians in Essential Steps in the Management of Obstetric Emergencies (ESMOE) and safe obstetric anesthesia for doctors	
	Reduce low birth weight	Live birth under 2500g in facility rate	12%	11.01%	<11.5%	13.1%	(1.6%)	A national shortage of nifedipine has led to increased reliance on alternative medications, which have proven less effective, potentially resulting in poorer blood pressure control and a heightened risk of complications, including premature birth.	
	Increase number of postnatal visits	Mother postnatal visit within 6 days rate	76.2%	76.1%	77%	84.6%	7.6%	The department conducted training of clinicians in Basic Antenatal Care (BANC),	
	Reduce still birth in facility	Still birth in facility rate (per 1000 births)	New Indicator	New Indicator	21/1000	20.4/1000	0.6/1000	The department conducted training of clinicians in Basic Antenatal Care (BANC),	
	Decrease number of neonatal death <28 days	Neonatal (<28 days) death in facility rate	18.6/1000	13.5/1000	11/ 1000	14.1/1000	(3.1/1000)	Attributed primarily to insufficient neonatal beds at the next level of care.	
	Increase number of children fully immunized		Infant PCR test positive at 6 months rate	0.5%	0.5%	0.6%	0.3%	0.3%	Increase in early antenatal care booking.
			Immunisation under 1 year coverage.	89.2%	88.2%	90%	85.3%	(4.7%)	Shortage of mobile outreach services due to hijacking in Nkangala and hard to reach areas
			Measles 2nd dose coverage	97.5%	90.5%	90%	86 %	(4%)	Shortage of mobile outreach services due to hijacking in Nkangala and hard to reach areas

Programme / Sub-programme: MCWYH&N									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	18.1 per 1000 live birth	18.8 per 1000 live birth	1.8/1000 live birth	1.9/1000 live birth	(0.1/1000 live birth)	Delayed presentation to the facility	
		Child under 5 years diarrhoea case fatality rate	2.03%	1.8%	<2%	1.9%	0.1%	Target achieved	
	Severe acute malnutrition death under 5 years rate	Child under 5 years pneumonia case fatality rate	2.77%	3.2%	<2.5%	2.0%	0.5%	Target achieved	
		Vitamin A dose 12-59 months coverage.	77.2%	81.2%	79%	84.7%	5.7%	Vitamin A catch-up drives were conducted in community points and ECD centre	
	Improved access to mental health services	PHC Mental disorders treated	PHC Mental disorder treatment rate	Not in plan	Not in plan	<0.1%	0.0%	0.1%	Target achieved
			Malaria case fatality rate	0.5%	0.77%	<0.5%	0.28%	0.2%	Target achieved

Table 4.2.4: Programme 2 — DPC Performance

Programme / Sub-programme: DPC								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Reduce malaria death cases	PHC Mental disorder treatment rate	Not in plan	Not in plan	<0.1%	0.0%	0.1%	Target achieved
		Malaria case fatality rate	0.5%	0.77%	<0.5%	0.28%	0.2%	Target achieved

Linking performance with budgets

The Department has achieved 59.4% of the planned outputs of this programme and expenditure 100,17%. 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

Table 4.2.5: Programme 2 — District Health Services Sub-programme expenditure

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Management	616 988	616 958	30	665 582	647 449	18 133
Community Health Clinics	2 074 026	2 070 764	3 262	1 929 222	1 929 222	-
Community Health Centres	1 366 746	1 362 213	4 533	1 198 723	1 198 724	(1)
Community-based Services	20 078	20 078	-	20 096	20 085	11
HIV/Aids	2 574 746	2 574 155	591	2 602 725	2 602 722	3
Nutrition	3 555	3 555	-	9 333	9 334	(1)
District Hospitals	4 807 757	4 796 007	11 750	4 265 096	4 264 709	387
Total	11 463 896	11 443 730	20 166	10 690 777	10 672 245	18 532

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 65 minutes in urban and 69 minutes in rural areas.

Sub-programmes

- Emergency Transport
- Planned Patient Transport

Purpose of the sub programmes.

- Provide emergency including the stabilization and transportation of all patients involved in trauma, medical/maternal and other emergencies through the utilization of specialized vehicles, equipment and skilled Emergency Care practitioners.

Planned Patient Transport:

Provide transport services for non-emergency referrals between hospitals, and from Primary Health Care facilities to Community Health Centers and Hospitals for indigent persons with no other means of transport.

Institutional outcomes that each programme contributes.

- Improved quality of health care services
- Improve access to health care
- Improved health outcomes

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

During the reporting period, none of the performance indicators under Programme 3 were fully achieved. The Department achieved a response rate of 65% against the planned target of 70%, with the indicator, Priority 1 (P1) Urban Response Time (under 30 minutes), reflecting a negative deviation of 5%. Similarly, with Priority 1 (P1) Rural Response Time (under 60 minutes), a 65% achievement was recorded against a target of 70%, resulting in a 5% shortfall. To address these challenges, the Department is engaging in benchmarking exercises, including reviewing the paper-based reporting model used in KwaZulu-Natal, with the aim of identifying the best practices and improving EMS performance in both urban and rural settings.

Table 4.3.1: Programme 3 — EMS Performance

Programme / Sub-programme: EMS									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
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%	70%	65%	(5%)	Priority 1 calls were serviced but the accuracy data is not absolute as there is no tool to accurately record it.	
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes	65%	69%	70%	65%	(5%)	Priority 1 calls were serviced but the accuracy data is not absolute as there is no tool to accurately record it.	

Linking performance with budgets

The programme could not achieve its planned outputs. While the expenditure is at 100% which could be attributed to the lack of call centre management system

Sub-programme expenditure

Table 4.3.2: Programme 3 — EMS Sub-programme expenditure

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Emergency transport	523 579	523 577	2	461 497	461 494	3
Planned Patient Transport	25 170	25 170	-	12 450	12 450	-
Total	548 749	548 747	2	473 947	473 944	3

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.

Sub-programmes.

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

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.

Table 4.4.1: Programme 4 — Provincial Hospital Services Performance

Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Number of Maternal deaths in facility	New Indicator	33	35	28	7	Availability of obstetricians Placement of Final Year Medical Registrars awaiting finalisation of training and registration with HPCSA
	Reduce all death under 5 years in facility	Number of Death in facility under 5 years	New Indicator	288	45	302	(257)	Late presentation o healthcare facilities
	Reduce all death under 5 years in facility	Diarrhoea death under 5 years	New Indicator	New Indicator	6	14	(8)	Late presentation to a health facility
		Pneumonia death under 5 years	New Indicator	New Indicator	8	13	(5)	Late presentation to health facilities Children presenting with co-morbidities
Premature mortality due to NCD's reduce to 26% (10% reduction) Quality of healthcare services in public health facilities improved	Severe acute malnutrition (SAM) death under 5 years	Severe acute malnutrition (SAM) death under 5 years	New Indicator	New Indicator	3	6	(3)	Delayed presentation to the health facility
	Improved access to cervical cancer services	Cervical cancer screening	New Indicator	New Indicator	411	103	(308)	Most cases are screened at the lower level. (Primary Health Care.
	Patient experience of care improved	Patient Experience of Care satisfaction rate (Hospitals)	74%	81%	85%	81%	(4%)	The target not achieved due to cleanliness scoring 72,8% (availability of toilet paper for inpatient was low)
	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	80%	65%	100%	35%	Implementation of PSI reporting guidelines
Patient Safety incident (PSI) cases closed	Patient Safety incident (PSI) case closure rate	New Indicator	93%	86%	95%	9%	Implementation of PSI reporting guidelines	

Note: On the Cervical cancer screening indicator, it is important to note that this indicator includes 30 years and above, Cervical cancer screening in non-HIV woman 30-50 years and Cervical cancer screening in HIV positive women 20 years and older and it was previously reported in the previous 4 quarters. Whilst TIDs referred only to 30 years and above, the Department prioritized all women including the HIV positive ones.

Table 4.4.2: Programme 4 — Provincial Hospital Services Performance

Sub Programme: Tuberculosis Hospitals								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	75%	82%	85%	86,7%	(1,7%)	Target achieved due to the following areas obtaining results above set target: Access to care: 89,7%, Availability of medicine 98,9%, Patient Safety 88,9% and Values and attitudes 86,4%

Linking performance with budgets

The programme achieved only 40% of its performance targets, despite a 100% expenditure for the year under review

Sub-programme expenditure**Table 4.4.3: Programme 4 — Provincial Hospital Services Sub-programme expenditure**

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospitals	1 672 874	1 672 871	-	1 523 206	1 523 195	11
Tuberculosis Hospitals	129 389	129 388	1	127 303	127 295	8
Psychiatric/ Mental Hospitals	58 951	58 951	-	59 662	59 662	-
Total	1 861 214	1 861 213	1	1 710 171	1 710 152	19

4.5 PROGRAMME 5: TERTIARY 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.

Sub-programmes

- Provincial Tertiary Hospital Services

Strategic objectives

- Improved quality of health care

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

The programme has made significant improvements in reducing maternal deaths occurring in health facilities, reflecting the positive impact of targeted interventions such as enhanced clinical governance, training of obstetric teams, improved referral systems, and strengthened emergency obstetric care. This progress demonstrates the Department's commitment to improving maternal health outcomes and ensuring safer deliveries across the province. Additionally, there has been a notable increase in cervical cancer screening coverage, driven by intensified community outreach, improved access to screening services at primary health care level, and integration of cancer prevention into routine health services. These achievements contribute directly to the early detection and treatment of cervical cancer and align with national priorities for reducing the burden of non-communicable diseases and preventable maternal mortality.

Table 4.5.1: Programme 5 — Provincial Tertiary Hospitals Services Performance

Programme / Sub-programme: Provincial Tertiary Hospitals									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Maternal, Neonatal, Infant and Child Mortality reduced Placement of Final Year Medical Registrars awaiting finalisation of training and registration with HPCSA	Reduce maternal deaths in facility	Number of Maternal deaths in facility	New Indicator	New Indicator	35	20	15	Availability of obstetricians	
		Number of Death in facility under 5 years	New Indicator	New Indicator	45	315	(270)	Availability of Paediatricians Placement of Final Year Medical Registrars awaiting finalization of training and registration with HPCSA	
	Reduce all death under 5 years	Diarrhoea death under 5 years	New Indicator	New Indicator	6	7	(1)	Late presentation to a health facility	
		Pneumonia death under 5 years	New Indicator	New Indicator	8	9	(1)	Late presentation to health facilities Children presenting with co-morbidities	
		Severe acute malnutrition (SAM) death under 5 years	New Indicator	New Indicator	5	5	0	Target achieved	
Premature mortality due to NCD's reduce to 26% (10% reduction)	Improved access to cervical cancer services	Cervical cancer screening	New Indicator	New Indicator	242	551	309	Increased screening on cervical cancer screening in HIV positive women 20 years and older compared to Non-HIV 30-50 years	
	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	73%	77%	85%	75%	(10%)	The target for access to care and cleanliness was not achieved.	
Quality of health services in public health improved	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	97%	65%	98%	33%	Implementation of PSI reporting guidelines	
	Patient Safet incident (PSI) cases closed	Patient Safety Incident (PSI) case closure rate	New Indicator	98%	86%	92%	6	Implementation of PSI reporting guidelines	

Linking performance with budgets

Sub-programme expenditure

The programme achieved 55.5% of its planned outputs, with an expenditure rate of 99% for the year under review

Table 4.5.2: Programme 5 — Provincial Tertiary Hospitals Services Sub-programme expenditure

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Tertiary Hospital Services	2 104 942	2 084 537	20 405	1 841 736	1 841 571	165
Total	2 104 942	2 084 537	20 405	1 841 736	1 841 571	165

4.6 ROGRAMME 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.

Sub-programmes

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

Strategic outcomes

- Quality of health services in public health facilities improved.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

During the 2024/2025 financial year, the Department made substantial progress in strengthening clinical capacity and workforce development. A total of 5,538 healthcare workers were trained on critical clinical skills, achieving 92% of the annual target of 6,000. While slightly below the set target, the training initiatives have significantly contributed to the enhancement of service quality and clinical competencies at various service delivery levels. Furthermore, the Department successfully awarded all 70 planned bursaries to support the development of priority health professions, thereby contributing to long-term workforce sustainability. In addition, the District Training and Development Plans for frontline service delivery points were developed and implemented, exceeding expectations and positively impacting departmental outcomes by improving staff readiness, morale, and service responsiveness. These achievements underscore the Department's commitment to building a resilient and skilled health workforce to meet evolving healthcare demands.

Table 4.6.1: Programme 6 — Health Science And Training Performance

Programme / Sub-programme: Health Sciences Training								
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations
Quality of health services in public health facilities improved		Number of Healthcare workers trained on critical clinical skills	5732	6004	6000	5538	(462)	Limited Resources
		Bursaries awarded to first year nursing students	70	70	70	70	0	Indicator achieved
		District training and development plan for frontline service delivery points developed	273	712	500	612	112	Inhouse trainers were utilised to maximize training.
		Increase capacity in health facilities						
		Number of employees trained on leadership and management development	New Indicator	New Indicator	75	282	207	Multiple interventions used including ASELPH Bursary and inhouse training
		Number of employees trained on succession planning	New Indicator	New Indicator	75	118	43	Inhouse trainers were used, thus cutting costs.

Linking performance with budgets

The programme achieved 80% of its planned outputs, with an expenditure rate of 99.7% for the year under review

Sub-programme expenditure

Table 4.6.2: Programme 6 — Health Science And Training Sub-programme expenditure

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Nurse Training Colleges	143 620	143 619	1	144 534	144 534	-
EMS Training Colleges	3 261	3 261	-	1 156	1 157	(1)
Bursaries	14 048	14 049	(1)	8 902	8 049	853
Primary Health Care Training	3 215	3 214	1	3 146	3 147	(1)
Training Other	357 100	355 767	1 335	359 642	358 388	1 254
Total	521 244	519 908	1 336	517 380	515 275	2 105

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.

Sub-programmes

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

Strategic outcomes.

Quality of health services in public health facilities improved.

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

The programme recorded a significant increase in patient registration on the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme, with the number of clients rising from 534,381 in 2023/2024 to 967,741 in 2024/2025, thereby surpassing the annual target of 960,000. This remarkable achievement reflects the Department's commitment to enhancing access to chronic medication, decongesting health facilities, and improving patient adherence and satisfaction. The expansion of CCMDD contributes meaningfully to the overall quality of health services delivered in public health facilities by streamlining medicine collection and reducing patient waiting times. Additionally, the programme successfully issued a significant number of orthotic and prosthetic devices, further supporting functional independence and quality of life for patients with physical disabilities. These interventions align with the Department's strategic goals of improving service delivery and ensuring equitable access to essential health technologies.

Table 4.7.1: Programme 7 — Health Care Support Services Performance

Programme / Sub-programme: Health Care Support Services									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
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	29/30	29	6	28	22	Bernice Samuel Hospital not audited due to non-functional equipment that has reach its end of life and support.	
	Maintain EML stock levels	Percentage Availability of Essential Medicine List (EML) at the Depot	80%	80.3%	90%	90%	0	Target achieved	
	Increase CCMDD registration of patients	Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme	68 033 + 444 409	15 939 (534 381 Cumulative)	960 000	967 741 (Cumulative)	7741	Increased registration of patients into the CCMDD programme	
	Maintain number of functional blood transfusion committees	Number of hospitals audited for functionality of blood transfusion committees	28		28	28	0	Target achieved	
	Maintain number of sites rendering Forensic Pathology Services	Number of sites rendering Forensic Pathology Services	21		21	21	0	Target achieved	
	Increase number of hospitals providing laundry services	Number of hospitals providing laundry services	23/23	23/23	23	23	0	Target achieved	

Linking performance with budgets

The programme achieved 100% of its planned outputs, with an expenditure rate of 99.9% for the year under review

Sub-programme expenditure

Table 4.7.2: Programme 7 — Health Care Support Services Sub-programme expenditure

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundries	64 142	64 141	1	43 635	41 781	1 854
Engineering	88 824	88 779	45	80 360	80 360	-
Forensic Services	110 799	110 797	2	123 615	123 381	234
Orthotic and Prosthetic Services	8 985	8 986	(1)	9 616	9 073	543
Medicine Trading Account	126 840	126 841	(1)	106 135	106 078	57
Total	399 590	399 546	46	363 361	360 673	2 688

4.8 PROGRAMME 8: HEALTH FACILITY MANAGEMENT

Purpose

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

Sub-programmes.

- Community Health Facilities
- Provincial Hospital Services

Strategic outcomes

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

Outcomes, Outputs, Output Indicators, Targets and Actual Achievements

During the 2024/2025 reporting period, Programme 8: Health Facilities Management recorded notable progress in improving access to quality health infrastructure across the province. Most health facilities were maintained, repaired, and refurbished as part of the department's infrastructure revitalisation efforts. The construction of new clinics progressed well, with four out of five clinics completed, although one project experienced delays due to procurement issues. Infrastructure monitoring was consistent, with 100% of projects subjected to monthly oversight, while 86% of projects were implemented in line with the approved Infrastructure Programme Management Plan (IPMP), slightly below the 90% target due to external delays and late budget disbursements. The Department is implementing the costed Infrastructure Plan to improve the efficiency and effectiveness of health service delivery, ensuring that infrastructure investments are aligned with service needs and population demand. Overall, the department continues to make steady progress in ensuring that health infrastructure meets the service delivery demands of the population.

Table 4.8.1: Programme 8 — Health Facility Management Performance

Programme/ Sub programme: Health Facility Management									
Outcome	Output	Output Indicator	Audited Actual Performance 2022/2023	Audited Actual Performance 2023/2024	Planned Annual Target 2024/2025	Actual Achievement 2024/2025	Deviation from planned target to Actual Achievement 2024/2025	Reasons for deviations	
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	Improve access to health care	Upgrade and additional projects completed	4	4	2	2	0	Target Achieved	
	New and replacement projects completed	3 Projects in various progress	(Mapulaneng Hospital – 33%, Middelburg Hospital – 85% and Kanyamazane CHC – 41%	5	4	4	0	Target Achieved	

Linking performance with budgets

The programme successfully implemented a costed infrastructure plan aimed at improving the efficiency and effectiveness of health service delivery, achieving 100% of its planned outputs with an expenditure rate of 100%

Sub-programme expenditure**Table 4.8.2: Programme 8 — Health Facility Management Sub-programme expenditure**

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Community Health Facilities	1 249 125	1 254 198	(5 073)	1 384 857	1 284 253	100 604
Provincial Hospital Services	459 295	454 219	5 076	462 955	470 089	(7 134)
Total	1 708 420	1 708 417	3	1 847 812	1 754 342	93 470

Strategy to Overcome Areas of Underperformance

The Department acknowledges the areas of underperformance identified during the reporting period and has developed targeted strategies to address these challenges effectively. To improve maternal and child health outcomes, the Department will intensify training and mentorship programmes for healthcare workers, particularly in emergency obstetric and neonatal care, while strengthening referral systems to ensure timely access to higher-level care. In response to the challenges of under-5 mortality and child health service gaps, community health outreach and education campaigns will be expanded to improve early health-seeking behavior and adherence to child health interventions. To address human resource shortages, especially in rural areas, the Department will enhance recruitment drives, expand bursary schemes, and promote retention strategies including improved working conditions and incentives.

Supply chain inefficiencies will be tackled through the full implementation of digitized stock monitoring systems and strengthened contract management to ensure uninterrupted availability of essential medicines. Furthermore, to reduce delays in emergency medical services (EMS), the Department plans to increase ambulance fleet capacity, optimize dispatch protocols, and expand EMS staffing. Lastly, to improve data management and decision-making, investments in health information system upgrades and capacity-building for data officers will be prioritized. These strategies will be closely monitored through performance reviews and stakeholder engagement to ensure continuous improvement and achievement of set targets.

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

During the reporting period 2004/2025 financial year, the Department successfully incorporated all relevant standardized outputs and output indicators into the Annual Performance Plan (APP). This comprehensive inclusion ensured that all planned activities were aligned with national frameworks and provincial priorities, allowing for effective implementation and accurate reporting. The full integration of these indicators facilitated consistent monitoring and evaluation of service delivery performance, supporting transparency and accountability in achieving strategic goals. The Department remains committed to maintaining this alignment in future planning cycles to strengthen performance management and reporting.

5. TRANSFER PAYMENTS

5.1. Transfer payments to public entities

During the reporting period, the Department did not make any transfer payments to public entities

Name of Public Entity	Key Outputs of the public entity	Amount transferred to the public entity	Amount spent by the public entity	Achievements of the public entity
None	None	None	None	None

5.2. Transfer payments to all organisations other than public entities

The Department did not make any transfer payments to organisations other than public entities during the reporting period.

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

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the dept. comply with s 38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
None	None	None	None	None	None	None

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

Name of transferee	Purpose for which the funds were to be used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
None	None	None	None	None

6. CONDITIONAL GRANTS

6.1. Conditional grants and earmarked funds paid

The tables below detail/s the conditional grants and earmarked funds paid by the department.

District Health Programme Grant

Department/ Municipality to whom the grant has been transferred	Mpumalanga Department of Health
Purpose of the grant	• 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 by 2030
	To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations for grade five schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme
Expected outputs of the grant	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.
	Increased access to HPV vaccines by grade four schoolgirls in all public and special schools
	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
Actual outputs achieved	66 448 000 No of Male condoms distributed
	1 093 701 No of Female condoms distributed
	22 804 Male Urethritis Syndrome treated - new episode
	31 023 No of Individuals who received an HIV service or referral at High Volume facilities
	1 650 043 No of clients tested (including antenatal)
	123 290 No of MMC performed
	41 270 No of people started on PrEP
	10 341 No of babies PCR tested at 10 weeks
	31 215 No of new patients started on treatment
	582 118 No of patients on ART remaining in care
	402 260 ART patients enrolled to EX-PUP
	95% DS-TB treatment start rate (under 5yrs and 5yrs and older combined)
	Amount per amended DORA (R'000)
Amount transferred (R'000)	R2 575 224
Reasons if amount as per DORA not transferred	None

Amount spent by the department/ municipality (R'000)	R 2 575 352
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

Health Facility Revitalization 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	32 Hospitals lifesaving and support equipment's were serviced as per Manufacture specifications. Installed 2 new generators at PHC facilities. 2 clinics were completed (Casteel, Brooklyn and Driekoppies). 3 PHC facilities were handed over (Troya, MN Cindi and Dumphries) and are on construction phase. 2 planning projects were completed and are awaiting implementation, Siyabuswa CHC appointed and construction to commence, Ermelo Town Clinic, construction planned to commence next financial year). replacement of asbestos roofing at Matikwane hospital completed, phase 2 contractor has been appointed to commence on 2nd quarter.
Amount per amended DORA (R'000)	R459 295
Amount transferred (R'000)	R459 295
Reasons if amount as per DORA not transferred	None
Amount spent by the department/ municipality (R'000)	R458 954
Reasons for the funds unspent by the entity	Underspending of R 341 was due to the funded vacant posts not filled
Monitoring mechanism by the transferring department	In year monitoring (IYM)
	Project Management Information system (PMIS)
	Infrastructure reporting model (IRM)

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 2024/25•
Amount per amended DORA (R'000)	R274 508
Amount transferred (R'000)	R274 508
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R254 069
Reasons for the funds unspent by the entity	The Underspending National Tertiary Services Grant during the financial year was due to delays in the finalisation of the Bunker project. The department has submitted a rollover request
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	Provision of clinical teaching and training of health professionals in designated facilities by:
	Appointing 52 Medical specialist
	Training 15 registrars in different fields of speciality
Actual outputs achieved	Appointing 14 clinical supervisors
	The Department managed to maintain a number of 178 Medical Interns paid through the grant as per the approved plan
	Clinical teaching and training of health professionals was provided as per business plan through the outreach services.
	11 registrars – training in different fields of speciality.
Amount per amended DORA (R'000)	42 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
	R279 435
Amount transferred (R'000)	R279 435
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R279 423
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

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	230 (41 EMS ambulance cleaners and 221 EPWP community facility cleaners) recruited and paid stipend.
Amount per amended DORA (R'000)	R6 567
Amount transferred (R'000)	R6 567
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R6 603
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

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	Mental Health
	41 Mental Health Practitioners contracted
	12 095 Number of patients screened and treated for mental health problems
	Health Professionals Contracting
	61 Health Practitioners contracted
	87 000 patients seen (per discipline)
	Oncology
	5 Number of health professionals contracted for oncology services
Actual outputs achieved	4 063 patients seen (per discipline)
	Mental Health
	22 Mental Health Practitioners contracted
	33 689 Number of patients screened and treated for mental health problems
	Health Professionals Contracting
	52 Health Practitioners contracted
	83 443 patients seen (per discipline)
	Oncology
5 Number of health professionals contracted for oncology services	
5 960 patients seen (per discipline)	
Amount per amended DORA (R'000)	R 49 346
Amount transferred (R'000)	R49 346
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	R 49 539
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

Infrastructure 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 infrastructure sector departments identified 55 participants in the infrastructure Sector EPWP log-frame to increase job creation for focusing on the strengthening and expansion of maintenance services programme that have employment potential.
Expected outputs of the grant	55 participants advertised for placements in the 3 districts
Actual outputs achieved	55 participants were appointed for the 3 districts and paid stipend.
Amount per amended DORA (R'000)	R2,212
Amount transferred (R'000)	R2,207
Reasons if amount as per DORA not transferred	R50
Amount spent by the department/ municipality (R'000)	R2,207
Reasons for the funds unspent by the entity	Resignations of participants from the programme

Monitoring mechanism by the transferring department	Monthly variance report
	Quarterly DoRA report

6.2. Conditional grants and earmarked funds received

Department who transferred the grant	None
Purpose of the grant	
Expected outputs of the grant	
Actual outputs achieved	
Amount per amended DORA (R'000)	
Amount received (R'000)	
Reasons if amount as per DORA was not received	
Amount spent by the department (R'000)	
Reasons for the funds unspent by the entity	
Reasons for deviations on performance	
Measures taken to improve performance	
Monitoring mechanism by the receiving department	

7. DONOR FUNDS

7.1. Donor Funds Received

Name of donor	None
Full amount of the funding	
Period of the commitment	
Purpose of the funding	
Expected outputs	
Actual outputs achieved	
Amount received (R'000)	
Amount spent by the department (R'000)	
Reasons for the funds unspent	
Monitoring mechanism by the donor	

8. CAPITAL INVESTMENT

8.1. Capital investment, maintenance and asset management plan

Progress on Implementation of the Capital, Investment, and Asset Management Plan

During the reporting period, the Department of Health in Mpumalanga made notable progress in implementing its Capital, Investment, and Asset Management Plan. A total of six infrastructure projects are currently at various stages of construction and development, while two major projects (Mpumalanga Mental Hospital and Linah Malatjie Tertiary Hospital) are advancing through critical planning stages. Furthermore, the Department successfully completed four Primary Health Care (PHC) facilities (Kanyamazane CHC, Driekoppies Clinic, and Casteel Clinic). An additional facility, Balfour CHC, was completed in partnership with the National Department of Health. These infrastructure developments reflect the Department's ongoing commitment to strengthening healthcare access and quality through improved physical assets and capital investment.

Infrastructure Projects Completed and Progress Compared to Annual Plans

In the 2024/2025 financial year, the Department of Health in Mpumalanga successfully completed key infrastructure projects aligned with its Annual Performance Plan. These include four Primary Health Care (PHC) facilities (Kanyamazane CHC, Driekoppies Clinic, and Casteel Clinic) along with Balfour CHC, which was completed in collaboration with the National Department of Health. In addition, two hospital projects were finalized: the newly constructed King Nyabela District Hospital and the upgrading of Mmamethlake District Hospital. This performance represents strong alignment with the Department's annual infrastructure targets. However, a minimal variance of 2% was noted due to delays in procurement processes and contractor performance challenges in some areas. These were mitigated through improved contract oversight and fast-tracking of project implementation timelines, ensuring overall targets were largely met and service delivery improvements realised across the province.

Infrastructure Projects Currently in Progress and Expected Completion Timelines

As part of the ongoing commitment to strengthen healthcare infrastructure across Mpumalanga Province, several capital projects are currently at various stages of construction and planning. Notably, the Mpumalanga Mental Health Hospital and the Linah Malatjie Tertiary Hospital are in advanced planning phases, with construction anticipated to commence in the 2025/2026 financial year. Ongoing construction projects include:

- Troya clinic: Construction of New Clinic – expected to be completed by December 2025.
- Construction of New Clinic at Dumphries Clinic – expected completion by December 2025.
- Witbank Psychiatric Ward – Renovations of Mental Ward – projected to be finalised by December 2025.
- Matikwana Hospital- Phase 1A & 2A Removal of asbestos roof at Maternity and Pediatric wards – targeted for completion by December 2025.
- Upgrade of the clinic at MN Cindi Clinic – expected by April 2026.
- KwaMhlanga Hospital -Upgrade of Maternity units- expected to complete by January 2027

These infrastructure investments are aligned with the Department's Costed Infrastructure Plan and are aimed at improving accessibility, quality of care, and service delivery efficiency across all districts

Plans to Close Down or Down-Grade Existing Facilities

As part of its infrastructure rationalisation and service optimisation strategy, the Department of Health in Mpumalanga Province has planned several relocations from ageing or inadequate facilities to newly constructed, modern infrastructure. The old Middelburg Hospital is earmarked for closure, with services to be fully relocated to the newly built King Nyabela District Hospital, which offers improved capacity and modernised healthcare amenities. Similarly, the existing Driekoppies and Casteel Clinics will be closed upon the commissioning of their newly constructed facilities, ensuring improved access and quality of care. Additionally, the existing Kanyamazane Community Health Centre (CHC) will be relocated to the newly built Kanyamazane CHC, which has been completed and is now ready to provide enhanced services to the community.

Progress Made on the Maintenance of Infrastructure

During the reporting period, the Department of Health in Mpumalanga made significant strides in improving the condition and functionality of existing health infrastructure. A total of eleven (11) healthcare facilities were successfully renovated across the province. These renovations focused on addressing critical maintenance needs, including structural repairs, plumbing, electrical upgrades, roof replacements, and compliance with Occupational Health and Safety (OHS) standards. This progress contributes directly to enhancing the safety, quality, and reliability of healthcare service delivery in line with the Department's costed Infrastructure.

Maintenance Plan. Measures to Ensure an Up-to-Date Asset Register

To ensure the accuracy and integrity of the Department's asset register during the reporting period, the User Asset Management Plan (UAMP) was updated and submitted to the Custodian Department of Public Works, Roads and Transport (DPWRT) as well as to the Provincial Treasury for noting. This measure is part of the Department's broader asset management strategy to maintain an up-to-date record of all immovable assets, support infrastructure planning, and enhance accountability in line with the Government Immovable Asset Management Act (GIAMA) and Public Finance Management Act (PFMA).

Current State of the Department's Capital Assets

An assessment of the Department's capital assets reveals that the majority of health facilities fall within the fair condition category, with 188 facilities (56.3%) rated as fair. Facilities rated as good total 113 (33.8%), while a smaller portion of 11 facilities (3.3%) are in very good condition. However, 22 facilities (6.6%) remain in poor or bad condition, highlighting the need for ongoing maintenance and targeted infrastructure investment to improve these assets. This distribution underscores the importance of sustained efforts to upgrade and maintain facilities to ensure quality service delivery across the province.

Major Maintenance Projects Undertaken

During the reporting period, the Department undertook key maintenance projects aimed at improving the safety and functionality of health infrastructure. Notably, the Witbank Hospital Mental Ward was upgraded to enhance the quality of mental health care services, ensuring compliance with mental health safety standards. In addition, at Matikwane Hospital, the Department completed the removal of asbestos, a critical intervention to eliminate health risks associated with hazardous building materials. These projects form part of the Department's ongoing commitment to maintaining safe, compliant, and patient-centred health facilities.

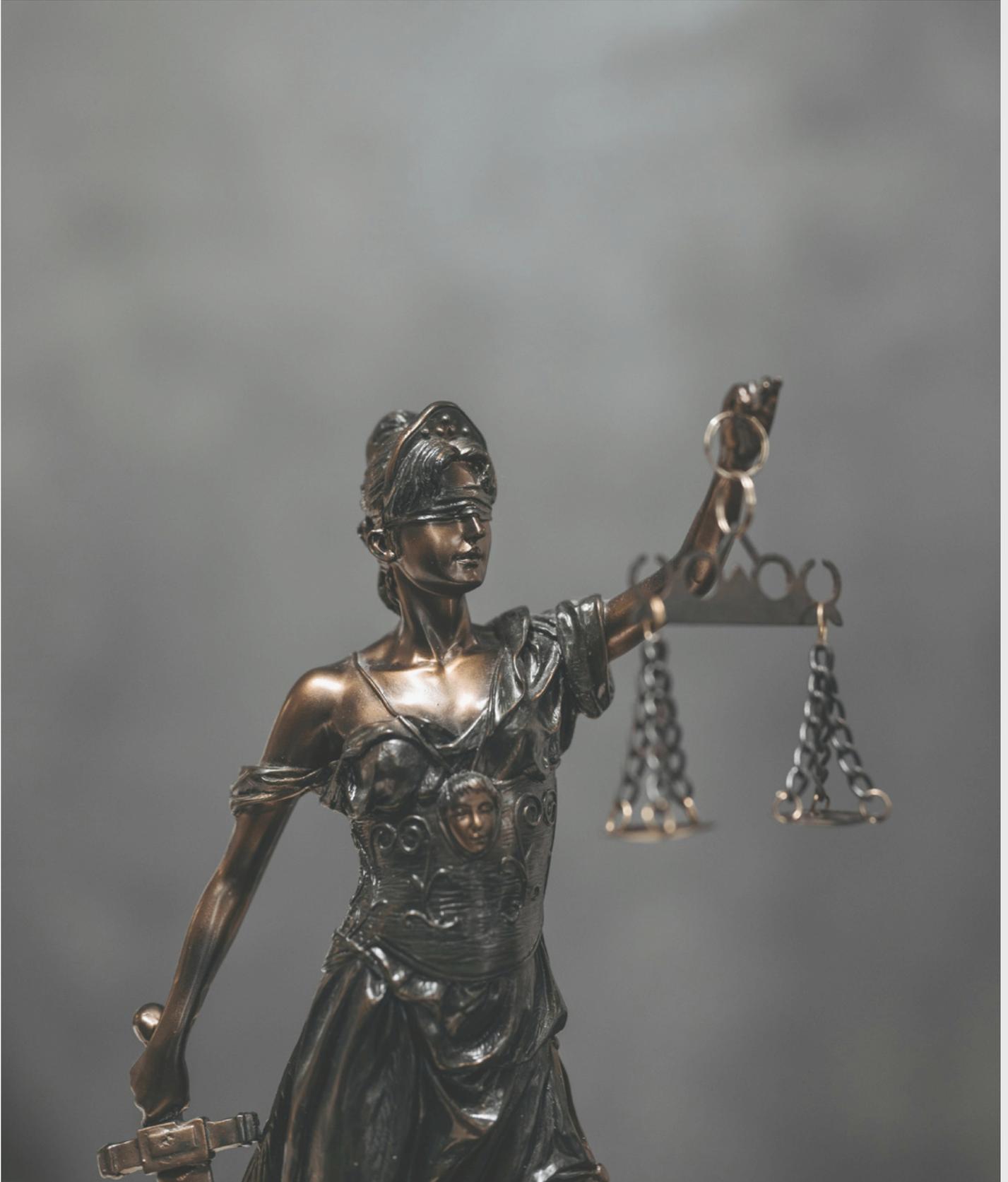
Progress Made in Addressing Maintenance Backlog

During the reporting period, the Department made measurable progress in addressing the maintenance backlog by completing eleven (11) maintenance and upgrading projects across various health facilities. This effort contributed to reducing the backlog and improving the overall condition of infrastructure. While the rate of progress aligns with the Department's maintenance plans, ongoing challenges such as budget constraints and the urgent need to prioritize critical repairs continue to influence the pace of backlog reduction. To stay on track, the Department has implemented a prioritized maintenance schedule and actively monitors project execution to ensure timely completion and optimal use of available resources.

Programme Name	2024/2025			2023/2024		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	962 557	961 243	1 314	1 119 242	1 044 322	74 920
Existing infrastructure assets	409 716	409 138	578	470 390	441 120	29 270
<i>Upgrades and additions</i>	<i>179 057</i>	<i>159 189</i>	<i>19 868</i>	<i>164 445</i>	<i>149 691</i>	<i>14 754</i>
<i>Rehabilitation, renovations and refurbishments</i>	-	-	-	-	-	-
<i>Maintenance and repairs</i>	<i>230 659</i>	<i>249 949</i>	<i>(19 290)</i>	<i>305 945</i>	<i>291 429</i>	<i>14 516</i>
Infrastructure transfer	-	-	-	-	-	-
<i>Current</i>	-	-	-	-	-	-
<i>Capital</i>	-	-	-	-	-	-
Total	1 372 273	1 370 381	1 892	1 589 632	1 485 442	104 190

PART C:

GOVERNANCE



1. INTRODUCTION

The commitment of the Mpumalanga Department of Health to maintaining the highest standards of good governance is the cornerstone of its financial and resource management practices. Sound governance fosters public confidence and provides assurance to all stakeholders, particularly the taxpayers that public funds are utilised effectively, efficiently, and economically to deliver quality health services.

The Department recognises that in the current complex and dynamic health sector environment, risk management is an integral component of strategic planning, operational delivery, and decision-making processes. Risks both internal and external have the potential to undermine service delivery, financial sustainability, and institutional integrity if not properly identified and mitigated.

To this end, the Department has put in place robust governance structures and risk management frameworks, aligned to the Public Finance Management Act (PFMA), National Treasury Regulations, and King IV principles of good governance. These include:

- A fully functional Risk Management Committee that provides oversight and guidance on emerging and strategic risks.
- Regular risk assessments conducted at all levels of the Department to proactively identify threats to performance and compliance.
- Development and monitoring of risk registers and mitigation plans, with clear accountability mechanisms.
- Strengthening of the internal control environment and alignment of risk management with performance management, audit processes, and financial reporting.
- Ongoing capacity building to embed a culture of risk awareness and resilience across the Department.

Key risk areas during the reporting period included medico-legal claims, supply chain inefficiencies, ICT infrastructure vulnerabilities, and human resource constraints. These risks were monitored and managed through targeted interventions and leadership oversight. Going forward, the Department will continue to reinforce its risk management practices as an enabler of improved service delivery, accountability, and value for money. This will be achieved through better integration of risk intelligence into planning, budgeting, and monitoring systems.

2. RISK MANAGEMENT

The Mpumalanga Department of Health has an approved Risk Management Policy, Strategy, and Implementation Plan, developed in consultation with the Risk and Ethics Committee and approved by the Accounting Officer. The Risk Management Policy and Strategy are reviewed every three years or earlier, when necessary, while the Implementation Plan is reviewed annually to ensure alignment with the Department's evolving risk environment. Progress on the implementation of this plan is monitored and reported quarterly to the Risk and Ethics Committee.

The Department conducts annual risk assessment workshops, covering Strategic, Operational, ICT, and Fraud risk areas, and continuously identifies and escalates new or emerging risks to Management. During the 2024/2025 financial year, the Strategic and Operational Risk Assessment Workshops were conducted in February and March 2025, respectively. The Department maintains a functional Risk and Ethics Committee, chaired by an independent external member. The Committee has convened four times during the year under review to provide oversight and advisory support on risk mitigation measures. It submits quarterly reports on departmental risk management activities to the Audit Committee. In addition, changes to the risk profile, including new and emerging risks, are also reported quarterly to both the Risk and Audit Committees. The Department has noted positive progress in the management of risks, which is reflected in the improvement of the audit opinion compared to previous financial years. Quarterly reporting on the implementation of risk mitigation measures continues to strengthen accountability and ensures that risk management remains a key component of governance and service delivery.

3. FRAUD AND CORRUPTION

The Department has an approved Fraud Prevention Strategy, Policy, Implementation Plan, and a Whistleblowing Policy in place. These documents are accessible to all employees via the Departmental intranet to promote transparency and awareness. To further strengthen ethical conduct, the Department regularly conducts fraud, anti-corruption, and ethics management awareness workshops for management and staff at all levels. The Department receives allegations of fraud and corruption through various channels, including the Office of the Premier, the National Anti-Corruption Hotline, the Public Service Commission, and irregularities identified by Internal Audit.

All substantiated allegations are thoroughly investigated. Where warranted, appropriate criminal and/or internal disciplinary actions are instituted in accordance with applicable legislation. In the past, the tracking and monitoring of anti-corruption cases was identified as an area requiring improvement. Significant progress has since been made, with quarterly reporting on the status of these cases now forming a standard agenda item for the Risk and Ethics Committee.

4. MINIMISING CONFLICT OF INTEREST

In terms of Chapter 2 of the Public Service Regulations, 2016, all Senior Management Service (SMS) members and other designated categories of employees are required to disclose their registrable financial interests annually to the Accounting Officer and Executive Authority, respectively. The primary objective of this regulation is to identify and manage potential conflicts of interest, thereby promoting fair and ethical administrative practices and protecting the integrity of the public service. The annual financial disclosure process was conducted during the period under review. All SMS members submitted their disclosures, except for one official, who failed to comply. Where conflicts of interest are identified, they are addressed in accordance with the Public Service Regulations, 2016 and related prescripts.

Regarding Remunerative Work Outside the Public Service (RWOPS), the regulations stipulate that employees must obtain prior written approval from the Executive Authority before engaging in any external remunerative work, except in instances involving officials conducting business with the state, which is expressly prohibited. The Department has an approved RWOPS Policy, which provides clear guidelines on the application and approval process. During the reporting period, 319 officials were granted approval to undertake remunerative work outside the public service, while 56 applications were declined. Key reasons for disapproval included:

- Organisational requirements and workload
- Risk of diminished availability to the State
- Identified conflicts of interest
- Non-compliance with the Code of Conduct
- Failure to submit annual financial disclosures
- Applications submitted by officials still under probation

Despite these measures, the Department continues to experience non-adherence to the RWOPS policy. Additionally, four cases were identified where employees engaged in business transactions with other organs of state in contravention of regulatory provisions. These cases have been referred to Labour Relations for further investigation and disciplinary action where appropriate.

5. CODE OF CONDUCT

The Department remains committed to upholding the Code of Conduct by consistently applying the Disciplinary Code and Procedure in instances of non-compliance. Where applicable, appropriate dispute resolution mechanisms and the grievance procedure are also implemented to ensure fair and transparent management of employee-related matters.

6. HEALTH SAFETY AND ENVIRONMENTAL (HSE) ISSUES

During the reporting period, the Department faced several Health, Safety, and Environmental (HSE) challenges that impacted service delivery and operational efficiency. Key issues included inadequate infrastructure maintenance leading to occupational safety risks, insufficient security measures at some facilities resulting in staff and patient safety concerns, and waste management challenges particularly related to the handling and disposal of healthcare risk waste. These issues have, at times, contributed to service disruptions, increased medico-legal risks, and staff dissatisfaction, especially in high-risk facilities. In response, the Department has collaborated with the Department of Community Safety to enhance facility security, implemented stricter health care waste management protocols, and prioritized maintenance of critical infrastructure. Addressing HSE issues remains central to improving the quality of care, ensuring regulatory compliance, and protecting the well-being of both patients and healthcare workers.

7. PORTFOLIO COMMITTEES

ATC 55 – 2024: Report of the Portfolio Committee on Health on the First Quarter Performance Report for 2024/25 financial year – Department of Health

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
6.1	The installation of the Mpumalanga Impilo App is planned to be completed by 14 October 2024 and will be reviewed in October 2025	Ensure the effective implementation of the Impilo App with continuous monitoring and evaluation	<ul style="list-style-type: none"> The Impilo App reactivation on App Store is underway. Citizen Engagement Platform, Tracker, and tablets are being assigned to drivers for User Acceptance and Testing New 100Mbps Dataline deployed at EMS centre
6.2.1	The department reportedly planned to advertise a post of a Graphic Designer, whose duties will form part of the Website Management, as the website has been a challenge due to staff shortage	Fast-track the filling of all vacant-funded posts	<ul style="list-style-type: none"> The Department has identified one post of Assistant Director to be filled within the Communications Directorate. Currently, the process of Recruitment is underway since the Department must comply with the DPSA Circular 49 of 2023, extended by Circular 20 of 2024, prior the advertisement of posts and the Provincial Treasury has to confirm budget availability. The Department has submitted the request to the Provincial Treasury and is currently awaiting final outcome, after the Department presented the adjustment on Cost of Employee and pressures in the financial year 2024/25.
6.2.2	The post Pharmacist for Carolina hospital has reportedly been advertised and recruitment processes are underway	Fast-track the filling of all vacant-funded posts	<ul style="list-style-type: none"> The Department has finalized the appointment of the Pharmacist for Carolina Hospital. The candidate has resumed employment with effect from November 2024
6.2.3	The department has reportedly submitted a request to the Provincial Treasury for approval to advertise the post of Deputy Director: Production and Internal Communications	Fast-track the filling of all vacant-funded posts.	<ul style="list-style-type: none"> The post of a Deputy Director: Production and Internal Communications is vacant but not funded and therefore cannot be filled.
6.3	The procurement of 10 ambulances reportedly started in July 2024 and the delivery took place on 20 September 2024, and they are awaiting weighting, registration, and fitment of accessories (two-way radios, tracking devices)	Fast-track the weighting, registration, and fitment of accessories (two-way radios, tracking devices) on the 10 new ambulances to enable placement in the districts.	<ul style="list-style-type: none"> The ambulances have been registered, weighed, and fitted with tracking devices. Approval for the fitment of the two-way mobile radios has already been obtained and the installation will be completed before the end of November 2024.
6.4	The department has reportedly appointed a service provider for the installation of the MRI equipment at Rob Ferreira Hospital	Ensure the installation of the MRI equipment at Rob Ferreira Hospital	<ul style="list-style-type: none"> The MRI installation process started on the 28th of October 2024 with Plan presentation and briefing of all stakeholders. On the 5th of November, there was a site visit by all stakeholders to brief them on the modifications which are to be done. The contractor is on site and the entire process is expected to be completed by the end of March 2025.
6.4	The department has reportedly appointed a service provider for the installation of the MRI equipment at Rob Ferreira Hospital	Ensure the installation of the MRI equipment at Rob Ferreira Hospital	<ul style="list-style-type: none"> The MRI installation process started on the 28th of October 2024 with Plan presentation and briefing of all stakeholders. On the 5th of November, there was a site visit by all stakeholders to brief them on the modifications which are to be done. The contractor is on site and the entire process is expected to be completed by the end of March 2025.

ATC 06 – 2025: Report of the Portfolio Committee on Health in relation to the Second Quarter performance report for 2024/25 financial year - Department of Health

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
8.1	All three house resolutions on the 2024/25 1st quarter performance report are reportedly on-going:	Provide an updated progress report on the implementation of the three 2024/25 1st quarter house resolutions	<ul style="list-style-type: none"> An updated progress report on the implementation of the three 2024/25 1st quarter house resolutions is attached as (Annexure A)
8.2	The department was in the process of placing Barberton Hospital CEO back at the hospital, after he was reportedly purged out by Organized Labour on allegations of incapacity.	Provide progress report on the placement of Barberton Hospital CEO back at the hospital;	<ul style="list-style-type: none"> Investigation has been concluded and there is no misconduct against the CEO and the department is in the process of placing him back to the hospital in consultation with organized labour by the end of March 2025.
8.3	The department recorded 65 stillbirths infacility, 54 neonatal deaths and five (5) deaths of children under five years in the period under review;	Strengthen the measures put in place to address stillbirth infacility, neonatal deaths and deaths of children under five years, with effective monitoring and evaluation for compliance and improved healthcare services;	<ul style="list-style-type: none"> Enhanced Monitoring and Evaluation Systems Monitoring and evaluation frameworks are already in place to regularly assess healthcare facilities' compliance with standards and best practices e.g Perinatal Mortality meetings. Routine audits, data collection, and reporting systems are actively tracking and analysing the causes of stillbirths, neonatal deaths, and under-five mortality. Quality improvement plans are developed to address identified gaps. Training and Capacity Building Ongoing training programs for healthcare workers are being conducted in neonatal and pediatric care, focusing on the early identification and intervention of high-risk pregnancies and neonates. These training initiatives include programs such as Basic Antenatal Care Plus, Integrated Management of Childhood Illness, Helping Babies Breathe, Essential Steps in the Management of Obstetric Emergencies, Safe Obstetric and Anesthesia, and Emergency Triage and Treatment (ETAT). Emphasis is placed on enhancing clinical skills, emergency responses, and adherence to national protocols, all of which are contributing to the improvement of healthcare delivery. Improvement of Infrastructure and Resources: Healthcare facilities are being equipped with the necessary medical equipment, medications, and technologies to handle emergencies and provide optimal care for mothers and children. Efforts to improve the availability and accessibility of maternal and child health services are actively underway in the province Strengthening Referral Systems: A referral system is already in place, ensuring the timely transfer of high-risk pregnancies and critically ill neonates to higher-level healthcare facilities with appropriate specialized care. Community Awareness and Engagement: Community awareness campaigns are ongoing to emphasize the importance of antenatal care, neonatal health, and vaccination. Community engagement initiatives are actively encouraging early visits to healthcare facilities, proper prenatal and postnatal care, and better nutrition practices to reduce preventable deaths. Data- Management: Data collection and analysis are currently being utilized to identify trends and underlying causes of stillbirths, neonatal deaths, and child mortality. This data informs policy, programmatic interventions, and resource allocation to areas of greatest need. Partnership with Stakeholders: Ongoing collaboration with relevant stakeholders, including NGOs, private sector partners, continues to enhance the quality of healthcare services and expand coverage of maternal and child health programs These ongoing efforts are aimed at reducing mortality rates and enhancing the quality of care for mothers and children. Continuous monitoring, evaluation, and capacity building are essential in driving improved healthcare outcomes

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
8.4	<p>The department plans to establish specialized mental health facilities in the province, to build new inpatient units and enhance existing facilities with the following bed allocations: 60 beds for KwaMhlanga Hospital, 76 beds for Mapulaneng Hospital, 70 beds for Linah Malajjie Tertiary Hospital and 220 beds for the Mpumalanga Specialized Mental Health Hospital;</p>	<p>Provide a detailed progress report on the establishment of specialized mental health services in the identified facilities throughout the province, inclusive of set time frames;</p>	<ul style="list-style-type: none"> • KwaMhlanga Psychiatric Unit: Design and planning have been completed and approved by the NDOH. • The department is currently awaiting the allocation of funds to proceed. • Mapulaneng Psychiatric Unit: Design and planning have been completed and approved by the NDOH. • Construction is planned to begin in the third phase of the hospital development. • Linah Malajjie Tertiary Hospital - Psychiatric Unit: Design and planning have been completed and approved by the NDOH. • The department is waiting for funds to move forward with construction. • Mpumalanga Specialized Mental Health Hospital: Stage one is currently in the consultation phase with the appointed consultant. • The design plan has been completed and approved by the NDOH. • The department plans to begin construction in May 2026.
8.5	<p>With regard to the fleet integration into the citizen engagement platform, the department reported that the Service Provider carried out demonstration on 22 November 2024, however the department still needs to install the system into the emergency Communications Centres;</p>	<p>Provide progress report on the fleet integration into the citizen engagement platform and the installation of the system into the emergency Communications Centres, inclusive of set timeframes;</p>	<ul style="list-style-type: none"> • The Service Provider (Vodacom) has raised outstanding issues relating to dependencies that need to be addressed by the Department before the system can be fully implemented. • Two of those dependencies are: <ul style="list-style-type: none"> » The provision of Mini pads (tablets) that will be utilized in the ambulances » The purchasing of Bulk Short Messaging System (SMS) from Vodacom which are a requirement for the system to operate.
8.6	<p>The KwaMhlanga Hospital infrastructure development project was delayed by community complaints about subcontracting work that involved 30% of the project's awarded value. However, the issue was settled through multiple interactions between the DPWRT, DOH, and PSC, and the contractor is currently working on site without any disruptions;</p>	<p>Provide a detailed progress report on the infrastructure development project at KwaMhlanga Hospital inclusive of financial and set time frames;</p>	<ul style="list-style-type: none"> • The Accounting Officer can confirm that the progress is 18%. • However, the project was supposed to be at 22%, which is 4% delayed due to infighting between the joint venture contractors. • The Accounting Officer has engaged the Accounting Officer of Department of Public Works Roads and Transport to urgently resolve the matter
8.7	<p>Matikwane Hospital;</p>		
8.7.1	<p>Maternity ward upgrades at Matikwane Hospital were reportedly at 40% work in progress, completion is earmarked for 30 April 2025</p>	<p>Provide a detailed progress report on both the maternity ward upgrades project and new roof fitment project at Matikwane Hospital and ensure compliance with the set completion date.</p>	<ul style="list-style-type: none"> • The Accounting Officer can confirm that the progress is 75% work in progress. • However, the project was delayed (Raised unground allegation of asbestos however Dept of Labor cleared the department with condition that OHS (asbestos) training be conducted to official) by organized labor at the beginning. • Project is progressing and was extended to May 2025 due to delays.
8.7.2	<p>The project for the removal of asbestos at Matikwane Hospital was reportedly complete, the contractor was reportedly busy with the fitment of the new roof set to be completed by 31 April 2025.</p>		

ATC – 5: SUBMISSION OF PROGRESS REPORT ON THE THIRD QUARTER FINDINGS AND RECOMMENDATIONS OF PORTFOLIO COMMITTEE ON HEALTH

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
1.	<p>Three house resolutions on the 2024/25 1st quarter performance report and six house resolutions on the 2024/25 2nd quarter performance report are reportedly on-going</p>	<p>Provide an updated progress report on the implementation of both on-going 2024/25 1st and 2nd quarter house resolutions</p>	<ul style="list-style-type: none"> An updated progress report on the implementation of the ongoing 2024/25 1st and 2nd quarter House resolutions is presented in the attached Annexure A for ease of reference.
2.	<p>The department incurred irregular expenditure at an amount of R226 251 000-00 and R40 875-85 for fruitless and wasteful expenditure in the third quarter</p>	<p>Ensure the implementation of the recommendations by the labour office and consequence management were necessary, for improve compliance with said transcripts on irregular, wasteful and fruitless expenditures.</p>	<ul style="list-style-type: none"> Investigations have been completed and concluded, and the Department is currently in the process of implementing consequence management. However, the implementation of recommendations is challenged by the fact that most of the individuals involved have since left the Department, complicating enforcement efforts.
3.	<p>The department was addressing identified issues pertaining the suspended Chief Executive Officers of Bethal, Rob Ferreira, Themba and Mmamethlake Hospitals</p>	<p>Finalise on the identified issues pertaining the suspended Chief Executive Officers of Bethal, Rob Ferreira, Themba and Mmamethlake Hospitals. And ensure effective implementation of recommendations emanating from the investigation</p>	<ul style="list-style-type: none"> CEO Rob Ferreira The forensic investigation has been concluded, and a prima facie case for misconduct against the CEO has been established. A disciplinary enquiry is scheduled to be convened on or before 30 June 2025. CEO Themba The forensic investigation concluded that there is no prima facie case for misconduct. The investigation report will be shared with organised labour on or before 15 June 2025, after which the CEO is expected to be reinstated into service following consultation. CEO Bethal Misconduct enquiries have been concluded, resulting in a final written warning for financial misconduct. The Department remains dissatisfied with the matter and has referred the case to an advocate for an opinion on possible review proceedings in the Labour Court, with a particular focus on the prospects of success.

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT																																																		
			<ul style="list-style-type: none"> Most of the 20 vacant Operational Managers for Primary Health Care facilities are not funded since they were not vacated during the reporting period. Additional funds were requested from Treasury but the approval was not granted. Hence, the Department is currently not in a position to fill them. The progress on filling the replacement posts is as follows: 																																																		
			<table border="1"> <thead> <tr> <th data-bbox="316 842 352 1227">NAME OF THE PHC FACILITY</th> <th data-bbox="316 94 352 842">PROGRESS</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="352 94 400 1227">EHLANZENI DISTRICT (6)</td> </tr> <tr> <td data-bbox="400 842 437 1227">Gothenburg Clinic</td> <td data-bbox="400 94 437 842"></td> </tr> <tr> <td data-bbox="437 842 474 1227">Morepuso Clinic</td> <td data-bbox="437 94 474 842"></td> </tr> <tr> <td data-bbox="474 842 510 1227">Welverdiend Clinic</td> <td data-bbox="474 94 510 842">Funds not available.</td> </tr> <tr> <td data-bbox="510 842 547 1227">Sabie Clinic</td> <td data-bbox="510 94 547 842"></td> </tr> <tr> <td data-bbox="547 842 584 1227">Elandsfontein Clinic</td> <td data-bbox="547 94 584 842"></td> </tr> <tr> <td data-bbox="584 842 620 1227">Harmony Hill Clinic</td> <td data-bbox="584 94 620 842"></td> </tr> <tr> <td colspan="2" data-bbox="620 94 657 1227">GERT SIBANDE DISTRICT (3)</td> </tr> <tr> <td data-bbox="657 842 694 1227">Mbhejeka Clinic</td> <td data-bbox="657 94 694 842">Funds not available</td> </tr> <tr> <td data-bbox="694 842 730 1227">Diepdale Clinic</td> <td data-bbox="694 94 730 842">Post advertised, recruitment processes finalized. Appointment letter to be issued for the candidate to commence duties.</td> </tr> <tr> <td data-bbox="730 842 767 1227">New Scotland Clinic</td> <td data-bbox="730 94 767 842">Funds not available</td> </tr> <tr> <td colspan="2" data-bbox="767 94 804 1227">NKANGALA DISTRICT (11)</td> </tr> <tr> <td data-bbox="804 842 841 1227">Debeersput Clinic</td> <td data-bbox="804 94 841 842"></td> </tr> <tr> <td data-bbox="841 842 877 1227">Loding Clinic</td> <td data-bbox="841 94 877 842">Funds not available</td> </tr> <tr> <td data-bbox="877 842 914 1227">Seabe Clinic</td> <td data-bbox="877 94 914 842"></td> </tr> <tr> <td data-bbox="914 842 951 1227">Wonderfontein Clinic (post advertised)</td> <td data-bbox="914 94 951 842">Interviews conducted and post to be filled on 01 June 2025.</td> </tr> <tr> <td data-bbox="951 842 987 1227">Thubelihle CHC</td> <td data-bbox="951 94 987 842">Post advertised. Recruitment process is underway.</td> </tr> <tr> <td data-bbox="987 842 1024 1227">Louise Clinic</td> <td data-bbox="987 94 1024 842">Erroneously advertised and withdrawn.</td> </tr> <tr> <td data-bbox="1024 842 1061 1227">Eastdene Clinic</td> <td data-bbox="1024 94 1061 842">Post withdrawn and reprioritized</td> </tr> <tr> <td data-bbox="1061 842 1098 1227">Tweefontein D Clinic</td> <td data-bbox="1061 94 1098 842"></td> </tr> <tr> <td data-bbox="1098 842 1134 1227">Tweefontein G CHC</td> <td data-bbox="1098 94 1134 842"></td> </tr> <tr> <td data-bbox="1134 842 1171 1227">Moloto CHC</td> <td data-bbox="1134 94 1171 842">Funds not available</td> </tr> <tr> <td data-bbox="1171 842 1208 1227">Botleng Ext 3 Clinic</td> <td data-bbox="1171 94 1208 842"></td> </tr> <tr> <td colspan="2" data-bbox="1208 94 1244 1227">Grand Total PHC facilities in the province: Twenty (20)</td> </tr> </tbody> </table>	NAME OF THE PHC FACILITY	PROGRESS	EHLANZENI DISTRICT (6)		Gothenburg Clinic		Morepuso Clinic		Welverdiend Clinic	Funds not available.	Sabie Clinic		Elandsfontein Clinic		Harmony Hill Clinic		GERT SIBANDE DISTRICT (3)		Mbhejeka Clinic	Funds not available	Diepdale Clinic	Post advertised, recruitment processes finalized. Appointment letter to be issued for the candidate to commence duties.	New Scotland Clinic	Funds not available	NKANGALA DISTRICT (11)		Debeersput Clinic		Loding Clinic	Funds not available	Seabe Clinic		Wonderfontein Clinic (post advertised)	Interviews conducted and post to be filled on 01 June 2025.	Thubelihle CHC	Post advertised. Recruitment process is underway.	Louise Clinic	Erroneously advertised and withdrawn.	Eastdene Clinic	Post withdrawn and reprioritized	Tweefontein D Clinic		Tweefontein G CHC		Moloto CHC	Funds not available	Botleng Ext 3 Clinic		Grand Total PHC facilities in the province: Twenty (20)	
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4.	The department has a total of twenty (20) Primary Health care facilities and three (3) hospitals are currently operating without appointed Operational Managers and Chief Executive Officers	Fast track the filling of all vacant and funded positions including those of Facility Operational Managers and Hospital Chief Executive Officers to ensure effective leadership and management in the identified facilities.																																																			

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT	
			NAME OF THE HOSPITAL	PROGRESS
			Gert Sibande (1 Regional hospital)	
			Ermelo hospital	The post will be filled with effect from 01 June 2025
			Nkangala (2 District hospitals)	
	The department has a total of twenty (20) Primary Health care facilities and three (3) hospitals are currently operating without appointed Operational Managers and Chief Executive Officers	Fast track the filling of all vacant and funded positions including those of Facility Operational Managers and Hospital Chief Executive Officers to ensure effective leadership and management in the identified facilities.	H A Grove hospital	Post has been advertised shortlisting has been conducted and inter-views will be and conducted process, to be filled
			Waterval Boven hospital	This hospital is a complex with HA Grove hospital and the CEO to be appointed will be responsible for both hospitals

ATC – 5: SUBMISSION OF PROGRESS REPORT ON THE THIRD QUARTER FINDINGS AND RECOMMENDATIONS OF PORTFOLIO COMMITTEE ON HEALTH

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
5.	<p>The department has a challenge of high mortality, with over 2 200 in facility mortalities recorded in the third quarter;</p>	<p>Ensure effective implementation of the strategies put in place to address the high mortality rate and introduce consequence management where necessary.</p>	<ul style="list-style-type: none"> • The department can report that of the 2,200 in-facility mortalities reported, 1,902 were low birth weight cases (<2,500g) and do not represent deaths. • The actual total number of deaths is 298. • To address and reduce maternal and neonatal mortalities, the Department has implemented the following strategies: <ul style="list-style-type: none"> » Gert Sibande recorded the highest number of mortalities and was therefore supported in hosting a Maternal and Child Health Indaba. » This initiative focused on root cause analysis and the development of quality improvement plans. » Health facilities have instituted monthly perinatal mortality meetings to review cases and identify gaps in care. » In-service training is provided to address identified skill deficits. » Community Awareness Through Radio and other Media platforms including Community Awareness Campaigns, Radio slots, hospital and clinic open days are utilised to raise community awareness about available health services, the importance of contraceptive use, and the benefits of early health-seeking behaviour. » High-risk clients are closely monitored during antenatal care through early referral and increased frequency of visits to ensure timely intervention. » The Department has prioritized the appointment of District Clinical Specialist Teams (DCSTs) for the 2025/2026 period. » These teams will support clinical governance and provide mentoring and coaching to healthcare professionals.
6	<p>Citizen Engagement Platform:</p>		
6.1	<p>The department is reportedly addressing the outstanding issues raised by the service provider, Vodacom as dependencies that needs to be addressed by the department before the Citizen Engagement Platform system can be fully implemented</p>	<p>Ensure that the outstanding issues raised by the service provider, Vodacom, as dependencies are addressed</p>	<ul style="list-style-type: none"> • A stalemate has emerged between the Department and Vodacom, following the receipt of a letter of demand from Vodacom indicating their intention to initiate legal action for the recovery of funds they allege are owed by the Department. • The Department disputes the amount claimed by Vodacom and has formally requested comprehensive reconciliation from Vodacom to clarify and substantiate the basis of their claim.
6.2	<p>The tablets that will be utilised in the ambulances are reportedly in the process of being procured, as well as the Bulk Short Messaging System which is a requirement for the system to operate.</p>	<p>Ensure that the tablets that will be utilised in the ambulances as well as the Bulk Short Messaging System which is a requirement for the system to operate are procured before the Citizen Engagement Platform system can be fully implemented.</p>	<ul style="list-style-type: none"> • A stalemate has emerged between the Department and Vodacom, following the receipt of a letter of demand from Vodacom indicating their intention to initiate legal action for the recovery of funds they allege are owed by the Department. • The Department disputes the amount claimed by Vodacom and has formally requested comprehensive reconciliation from Vodacom to clarify and substantiate the basis of their claim.
7.	<p>The department has reportedly trained 371 healthcare workers in critical skills and plans to train more healthcare workers before 31 March 2025</p>	<p>Normalise the training of healthcare workers on critical skills for overall improved healthcare services.</p>	<ul style="list-style-type: none"> • The Department has trained an additional 1,388 healthcare workers during the 4th quarter of the reporting period, strengthening the workforce capacity.

8.	<p>The Accounting Officer confirmed that the department has started with the planning and designs of the three (3) new clinics.</p>	<p>The department has received confirmation of land and permission to occupy it in all identified villages, have concluded the business case and clinical briefs have been approved.</p>	<p>Provide a detailed updated progress report on the planning and design of the three clinics for construction, the appointment of the professional service provider and the occupancy of the sites.</p>	<ul style="list-style-type: none"> • The Accounting Officer confirms that the planning for three clinics is currently in progress. • The Department of Public Works and Rural Transport (DPWRT) has appointed consultants, and local and tribal authorities have allocated the necessary lands. • Construction is anticipated to commence in June 2025.
8.1				
8.2	<p>The Department of Public Works, Roads and Transport is reportedly finalizing the appointment of Professional Service Providers.</p>			
NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT	
9.	<p>Construction of the New Middleburg Hospital is complete and take over (Practical completion) took place on 14 February 2025. However, the department was in the process of finalising the commissioning and operationalization matter and anticipate having patients by 30 April 2025.</p>	<p>Furnish the Committee with a copy of the practical completion certificate and operational plan of the new Middleburg Hospital.</p>	<p> Annexure1 completion certificate Attached as (Annexure:1)</p>	

ATC 109-2025: Progress Report on the findings and recommendations of the Portfolio Committee on Health on Fourth Quarter Performance Report for 2024/25 Financial Year

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
1.	The department still has house resolutions on the 2024/25 1st, 2nd and 3rd quarter performance reports reportedly on-going	Provide an updated progress report on the implementation of all on-going 2024/25 1st, 2nd and 3rd quarter house resolutions	An updated progress report on the implementation of the ongoing 2024/25 1st, 2nd and third quarter House resolutions is presented in the attached Annexure A for ease of reference.
2.	Pharmaceutical services		
2.1	The Directorate: Pharmaceutical Services is in the process of reviewing staffing requirements for all pharmaceutical personnel across the province.	Provide a detailed progress report on the needs analysis and review of staffing needs for pharmaceutical services, provincially	The Department has completed a comprehensive needs analysis of pharmacists across the province. The findings of this exercise are presented in Annexure B for ease of reference.
2.2	A broader needs analysis is reportedly also underway to inform the development of a comprehensive business case that will address pharmaceutical human resource gaps and promote uninterrupted access to medicines at all healthcare facilities		
3.	Matikwana Hospital requires an additional four (4) pharmacists to sustain continuous after-hours and weekend coverage of pharmaceutical services	Consider the appointment of an additional four (4) pharmacists to sustain continuous after hours and weekend coverage of pharmaceutical services at Matikwana Hospital	The proposed posts for four (4) pharmacists remain unfunded for the 2025/2026 financial year due to budgetary constraints. However, to mitigate the impact, one pharmacy intern has been appointed, and support is requested from pharmacists based at feeder clinics when necessary to ensure continuity of pharmaceutical services at the hospital.
4.	Dumat Clinic was closed due to infrastructural challenges:		
4.1	The department is exploring the possibility of relocating the clinic to Bernice Samuel Hospital, where it would function as a gate clinic	Provide a detailed plan with financial implications for the relocation of Dumat Clinic to Bernice Samuel Hospital, to operate as a gate clinic;	The Department acknowledges the importance of providing a detailed plan with financial implications for the relocation of Dumat Clinic to Bernice Samuel Hospital, where it will operate as a gate clinic to ensure continued access to primary healthcare services for the community. At present, the process of engagement with relevant stakeholders is underway. The purpose of this consultation process is to ensure broad stakeholder buy-in, address any concerns, and ensure that the transition is aligned with service delivery expectations, community needs, and infrastructure readiness at the hospital site. A detailed relocation plan, including financial implications, is still in the early stages of development. The Department is currently assessing: Infrastructure modifications required to accommodate the gate clinic within Bernice Samuel Hospital, Logistics and operational needs, including space, equipment relocation, and patient flow redesign.

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
5.	<p>Four Clinic committees have not yet been nominated in the Primary Health Care (PHC) facilities provincially, in Ehlanzeni District there are two outstanding facilities Mthimba and Mbonisweni Clinics due to challenges related to insufficient support from ward councillors. And Wolwekraal Clinic and Siyabuswa CHC, both located in Dr JS Moroka sub-district, due to community-related challenges</p>	<p>Facilitate with the relevant local municipalities for the necessary support from ward councillors and improved public relations in efforts to conclude the election of the clinic committees;</p>	<p>Support was sought through the relevant Speakers to encourage Ward Councillors across the province to support the nomination process for clinic committees. Progress to date is as follows:</p> <p>Ehlanzeni District: 121 out of 122 PHC facilities have successfully nominated their clinic committees. The only outstanding facility is Mbonisweni Clinic. The nomination process for this clinic will be completed following the recent appointment of a new Ward Councillor.</p> <p>Gert Sibande District: All 73 out of 73 PHC facilities have completed their nomination processes. The submission of nominated clinic committees for approval is currently in progress.</p> <p>Nkangala District: Clinic committees have been nominated in 92 out of 95 PHC facilities. Approval status by local municipality is as follows:</p> <ul style="list-style-type: none"> • Dr J.S. Moroka: 29 out of 31 committees approved • Thembisile Hani: All 21 approved • Emakhazeni: All 7 approved • Steve Tshwete: All 15 approved • Emalaheni: Nomination complete for all 17 facilities; submission for approval is in progress • Victor Khanye: 3 out of 4 committees nominated; submission for approval is in progress <p>The three outstanding facilities are: Dr JS Moroka x2</p> <ol style="list-style-type: none"> 1. Siyabuswa Clinic – Nomination has not yet been done. The challenge is that the number of targeted nominees is small (seven), and the area consists of many wards with different ward councillors. This matter is being escalated to the MEC's Office for guidance and intervention. 2. Lefisoane Clinic – Although the facility is currently closed and under construction, the nomination process will proceed to ensure readiness once it reopens. 3. Victor Khanye x1: Delmas (F.C. Dumat) Clinic – No nomination activity has taken place as the facility is currently closed. The nomination process will be initiated once the clinic is reopened. <p>The Department remains committed to ensuring that all PHC facilities are supported by functional clinic committees and continues to work with local leadership to finalise all outstanding nominations.</p>
6.	<p>Arrangements have reportedly been made for the Communications Centres Managers, the Assistant Director and the Operations Manager to visit Communications Centre in KZN from 17-20 June 2025 for the benchmark exercise for the paper-based call tracking system</p>	<p>Outline the best practices considered for implementation, emanating from the benchmarking exercise on the paper-based call tracking system with the KZN province</p>	<p>The Department can report that the benchmarking exercise visit to KwaZulu-Natal was postponed due to competing priorities on the part of our host. Alternative dates are currently being explored, with the intention for the visit to take place in August 2025.</p>
7.	<p>The department is reportedly in the process of procuring new X-ray equipment for Bernice Samuel Hospital</p>	<p>Ensure the procurement of the new X-ray equipment for Bernice Samuel Hospital;</p>	<p>The adjudication process has been completed, and the process of procurement of the new X-ray is underway.</p>
8.	<p>On 16 May 2025, the department advertised 29 Medical Officer posts, for placement at regional, tertiary, and district hospitals</p>	<p>Fast-track the filling of all vacant, funded and critical posts</p>	<p>The department filled a total of 28 posts for medical officers. A detailed list showing the distribution of Medical Officers across facilities will be provided as Annexure C for your reference.</p>

NO.	COMMITTEE FINDINGS	COMMITTEE RECOMMENDATIONS	PROGRESS REPORT
9.	<p>The department is in the process of finalising new contractual agreements to restore doctors' visits at the Tweefontein Clinic.</p>	<p>Finalise the contracting of sessional doctors in healthcare facilities, ensuring that doctors' visits to Tweefontein Clinic are restored;</p>	<p>In line with the 2025/2026 Business Plan, the target is to contract a total of 48 General Practitioners (GPs) to support service delivery across 121 Primary Health Care (PHC) facilities. The GPs are to be distributed as follows:</p> <ul style="list-style-type: none"> • Gert Sibande District: 18 GPs • Ehlanzeni District: 18 GPs • Nkangala District: 12 GPs <p>The recruitment process was initiated as planned. Interviews have been conducted, and contracting is currently underway. As of the reporting date, a total of 41 out of the targeted 48 GPs have been successfully contracted, distributed as follows:</p> <ul style="list-style-type: none"> • Gert Sibande: 18 GPs contracted (100% of target) • Ehlanzeni: 14 GPs contracted; 4 GPs to be headhunted. • Nkangala: 9 GPs contracted; 3 GPs to be headhunted, to ensure that all PHC facilities are covered including Tweefontein clinic. <p>The remaining 7 positions are being addressed through a headhunting process to ensure full staffing in all designated districts. The recruitment process remains on track, with efforts ongoing to meet the full complement of 48 contracted GPs in the coming weeks.</p>
10.	<p>Death of a lady at Tonga Hospital</p>		
10.1	<p>An investigation into possible negligence has been initiated, and the incident has been formally reported and reviewed as a patient safety incident, in line with the department's established clinical governance protocols</p>	<p>Ensure effective monitoring of the investigation process of the patient safety incident and implementation of the recommendations</p>	<p>The Department has put measures in place to ensure effective monitoring of the investigation process for all reported patient safety incidents. This includes the establishment of a standardised reporting and review mechanism, regular oversight by the Patient Safety Committees, and tracking of all open cases to ensure timely resolution. Furthermore, the implementation of recommendations arising from these investigations is being closely monitored through facility-level quality improvement plans, with progress reports submitted to the District and Provincial Quality Assurance Units. Follow-up audits are conducted to verify compliance and assess the impact of the implemented corrective actions.</p>
10.2	<p>The department is exploring the installation of surveillance cameras to strengthen internal monitoring systems, subject to budget availability.</p>	<p>thereafter, consider and plan for the installation of surveillance cameras</p>	<p>The Department has successfully installed security technology systems in 23 facilities that have been identified as crime hotspots.</p>

8. SCOPA RESOLUTIONS

1. INTRODUCTION

The Select Committee on Public Accounts (SCOPA) hereinafter referred to as the 'Committee,' examined the annual report of the Department of Health; hereinafter referred to as the 'department,' which includes the financial statements, report of the Auditor-General of South Africa (AGSA), report of the Accounting Officer and performance information for the 2023/24 budget year.

The Committee sent preliminary questions to the department and received responses, which were subsequently presented during the hearing. This transparent process of engagement was aimed at assisting and guiding the department on areas that require improvement and monitoring. The Committee discharged its mandate of ensuring prudent fiscal management over the report of the department.

2. COMMITTEE PROCEDURES

The committee met with the department on 19 November 2024 to deliberate on the above report. Subsequently, the Committee met to consider its draft report.

The Executive Authority, Accounting Officer and the delegation responded to various questions posed by the Committee during the hearing were part of the meeting as well as the stakeholders- Public Service Commission (PSC) and the office of the Auditor General South Africa (AGSA).

3. PROGRESS REPORT ON THE IMPLEMENTATION OF PREVIOUS HOUSE RESOLUTIONS - 2022/23 FINANCIAL YEAR

The Committee considered the progress made by the department in implementing previous House Resolutions, relating to the 2022/23 budget year. The progress report is outlined as per table below:

House Resolution	Progress to date	Status
Unauthorised Expenditure		
1. The Committee recommended that the Accounting Officer must identify sources of funding for the R111.815 000-00 unauthorised expenditure condoned without funding.	The department has written off an amount of R51 948 000 in 2022/23 financial year of the approved unauthorised expenditure of R111.815 000-00. The department will write off the remaining unauthorised expenditure authorised without funding when savings are realised in the appropriated budget.	On-going
2. The Accounting Officer must take disciplinary actions against official(s) who contravened sections 38(1)(a) of the PFMA, and the implicated official(s) following the investigations on the unauthorised expenditure.	The Accounting Officer did not take disciplinary action against official(s) because the investigation reports did not find any official accountable.	Close
3. Outline the process in detail undertaken by the department to request condonation of the reported and remaining R 33 000 00000, including supporting documents in this regard.	The department has investigated the unauthorised expenditure incurred, the findings of the report were assessed, and recommendations were implemented. A request for condonation was submitted to Provincial Treasury and SCOPA.	On-going
Irregular Expenditure		
4. The Accounting Officer must take disciplinary actions against official(s) who contravened section 51(1)(b)(ii) of the PFMA, and the implicated official(s) following the investigations on the irregular expenditure.	The Accounting Officer is implementing disciplinary actions in various stages against official(s) who contravened section 51(1)(b) (ii) of the PFMA, and the implicated official(s) following the investigations on the irregular expenditure.	On-going
5. The Accounting Authority must prioritise and speed up the finalization of investigation into all irregular expenditure contraventions. A progress report must be submitted to the committee once the external investigator concludes and submits the findings and recommendations of the investigation into irregular expenditure.	The Accounting Authority is prioritizing and speeding up the finalization of investigation of the two remaining issues into all irregular expenditure contraventions. The department will continue to implement investigations in line with the available budget.	On-going
6. The Accounting Officer must take disciplinary actions against officials who are responsible for the failure to comply with section 38(1) (c) (ii) of the PFMA and Treasury Regulation	The Accounting Officer is implementing disciplinary actions in various stages against official(s) who contravened section 51(1)(b) (ii) of the PFMA, and the implicated official(s) following the investigations on the irregular expenditure.	On-going
7. The Accounting Officer must fast-track the development of the Irregular Expenditure Reduction Strategy/SOP/Policy and the implementation thereof.	The department has approved the Irregular Expenditure reduction SOP which is currently being implemented.	Close

Usefulness and reliability of performance information

8. The Accounting Officer must ensure that indicators construction (numerator & denominator) by the National Department of Health (NDoH) and figures provided by NDoH to Auditor General South Africa (AGSA) to perform assessment are the same as those given to the Province by NDoH	The department recently participated in the National Indicator Data Set (NIDS) consultation process and highlighted areas of concern during consultation by the National Department of Health.	Close
9. The Accounting Officer must ensure that the electronic patient record system is utilised accordingly	The department has started implementing digital health records. The project is underway, and being implemented in the following hospitals: Themba, Witbank, Ermelo, Mapulaneng, Tonga, Bernice Samuels, Tintswalo, Middelburg, Embhuleni and Shongwe	On-going

Adjustment of material misstatements

11. The Accounting Officer must ensure that the mitigating strategies put in place to avoid material misstatements of reported performance information as outlined above, is implemented effectively.	<p>The department conducted data reviews in all sub-districts. Share-point database was created to collect POE for critical data elements namely:</p> <ul style="list-style-type: none"> • Maternal death in facility • PCR tested positive around 10 weeks • All deaths under 5 years • Pneumonia death under 5yrs • Diarrhoea Death under 5yrs • SAM death under 5yrs • Child viral under 400 <p>The data cleanup sessions are held biannually in all Health facilities.</p>	On-going
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Expenditure management (Irregular expenditure)

12. The Accounting Officer must ensure that the strategy developed to pay service providers within the prescribed period as directed per the PFMA (30 days) is effectively implemented.	The department developed a strategy to pay service providers within the prescribed period as directed per the PFMA (30 days), which is being implemented.	Close
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Strategic planning and performance

13. The Accounting Officer must fast-track the development of the specific information systems which will enable monitoring of progress on achieving targets, objectives, and service delivery, and the implementation thereof.	The Monitoring & Evaluation systems is currently being piloted and training is being conducted on the usage of the system.	On-going
14. The Accounting Officer must develop alternative means of addressing the noted challenge regarding patient held records that may improve the implementation of the electronic Patient records.	The implementation of the digital health records by the department is underway. It is implemented in the following hospitals: Themba, Witbank, Ermelo, Mapulaneng, Tonga, Bernice Samuels, Tintswalo, Middelburg, Embhuleni and Shongwe	On-going

Procurement and contract management

15. The Accounting Officer must ensure that the investigation is concluded before the end of the 2021/22 financial year. Furthermore, based on the outcome of the investigation, the Accounting Officer must ensure that corrective measures are implemented.	<p>The department has identified system failure on the concluded investigations for irregular expenditure. The department had challenges with fairness of specifications and a committee was established to address the challenges.</p> <p>Training on local content was conducted for various finance managers. Local content will not be a challenge anymore because it was removed from the Public Procurement Regulation with effect from January 2023.</p> <p>The revised Supply Chain Management checklist was implemented accordingly. No official was found liable in law as the contracts were concluded before COVID-19 however, it should be noted that any extension is currently within the prescribed process as issued by National Treasury.</p> <p>The department has concluded most of the investigations for the 2021/22 financial year and implementation of disciplinary measures are in various stages.</p>	On-going
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Expenditure management (Irregular expenditure)		
16. The Accounting Officer must take disciplinary action against the three senior officials and that the department recoups any monies lost by the department because of the misconduct.	The recommendations stated that the asserted officials should face consequence management, and the department has complied as such through disciplinary inquiries which is underway, and two senior officials (SMS Member) have resigned and one is still on suspension pending the finalization of the Disciplinary Hearing.	On-going
17. The Accounting Officer must ensure that the Financial Statements Committee established by the department ascertains that submitted financial statements are without material misstatements contravening section 40 (1)(b) of the PFMA.	The Accounting Officer has established a Financial Statements Committee to ascertain that 2022/23 submitted financial statements are without material misstatements, contravening section 40 (1)(b) of the PFMA.	Close
Internal control deficiencies		
18. The Accounting Officer must ensure that the department has and maintains an effective, efficient, and transparent system of financial and risk management and international control as per Section 38 (1) (a) (i) of the PFMA.	The Accounting Officer has reviewed internal controls to maintain an effective, efficient, and transparent system of financial and risk management and international control as per Section 38 (1) (a) (i) of the PFMA. The controls include SOPs and improvement strategies.	Close
19. The Accounting Officer must ensure effective implementation of the Electronic Document Management System for control.	The Accounting Officer has submitted a request to implement an Electronic Document Management System for control of documents. The Provincial Treasury is reportedly in the process of sourcing a system to assist the implementation of Electronic Document Management System for control of documents	On-going

4. POLITICAL OVERVIEW BY THE MEMBER OF THE EXECUTIVE COUNCIL (MEC)

The MEC appreciated the oversight role done by the Committee and cited that the recommendations, advice, and appreciation from the Committee on the work done by the department assists the department to improve on its financial management and accountability. The MEC gave an overview on the performance of the department during the period under review, the following were noted:

- Following the address by the President, Mr Cyril Ramaphosa on the recent scourge of food poisoning affecting mostly children in the schools, the department was propelled to execute its mandate by playing its part in ensuring that the people of Mpumalanga are fully educated and sensitised about the causes and symptoms of foodborne illnesses, which will go a long way in eradicating the scourge. The department has reportedly conducted multiple visits and raids in various shops across the province, thus ensuring that no one sells expired food to the people.
- The department committed to continue practicing responsible financial management and adherence to supply chain procedures in line with the Public Finance Management Act.

5. COMMITTEE FINDINGS AND RECOMMENDATIONS – 2023/24 AUDIT OPINION:

5.1 FRUITLESS AND WASTEFUL EXPENDITURE

The Auditor General has found that the department recorded and increase in fruitless and wasteful expenditure, R 4 000 000-00 in 2022/23 to R 174 000 000-00 in the period under review. The Accounting Officer was asked to indicate the reasons for the fruitless and wasteful expenditure and to also outline the corrective measures put in place to prevent future recurrence. The Accounting Officer reported that the fruitless and wasteful expenditure incurred was due to interests charged by municipalities and ESKOM, because their systems reportedly start charging interests on day 15 after the issue of the accounts, while the PFMA permits us to pay accounts within 30 days. The systems at municipalities and ESKOM reportedly does not make any provisions, and charges interests regardless. The following corrective measures are reportedly put in place by the department:

- The department has started to conduct reconciliation for municipal and ESKOM accounts, which charge interest before the end of 30 days period to lodge a dispute or seek an InterGovernmental Relations (IGR) intervention.
- Facilities without disputes are encouraged to pay upon receipt of statements of accounts.
- Letters are issued monthly to those who have not paid within 30 days to investigate and take necessary steps against the affected responsible person/s.

The department is holding quarterly finance forum meetings to discuss and correct financial management issues including fruitless and wasteful expenditure.

5.1.1 Recommendation

The Committee recommended as follows:

- (i) The Accounting Officer must ensure efficient implementation of their internal control measures in efforts to curb fruitless and wasteful expenditure

6. IRREGULAR EXPENDITURE

The Auditor general found that the department incurred an irregular expenditure amounting to R

238 000 000-00, which is an increase by R 30 000 000-00 from the 2022/23 financial year of R 208 000 000-00, due to non-compliance with supply chain management laws and regulations. The same reason was given in the previous financial year. The Accounting Officer was asked to indicate the measures put in place to address non-compliance to Supply-chain Management (SCM) prescripts as this is a recurring issue that questions the effectiveness of those measures if any are in place. The Accounting Officer has reportedly conducted internal and external investigations consistent with the Irregular Expenditure Framework. In implementing some of the recommendations of the investigations, the Accounting Officer developed internal controls to avoid irregular expenditure which include setting up systems for segregation of duties, compliance checklists, and training of members involved in SCM committees. The measures have reportedly significantly reduced new incidents of irregular expenditure. As a corrective/punitive measure, the Accounting Officer further reported to have withdrawn SCM delegations from some officials who were failing to follow SCM regulations, and issued warning letters to all committee members, consequently other members resigned.

The Accounting Officer was then asked how the department handle instances of conflict that arise between regulatory and operational requirements, if this was contributing to the recurring irregular expenditure, and the changes if any in regulation to prevent future occurrences. The Accounting Officer has reportedly appointed committee members (Specification, Evaluation and Adjudication) on open bid tenders and Acquisition, District Finance and Hospital Finance Committee to ensure that future occurrence of irregular expenditure is prevented, including the following:

- Improving compliance with SCM legislation.
- The department has appointed a committee to assess specifications for legal compliance.
- All committees' members will be trained on SCM.
- The continuous implementation of the SCM checklist.
- Conducting pre-audit on documents.

6.1 Recommendations

The Committee recommended as follows:

6.1.1 The Accounting Officer must take disciplinary actions against official(s) who contravened section 51(1)(b)(ii) of the PFMA, and the implicated official(s) following the investigations on the irregular expenditure.

6.1.2 The Accounting Officer must ensure effective implementation and strengthen the monitoring system put in place to prevent and detect irregular expenditure through the SCM Committee.

6.1.3 The Accounting Officer must take disciplinary actions against officials who are responsible for the failure to comply with section 38(1) (c) (ii) of the PFMA and Treasury Regulation 9.1.1 that resulted in the irregular expenditure amounting to R 238 000 000-00.

7. MATERIAL FINDINGS ON THE USEFULNESS AND RELIABILITY OF THE PERFORMANCE INFORMATION FOR DISTRICT HEALTH SERVICES

The Auditor General reported material findings on the usefulness and reliability of the performance information of programme 2, citing uncertainty on the reported achievement of targets either due to insufficient supporting evidence submitted for auditing, or differences between planned and achieved targets. The committee enquired on the instruments the Accounting Officer used to ascertain the usefulness and reliability of performance information. The Accounting Officer has reportedly put the following instruments in place:

- District Health Information System (DHIS), which is used for the capturing and reporting of information
- Paper-based registers and Patient files in health facilities to collect clinical information
- Monthly data reconciliation tools, used for the verification of information from the register against DHIS
- Quarterly District Performance reviews: platform used for the assessment and reporting of performance information, challenges and key interventions on quarterly basis
- Conducting bi-annual workshops with clinicians/ Operational Managers

The Accounting Officer emphasised that the instruments did not fail, however the challenges faced by the health system at facility level regarding poor recording by nurses and loss of patient files contributed to a small degree on findings on performance which only affected programme 2 where the department was qualified, and this would be cited to Maternal and Mortality patient files.

The Accounting Officer is reportedly implementing the following strategies in place to ensure usefulness and reliability of performance information:

- Implementing Auditor General of South Africa's action plan, reported on monthly basis
- Conduct support visit and data quality assessment through Operation Phuthuma initiative
- Implementing SharePoint to collect POE for all high-risk indicators with Material findings
- Conducting Strategic Planning session to consolidate Strategic Plans and Annual Performance Plan
- Establish Editing committee for all Strategic documents to improve quality of plans and reports

When asked why the Accounting Officer reported achievement of performance indicators without the necessary or corresponding evidence, he stated that the challenge was caused by clinicians' poor recording, which contributed to the information not matching the evidence, primarily the register not matching a patient file.

The committee then enquired on the systems and mechanisms put in place by the Accounting Officer to ensure that performance information is supported by appropriate evidence. The Accounting Officer is reportedly implementing the District Health Information System (DHIS), which is used for the capturing and reporting of information, including the following:

- Conducting clinical audit to ensure completeness of clinical information on patient folders
- Implementation of ICD11 coding in health facility for proper diagnosis in sequence order

Conduct data validation of patient files against register

- Data Cleanup conducted biannually
- Workshop with Operational Managers conducted bi-annually

The mechanism reportedly failed due to poor recording where clinical information of patient folder was not adequately transcribed by clinicians in the register (multiple diagnosis vs single diagnosis or register). The other challenge is human error, where the error led to material misstatement.

7.1. Recommendations

The Committee recommended as follows:

7.1.1. The Accounting Officer must ensure that indicators construction (numerator & denominator) by the National Department of Health (NDoH) and figures provided by NDoH to Auditor General South Africa (AGSA) to perform assessment are the same as those given to the Province by NdoH

7.1.2 The Accounting Officer must ensure that the electronic patient record system is utilised accordingly with continuous monitoring and evaluation to avoid system errors or malfunctions.

7.1.3 The Accounting Officer must ensure that all measures put in place to guarantee that information to external stakeholders is useful and reliable as outlined above, is implemented effectively, including continuous training of clinicians and all responsible for recording and transcribing information.

8. ADJUSTMENT OF MATERIAL MISSTATEMENTS

The Auditor General has identified material misstatements in the Annual Performance Report submitted for auditing. The Accounting Officer was asked if he has identified the failure in the departmental systems, mechanisms and processes leading to material misstatements of reported performance information, as the performance information reported is unreliable and not useful. The Accounting Officer indicated that, the following were identified as contributing to the misstatements:

- Poor recording on patient folder against register
- Lack of sustainability of ideal clinic outcomes vs reports
- Poor recording and management of POE for Patient Safety incidences

Recording of multi diagnosis on clinical files vs registers

- Human error in counting Maternal death
- The following are the reported interventions put in place to mitigate the findings on misstatements
- Implementing AGSA action plan reported on monthly basis
- Conduct support visit and data quality data assessment through Operation Phuthuma initiative
- Implementing SharePoint to collect POE for all high-risk indicators with Material findings
- Conducting Strategic Planning session to consolidate strategic Plans and Annual Performance Plan

When asked about the measures the Accounting Officer had put in place in previous financial years to curb material misstatements, the Accounting Officer reported the following:

- Conducting training on Clinicians and Doctors to ensure that they understand the importance of correctly recording in the registers and filing of lab results within the patient files.
- Training of Data captureurs to ensure improved accurate capturing for data into the system.
- Appointment of Information Officers at Sub-districts level.
- Implementation of an electronic Primary Health Care Tick Register at Gert Sibande district. The department appreciated that they have reportedly improved on audit outcome from disclaimer to qualified in Programme 2 and qualified to unqualified in programme 4. The number of misstatements has also drastically been reduced.

8.1. Recommendations

The Committee made the following recommendations:

- 8.1.1 The Accounting Officer must ensure effective implementation and monitoring of the controls put in place to curb material misstatements
- 8.1.2 The Accounting Officer must ensure the effective implementation of the SharePoint and the digital record management and the establishment of data reconciliation tools in the healthcare facilities.

9. STRATEGIC PLANNING AND PERFORMANCE

The Auditor General found that specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by the public service regulation 25 (1) (e) (i) and (iii). The Accounting Officer was asked to indicate specific information systems or processes that are currently being used to track and monitor progress on achievement of targets, objectives and service delivery, and the challenges in implementing such a monitoring system. The Accounting Officer indicate the following to have been put in place:

- District level planning to ensure district targets are set and thus reported against by the district
- District level planning to ensure district targets sum to form a more accurate provincial target
- District Performance Reviews
- Provincial Performance Reviews
- Quarterly Reports on the Annual Performance Plan
- District Health Information System (DHIS)
- Quarterly and Annual Reports on the Annual Performance Plan
- Budget committee meetings to monitor progress on Departmental priorities.

The Accounting Officer highlighted that challenges are mainly the inconsistencies in attendance by key role players on the processes when they are conducted.

When asked how the department ensure data accuracy, completeness and timely availability in the absence of an information system, especially regarding the quarterly performance reports submitted to the Portfolio Committee. The Accounting Officer reported that the department is working hard to ensure adherence to the Data Flow Policy that indicates the timelines of information submission, committed to improving coordination and reporting of quarterly information and reports by training district at the beginning of the reporting period on the reporting templates and timelines and also ensuring that each responsible manager signs a Data Integrity Certificate, to agree that, the performance information submitted is accurate and correct.

9.1 Recommendations

The Committee recommended as follows:

- 9.1.1 The Accounting Officer must ensure effective implementation and monitoring of the measures put in place for aggregated statistic, management of ART patients, quarterly performance reviews in districts and biannually in the province and facilitate monthly mortality and morbidity meetings.
- 9.1.2 The Accounting Officer must ensure that dependable factors including lack of connectivity, shortage of computers, shortage of filing space for paper-based patient files, shortage of data and ward clerks are addressed to support all initiatives implemented by department.

10. EXPENDITURE MANAGEMENT

The Auditor General has found that in the department payments were not made within 30 days or an agreed period after receipts of an invoice, as required by treasury regulation 8.2.3. The committee enquired on the specific Preferential Procurement Regulations requirements that were not adhered to by the Accounting Officer, the reasons and the remedial actions taken for deviation. The Accounting Officer reported that the new incidents of Irregular Expenditure which occurred in the 2023/24 Financial Year, were because of non-compliance with PFMA and SCM Instruction note 3 of 2021/22 and non-compliance with Implementation Guide for Transversal Term Contracts Facilitated by National Treasury:

- Instruction note 3 of 2021/22, states that the Accounting Officer must approve a deviation and in this instance the deviation was approved by a CEO of a facility.

- The guide explicitly states that organs of state wishing to utilize a transversal contract must obtain written approval from National Treasury, and in this instance our department utilized the contract without obtaining written approval.

The Accounting Officer further reported that the irregular expenditure is forwarded to internal audit for investigation. The department has reportedly developed an Audit Action Plan, which includes training of officials on the public procurement legislative framework and all accompanying regulations.

10.1 Recommendations

The Committee recommended as follows:

- 10.1.1 The Accounting Officer must ensure that the strategy developed to pay service providers within the prescribed period as directed per the PFMA (30 days) is effectively implemented.
- 10.1.2 The Accounting Officer must strengthen the monitoring of the audit action plan which includes training of officials on the public procurement legislative framework and all accompanying regulations.

11. CONSEQUENCE MANAGEMENT

The Auditor General reported that there was insufficient audit evidence to disciplinary steps taken against officials who had incurred irregular expenditure as prescribed by section 38(1)(h)(iii) of the PFMA, as well as officials who had permitted irregular expenditure in previous years. No proper and complete records were maintained to support investigations into irregular expenditure. The department reported that the transgression was caused by the non-compliance to the specification by the bid committee members and that warning letters had been issued to all members. When asked if there has been any accountability taken or disciplinary action considered for the lack of improper documentation, the Accounting Officer reported that no accountability or disciplinary action was considered for the lack of improper documentation. The Accounting Officer was asked if the department has record management policies in place, specifically addressing the handling of documentation for financial records and the procedures prescribed within those policies to rectify instances of improper or incomplete documentation, especially in cases involving irregular expenditure investigations. The Accounting Officer reported that the department has record management policies in place, however, the policy does not specifically address the handling of financial records on irregular expenditure. The department will review the record management policy.

11.1 Recommendations

The Committee recommended as follows:

- 11.1.1 The Accounting Officer must ensure that there are proper and complete records kept on all financial transactions, to support investigations into irregular or any other expenditure.
- 11.1.2 The Accounting Officer must take disciplinary steps against officials who had incurred irregular expenditure as prescribed by the section 38(1)(h)(iii) of the PFMA, as well as officials who had permitted irregular expenditure in previous years.
- 11.2.3 The Accounting Officer must fast-track the review of the record management policy and ensure implementation thereafter for improved compliance.

12. INTERNAL CONTROL DEFICIENCIES

The Auditor general found that the following internal control deficiencies were existing in the department:

- (i) The Accounting Officer did not exercise oversight responsibility regarding compliance with laws and regulations and performance reporting.
- (ii) The Accounting Officer did not adequately monitor the implementation of an effective action plan to address internal control deficiencies.
- (iii) 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.
- (iv) Registers were not signed, totalled and reviewed daily in line with the standard operating procedures, which resulted in variances between registers, monthly input forms and District Health Information System.
- (v) No reviews of data captured on the PEC system after it had been captured by the data capture, resulting in incorrect data captured on the system. The committee enquired on the measures put in place by the Accounting Officer to address all the internal control deficiencies as identified by the Auditor General, since the findings are recurring. The Accounting Officer reported that the department will put the following measures in place to address the internal control deficiencies as identified by the Auditor General:
 - Conduct risk assessment, training and frequent internal audit to mitigate internal control deficiencies.
 - Review all dated policies and procedure manuals then do awareness, implement and constant monitoring on the compliance.

12.1 Recommendations

The Committee recommended as follows:

- 12.1.1 The Accounting Officer must ensure that the department effectively implements the measures put in place to address internal control deficiencies.
- 12.1.2 The Accounting Officer must strengthen the monitoring system put in place to address the internal control deficiencies as identified by the Auditor General.

13. MATERIAL IRREGULARITIES

The Auditor General identified the following material irregularities in the department:

i. Insufficient healthcare professionals to provide healthcare services as required by the National Health Act 61 of 2003 [Section 25(2)] and the Health Regulations [19(2)(1)]. The process of filling of vacancies has been inadequate for the past two (2) to five (5) years, resulting in failures to reduce waiting times for patients needing healthcare services. Furthermore, insufficient professional healthcare workers were cited among the reasons for non-achievement of planned targets in the 2022/23. Insufficient appointment of healthcare workers also impedes on the departments' ability to deliver its primary mandate of quality primary healthcare services in the province. AG made the following recommendations, to be implemented by 23 February 2025:

- a. Reasonable steps should be taken to plan, develop, implement and manage human resources for the rendering of health services as required by section 25(2)(1) of the National Health Act, as well as regulation 19(2)(1) of the National Health Act Norms and Standards Regulations.
- b. The steps should as a minimum include, enhancing and commencing with the implementation of the human resource plan that includes anticipated timeframes and meets the needs of the health establishment.

Status of previously reported material irregularities ii. Dashboard feeds with BI tools and port hole were paid for, but not installed on the Queue Management System (QMS). The total rollout for the QMS was to the tune of R25 598 221, 12, to which R1 420 000 was for installation of the dashboard feeds with BI tools and port hole, which did not happen. The following recommendations were made by the AG to the department, to implement no later than 29 February 2025, with a progress report after three (3)months:

1. Appropriate action should be taken to investigate non-compliance with Treasury regulation 8.1.1 to determine the circumstances that led to the non-compliance for the purpose of taking appropriate corrective actions.
 2. All persons including juristic persons liable for the financial loss should be identified and appropriate action should commence to recover the financial loss suffered, with undue delays.
 3. Reasonable steps should be taken to implement internal controls to prevent and detect payments for goods and services not received. These are to include developing and implementation of the policy that establishes principles for the acquisition, development, customization, pre-implementation testing, and management of all types of ICT systems within the department.
 4. Effective and appropriate disciplinary steps should be initiated, without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA.
- iii. Suspected material irregularity of fictitious payments made from infrastructure maintenance: a case was opened with South African Police Service in March 2021, and SAPS indicated that the matter is still under investigation and has been referred to the hands of the Director of Public Prosecutions in the province, for a decision.
 - iv. Non-utilization of the Neonatal high care unit at Witbank hospital: this material irregularity has been resolved during the 2023/24 financial year.

The Accounting Officer was asked if there were any penalties specified in the contract for incomplete or unsatisfactory service delivery regarding the installation of dashboard feeds and BI tools and port hole, and if they were applied. The Accounting Officer reported that the department procured the services utilizing RT-15 which is a Transversal Contract facilitated by National Treasury. The contract is not clear on penalties, but the department guided by AGSA and PFMA prescripts has begun a process of soliciting a refund from the service provider. The department has reportedly requested a refund from the service provider however, the service provider has denied, and the debts of the matter has been forwarded to legal for further handling.

The Accounting Officer was asked about the cause of action the department takes in similar cases where services rendered by suppliers are incomplete, and the preventative strategies employed to ensure non-recurrence. The department reportedly implements the contract management policy which states the following processes:

- Engage with the services provider
- Give a note to the service provider with a time
- If there are no changes in the situation the matter is referred to legal office
- The legal office will guide the department if there is a need for termination of the contract.

Preventative strategies:

- The department has reviewed and added staff to Contract Management
- Developed and implementation of Service Level Agreement
- Monthly monitoring of the performance of contracted service providers

The department has reportedly reported the fraudulent activities to the South African Police Services (SAPS) and internal audit for further investigation. When asked if there has been any evidence of a close or suspicious relationship between the three suppliers and officials involved in the procurement that resulted in fraud and if disciplinary actions were enforced against the suppliers, the Accounting Officer reported that investigation is still ongoing, the department is waiting for the final investigation report from SAPS. The department added that it has charged 36 employees and issued with a sanction short of dismissal for financial misconduct, and criminal case number is: 289/92022 (Middelburg SAPS) still pending criminal.

The Accounting Officer was asked about the steps the department plans to take to recover any material financial loss incurred and precautions to be implemented to prevent similar incidents in the future. The Accounting Officer reported that the department will ensure that all recommendations from the investigation report are implemented and will exhaust all legal means to recover the money.

The department reportedly continues to improve the control environment to prevent future incidents.

13.1 Recommendations

The Committee recommended as follows:

13.1.1 The Accounting Officer must plan, develop, implement and manage human resources for the rendering of health services as required by section 25(2)(1) of the National Health Act, as well as regulation 19(2)(1) of the National Health Act Norms and Standards Regulations.

13.1.2 The steps should as a minimum include, enhancing and commencing with the implementation of the human resource plan that includes anticipated timeframes and meets the needs of the health establishment.

13.1.3 The Accounting Officer must ensure investigation on non-compliance with Treasury regulation 8.1.1 to determine the circumstances that led to the non-compliance for the purpose of taking appropriate corrective actions.

13.1.4 All persons including juristic persons liable for the financial loss should be identified and appropriate action should commence to recover the financial loss suffered, with undue delays.

13.1.5 Reasonable steps should be taken to implement internal controls to prevent and detect payments for goods and services not received. These are to include developing and implementation of the policy that establishes principles for the acquisition, development, customization, pre-implementation testing, and management of all types of ICT systems within the department.

13.1.6 Effective and appropriate disciplinary steps should be initiated, without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA.

13.1.7 Provide a detailed progress report on the investigation case with SAPS on the suspected material irregularity of fictitious payments made from infrastructure maintenance.

13.1.8 The Executive Authority must ensure that the Accounting Officer takes disciplinary actions against management and all officials who violated the implementation of the PFMA and other prescripts; as well as those who failed to implement the SCOPA resolutions. In the event where the Accounting Officer fails to implement the resolutions, the Executive Authority should refer the matter to the Premier for disciplinary actions against the Accounting Officer.

14. CONCLUSION

The Committee has satisfied the requirements of the Mpumalanga Provincial Legislature Rules and Orders of conducting oversight over the financial statements of the Department of Health.

The Chairperson would like to express his heartfelt gratitude to Honourable Members of the Select Committee, the Executive Authority, Accounting Officer, Chief Financial Officer and senior management of the department, the Commissioner: Public Service Commission, and Auditor General South

Africa (AGSA) for availing themselves to deliberate on matters pertaining to the department.

The Chairperson would further like to thank the support staff for contributing to the production of this report.

Unless otherwise stated, a report detailing progress made in the implementation of all recommendations in this report should be forwarded to the Legislature by 31 March 2025 and thereafter on a quarterly basis.



HON DL MOELA, MPL

27 November 2024

DATE

CHAIRPERSON: SELECT COMMITTEE ON PUBLIC ACCOUNTS

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

The department obtained an unqualified audit opinion hence there were no matters requires modifications

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
None	N/A	N/A

10. INTERNAL CONTROL UNIT

The internal control systems are the mechanisms, policies and procedures implemented by the Department to ensure the effectiveness of its operations, the reliability of financial reporting, and compliance with Laws and regulations. They help to safeguard assets, prevent fraud, and ensure accurate and timely information.

Key aspects of the internal control unit:

To provide reasonable assurance that the Department's objectives are achieved in areas like operational effectiveness, reliable financial reporting, and compliance. They encompass a wide range of processes, policies and procedures including physical security, digital security and legal compliance.

Benefits

- Improve operational efficiency: By streamlining processes and reducing errors.
- Protection of assets: Safeguarding from loss, damage, or theft.
- Accurate and reliable financial reporting: Ensuring the integrity of financial data.
- Compliance with regulations and regulations: Meeting legal requirements and avoiding penalties.
- Prevention of fraud: Reducing the risk of fraudulent activities and mitigating potential risks.

System Performance and Financial Systems Management

From April to September 2024, the Department's financial systems performed smoothly, with no major challenges encountered except intermittent network unavailability. However, from September 2024 to March 2025, the implementation of the COBOL upgrade and BAS Version 6 impacted system performance. Users experienced difficulties including incomplete reports, changes in IP addresses, compromised BAS utilization, and general system slowness, which resulted in limited access for approximately one week. The TCP/IP upgrade remains outstanding and is required to stabilize system performance.

To strengthen financial controls, a Pre-Audit Project on Payments was conducted during October and November 2024, in collaboration with the Payments Unit and Supply Chain Management, yielding positive outcomes in preparation for the Auditor-General South Africa (AGSA) process. Regular system reviews were conducted, including monthly user account management on Syscon, with reports submitted to the Provincial Treasury to ensure accountability and optimal system utilization.

In addition, physical verification of BAS/LOGIS users was carried out across all institutions between September and October 2024. This process aimed to prevent unauthorized access, system violations, and potential fraud by identifying and removing ghost users and ensuring limited, role-appropriate system access. The Department successfully participated in all Disaster Recovery Tests organized by both National and Provincial Treasury during the 2024/25 financial year. Furthermore, quarterly user satisfaction reports were submitted to National Treasury, demonstrating a commitment to continuous improvement and user experience monitoring.

| NO. OF AMENDMENT USERS |
|------------------------|------------------------|------------------------|------------------------|
| April 2024 | 45 | 124 | 36 |
| May 2024 | 11 | 18 | 23 |
| June 24 | 6 | 5 | 12 |
| July 24 | 4 | 8 | 5 |
| August 24 | 3 | 3 | 7 |
| September 24 | 7 | - | 5 |
| October 24 | 5 | 1 | 9 |
| November 24 | 8 | 3 | 6 |
| December 24 | 6 | - | - |
| January 25 | 76 | 42 | 34 |
| February 25 | 55 | 86 | 74 |
| March 25 | 378 | 287 | 118 |

LOGIS Performance Report – 2024/2025

During the 2024/25 financial year, the Department made significant strides in enhancing the effectiveness and control of the LOGIS system. Key achievements include:

User Management and Access Control

- New LOGIS users were successfully registered and allocated system functions aligned with their job descriptions across all institutions, including districts. Inactive and active user accounts were monitored regularly, with monthly reviews of user functions to ensure proper alignment with job responsibilities.
- Users who resigned, retired, or transferred to other departments were promptly terminated from the system to prevent unauthorized access.

Invoice Tracking System Implementation

- An invoice tracking system was implemented across all departmental institutions to enhance accountability and payment efficiency. The implementation was supported by in-house training sessions to capacitate staff and ensure system utilization.

System Monitoring and Reporting

- The Department consistently uploaded R105 reports to the Business Process Automation (BPA) system on a monthly basis. Enhancement release notes and system updates were regularly shared with relevant users to ensure smooth operation and awareness of system changes.

Disaster Recovery Participation

- The Department successfully participated in the SITA Disaster Recovery Test (DRT) sessions held in February and September 2024, demonstrating readiness in ensuring system resilience and business continuity.

Commitment and Order Management

- All commitments older than three financial years, including infrastructure-related items, were successfully cleared. Orders that could no longer be honoured were monitored and addressed accordingly.

Infrastructure and Printer Configuration

- The Department implemented a Virtual Private Network (VPN) system to manage changes in printer configurations, which included capturing new LU numbers and purging obsolete printers.

Performance Recognition

- The Department's LOGIS team achieved a notable milestone by being ranked among the Top 10 Best Performing Head Office Units on the Balanced Scorecard (BSC) in January 2025.

Training: General Principles of BAS

- The Department coordinated the training for the General Principles of BAS, facilitated online and virtually by National Treasury. Out of 117 registered participants, 67 successfully completed the training and passed the assessment, receiving their certificates. However, network challenges during the training period disadvantaged several users, resulting in their inability to complete the time-bound assessments.

System Performance, Re-Implementation, and Achievements

- During the 2024/2025 financial year, the Department experienced system-related challenges such as incorrect referencing and amounts on receipts and deposits, issues with separating amounts, and discrepancies where unpaid statuses remained on the system despite payments being reflected on bank statements posing a risk of double payments on PERSAL rejections. To address these, the Department undertook the BAS V6 Re-Implementation and SCOA toning process starting in October 2024. This extensive initiative included recapturing the departmental structure, activating items, projects, assets, funds, and all relevant parameters; re-registering users; creating workflows; and logging activation requests with National Treasury.

In support of advancing digital transformation and aligning with the Fourth Industrial Revolution, the system controller participated in a benchmarking exercise at National Treasury's e-Government Unit in October 2024. The benchmarking reviewed digital innovations including e-Recruitment, digital marketplace, employee self-service, asset verification, and GIS-based analytics. The insight gained emphasized the benefits of owning internal systems to reduce reliance on third parties and promote cost efficiency, especially with plans to expand access in rural areas.

Despite the challenges, the Department achieved several milestones: it successfully closed both month-end and year-end processes for 2024/25, resolved 147 system-related issues across various units (Salary Administration, Bookkeeping, Revenue Management, Supply Chain, and Payments), and cleared exceptions on deposit accounts. Support was also provided to hospitals in removing outdated commitments and incorrect invoices on BAS and LOGIS, enhancing financial integrity and audit readiness.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

The Internal Audit Function and Audit Committee derive their mandate from the internal audit charter and audit committee charter

Key activities and objectives of the internal audit function:

Purpose and mandate

- The Internal Audit Function has been established in terms of Section 38 of the Public Finance Management Act, 1999 (Act No. 1 of 1999) and the prevailing Treasury Regulations.
- Internal Audit supports and promotes the improvement in governance, risk management and internal controls for the Mpumalanga Department of Health to achieve its strategic goals and objectives. The service provided by the internal audit function is defined by the Internal Audit Charter (IAC), which describes its purpose, authority, responsibility and position within the department.

Vision and strategy

- Strengthen the Mpumalanga Department of Health's ability to achieve its goals and objectives by providing independent risk-based objective assurance, advice, insight and foresight.

Charter, methodology and internal audit plans

- The internal audit charter, strategy, 3-year strategic internal audit plan and annual internal audit plan were reviewed, approved and implemented. The internal audit methodology was reviewed and aligned to the Global Internal Audit Standards and approved for implementation.

Independence and objectivity

- The internal audit function is independent and reports directly to the Accounting Officer administratively and functionally to the Audit Committee and is operating freely and independently. All members of the internal audit function have confirmed their independence, objectivity and confidentiality when conducting audit services.

Internal audit modality

- The internal audit function is fully in-sourced.

Staffing

- The organizational structure for the Internal Audit function provides for twenty-two (22) officials including one administrative official, they are all members of the Institute of Internal Auditors. There are currently four (4) vacancies, three (3) Assistant Directors and one (1) Internal Auditor, the positions were not filled in the current financial year due to budgetary constraints. The internal audit function was also complemented with two interns who were trained to provide additional capacity. The collective skills and experience of the various members are appropriate for the internal audit function to deliver on its mandate. All members of the internal audit function have personal development plans which are budgeted for, and training and development programs are attended and reported on during the year.

Quality assurance and improvement program

- The external quality assessment was conducted, and the report was finalised on the 31 July 2024, the assessment indicated a general conformance with the Global Internal Audit Standards. The assessment report of the internal audit function by the stakeholders, including the Audit Committee was issued. The report indicated that the internal audit function adds value to the Department of Health and delivers on its mandate as required by the internal audit charter.

Stakeholder relationships

- The internal audit function has a cordial working relationship with management and the various sections within the Department of Health. The internal audit plans are informed by the annual risk assessment by the risk management unit. The Chief Audit Executive and Chief Risk Officer meet regularly to provide updates and feedback on the assurance on risks identified during the period.
- The Internal Audit Function works well with the AGSA, the internal audit plans are shared for inputs, reports issued are utilised by the external auditors for risk purposes.

Summary of audit work done

Planned and completed audits

- The internal audit function planned 1 advisory service and 11 assurance services and achieved 100% of planned activities. There was no roll-over of projects to the new internal audit plan.

Ad hoc projects

- Three ad-hoc projects were initiated and completed.

Internal audit recommendations

- A total of 41 recommendations were issued during the reporting period, based on the follow-up reviews conducted 22 recommendations were implemented of which 11 are ongoing measures, 5 are in progress and 3 are still to be verified if implemented. For the previous financial period 47 recommendations were implemented of which 39 are ongoing measures, and 8 are in progress.

Value adds

- The Internal audit function as part of the advisory services in the previous year conducted 100% review of Medico Litigations claims files to ensure that that the department is not qualified by Auditor General South Africa (AGSA) regarding the accuracy and completeness of the contingency liability register and indeed the department has improved in the reporting of litigations and all files were obtained during the order with minor findings raised.

Limitations

- There were no constraints for the internal audit function that impede optimal performance.

Key activities and objectives of the Audit Committee

Purpose and mandate

- The purpose of the Audit Committee is to transversally assist the Accounting Officer of the Mpumalanga Department of Health to fulfil his oversight responsibility. The Audit Committee reports directly to the Accounting Officer, reports are provided to the Executive Authority on their observations. The Audit Committee has adopted a formal term of reference as its Audit Committee Charter which is approved by the Accounting Officer.

Independence

- The Audit Committee operated freely and independently, all members declared that there were no circumstances that may arise that may impact their independence and objectivity.

Protecting the independence of the internal audit function

- The Audit Committee has reviewed and is satisfied with the organisational positioning and independence of the internal audit function. There were no threats to the independence or victimisation of the internal audit function.

Performance against statutory duties

- The Audit Committee confirms that it has fulfilled its functions and responsibilities as set out by the PFMA, Treasury Regulations, Global Internal Audit Standards and the Audit Committee Charter.

Composition of the audit committee

- The Audit Committee has four members of which the majority are external member, and this is adequate and appropriate. The members have an adequate mix of skills and experience to fulfil their mandate and oversight responsibilities.

Combined assurance

- The Audit Committee oversees the progress reporting by the Risk and Ethics Committee on the management and evaluation of risks by the various assurance providers. The Department of Health has implemented a combined assurance framework and has a good maturity level when reviewing the reports presented on the management of risks.

Resolution of audit committee recommendations

- The Audit Committee is satisfied on how the recommendations made are received and implemented, a decision register is managed to track all resolutions at meetings held.

Audit committee performance evaluation

- The Audit Committee conducted a self-evaluation on its performance and effectiveness, an assessment by the Audit Committee stakeholders was also performed. The assessment indicated that the Audit Committee is functioning effectively and adds value in its oversight role and delivers on its mandate as required by the audit committee charter.

The Audit Committee held four meetings during the year, to three days preparation time and one day for the meeting.

Meetings are held virtually however in the event of a physical meeting the Department of Health would cover the travel and subsistence cost associated for a physical meeting, including for members from organs of state. The total audit committee expenditure for the reporting period amounted to R366,558. Audit Committee members outside of the public service are remunerated using the National Treasury rates. Audit Committee members are paid for up

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

Name	Qualifications	Professional Affiliation (e.g. SAICA, IIA, IOD(SA))	Appointment: Term of Office		No. of meetings attended 2024/25	Has the AC member declared private and business interests in every meeting? (Yes/No)	Is the AC member an employee of an organ of state? (Yes / No)	No. of other ACs that the member served on during the reporting period (whether in the public sector or not)	No. of other governance structures the member served on during the reporting period, e.g. Boards, Risk Committee, IT Committee, etc, whether in this or any other institution(s)
			Start Date	End Date					
Mr.Gay Mokoena Chairperson	Bachelor of Administration Bachelor of Administration (Honours) Diploma in Financial Management Diploma in Programme for Management Development (PMD) Master of Business Leadership (MBL)	SAICA	01/12/ 2023	30/11/2026	6	Yes	No	2	3
Ms.Anna Badimo	B.Sc. Computer Science B.Sc. Comp Science Hons M.Sc. Applied Science Dip: Project Management Master's degree-Business Administration (MBA) Certified Information Security Manager (CISM) Certified Information Systems Auditor (CISA) Certified in Risk and Information Systems Control (CRISC)		01/12/ 2023	30/11/2026	4	Yes	No	6	1
Mr. Mike Khathushelo Ramukumba	Master of Business Administration CA (SA) B Comm Honours (CTA) B Comm	SAICA	01/12/ 2023	30/11/2026	4	Yes	No	3	2
Adv.Ratanang Nke	B Iuris LLB H Dip Co Law PG Dip Cyber Law	LPC NBCSA ICFP	01/12/2023	30/11/2026	6	Yes	No	1	5

Remuneration of audit committee members

Audit Committee members outside of the public service are remunerated using the National Treasury rates. Audit Committee members are paid for up to three days preparation time and one day for the meeting.

Meetings are held virtually however in the event of a physical meeting the Department of Health would cover the travel and subsistence cost associated for a physical meeting, including for members from organs of state. The total audit committee expenditure for the reporting period amounted to R366,558

12. AUDIT COMMITTEE REPORT

Report of the Audit Committee

We are pleased to present our report for the financial year ended 31 March 2025, set out in three parts:

Part 1: Audit Committee Reflections:

The primary purpose of the Audit Committee is to transversally assist the Accounting Officer of the Mpumalanga Department of Health to fulfil their oversight responsibility. The Audit Committee is an independent oversight structure appointed that has non-executive status and required to ensure that no conflict of interest may arise with regards to its responsibilities. The internal audit function reports functionally to the Audit Committee and administratively to the Accounting Officer. The Chief Audit Executives role is to lead the internal audit function in providing assurance and advisory services. The Audit Committee conducts an annual evaluation of its performance and there were no challenges that were highlighted.

The Audit Committee reports that it has complied with its responsibilities arising from Section 38(1) (a) (ii) of the Public Finance Management Act, Act No. 1 of 1999 and Treasury Regulation 3.1.8 – 3.1.16. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, aligned to the Global Internal Audit Standards™. We have regulated our affairs in compliance with this charter and have discharged all responsibilities as contained therein, except that we have not reviewed changes in accounting policies and practices. The Audit Committee has functioned without hindrance or limitation throughout the reporting period.

Part 2: Audit Committee Composition and Meeting Attendance

The audit committee consists of 4 members. The committee is properly constituted, with a balanced representation of independent members with a diverse and appropriate mix of qualifications, skills, and experience. The committee convened 6 times during the year with 4 being ordinary meetings, 2 special meetings was arranged with the Annual financial statement Review and presentation of AGSA Management letter.

Audit Committee Member's meeting attendance details:

Name (Position)	Qualifications	Is the AC member an employee of an organ of state? (Yes / No)	Number of ordinary meetings attended	Number of special meetings attended
Mr.Gay Mokoena Chair-person	See table above	No	4	2
Ms.Anna Badimo	See table above	No	2	2
Mr. Mike Khathushelo Ramukumba	See table above	No	3	1
Adv.Ratanang Nke	See table above	No	4	2

Part 3: Audit Committee Focus Area

Effectiveness of internal control systems:

Management has a positive approach to maintaining an effective internal control system, approved policies and procedures are in place and are reviewed periodically. Evaluation of compliance with legislation and policies is performed during the reviews by internal and external audit per focus area that are part of the approved audit plans.

From the various reports from internal audits and external audits, the following matters were reported indicating deficiencies in the system of internal control.

- Assets selected from the asset register not physically verified to the floor.
- No corresponding patient registers or attendance registers to support the days claimed by the doctors using NHI Grant.
- Inadequate management of government vehicles.
- Inadequate human capacity to manage Fleet Management.
- All sampled hospitals had achieved a non-compliant status resulting from the inability to obtain a 100% grading on non-negotiable vital elements.
- Non-Compliance to Financial Interest Disclosure.
- Variances between actual achievements recorded on daily registers and the District Health information system (DHIS); and
- Cyber security controls.

To address deficiencies noted, the Audit Committee monitors progress made by management in implementing action plans to address deficiencies.

Effectiveness of the internal audit function:

The internal audit function has operated objectively and independently during the year under review in terms of its approved charter guided by the approved internal audit strategy, internal audit plan, and internal audit manual in compliance with the Global Internal Audit Standards. The Committee is satisfied with the performance and effectiveness of the internal audit function which is adequately capacitated and undertakes continuous professional development programs aligned to the performance management and development requirements. The Audit Committee takes note of the business process automation strategies within the Department of Health and the utilization of the technology for data analytics, continuous audit processes and exception reporting. The internal audit function shares its internal audit plans with the external auditors for inputs and coordinates its activities with other assurance providers, namely the Risk Management Unit. The Audit Committee met with the Chief Audit Executive, AGSA, and Accounting Officer and there are no unresolved issues of concern.

Activities of the internal audit function:

The Audit Committee approved the internal audit plan for the year under review, quarterly progress reports were received on the implementation of the internal audit plan together with significant findings per focus area. Follow-up reviews were conducted as part of the internal audit plan to monitor implementation of recommendations and action plans, for the current year 57% of action plans have been implemented, 34% are in progress, 9% were not yet verified if implemented. There were no significant investigations that were conducted during the year.

Effectiveness of risk management:

Quarterly reports by the Risk and Ethics Management Committee highlighted the management of risks and the implementation of the combined assurance plan. The Audit Committee is satisfied that significant risks identified are covered by the internal audit plan, the external audit also utilizes the risks identified to guide their audit strategy. Both the Audit Committee and Risk and Ethics Management Committee provided assurance and advised management on improvement on effectiveness of governance, risk management and internal controls. Majority of the risks identified are managed to an acceptable level in terms of the risk framework, there is however slow implementation of control improvement plans and management was advised to continuously monitor the implementation

Adequacy, reliability and accuracy of the financial and performance information:

The Audit Committee is satisfied that management has managed the risk that may impact on the integrity of external reports issued by the department. The Audit Committee is satisfied with the adequacy, reliability and accuracy of the financial and performance information, and there are no major concerns that were noted.

Accounting and auditing concerns identified as a result of internal and external audits:

Areas raised by internal and external audit are highlighted under the effectiveness of internal control systems. Action plans are developed by management to attend to for all areas raised. Follow up reports on the implementation of action plans are conducted by internal audit and presented to the Audit Committee for monitoring progress on resolving areas of concern. The internal audit function did review the performance information to ensure that the department is working towards obtaining unqualified audit opinion on programme two (2). Chief Director Integrated Health planning is required to brief the Audit Committee on the implementation of AGSA action plan to ensure that there is improvement in the performance information audit outcome.

Combined assurance:

The Audit Committee oversees the progress reporting by the Risk and Ethics Committee on the management and evaluation of risks by the various assurance providers. The department has implemented a combined assurance framework and has a good maturity level when reviewing the reports on the management of risks.

Evaluation of annual financial statements:

The Audit Committee has reviewed and discussed with the Accounting Officer and Auditor-General the annual financial statements and performance information to be included in the annual report. The Auditor-Generals management reports did not highlight any findings that are of concern. There were no changes in accounting policies and practices and there was compliance with legal and regulatory provisions. The department has prepared quality financial information on a timely basis for oversight purposes; there were no significant financial reporting issues for the reporting period that remain unresolved between the management and the external auditors. The Audit Committee recommended the annual financial statements be approved on 31 July 2025. The Audit Committee is pleased with the audit opinion, and this reflects the continuous commitment and effort by management to address performance during the year.

External Audit:

The Audit Committee views the AGSA as being independent and objective when conducting the external audit. There were no matters raised by the AGSA that were not adequately addressed. The Audit Committee met with the AGSA and there are no unresolved issues of concern.

Auditor-General's Report:

We have reviewed the Department of Health's implementation plan regarding audit issues raised in the previous year and are satisfied that the matters are in the process of being resolved. The Audit Committee concurs and accepts the conclusion of the Auditor-General on the Annual Financial Statements and Annual Performance Report and is of the opinion that the Audited Annual Financial Statements and Annual Performance Report be read together with the report of the Auditor-General.

Appreciation

The Audit Committee wishes to express its appreciation to the management team and officials to the Department of Health who provided immense support towards the realization of clean administration resulting in the attainment of consecutive clean audit outcomes. Further, the Audit Committee appreciates the assistance and cooperation of management in the discharge of its responsibility.

Conclusion

The Audit Committee is also committed to align to the AGSA Culture Shift Framework in promoting the accountability ecosystem.



Gay Mokoena

Chairperson of the Audit Committee
Mpumalanga Department of Health

Date: 31/07/2025

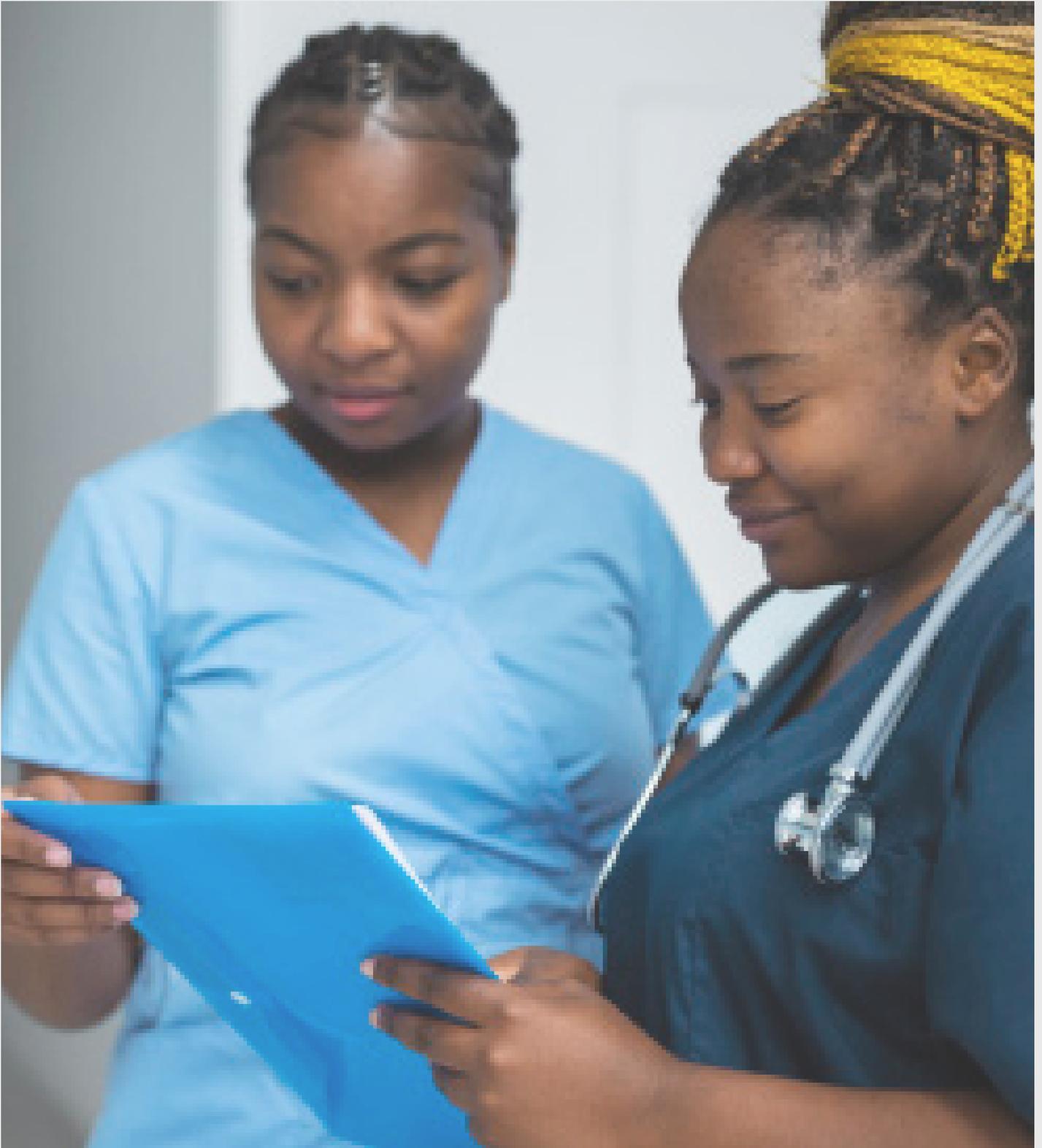
13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

The following table has been completed in accordance with the compliance to the BBEE requirements of the BBEE Act of 2013 and as determined by the Department of Trade, 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 (include a discussion on your response and indicate what measures have been taken to comply)
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	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 information contained in this part of the annual report has been prescribed by the Minister for the Public Service and Administration for all departments in the public service.

2. OVERVIEW OF HUMAN RESOURCES

The Department for the financial year 2024/25 operates with a total of 23932 active posts on the approved organisational structure. The Department has a total of 21721 active filled posts and with an overall recorded vacancy rate of 9.20%, which in line with benchmark rate of 10% to maintain vacant funded vacancies as prescribed by the Department of Public Service and Administration (DPSA) employment practices. The Department has during the period under review, identified 750 critical posts to address Human Resource for Health needs. Despite, the implications of the DPSA Circular 49 of 2023 as extended by Circular 20 of 2024, the Department was able to advertise all the 750 posts and 661 were filled which is 88%, while the remaining 89 posts the recruitment processes were not completed.

A total of 2474 overall appointment/ replacement were finalised to address employment challenges within the province. This appointment includes 102 critical skills that were achieved for the financial year under review to address challenges of infrastructure, youth employment, Improvement of patient care experience, opening of specialised unit, improvement of sound financial management and accountability amongst other.

Critical Skills	Number appointed
Chief Financial Officer	1
Clinical Manager (Medical) Grade 1	1
Head Clinical Unit (Medical) Grade 1	1
Medical Officer Grade 1	56
Medical Officer Grade 3	6
Medical Specialist Grade 1	5
Pnb1 Clinical Nurse Practitioner Gr 1 Prim H Care	15
Pnb1 Professional Nurse Grade 1 Specialty Nursing	16
Quantity Surveyor Production Grade A	1
Grand Total	102

The Department further trained 538 personnel to critically skills and clinical program to ensure that the Health Workforce meets the daily emerging pattern of disease within the community and strive on ensuring that the mandate of the Department is achieve on rendering quality health care services. The Department successfully conducted 'Labour Indaba" to restore peace, Employee Wellness within the workplace and open a platform for consultation between the employer and the employee representatives on matters of mutual interest and implementation of collective agreements. The even broad variety of speakers to address daily challenges and impasse that influence the instability across within the Health Departments both provincial and National.

Key lessons and practical experiences were shared on how to address key challenges and broad all stakeholders on one platform to engage.

Employee Performance Management

During the 2024/2025 financial year, the Department continued to implement the Performance Management and Development System (PMDS) to drive accountability, improve service delivery, and support staff development across all levels. Performance agreements for Senior and Middle Managers were submitted and reviewed within prescribed timeframes, ensuring alignment with departmental priorities and strategic goals. Regular performance reviews and assessments were conducted, with feedback provided to employees to enhance individual and team performance. The Department also strengthened compliance monitoring mechanisms to improve the quality and timeliness of performance submissions, while capacity-building workshops were held to support supervisors and managers in conducting fair and objective evaluations. Corrective actions and performance improvement plans were instituted in cases of underperformance, reinforcing a culture of continuous improvement and results-oriented service delivery.

Employee Wellness Programmes

In the 2024/2025 financial year, the Department prioritized the well-being of its workforce through a range of Employee Health and Wellness (EHW) initiatives aimed at promoting a healthy, motivated, and productive workforce. Key components of the programme included psychosocial support services, HIV and TB screening, non-communicable disease prevention, and health promotion activities across all districts. The Department provided confidential counselling services, stress management workshops, and support for employees dealing with trauma and burnout, particularly in high-pressure clinical environments. In collaboration with relevant stakeholders, health awareness campaigns were conducted on mental health, substance abuse, and chronic disease management. Special focus was given to Gender-Based Violence (GBV) awareness and prevention in the workplace. These wellness interventions contributed to improved staff morale, reduced absenteeism, and better workplace cohesion.

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. It provides an indication of the following:

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

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2024 and 31 March 2025

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
ADMINISTRATION	385 809	178 239	0	0	46.20	577
CENTRAL HOSPITAL SERVICES	2 078 322	1 286 765	0	0	61.90	564
DISTRICT HEALTH SERVICES	11 363 408	7 581 772	0	0	66.70	348
EMERGENCY MEDICAL SERVICES	548 747	382 457	0	0	69.70	447
HEALTH CARE SUPPORT SERVICES	465 081	147 393	0	0	31.70	538
HEALTH FACILITIES MANAGEMENT	1 716 050	53 245	0	0	3.10	486
HEALTH SCIENCE & TRAINING	531 646	401 420	0	0	75.50	876
PROVINCIAL HOSPITAL SERVICES	1 863 840	1 414 565	0	0	75.90	544
Total as on Financial Systems (BAS)	18 952 903	11 445 856	0	0	60.40	399

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

Salary band	Personnel expenditure including Transfers (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee (R'000)
01 Lower skilled (Levels 1-2)	817 707	7.10	3 387	241 425
02 Skilled (Levels 3-5)	2 067 232	17.80	6 256	330 440
03 Highly skilled production (Levels 6-8)	3 291 813	28.40	6 549	502 644
04 Highly skilled supervision (Levels 9-12)	3 767 511	32.50	3 741	1 007 087
05 Senior management (Levels >= 13)	66 918	0.60	52	1 286 885
09 Other	116 747	1	222	525 887
10 Contract (Levels 1-2)	81	0	0	0
11 Contract (Levels 3-5)	139 668	1.20	410	340 654
12 Contract (Levels 6-8)	130 209	1.10	277	470 069
13 Contract (Levels 9-12)	668 964	5.80	670	998 454
14 Contract (Levels >= 13)	3 637	0	2	1 818 500
18 Contract Other	13 702	0.10	155	88 400
19 Periodical Remuneration	20 699	0.20	93	222 570
20 Abnormal Appointment	398 130	3.40	6 848	58 138
TOTAL	11 503 018	99.20	28 662	401 333

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2024 and 31 March 2025

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
ADMINISTRATION	147 135	74.30	1 971	1	4 149	2.10	8 781	4.40
CENTRAL HOSPITAL SERVICES	951 818	73.10	144 142	11.10	34 450	2.60	72 613	5.60
DISTRICT HEALTH SERVICES	6 103 536	78.40	260 441	3.30	269 206	3.50	491 874	6.30
EMERGENCY MEDICAL SERVICES	245 885	64.10	50 688	13.20	17 569	4.60	39 429	10.30
HEALTH CARE SUPPORT SERVICES	107 960	70.40	14 191	9.30	4 689	3.10	9 231	6
HEALTH FACILITIES MANAGEMENT	44 943	77.90	302	0.50	1 017	1.80	1 806	3.10
HEALTH SCIENCE & TRAINING	276 947	73	72 049	19	3 284	0.90	5 425	1.40
PROVINCIAL HOSPITAL SERVICES	991 529	74.50	109 870	8.20	42 476	3.20	77 166	5.80
TOTAL	8 869 752	76.50	653 655	5.60	376 839	3.30	706 326	6.10

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2024 and 31 March 2025

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)	540 136	66.10	19 174	2.30	69 321	8.50	121 525	14.90
02 Skilled (Levels 3-5)	1 446 148	69.60	76 128	3.70	126 300	6.10	237 470	11.40
03 Highly skilled production (Levels 6-8)	2 532 771	76.30	88 898	2.70	126 203	3.80	240 389	7.20
04 Highly skilled supervision (Levels 9-12)	2 958 285	77.60	313 712	8.20	53 953	1.40	106 339	2.80
05 Senior management (Levels >= 13)	58 929	80.30	0	0	884	1.20	550	0.70
09 Other	116 747	100	0	0	0	0	0	0
10 Contract (Levels 1-2)	63	77.80	0	0	5	6.20	0	0
11 Contract (Levels 3-5)	139 412	99.50	82	0.10	19	0	13	0
12 Contract (Levels 6-8)	128 010	98	2 074	1.60	5	0	11	0
13 Contract (Levels 9-12)	513 550	76.60	153 587	22.90	59	0	28	0
14 Contract (Levels >= 13)	3 184	79.80	0	0	90	2.30	0	0
18 Contract Other	13 702	97.20	0	0	0	0	0	0
19 Periodical Remuneration	20 699	99.50	0	0	0	0	0	0
20 Abnormal Appointment	398 115	100	0	0	0	0	0	0
TOTAL	8 869 752	76.50	653 655	5.60	376 839	3.30	706 326	6.10

3.2 Employment and Vacancies

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

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

This information is presented in terms of three key variables:

- programme
- salary band
- critical occupations

Table 3.2.1 Employment and vacancies by programme as on 31 March 2025

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ADMINISTRATION, Permanent	364	309	15.10	55
CENTRAL HOSPITAL SERVICES, Permanent	2 412	2 245	6.90	197
CENTRAL HOSPITAL SERVICES, Temporary	24	24	0	3
DISTRICT HEALTH SERVICES, Permanent	16 342	14 893	8.90	898
DISTRICT HEALTH SERVICES, Temporary	156	156	0	0
EMERGENCY MEDICAL SERVICES, Permanent	920	856	7	0
HEALTH CARE SUPPORT SERVICES, Permanent	304	271	10.90	0
HEALTH CARE SUPPORT SERVICES, Temporary	3	3	0	0
HEALTH FACILITIES MANAGEMENT, Permanent	96	85	11.50	3
HEALTH SCIENCE & TRAINING, Permanent	550	428	22.20	233
HEALTH SCIENCE & TRAINING, Temporary	2	2	0	0
PROVINCIAL HOSPITAL SERVICES, Permanent	2 720	2 410	11.40	149
PROVINCIAL HOSPITAL SERVICES, Temporary	39	39	0	0
TOTAL	23 932	21 721	9.20	1 538

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2025

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
01 Lower Skilled (Levels 1-2), Permanent	3 567	3 387	5	0
02 Skilled (Levels 3-5), Permanent	7 112	6 256	12	8
03 Highly Skilled Production (Levels 6-8), Permanent	7 074	6 548	7.40	65
03 Highly Skilled Production (Levels 6-8), Temporary	1	1	0	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	4 364	3 730	14.50	3
04 Highly Skilled Supervision (Levels 9-12), Temporary	11	11	0	0
05 Senior Management (Levels >= 13), Permanent	67	52	22.40	0
09 Other, Permanent	165	165	0	156
09 Other, Temporary	212	212	0	3
11 Contract (Levels 3-5), Permanent	410	410	0	401
12 Contract (Levels 6-8), Permanent	277	277	0	268
13 Contract (Levels 9-12), Permanent	670	670	0	634
14 Contract (Levels >= 13), Permanent	2	2	0	0
TOTAL	23 932	21 721	9.20	1 538

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2025

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ADMINISTRATION CLERKS, Permanent	1 151	1 042	9.50	46
ADMINISTRATION OFFICER, Permanent	405	357	11.90	1
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER, Permanent	3	3	0	0
ADMINISTRATIVE RELATED, Permanent	49	38	22.40	5
ADMISSION CLERK, Permanent	100	91	9	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	47	43	8.50	0
AMBULANCE OFFICER, Permanent	821	766	6.70	0
ANAESTHETIST, Temporary	2	2	0	2
ARCHITECT, Permanent	8	6	25	1
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	54	50	7.40	0
AUDIOLOGIST, Permanent	42	26	38.10	11
AUXILIARY AND RELATED WORKERS, Permanent	28	15	46.40	0
BOILER OR ENGINEER OPERATOR, Permanent	9	9	0	0
CARETAKER/ CLEANER, Permanent	584	539	7.70	0
CARPENTER, Permanent	11	11	0	0
CHILD CARE WORKER, Permanent	1	1	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	3	3	0	0
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS), Permanent	1	1	0	0
CLINICAL NURSE PRACTITIONER, Permanent	9	5	44.40	0
CLINICAL PSYCHOLOGIST, Permanent	33	23	30.30	1
COMMUNICATION AND MARKETING MANAGER, Permanent	1	1	0	0
COMMUNICATION COORDINATOR, Permanent	18	14	22.20	0
COMMUNITY DEVELOPMENT WORKERS, Permanent	1	1	0	0
COMMUNITY HEALTH WORKER, Permanent	25	22	12	0
COMPUTER NETWORK TECHNICIAN, Permanent	9	7	22.20	0
COMPUTER PROGRAMMERS., Permanent	1	1	0	0
COUNSELLING PSYCHOLOGIST, Permanent	29	28	3.40	16
DATA ENTRY CLERK, Permanent	779	761	2.30	399
DENTAL ASSISTANT, Permanent	69	66	4.30	0
DENTAL THERAPIST, Permanent	15	14	6.70	0
DENTIST, Permanent	96	89	7.30	15
DENTIST, Temporary	2	2	0	0
DIETICIAN, Permanent	123	113	8.10	19
DIETICIAN, Temporary	1	1	0	0
DISPENSING OPTICIAN, Permanent	1	1	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	26	23	11.50	0
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED, Permanent	235	193	17.90	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
EMERGENCY SERVICE AND RESCUE WORKER, Permanent	73	65	11	0
ENGINEERING SCIENCES RELATED, Permanent	8	7	12.50	0
ENGINEERS AND RELATED PROFESSIONALS, Permanent	4	4	0	0
ENROLLED NURSE, Permanent	1 406	1 204	14.40	0
ENVIRONMENTAL HEALTH OFFICER, Permanent	75	72	4	32
FILING AND REGISTRY CLERK, Permanent	35	29	17.10	0
FINANCE AND ECONOMICS RELATED, Permanent	1	1	0	0
FINANCE CLERK, Permanent	149	125	16.10	0
FINANCE MANAGER, Permanent	5	3	40	0
FINANCIAL AND RELATED PROFESSIONALS, Permanent	1	0	100	0
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	16	15	6.30	14
FORENSIC PATHOLOGIST, Permanent	61	54	11.50	0
FORENSIC TECHNICIAN, Permanent	18	15	16.70	0
GENERAL ACCOUNTANT, Permanent	89	85	4.50	0
GENERAL MEDICAL PRACTITIONER, Permanent	1 266	1 154	8.80	523
GENERAL MEDICAL PRACTITIONER, Temporary	13	13	0	0
GENERAL MEDICINE SPECIALIST PHYSICIAN, Permanent	2	2	0	0
HANDYPERSON, Permanent	16	15	6.30	0
HEAD OF PROVINCIAL DEPARTMENT, Permanent	1	1	0	0
HEAD OF PROVINCIAL GOVERNMENT COMPONENT, Permanent	1	1	0	0
HEALTH CARE MANAGER, Permanent	21	17	19	0
HEALTH PROMOTION PRACTITIONER, Permanent	47	39	17	0
HEALTHCARE CLEANER, Permanent	2 444	2 281	6.70	0
HORTICULTURISTS FORESTERS AGRICUL. & FORESTRY TECHN, Permanent	1	1	0	0
HOSPITAL ORDERLY, Permanent	212	192	9.40	0
HOSPITAL PHARMACIST, Permanent	385	333	13.50	47
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	1	1	0	0
HUMAN RESOURCE CLERK, Permanent	85	71	16.50	0
HUMAN RESOURCE MANAGER, Permanent	9	7	22.20	0
HUMAN RESOURCE PRACTITIONER, Permanent	104	95	8.70	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	1	1	0	0
HUMAN RESOURCES RELATED, Permanent	3	3	0	0
INDUSTRIAL/ LABOUR RELATIONS OFFICER, Permanent	9	8	11.10	0
INFORMATION TECHNOLOGY RELATED, Permanent	1	1	0	0
INTENSIVE CARE AMBULANCE PARAMEDIC/ AMBUL.PARAMEDIC, Permanent	16	13	18.80	0
INTERNAL AUDIT MANAGER, Permanent	1	1	0	0
INTERNAL AUDITOR, Permanent	11	9	18.20	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
KITCHEN HAND, Permanent	541	479	11.50	0
LAUNDRY WORKER (GENERAL), Permanent	352	317	9.90	0
LEGAL ADMINISTRATION OFFICER, Permanent	9	6	33.30	0
LIBRARIAN, Permanent	2	2	0	0
LIBRARY ASSISTANT, Permanent	3	3	0	0
LIGHT VEHICLE DRIVER, Permanent	229	202	11.80	0
MACHINE SHORTHAND REPORTER, Permanent	1	1	0	0
MECHANICAL ENGINEERING TECHNICIAN, Permanent	1	0	100	0
MEDICAL ASSISTANT, Permanent	63	51	19	2
MEDICAL DIAGNOSTIC RADIOGRAPHER, Permanent	171	157	8.20	41
MEDICAL DIAGNOSTIC RADIOGRAPHER, Temporary	1	1	0	0
MEDICAL PRACTITIONERS, Permanent	42	41	2.40	27
MEDICAL PRACTITIONERS, Temporary	191	191	0	0
MEDICAL SPECIALISTS, Permanent	62	46	25.80	0
MEDICAL SPECIALISTS, Temporary	6	6	0	0
MEDICAL TECHNICAL OFFICER, Temporary	2	2	0	0
MEDICAL TECHNOLOGIST, Permanent	2	2	0	0
MESSENGERS, Permanent	21	21	0	0
MIDD.MANAGER: HUMAN RESOURCE & ORGANISA.DEVEL.RELA, Permanent	6	6	0	0
MIDDLE MANAGER: ADMINISTRATIVE RELATED, Permanent	61	54	11.50	1
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED, Permanent	10	10	0	0
MIDDLE MANAGER: INTERNAL AUDIT RELATED, Permanent	2	2	0	0
NURSE EDUCATOR, Permanent	95	70	26.30	0
NURSE MANAGER, Permanent	1 041	894	14.10	0
NURSING ASSISTANTS, Permanent	6	0	100	0
NURSING SUPPORT WORKER, Permanent	2 144	2 075	3.20	0
NUTRITIONIST, Permanent	28	27	3.60	1
OBSTETRICIAN AND GYNAECOLOGIST, Permanent	2	2	0	0
OBSTETRICIAN AND GYNAECOLOGIST, Temporary	3	3	0	1
OCCUPATIONAL THERAPIST, Permanent	96	77	19.80	26
OCCUPATIONAL THERAPY TECHNICIAN, Permanent	14	10	28.60	0
OFFICE CLEANER, Permanent	36	36	0	0
OFFICE MACHINE OPERATOR, Permanent	1	1	0	0
OPTOMETRIST, Permanent	5	5	0	0
OPTOMETRIST, Temporary	1	1	0	0
ORAL HYGIENIST, Permanent	7	5	28.60	0
ORTHOTIC AND PROSTHETIC TECHNICIAN, Permanent	4	4	0	0
ORTHOTIST/PROSTHETIST, Permanent	15	13	13.30	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	14	13	7.10	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	7	4	42.90	0
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	1	1	0	0
OTHER MIDDLE MANAGER, Permanent	2	2	0	0
OTHER OCCUPATIONS, Permanent	26	25	3.80	23
PAEDIATRIC SURGEON, Permanent	3	3	0	0
PERSONAL ASSISTANT, Permanent	1	0	100	0
PHARMACY TECHNICIAN, Permanent	335	299	10.70	4
PHARMACY TECHNICIAN, Temporary	1	1	0	0
PHYSIOTHERAPIST, Permanent	122	114	6.60	35
PHYSIOTHERAPY TECHNICIAN, Permanent	1	1	0	0
PHYSIOTHERAPY, Temporary	1	1	0	0
POLICY AND PLANNING MANAGERS, Permanent	3	3	0	0
PROFESSIONAL NURSE, Permanent	76	24	68.40	0
PROFESSIONALS NOT ELSEWHERE CLASSIFIED., Permanent	42	37	11.90	0
PSYCHIATRIST, Permanent	1	1	0	0
PSYCHOMETRIST, Permanent	4	4	0	0
QUALITY MANAGER, Permanent	1	1	0	0
QUANTITY SURVEYOR, Permanent	10	8	20	2
RADIOGRAPHIC TECHNICIAN, Permanent	1	1	0	0
RADIOGRAPHY, Permanent	2	1	50	0
REGISTERED NURSE (COMMUNITY HEALTH), Permanent	2	2	0	2
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY), Permanent	786	671	14.60	0
REGISTERED NURSE (MEDICAL), Permanent	5 168	4 870	5.80	160
RESIDENT MEDICAL OFFICER, Permanent	27	17	37	0
SECRETARY (GENERAL), Permanent	55	47	14.50	0
SENIOR MANAGERS, Permanent	29	19	34.50	0
SOCIAL WORKER, Permanent	57	52	8.80	2
SPEECH THERAPIST, Permanent	25	17	32	10
STAFF NURSE, Permanent	26	25	3.80	0
STAFF NURSES AND PUPIL NURSES, Permanent	3	0	100	0
STERILIZATION ATTENDANT, Permanent	24	17	29.20	0
STUDENT NURSE*, Permanent	34	34	0	34
STUDENT NURSE, Permanent	109	36	67	35
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	3	2	33.30	0
SUPPLY CHAIN CLERK, Permanent	95	85	10.50	0
SUPPLY CHAIN PRACTITIONER, Permanent	33	25	24.20	0
SWITCHBOARD OPERATOR, Permanent	92	83	9.80	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
TECHNIC& ASSOCIATE TECHN.OCCUPATIONS NT CLASSIFIED, Permanent	18	17	5.60	0
WAREHOUSE CLERK, Permanent	28	24	14.30	0
WORD PROCESSING OPERATOR, Permanent	5	5	0	0
TOTAL	23 932	21 721	9.20	1 538

3.3 Filling of SMS Posts

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

Table 3.3.1 SMS post information as on 31 March 2025

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	2	2	100	0	0
Salary Level 14	14	12	85.71	2	15.38
Salary Level 13	55	41	74.54	14	30.9
Total	72	56	73.61	16	22.22

Table 3.3.2 SMS post information as on 30 September 2024

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	2	1	50	1	0
Salary Level 14	14	13	92.85	1	7.14
Salary Level 13	55	35	69.09	20	30.9
Total	72	50	71.42	23	28.57

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2024 and 31 March 2025

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	1
Salary Level 14	0	0	0
Salary Level 13	0	0	6
Total	0	0	7

Table 3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2024 and 31 March 2025

Reasons for vacancies not advertised within six months
The implementation of DPSA circular No. 49 of 2023 which was further extended with DPSA Circular No. 20 of 2024 contributed to the delays in advertisement of non-OSD posts. The CFO post was advertised twice since no suitable candidate could be found.
Reasons for vacancies not filled within twelve months
The Department delayed finalising the securing screening process since the service is outsourced and submission for EXCO approval. The remaining posts are pending security screening and verification of qualifications.
The implementation of DPSA circular No. 49 of 2023 which was further extended with DPSA Circular No. 20 of 2024 contributed to the delays in filling of non-OSD posts

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

Reasons for vacancies not advertised within six months
The implementation of DPSA circular No. 49 of 2023 which was further extended with DPSA Circular No. 20 of 2024 contributed in the delays in advertisement of non-OSD posts which also includes the SMS posts
Reasons for vacancies not filled within six months
The Department has to comply to the DPSA Senior Management (SM) Chapter 5 and employment requirements, recruitment and selection process include the Security screening of candidates before approval of appointments by EXCO

3.4 Job Evaluation

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

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2024 and 31 March 2025

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
01 Lower Skilled (Levels 1-2)	3 567	0	0	0	0	0	0
02 Skilled (Levels 3-5)	7 112	0	0	0	0	0	0
03 Highly Skilled Production (Levels 6-8)	7 075	0	0	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	4 375	0	0	1	100	0	0
05 Senior Management Service Band A	49	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	1	0	0	0	0	0	0
09 Other	377	0	0	0	0	0	0
11 Contract (Levels 3-5)	410	0	0	0	0	0	0

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
12 Contract (Levels 6-8)	277	0	0	1	100	0	0
13 Contract (Levels 9-12)	670	0	0	0	0	0	0
14 Contract Band A	1	0	0	0	0	0	0
17 Contract Band D	1	0	0	0	0	0	0
TOTAL	23 932	0	0	2	100	0	0

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

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2024 and 31 March 2025

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a disability					0

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

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

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
ADMINISTRATION CLERKS, Permanent	1 042	0	0	0
ADMINISTRATION OFFICER, Permanent	357	0	0	0
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER, Permanent	3	0	0	0
ADMINISTRATIVE RELATED, Permanent	38	0	0	0
ADMISSION CLERK, Permanent	91	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	43	0	0	0
AMBULANCE OFFICER, Permanent	766	0	0	0
ANAESTHETIST, Temporary	2	0	0	0
ARCHITECT, Permanent	6	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	50	0	0	0
AUDIOLOGIST, Permanent	26	0	0	0
AUXILIARY AND RELATED WORKERS, Permanent	15	0	0	0
BOILER OR ENGINEER OPERATOR, Permanent	9	0	0	0
CARETAKER/ CLEANER, Permanent	539	0	0	0
CARPENTER, Permanent	11	0	0	0
CHILD CARE WORKER, Permanent	1	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	3	0	0	0

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS), Permanent	1	0	0	0
CLINICAL NURSE PRACTITIONER, Permanent	5	0	0	0
CLINICAL PSYCHOLOGIST, Permanent	23	0	0	0
COMMUNICATION AND MARKETING MANAGER, Permanent	1	0	0	0
COMMUNICATION COORDINATOR, Permanent	14	0	0	0
COMMUNITY DEVELOPMENT WORKERS, Permanent	1	0	0	0
COMMUNITY HEALTH WORKER, Permanent	22	0	0	0
COMPUTER NETWORK TECHNICIAN, Permanent	7	0	0	0
COMPUTER PROGRAMMERS., Permanent	1	0	0	0
COUNSELLING PSYCHOLOGIST, Permanent	28	0	0	0
DATA ENTRY CLERK, Permanent	761	0	0	0
DENTAL ASSISTANT, Permanent	66	0	0	0
DENTAL THERAPIST, Permanent	14	0	0	0
DENTIST, Permanent	89	0	0	0
DENTIST, Temporary	2	0	0	0
DIETICIAN, Permanent	113	0	0	0
DIETICIAN, Temporary	1	0	0	0
DISPENSING OPTICIAN, Permanent	1	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	23	0	0	0
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED, Permanent	193	0	0	0
EMERGENCY SERVICE AND RESCUE WORKER, Permanent	65	0	0	0
ENGINEERING SCIENCES RELATED, Permanent	7	0	0	0
ENGINEERS AND RELATED PROFESSIONALS, Permanent	4	0	0	0
ENROLLED NURSE, Permanent	1 204	0	0	0
ENVIRONMENTAL HEALTH OFFICER, Permanent	72	0	0	0
FILING AND REGISTRY CLERK, Permanent	29	0	0	0
FINANCE AND ECONOMICS RELATED, Permanent	1	0	0	0
FINANCE CLERK, Permanent	125	0	0	0
FINANCE MANAGER, Permanent	3	0	0	0
FINANCIAL AND RELATED PROFESSIONALS, Permanent	0	0	0	0
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	15	0	0	0
FORENSIC PATHOLOGIST, Permanent	54	0	0	0
FORENSIC TECHNICIAN, Permanent	15	0	0	0
GENERAL ACCOUNTANT, Permanent	85	0	0	0
GENERAL MEDICAL PRACTITIONER, Permanent	1 154	0	0	0
GENERAL MEDICAL PRACTITIONER, Temporary	13	0	0	0
GENERAL MEDICINE SPECIALIST PHYSICIAN, Permanent	2	0	0	0
HANDYPERSON, Permanent	15	0	0	0
HEAD OF PROVINCIAL DEPARTMENT, Permanent	1	0	0	0
HEAD OF PROVINCIAL GOVERNMENT COMPONENT, Permanent	1	0	0	0
HEALTH CARE MANAGER, Permanent	17	0	0	0

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
HEALTH PROMOTION PRACTITIONER, Permanent	39	0	0	0
HEALTHCARE CLEANER, Permanent	2 281	0	0	0
HORTICULTURISTS FORESTERS AGRICUL. & FORESTRY TECHN, Permanent	1	0	0	0
HOSPITAL ORDERLY, Permanent	192	0	0	0
HOSPITAL PHARMACIST, Permanent	333	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	1	0	0	0
HUMAN RESOURCE CLERK, Permanent	71	0	0	0
HUMAN RESOURCE MANAGER, Permanent	7	0	0	0
HUMAN RESOURCE PRACTITIONER, Permanent	95	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	1	0	0	0
HUMAN RESOURCES RELATED, Permanent	3	0	0	0
INDUSTRIAL/ LABOUR RELATIONS OFFICER, Permanent	8	0	0	0
INFORMATION TECHNOLOGY RELATED, Permanent	1	0	0	0
INTENSIVE CARE AMBULANCE PARAMEDIC/AMBUL. PARAMEDIC, Permanent	13	0	0	0
INTERNAL AUDIT MANAGER, Permanent	1	0	0	0
INTERNAL AUDITOR, Permanent	9	0	0	0
KITCHEN HAND, Permanent	479	0	0	0
LAUNDRY WORKER (GENERAL), Permanent	317	0	0	0
LEGAL ADMINISTRATION OFFICER, Permanent	6	0	0	0
LIBRARIAN, Permanent	2	0	0	0
LIBRARY ASSISTANT, Permanent	3	0	0	0
LIGHT VEHICLE DRIVER, Permanent	202	0	0	0
MACHINE SHORTHAND REPORTER, Permanent	1	0	0	0
MECHANICAL ENGINEERING TECHNICIAN, Permanent	0	0	0	0
MEDICAL ASSISTANT, Permanent	51	0	0	0
MEDICAL DIAGNOSTIC RADIOGRAPHER, Permanent	157	0	0	0
MEDICAL DIAGNOSTIC RADIOGRAPHER, Temporary	1	0	0	0
MEDICAL PRACTITIONERS, Permanent	41	0	0	0
MEDICAL PRACTITIONERS, Temporary	191	0	0	0
MEDICAL SPECIALISTS, Permanent	46	0	0	0
MEDICAL SPECIALISTS, Temporary	6	0	0	0
MEDICAL TECHNICAL OFFICER, Temporary	2	0	0	0
MEDICAL TECHNOLOGIST, Permanent	2	0	0	0
MESSENGERS, Permanent	21	0	0	0
MIDD.MANAGER:HUMAN RESOURCE & ORGANISA.DEVEL. RELA, Permanent	6	0	0	0
MIDDLE MANAGER: ADMINISTRATIVE RELATED, Permanent	54	0	0	0
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED, Permanent	10	0	0	0
MIDDLE MANAGER: INTERNAL AUDIT RELATED, Permanent	2	0	0	0
NURSE EDUCATOR, Permanent	70	0	0	0
NURSE MANAGER, Permanent	894	0	0	0

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
NURSING ASSISTANTS, Permanent	0	0	0	0
NURSING SUPPORT WORKER, Permanent	2 075	0	0	0
NUTRITIONIST, Permanent	27	0	0	0
OBSTETRICIAN AND GYNAECOLOGIST, Permanent	2	0	0	0
OBSTETRICIAN AND GYNAECOLOGIST, Temporary	3	0	0	0
OCCUPATIONAL THERAPIST, Permanent	77	0	0	0
OCCUPATIONAL THERAPY TECHNICIAN, Permanent	10	0	0	0
OFFICE CLEANER, Permanent	36	0	0	0
OFFICE MACHINE OPERATOR, Permanent	1	0	0	0
OPTOMETRIST, Permanent	5	0	0	0
OPTOMETRIST, Temporary	1	0	0	0
ORAL HYGIENIST, Permanent	5	0	0	0
ORTHOTIC AND PROSTHETIC TECHNICIAN, Permanent	4	0	0	0
ORTHOTIST/PROSTHETIST, Permanent	13	0	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	13	0	0	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	4	0	0	0
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	1	0	0	0
OTHER MIDDLE MANAGER, Permanent	2	0	0	0
OTHER OCCUPATIONS, Permanent	25	0	0	0
PAEDIATRIC SURGEON, Permanent	3	0	0	0
PERSONAL ASSISTANT, Permanent	0	0	0	0
PHARMACY TECHNICIAN, Permanent	299	0	0	0
PHARMACY TECHNICIAN, Temporary	1	0	0	0
PHYSIOTHERAPIST, Permanent	114	0	0	0
PHYSIOTHERAPY TECHNICIAN, Permanent	1	0	0	0
PHYSIOTHERAPY, Temporary	1	0	0	0
POLICY AND PLANNING MANAGERS, Permanent	3	0	0	0
PROFESSIONAL NURSE, Permanent	24	0	0	0
PROFESSIONALS NOT ELSEWHERE CLASSIFIED., Permanent	37	0	0	0
PSYCHIATRIST, Permanent	1	0	0	0
PSYCHOMETRIST, Permanent	4	0	0	0
QUALITY MANAGER, Permanent	1	0	0	0
QUANTITY SURVEYOR, Permanent	8	0	0	0
RADIOGRAPHIC TECHNICIAN, Permanent	1	0	0	0
RADIOGRAPHY, Permanent	1	0	0	0
REGISTERED NURSE (COMMUNITY HEALTH), Permanent	2	0	0	0
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY), Permanent	671	0	0	0
REGISTERED NURSE (MEDICAL), Permanent	4 870	0	0	0
RESIDENT MEDICAL OFFICER, Permanent	17	0	0	0
SECRETARY (GENERAL), Permanent	47	0	0	0
SENIOR MANAGERS, Permanent	19	0	0	0
SOCIAL WORKER, Permanent	52	0	0	0

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
SPEECH THERAPIST, Permanent	17	0	0	0
STAFF NURSE, Permanent	25	0	0	0
STAFF NURSES AND PUPIL NURSES, Permanent	0	0	0	0
STERILIZATION ATTENDANT, Permanent	17	0	0	0
STUDENT NURSE*, Permanent	34	0	0	0
STUDENT NURSE, Permanent	36	0	0	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	2	0	0	0
SUPPLY CHAIN CLERK, Permanent	85	0	0	0
SUPPLY CHAIN PRACTITIONER, Permanent	25	0	0	0
SWITCHBOARD OPERATOR, Permanent	83	0	0	0
TECHNIC& ASSOCIATE TECHN.OCCUPATIONS NT CLASSIFIED, Permanent	17	0	0	0
WAREHOUSE CLERK, Permanent	24	0	0	0
WORD PROCESSING OPERATOR, Permanent	5	0	0	0
Total number of employees whose salaries exceeded the level determined by job evaluation				0
Percentage of total employed				0

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

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2024 and 31 March 2025

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0
Employees with a disability	0	0	0	0	0
Total number of Employees whose salaries exceeded the grades determine by job evaluation					None

3.5 Employment Changes

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

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2024 and 31 March 2025

Salary band	Number of employees at beginning of period-1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
01 Lower Skilled (Levels 1-2) Permanent	3 367	105	51	1.50
02 Skilled (Levels 3-5) Permanent	6 264	380	151	2.40
03 Highly Skilled Production (Levels 6-8) Permanent	6 302	273	220	3.49
03 Highly Skilled Production (Levels 6-8) Temporary	1	0	0	0
04 Highly Skilled Supervision (Levels 9-12) Permanent	3 758	152	208	5.50
04 Highly Skilled Supervision (Levels 9-12) Temporary	12	0	1	8.30
05 Senior Management Service Band A Permanent	32	0	2	6.25
06 Senior Management Service Band B Permanent	13	0	0	0
07 Senior Management Service Band C Permanent	1	1	0	0
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	154	56	106	68.80
09 Other Temporary	208	14	10	4.80
10 Contract (Levels 1-2) Permanent	100	0	2	2
11 Contract (Levels 3-5) Permanent	2 034	577	651	32
12 Contract (Levels 6-8) Permanent	321	360	446	138.90
13 Contract (Levels 9-12) Permanent	642	555	519	80.80
14 Contract Band A Permanent	1	1	1	100
17 Contract Band D Permanent	1	0	0	0
TOTAL	21 112	2 474	2 368	11.20

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2024 and 31 March 2025

Critical occupation	Number of employees at beginning of period-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
ADMINISTRATION CLERKS Permanent	1 733.30	106	52	3
ADMINISTRATION OFFICER Permanent	2 800	29	28	1
ADMINISTRATIVE RELATED Permanent	437	0	50	11.40
ADMISSION CLERK Permanent	0	1	0	0
AGED CARE REGISTERED NURSE Permanent	0	2	2	0
AGRICULTURAL CONSERVATION AND RELATED LABOURERS Permanent	2	0	0	0
AGRICULTURE RELATED Permanent	1	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	49	0	2	4.10
AMBULANCE AND RELATED WORKERS Permanent	540	0	7	1.30

Critical occupation	Number of employees at beginning of period- April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
AMBULANCE OFFICER Permanent	0	0	9	0
ANAESTHETIST Permanent	0	1	1	0
ANAESTHETIST Temporary	0	2	0	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	5	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	50	0	1	2
ASSISTANT MIDWIFE Permanent	0	8	32	0
AUDIOLOGIST Permanent	0	11	6	0
AUXILIARY AND RELATED WORKERS Permanent	385	0	14	3.60
AUXILIARY COMMUNITY DEVELOPMENT PRACTITIONER Permanent	0	0	1	0
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	14	0	1	7.10
BOILER AND RELATED OPERATORS Permanent	1	0	0	0
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	268	0	4	1.50
BUS AND HEAVY VEHICLE DRIVERS Permanent	13	0	0	0
CARETAKER/ CLEANER Permanent	0	45	10	0
CARPENTER Permanent	0	11	0	0
CASHIERS TELLERS AND RELATED CLERKS Permanent	1	0	0	0
CHEMICAL ENGINEER Permanent	0	1	0	0
CHIEF INFORMATION OFFICER Permanent	0	1	0	0
CIVIL ENGINEERING TECHNICIANS Permanent	1	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	2 673	0	28	1
CLERKS AND RELATED PERSONNEL Permanent	1	0	0	0
CLIENT INFORM CLERKS (SWITCHB RECEIPT INFORM CLERKS) Permanent	76	0	6	7.90
CLINICAL NURSE PRACTITIONER Permanent	271	154	57	21
CLINICAL PSYCHOLOGIST Permanent	0	1	2	0
COMMUNICATION AND INFORMATION RELATED Permanent	5	0	0	0
COMMUNITY DEVELOPMENT WORKERS Permanent	38	0	1	2.60
COMMUNITY PSYCHOLOGIST Permanent	0	1	0	0
COMPUTER NETWORK TECHNICIAN Permanent	0	0	1	0
COMPUTER PROGRAMMERS. Permanent	1	0	0	0
COMPUTER SYSTEM DESIGNERS AND ANALYSTS. Permanent	2	0	0	0
COUNSELLING PSYCHOLOGIST Permanent	0	14	0	0

Critical occupation	Number of employees at beginning of period- April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
CUSTOMER SERVICES PERSONNEL Permanent	1	0	0	0
DATA ENTRY CLERK Permanent	0	296	133	0
DENTAL ASSISTANT Permanent	300	5	3	1
DENTAL PRACTITIONERS Permanent	85	0	4	4.70
DENTAL PRACTITIONERS Temporary	2	0	0	0
DENTAL SPECIALISTS Permanent	3	0	0	0
DENTAL THERAPY Permanent	29	0	0	0
DENTIST Permanent	700	17	14	2
DIETICIAN Permanent	2 000	23	20	1
DIETICIANS AND NUTRITIONISTS Permanent	133	0	2	1.50
DIETICIANS AND NUTRITIONISTS Temporary	1	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	23	0	0	0
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED Permanent	0	1	3	0
EMERGENCY MEDICINE SPECIALIST Permanent	0	1	0	0
EMERGENCY SERVICE AND RESCUE WORKER Permanent	8	10	1	12.50
EMERGENCY SERVICES RELATED Permanent	304	0	1	0.30
ENGINEERING SCIENCES RELATED Permanent	10	0	2	20
ENGINEERS AND RELATED PROFESSIONALS Permanent	6	0	1	16.70
ENROLLED NURSE Permanent	425	90	51	12
ENVIRONMENTAL HEALTH OFFICER Permanent	550	27	22	4
ENVIRONMENTAL HEALTH* Permanent	66	0	3	4.50
FARM HANDS AND LABOURERS Permanent	1	0	0	0
FINANCE AND ECONOMICS RELATED Permanent	23	0	0	0
FINANCE CLERK Permanent	0	3	3	0
FINANCE MANAGER Permanent	0	2	0	0
FINANCIAL ACCOUNTANT Permanent	0	1	0	0
FINANCIAL AND RELATED PROFESSIONALS Permanent	58	0	1	1.70
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	227	0	7	3.10
FOOD SERVICES AIDS AND WAITERS Permanent	428	0	6	1.40
FOOD SERVICES WORKERS Permanent	14	0	0	0
FOOD TRADE ASSISTANT Permanent	0	1	0	0
FORENSIC PATHOLOGIST Permanent	1	3	0	0
FORENSIC TECHNICIAN Permanent	0	0	1	0
GARDEN WORKER Permanent	0	2	0	0

Critical occupation	Number of employees at beginning of period-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
GENERAL MEDICAL PRACTITIONER Permanent	2560	534	384	15
GENERAL MEDICAL PRACTITIONER Temporary	300	7	3	1
GENERAL MEDICINE SPECIALIST PHYSICIAN Permanent	0	1	0	0
GRUNDSKEEPER Permanent	0	1	0	0
HANDYPERSON Permanent	0	7	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	1	0	0	0
HEALTH CARE MANAGER Permanent	0	0	1	0
HEALTH PROMOTION PRACTITIONER Permanent	0	0	1	0
HEALTH SCIENCES RELATED Permanent	39	0	1	2.60
HEALTHCARE CLEANER Permanent	0	7	26	0
HOISTING AND RELATED PLANT OPERATORS Permanent	3	0	0	0
HORTICULTURISTS FORESTERS AGRICUL. & FORESTRY TECHN Permanent	1	0	0	0
HOSPITAL ORDERLY Permanent	0	0	4	0
HOSPITAL PHARMACIST Permanent	628	50	44	7
HOUSEHOLD AND LAUNDRY WORKERS Permanent	274	0	4	1.50
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	25	0	0	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	10	0	0	0
HUMAN RESOURCE CLERK Permanent	0	2	1	0
HUMAN RESOURCE MANAGER Permanent	0	0	1	0
HUMAN RESOURCE PRACTITIONER Permanent	1	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	11	0	0	0
HUMAN RESOURCES CLERKS Permanent	103	0	2	1.90
HUMAN RESOURCES RELATED Permanent	45	0	1	2.20
INDUSTRIAL/ LABOUR RELATIONS OFFICER Permanent	0	1	1	0
INFORMATION TECHNOLOGY RELATED Permanent	1	0	0	0
JUDGES Permanent	1	0	0	0
KITCHEN HAND Permanent	0	7	9	0
LAUNDRY WORKER (GENERAL) Permanent	0	3	3	0
LEGAL RELATED Permanent	3	0	0	0
LIBRARIANS AND RELATED PROFESSIONALS Permanent	2	0	0	0
LIBRARY MAIL AND RELATED CLERKS Permanent	16	0	1	6.30
LIGHT VEHICLE DRIVER Permanent	0	1	3	0
LIGHT VEHICLE DRIVERS Permanent	159	0	1	0.60

Critical occupation	Number of employees at beginning of period-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
LOGISTICAL SUPPORT PERSONNEL Permanent	12	0	2	16.70
MANAGERS NOT ELSEWHERE CLASSIFIED Permanent	0	1	0	0
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	67	0	1	1.50
MEDICAL ASSISTANT Permanent	0	0	2	0
MEDICAL DIAGNOSTIC RADIOGRAPHER Permanent	0	42	40	0
MEDICAL EQUIPMENT OPERATORS Permanent	2	0	0	0
MEDICAL PRACTITIONERS Permanent	1 173	6	85	7.20
MEDICAL PRACTITIONERS Temporary	206	0	7	3.40
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	1	0	0	0
MEDICAL SPECIALISTS Permanent	73	1	6	8.20
MEDICAL SPECIALISTS Temporary	7	0	1	14.30
MEDICAL TECHNICAL OFFICER Temporary	0	2	0	0
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	13	0	0	0
MEDICAL TECHNOLOGIST Permanent	0	1	0	0
MESSENGERS Permanent	0	1	0	0
MESSENGERS PORTERS AND DELIVERERS Permanent	207	0	3	1.40
MIDDLE MANAGER: ADMINISTRATIVE RELATED Permanent	0	4	4	0
MIDDLE MANAGER: INFORMATION TECHNOLOGY RELATED Permanent	0	1	0	0
MIDDLE MANAGER: LIFE SCIENCES RELATED Permanent	0	1	0	0
MIDDLE MANAGER: COMMUNICATION & INFORMATION RELATED Permanent	0	2	0	0
MIDWIFE Permanent	0	6	0	0
MOTOR VEHICLE DRIVERS Permanent	23	0	0	0
NURSE EDUCATOR Permanent	0	1	4	0
NURSE MANAGER Permanent	0	12	22	0
NURSING ASSISTANTS Permanent	2 047	0	37	1.80
NURSING SUPPORT WORKER Permanent	0	73	49	0
NUTRITIONIST Permanent	0	1	0	0
OBSTETRICIAN AND GYNAECOLOGIST Permanent	2	0	0	0
OBSTETRICIAN AND GYNAECOLOGIST Temporary	0	3	0	0
OCCUPATIONAL THERAPIST Permanent	2 600	30	26	1
OCCUPATIONAL THERAPY TECHNICIAN Permanent	0	0	1	0
OCCUPATIONAL THERAPY* Permanent	77	0	5	6.50
OFFICE CLEANER Permanent	0	33	2	0

Critical occupation	Number of employees at beginning of period-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
OFFICE CLERKS AND RELATED KEYBOARD OPERATORS Permanent	2	0	0	0
OPTOMETRISTS AND OPTICIANS Permanent	6	0	0	0
OPTOMETRISTS AND OPTICIANS Temporary	1	0	0	0
ORAL HYGIENE Permanent	7	0	0	0
ORAL HYGIENIST Permanent	0	0	1	0
ORTHOTIC AND PROSTHETIC TECHNICIAN Permanent	0	2	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1 307	0	89	6.80
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	81	0	0	0
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	6	0	0	0
OTHER MANAGEMENT SUPPORT PERSONNEL Permanent	1	0	0	0
OTHER OCCUPATIONS Permanent	12	24	1	8.30
PAEDIATRIC SURGEON Permanent	1	1	0	0
PERSONAL ASSISTANT Permanent	0	1	0	0
PHARMACEUTICAL ASSISTANTS Permanent	189	0	3	1.60
PHARMACEUTICAL ASSISTANTS Temporary	1	0	0	0
PHARMACISTS Permanent	440	1	25	5.70
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA Permanent	7	0	0	0
PHARMACY TECHNICIAN Permanent	0	17	2	0
PHYSICISTS Permanent	1	0	0	0
PHYSIOTHERAPIST Permanent	0	38	32	0
PHYSIOTHERAPY Permanent	112	1	3	2.70
PHYSIOTHERAPY Temporary	1	0	0	0
PLUMBER Permanent	0	0	1	0
PROFESSIONAL NURSE Permanent	6 351	1	259	4.10
PROFESSIONALS NOT ELSEWHERE CLASSIFIED. Permanent	0	0	6	0
PSYCHIATRIST Permanent	200	1	2	1
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	37	0	2	5.40
PSYCHOMETRIST Permanent	0	6	0	0
PUBLIC HEALTH MEDICINE SPECIALIST Permanent	0	1	0	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	5	0	0	0
RADIOGRAPHIC TECHNICIAN Permanent	0	7	0	0
RADIOGRAPHY Permanent	149	1	5	3.40
RADIOGRAPHY Temporary	1	0	0	0
RADIOLOGIST Permanent	0	1	0	0
REGISTERED NURSE (COMMUNITY HEALTH) Permanent	112	10	28	25

Critical occupation	Number of employees at beginning of period-April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY) Permanent	0	9	26	0
REGISTERED NURSE (MEDICAL PRACTICE) Permanent	0	2	1	0
REGISTERED NURSE (MEDICAL) Permanent	0	259	154	0
REGISTERED NURSE (OPERATING THEATRE) Permanent	0	4	1	0
REGISTRY AND MAILING CLERK Permanent	0	1	0	0
RESIDENT MEDICAL OFFICER Permanent	1	1	0	0
RISK MANAGEMENT AND SECURITY SERVICES Permanent	4	0	0	0
ROAD WORKERS Permanent	2	0	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	222	0	1	0.50
SECRETARY (GENERAL) Permanent	0	0	1	0
SECURITY GUARDS Permanent	1	0	0	0
SENIOR MANAGERS Permanent	63	0	0	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	2	0	0	0
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	45	0	0	0
SOCIAL WORKER Permanent	0	5	0	0
SPEECH THERAPIST Permanent	550	12	11	2
SPEECH THERAPY AND AUDIOLOGY Permanent	61	0	0	0
STAFF NURSE Permanent	1 315	341	171	13
STAFF NURSES AND PUPIL NURSES Permanent	1 159	7	58	5
STERILIZATION ATTENDANT Permanent	0	0	3	0
STUDENT NURSE Permanent	0	2	6	0
STUDENT NURSE* Permanent	127	0	92	72.40
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	2	0	0	0
SUPPLY CHAIN CLERK Permanent	0	2	1	0
SUPPLY CHAIN PRACTITIONER Permanent	0	0	1	0
SWITCHBOARD OPERATOR Permanent	0	1	1	0
TECHNIC& ASSOCIATE TECHN. OCCUPATIONS NT CLASSIFIED Permanent	0	1	0	0
TRADE LABOURERS Permanent	2	0	0	0
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION Permanent	2	0	0	0
TRANSPORT CLERK Permanent	0	1	0	0
WAREHOUSE CLERK Permanent	0	1	0	0
TOTAL	21 112	2 474	2 368	11.20

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

Table 3.5.3 Reasons why staff left the department for the period 1 April 2024 and 31 March 2025

Termination Type	Number	% of Total Terminations
01 Death, Permanent	82	3.50
02 Resignation, Permanent	343	14.50
02 Resignation, Temporary	2	0.10
03 Expiry of contract, Permanent	1 633	69
03 Expiry of contract, Temporary	6	0.30
05 Dismissal-operational changes, Temporary	1	0
06 Discharged due to ill health, Permanent	13	0.50
07 Dismissal-misconduct, Permanent	3	0.10
07 Dismissal-misconduct, Temporary	1	0
09 Retirement, Permanent	283	12
09 Retirement, Temporary	1	0
TOTAL	2 368	100
Total number of employees who left as a % of total employment	2368	10.90%

Table 3.5.4 Promotions by critical occupation for the period 1 April 2024 and 31 March 2025

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
ADMINISTRATION CLERKS	3	2	66.70	784	26 133.30
ADMINISTRATION OFFICER	1	5	500	213	21 300
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER	0	1	0	2	0
ADMINISTRATIVE RELATED	437	0	0	26	5.94
ADMISSION CLERK	0	0	0	74	0
AGRICULTURAL CONSERVATION AND RELATED LABOURERS	2	0	0	0	0
AGRICULTURE RELATED	1	0	0	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	49	0	0	6	12.20
AMBULANCE AND RELATED WORKERS	540	0	0	7	1.30
AMBULANCE OFFICER	0	1	0	667	0
ARCHITECT	0	1	0	4	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS	5	0	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	50	0	0	2	4
ASSISTANT MIDWIFE	0	0	0	1	0
AUDIOLOGIST	0	0	0	14	0
AUTHORISED PHARMACIST PRESCRIBER	0	0	0	1	0
AUXILIARY AND RELATED WORKERS	385	0	0	4	1
AUXILIARY COMMUNITY DEVELOPMENT PRACTITIONER	0	0	0	2	0
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	14	0	0	0	0
BOILER AND RELATED OPERATORS	1	0	0	0	0
BOILER OR ENGINEER OPERATOR	0	0	0	9	0

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
BUILDER	0	0	0	1	0
BUILDING AND OTHER PROPERTY CARETAKERS	268	0	0	0	0
BUS AND HEAVY VEHICLE DRIVERS	13	0	0	4	30.80
CARDIOLOGIST	0	1	0	0	0
CARETAKER/ CLEANER	0	0	0	504	0
CASHIERS TELLERS AND RELATED CLERKS	1	0	0	0	0
CHEMICAL ENGINEER	0	1	0	0	0
CHIEF FINANCIAL OFFICER	0	1	0	0	0
CIVIL ENGINEERING TECHNICIANS	1	0	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	2 673	0	0	7	0.30
CLERICAL SUPPLEME.WORKERS NOT ELSEWHERE CLASSIFIED	0	0	0	17	0
CLERKS AND RELATED PERSONNEL	1	0	0	0	0
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS)	76	0	0	4	5.30
CLINICAL NURSE PRACTITIONER	21	77	366.70	41	195.20
CLINICAL PSYCHOLOGIST	0	0	0	19	0
COMMUNICATION AND INFORMATION RELATED	5	0	0	1	20
COMMUNICATION COORDINATOR	0	0	0	7	0
COMMUNITY DEVELOPMENT WORKERS	38	0	0	0	0
COMMUNITY HEALTH MANAGER	0	0	0	1	0
COMMUNITY HEALTH WORKER	0	0	0	14	0
COMPUTER NETWORK TECHNICIAN	0	0	0	4	0
COMPUTER PROGRAMMERS.	1	0	0	1	100
COMPUTER SYSTEM DESIGNERS AND ANALYSTS.	2	0	0	0	0
COUNSELLING PSYCHOLOGIST	0	0	0	15	0
CUSTOMER SERVICES PERSONNEL	1	0	0	0	0
DATA ENTRY CLERK	0	1	0	288	0
DENTAL ASSISTANT	1	0	0	58	5 800
DENTAL PRACTITIONERS	87	0	0	3	3.40
DENTAL SPECIALISTS	3	0	0	0	0
DENTAL THERAPIST	0	0	0	12	0
DENTAL THERAPY	29	0	0	0	0
DENTIST	2	0	0	66	3 300
DIETICIAN	1	0	0	86	8 600
DIETICIANS AND NUTRITIONISTS	134	0	0	9	6.70
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	23	0	0	0	0
ELECTRICIAN	0	0	0	4	0
ELECTRONIC ENGINEERING TECHNICIAN	0	0	0	6	0

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
ELECTRONICS ENGINEER	0	0	0	1	0
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED	0	0	0	134	0
EMERGENCY SERVICE AND RESCUE WORKER	8	0	0	71	887.50
EMERGENCY SERVICES RELATED	304	0	0	3	1
ENGINEERING SCIENCES RELATED	10	0	0	1	10
ENGINEERS AND RELATED PROFESSIONALS	6	0	0	1	16.70
ENROLLED NURSE	566	0	0	68	12
ENVIRONMENTAL HEALTH OFFICER	875	0	0	35	4
ENVIRONMENTAL HEALTH*	66	0	0	0	0
FARM HANDS AND LABOURERS	1	0	0	0	0
FILING AND REGISTRY CLERK	0	0	0	19	0
FINANCE AND ECONOMICS RELATED	23	0	0	0	0
FINANCE CLERK	0	4	0	90	0
FINANCE MANAGER	0	0	0	1	0
FINANCIAL AND RELATED PROFESSIONALS	58	0	0	1	1.70
FINANCIAL CLERKS AND CREDIT CONTROLLERS	227	0	0	6	2.60
FOOD SERVICES AIDERS AND WAITERS	428	0	0	32	7.50
FOOD SERVICES WORKERS	14	0	0	0	0
FORENSIC PATHOLOGIST	1 400	0	0	14	1
FORENSIC TECHNICIAN	0	0	0	19	0
GENERAL ACCOUNTANT	0	0	0	57	0
GENERAL MEDICAL PRACTITIONER	2 081	4	25	333	16
GENERAL MEDICINE SPECIALIST PHYSICIAN	0	0	0	4	0
HANDYPERSON	0	0	0	5	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	1	0	0	0	0
HEALTH CARE MANAGER	0	0	0	5	0
HEALTH PROMOTION PRACTITIONER	0	0	0	32	0
HEALTH SCIENCES RELATED	39	0	0	0	0
HEALTHCARE CLEANER	0	1	0	1 878	0
HOISTING AND RELATED PLANT OPERATORS	3	0	0	0	0
HORTICULTURISTS FORESTERS AGRICUL. & FORESTRY TECHN	1	0	0	0	0
HOSPITAL ORDERLY	0	0	0	143	0
HOSPITAL PHARMACIST	2 957	2	28.60	207	7
HOUSEHOLD AND LAUNDRY WORKERS	274	0	0	4	1.50
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	25	0	0	2	8
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	10	0	0	3	30

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
HUMAN RESOURCE CLERK	0	0	0	47	0
HUMAN RESOURCE MANAGER	0	0	0	4	0
HUMAN RESOURCE PRACTITIONER	5 800	1	100	58	1
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	11	0	0	0	0
HUMAN RESOURCES CLERKS	103	0	0	7	6.80
HUMAN RESOURCES RELATED	45	0	0	1	2.20
INDUSTRIAL/ LABOUR RELATIONS OFFICER	0	0	0	8	0
INFORMATION TECHNOLOGY RELATED	1	0	0	1	100
INTENSIVE CARE AMBULANCE PARAMEDIC/AMBUL.PARAMEDIC	0	0	0	6	0
INTERNAL AUDITOR	0	0	0	6	0
JUDGES	1	0	0	0	0
KITCHEN HAND	0	1	0	406	0
LAUNDRY WORKER (GENERAL)	0	2	0	234	0
LEGAL ADMINISTRATION OFFICER	0	0	0	1	0
LEGAL RELATED	3	0	0	0	0
LIBRARIAN	0	0	0	2	0
LIBRARIANS AND RELATED PROFESSIONALS	2	0	0	0	0
LIBRARY ASSISTANT	0	0	0	2	0
LIBRARY MAIL AND RELATED CLERKS	16	0	0	2	12.50
LIGHT VEHICLE DRIVER	0	0	0	166	0
LIGHT VEHICLE DRIVERS	159	0	0	5	3.10
LOGISTICAL SUPPORT PERSONNEL	12	0	0	1	8.30
MATERIAL-RECORDING AND TRANSPORT CLERKS	67	0	0	2	3
MECHANICAL ENGINEERING TECHNICIAN	0	1	0	0	0
MEDICAL ASSISTANT	0	0	0	40	0
MEDICAL DIAGNOSTIC RADIOGRAPHER	0	1	0	93	0
MEDICAL EQUIPMENT OPERATORS	2	0	0	0	0
MEDICAL PRACTITIONERS	1 379	1	0.10	55	4
MEDICAL RESEARCH AND RELATED PROFESSIONALS	1	0	0	0	0
MEDICAL SPECIALISTS	80	0	0	21	26.30
MEDICAL TECHNICIANS/ TECHNOLOGISTS	13	0	0	0	0
MEDICAL TECHNOLOGIST	0	0	0	1	0
MESSENGERS	0	0	0	15	0
MESSENGERS PORTERS AND DELIVERERS	207	0	0	1	0.50
MIDD.MANAGER:HUMAN RESOURCE & ORGANISA.DEVEL.RELA	0	0	0	2	0
MIDDLE MANAGER: ADMINISTRATIVE RELATED	0	3	0	26	0

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
MIDDLE MANAGER: ENGINEERING SCIENCES RELATED	0	0	0	1	0
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED	0	0	0	5	0
MIDDLE MANAGER: INTERNAL AUDIT RELATED	0	0	0	1	0
MIDWIFE	0	9	0	0	0
MOTOR VEHICLE DRIVERS	23	0	0	1	4.30
NURSE EDUCATOR	0	0	0	21	0
NURSE MANAGER	0	16	0	197	0
NURSING ASSISTANTS	2 047	0	0	18	0.90
NURSING SUPPORT WORKER	0	0	0	915	0
NUTRITIONIST	0	0	0	20	0
OBSTETRICIAN AND GYNAECOLOGIST	2	0	0	1	50
OCCUPATIONAL THERAPIST	4 000	0	0	40	1
OCCUPATIONAL THERAPY TECHNICIAN	0	0	0	10	0
OCCUPATIONAL THERAPY*	77	0	0	1	1.30
OFFICE CLEANER	0	0	0	33	0
OFFICE CLERKS AND RELATED KEYBOARD OPERATORS	2	0	0	0	0
OPHTHALMOLOGIST	0	1	0	0	0
OPTOMETRIST	0	0	0	3	0
OPTOMETRISTS AND OPTICIANS	7	0	0	0	0
ORAL HYGIENE	7	0	0	1	14.30
ORAL HYGIENIST	0	0	0	7	0
ORTHOPTIST	0	0	0	2	0
ORTHOTIC AND PROSTHETIC TECHNICIAN	0	1	0	5	0
ORTHOTIST/PROSTHETIST	0	0	0	4	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	1 307	0	0	74	5.70
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	81	0	0	3	3.70
OTHER INFORMATION TECHNOLOGY PERSONNEL.	6	0	0	0	0
OTHER MANAGEMENT SUPPORT PERSONNEL	1	0	0	0	0
OTHER MIDDLE MANAGER	0	1	0	0	0
OTHER OCCUPATIONS	125	0	0	15	12
PAEDIATRIC SURGEON	1	0	0	0	0
PAEDIATRICIAN	0	0	0	1	0
PHARMACEUTICAL ASSISTANTS	190	0	0	1	0.50
PHARMACISTS	440	0	0	16	3.60
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA	7	0	0	0	0
PHARMACY TECHNICIAN	0	0	0	138	0

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
PHYSICISTS	1	0	0	0	0
PHYSIOTHERAPIST	0	0	0	75	0
PHYSIOTHERAPY	113	0	0	1	0.90
PHYSIOTHERAPY TECHNICIAN	0	0	0	1	0
PLUMBER	0	0	0	49	0
POLICY AND PLANNING MANAGERS	0	1	0	0	0
PROFESSIONAL NURSE	6 351	3	0	159	2.50
PROFESSIONALS NOT ELSEWHERE CLASSIFIED.	0	0	0	23	0
PSYCHIATRIST	1	0	0	0	0
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	37	0	0	0	0
PSYCHOMETRIST	0	0	0	2	0
PUBLIC HEALTH MEDICINE SPECIALIST	0	1	0	1	0
QUANTITY SURVEYOR	0	1	0	3	0
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE	5	0	0	0	0
RADIOGRAPHY	150	0	0	3	2
REGISTERED NURSE (COMMUNITY HEALTH)	25	26	104	14	56
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY)	0	5	0	577	0
REGISTERED NURSE (MEDICAL PRACTICE)	0	0	0	1	0
REGISTERED NURSE (MEDICAL)	0	135	0	2 084	0
RESIDENT MEDICAL OFFICER	1	0	0	0	0
RISK MANAGEMENT AND SECURITY SERVICES	4	0	0	0	0
ROAD WORKERS	2	0	0	0	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	222	0	0	27	12.20
SECRETARY (GENERAL)	0	1	0	33	0
SECURITY GUARDS	1	0	0	0	0
SENIOR MANAGERS	63	0	0	0	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS	2	0	0	0	0
SOCIAL WORK AND RELATED PROFESSIONALS	45	0	0	0	0
SOCIAL WORKER	0	0	0	29	0
SPEECH THERAPIST	2	0	0	3	150
SPEECH THERAPY AND AUDIOLOGY	61	0	0	0	0
STAFF NURSE	2 461	4	30.80	320	13
STAFF NURSES AND PUPIL NURSES	1 159	0	0	2	0.20
STERILIZATION ATTENDANT	0	0	0	11	0
STUDENT NURSE*	127	0	0	0	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	2	0	0	2	100

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
SUPPLY CHAIN CLERK	0	0	0	59	0
SUPPLY CHAIN PRACTITIONER	0	0	0	14	0
SWITCHBOARD OPERATOR	0	2	0	65	0
TECHNIC& ASSOCIATE TECHN. OCCUPATIONS NT CLASSIFIED	0	0	0	17	0
TRADE LABOURERS	2	0	0	0	0
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION	2	0	0	0	0
TRANSPORT CLERK	0	0	0	1	0
WAREHOUSE CLERK	0	0	0	24	0
WORD PROCESSING OPERATOR	0	0	0	9	0
TOTAL	21 112	319	1.50	12 513	59.30

Table 3.5.5 Promotions by salary band for the period 1 April 2024 and 31 March 2025

Salary Band	Employees 1 April 2024	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of
01 Lower Skilled (Levels 1-2), Permanent	3 367	0	0	2 861	85
02 Skilled (Levels 3-5), Permanent	6 264	11	0.20	4 104	65.50
03 Highly Skilled Production (Levels 6-8), Permanent	6 302	241	3.80	3 474	55.10
03 Highly Skilled Production (Levels 6-8), Temporary	1	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	3 758	64	1.70	1 978	52.60
04 Highly Skilled Supervision (Levels 9-12), Temporary	12	0	0	8	66.70
05 Senior Management (Levels >= 13), Permanent	47	3	6.40	7	14.90
09 Other, Permanent	154	0	0	0	0
09 Other, Temporary	208	0	0	29	13.90
10 Contract (Levels 1-2), Permanent	2	0	0	0	0
11 Contract (Levels 3-5), Permanent	32	0	0	0	0
12 Contract (Levels 6-8), Permanent	321	0	0	0	0
13 Contract (Levels 9-12), Permanent	642	0	0	52	8.10
14 Contract (Levels >= 13), Permanent	2	0	0	0	0
TOTAL	21 112	319	1.50	12 513	59.30

3.6 Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 - SENIOR OFFICIALS AND MANAGERS	8	0	0	0	3	1	0	0	12
02 - PROFESSIONALS	177	0	7	23	46	1	1	3	258
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	49	0	0	2	91	1	0	1	144
04 - CLERKS	33	0	0	0	80	0	0	0	113
07 - CRAFT AND RELATED TRADE WORKERS	18	0	0	0	7	0	0	0	25
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	0	0	0	0	2	0	0	0	2
09 - LABOURERS AND RELATED WORKERS	14	0	0	0	18	0	0	0	32
CLERICAL SUPPORT WORKERS	683	3	0	3	1 531	9	4	15	2 248
ELEMENTARY	1 230	4	0	0	2 605	14	1	8	3 862
MANAGERS	64	0	0	3	56	1	0	1	125
PLANT & MACHINE OPERATORS & ASSEMBLERS	197	0	0	0	10	0	0	0	207
PROFESSIONALS	1 906	13	34	64	7 078	56	46	250	9 447
PROTECT RESCUE SOCIAL HEALTH SCIENCE SUPPORT PERS	887	4	0	14	3 147	7	1	20	4 080
SKILL AGRI FORES FISH CRAFT RELATED TRADES WORKERS	61	0	0	1	16	0	0	0	78
TECHNICIANS & ASSOCIATE TECHNICAL OCCUPATIONS	413	2	0	4	631	7	5	26	1 088
TOTAL	5 740	26	41	114	15 321	97	58	324	21 721

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	0	0	0	0	3	0	0	0	3
02 Senior Management, Permanent	26	0	0	0	21	2	0	0	49
03 Professionally qualified and experienced specialists and mid-management, Permanent	991	8	17	38	2 477	30	25	144	3 730
03 Professionally qualified and experienced specialists and mid-management, Temporary	4	0	0	2	2	0	0	3	11
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	1 389	4	1	14	5 035	28	5	72	6 548
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
05 Semi-skilled and discretionary decision making, Permanent	1 662	8	0	7	4 542	14	4	19	6 256
06 Unskilled and defined decision making, Permanent	1 090	3	0	1	2 276	15	1	1	3 387
07 Not Available, Permanent	54	0	0	0	111	0	0	0	165
07 Not Available, Temporary	157	0	5	22	27	0	0	1	212
08 Contract (Top Management), Permanent	1	0	0	0	0	0	0	0	1
09 Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
10 Contract (Professionally Qualified), Permanent	214	3	18	27	326	7	15	60	670
11 Contract (Skilled Technical), Permanent	47	0	0	3	195	1	8	23	277
12 Contract (Semi-Skilled), Permanent	104	0	0	0	306	0	0	0	410
TOTAL	5 740	26	41	114	15 321	97	58	324	21 721

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

Occupational category	Male				Female				vTotal
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	0	0	0	0	1	0	0	0	1
03 Professionally qualified and experienced specialists and mid-management, Permanent	60	0	1	2	86	0	1	2	152
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	52	0	0	0	219	0	0	2	273
05 Semi-skilled and discretionary decision making, Permanent	52	0	0	0	325	3	0	0	380
06 Unskilled and defined decision making, Permanent	32	0	0	0	72	1	0	0	105
07 Not Available, Permanent	19	0	0	0	37	0	0	0	56
07 Not Available, Temporary	11	0	0	0	3	0	0	0	14
09 Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	180	3	16	20	262	7	14	53	555
11 Contract (Skilled technical), Permanent	54	0	0	3	271	1	8	23	360
12 Contract (Semi-skilled), Permanent	103	0	0	0	474	0	0	0	577
TOTAL	564	3	17	25	1 750	12	23	80	2 474

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

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	4	0	0	0	6	0	0	0	10
03 Professionally qualified and experienced specialists and mid-management, Permanent	571	5	14	30	1 282	18	17	105	2 042
03 Professionally qualified and experienced specialists and mid-management, Temporary	2	0	0	1	3	0	0	2	8
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	790	1	0	10	2 854	15	2	43	3 715
05 Semi-skilled and discretionary decision making, Permanent	1 307	6	0	6	2 772	8	4	12	4 115
06 Unskilled and defined decision making, Permanent	905	3	0	0	1 938	14	0	1	2 861
07 Not Available, Temporary	26	0	0	1	2	0	0	0	29
10 Contract (Professionally qualified), Permanent	19	0	1	1	25	0	1	5	52
TOTAL	3 624	15	15	49	8 882	55	24	168	12 832
Employees with disabilities	34	0	0	2	48	2	0	0	96

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

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	2	0	0	0	0	0	0	0	2
03 Professionally qualified and experienced specialists and mid-management, Permanent	44	1	1	5	141	2	0	14	208
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	51	0	0	1	163	0	0	5	220
06 Unskilled and defined decision making, Permanent	15	0	0	0	36	0	0	0	51
07 Not Available, Permanent	34	0	0	0	72	0	0	0	106
07 Not Available, Temporary	9	0	0	0	1	0	0	0	10
09 Contract (Senior Management), Permanent	1	0	0	0	0	0	0	0	1
10 Contract (Professionally qualified), Permanent	170	4	12	27	230	3	19	54	519
11 Contract (Skilled technical), Permanent	83	2	0	1	325	2	7	26	446
12 Contract (Semi-skilled), Permanent	94	0	0	0	557	0	0	0	651
13 Contract (Unskilled), Permanent	0	0	0	0	2	0	0	0	2
TOTAL	559	7	13	35	1 618	7	26	103	2 368
Employees with Disabilities	4	0	0	0	1	2	0	0	7

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

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Total	20	0	0	0	43	0	0	0	63

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

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	727	8	11	32	958	32	27	64	1859
Professionals	1503	55	21	64	3704	41	38	112	5538
Technicians and associate professionals	3	0	0	0	6	3	2	2	16
Clerks	93	7	4	1	214	5	2	5	662
Service and sales workers	0	0	0	0	0	0	0	0	0
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	7	0	0	0	19	3	2	5	36
Total	2333	70	36	97	4901	84	71	188	7780
Employees with disabilities	3	0	0	0	5	0	0	0	8

3.7 Signing of Performance Agreements by SMS Members

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

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2025

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Director-General/ Head of Department	0	0	0	0
Salary Level 16	1	1	1	1
Salary Level 15	2	1	1	1
Salary Level 14	12	10	10	10
Salary Level 13	48	33	33	33
Total	63	48	48	100%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2025

Reasons
None

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2025

Reasons
Not applicable

3.8 Performance Rewards

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

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

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African, Female	0	15 257	0	0	0
African, Male	0	5 696	0	0	0
Asian, Female	0	58	0	0	0
Asian, Male	0	41	0	0	0
Coloured, Female	0	95	0	0	0
Coloured, Male	0	26	0	0	0
Total Blacks, Female	0	15 410	0	0	0
Total Blacks, Male	0	5 763	0	0	0
White, Female	0	322	0	0	0
White, Male	0	110	0	0	0
Employees with a disability	0	116	0	0	0
TOTAL	0	21 721	0	0	0

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2024 to 31 March 2025

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
01 Lower Skilled (Levels 1-2)	0	3 387	0	0	0	0
02 Skilled (Levels 3-5)	0	6 256	0	0	0	0
03 Highly Skilled Production (Levels 6-8)	0	6 549	0	0	0	0
04 Highly Skilled Supervision (Levels 9-12)	0	3 741	0	0	0	0
09 Other	0	377	0	0	0	0
11 Contract (Levels 3-5)	0	410	0	0	0	0
12 Contract (Levels 6-8)	0	277	0	0	0	0
13 Contract (Levels 9-12)	0	670	0	0	0	0
TOTAL	0	21 667	0	0	0	0

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

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
ADMINISTRATION CLERKS	0	1 042	0	0	0
ADMINISTRATION OFFICER	0	357	0	0	0
ADMINISTRATIVE AND GOVERNANCE POLICY MANAGER	0	3	0	0	0
ADMINISTRATIVE RELATED	0	38	0	0	0
ADMISSION CLERK	0	91	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
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	0	43	0	0	0
AMBULANCE OFFICER	0	766	0	0	0
ANAESTHETIST	0	2	0	0	0
ARCHITECT	0	6	0	0	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	0	50	0	0	0
AUDIOLOGIST	0	26	0	0	0
AUXILIARY AND RELATED WORKERS	0	15	0	0	0
BOILER OR ENGINEER OPERATOR	0	9	0	0	0
CARETAKER/ CLEANER	0	539	0	0	0
CARPENTER	0	11	0	0	0
CHILD CARE WORKER	0	1	0	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	0	3	0	0	0
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS)	0	1	0	0	0
CLINICAL PSYCHOLOGIST	0	23	0	0	0
COMMUNICATION AND MARKETING MANAGER	0	1	0	0	0
COMMUNICATION COORDINATOR	0	14	0	0	0
COMMUNITY DEVELOPMENT WORKERS	0	1	0	0	0
COMMUNITY HEALTH WORKER	0	22	0	0	0
COMPUTER NETWORK TECHNICIAN	0	7	0	0	0
COMPUTER PROGRAMMERS.	0	1	0	0	0
COUNSELLING PSYCHOLOGIST	0	28	0	0	0
DATA ENTRY CLERK	0	761	0	0	0
DENTAL ASSISTANT	0	66	0	0	0
DENTAL THERAPIST	0	14	0	0	0
DENTIST	0	91	0	0	0
DIETICIAN	0	114	0	0	0
DISPENSING OPTICIAN	0	1	0	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS	0	23	0	0	0
ELEMENTARY WORKERS NOT ELSEWHERE CLASSIFIED	0	193	0	0	0
EMERGENCY SERVICE AND RESCUE WORKER	0	65	0	0	0
ENGINEERING SCIENCES RELATED	0	7	0	0	0
ENGINEERS AND RELATED PROFESSIONALS	0	4	0	0	0
ENROLLED NURSE	0	1 204	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
ENVIRONMENTAL HEALTH OFFICER	0	72	0	0	0
FILING AND REGISTRY CLERK	0	29	0	0	0
FINANCE AND ECONOMICS RELATED	0	1	0	0	0
FINANCE CLERK	0	125	0	0	0
FINANCE MANAGER	0	3	0	0	0
FINANCIAL CLERKS AND CREDIT CONTROLLERS	0	15	0	0	0
FORENSIC PATHOLOGIST	0	54	0	0	0
FORENSIC TECHNICIAN	0	15	0	0	0
GENERAL ACCOUNTANT	0	85	0	0	0
GENERAL MEDICAL PRACTITIONER	0	1 167	0	0	0
HANDYPERSON	0	15	0	0	0
HEAD OF PROVINCIAL DEPARTMENT	0	1	0	0	0
HEAD OF PROVINCIAL GOVERNMENT COMPONENT	0	1	0	0	0
HEALTH CARE MANAGER	0	17	0	0	0
HEALTH PROMOTION PRACTITIONER	0	39	0	0	0
HEALTHCARE CLEANER	0	2 281	0	0	0
HORTICULTURISTS FORESTERS AGRICUL.& FORESTRY TECHN	0	1	0	0	0
HOSPITAL ORDERLY	0	192	0	0	0
HOSPITAL PHARMACIST	0	333	0	0	0
HOUSEHOLD AND LAUNDRY WORKERS	0	1	0	0	0
HUMAN RESOURCE CLERK	0	71	0	0	0
HUMAN RESOURCE MANAGER	0	7	0	0	0
HUMAN RESOURCE PRACTITIONER	0	95	0	0	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	0	1	0	0	0
HUMAN RESOURCES RELATED	0	3	0	0	0
INDUSTRIAL/ LABOUR RELATIONS OFFICER	0	8	0	0	0
INFORMATION TECHNOLOGY RELATED	0	1	0	0	0
INTENSIVE CARE AMBULANCE PARAMEDIC/AMBUL.PARAMEDIC	0	13	0	0	0
INTERNAL AUDIT MANAGER	0	1	0	0	0
INTERNAL AUDITOR	0	9	0	0	0
KITCHEN HAND	0	479	0	0	0
LAUNDRY WORKER (GENERAL)	0	317	0	0	0
LEGAL ADMINISTRATION OFFICER	0	6	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
LIBRARIAN	0	2	0	0	0
LIBRARY ASSISTANT	0	3	0	0	0
LIGHT VEHICLE DRIVER	0	202	0	0	0
MACHINE SHORTHAND REPORTER	0	1	0	0	0
MEDICAL ASSISTANT	0	51	0	0	0
MEDICAL DIAGNOSTIC RADIOGRAPHER	0	158	0	0	0
MEDICAL PRACTITIONERS	0	232	0	0	0
MEDICAL TECHNICAL OFFICER	0	2	0	0	0
MEDICAL TECHNOLOGIST	0	2	0	0	0
MESSENGERS	0	21	0	0	0
MIDD.MANAGER:HUMAN RESOURCE & ORGANISA. DEVEL.RELA	0	6	0	0	0
MIDDLE MANAGER: ADMINISTRATIVE RELATED	0	54	0	0	0
MIDDLE MANAGER: FINANCE AND ECONOMICS RELATED	0	10	0	0	0
MIDDLE MANAGER: INTERNAL AUDIT RELATED	0	2	0	0	0
NURSE EDUCATOR	0	70	0	0	0
NURSE MANAGER	0	894	0	0	0
NURSING SUPPORT WORKER	0	2 075	0	0	0
NUTRITIONIST	0	27	0	0	0
OBSTETRICIAN AND GYNAECOLOGIST	0	5	0	0	0
OCCUPATIONAL THERAPIST	0	77	0	0	0
OCCUPATIONAL THERAPY TECHNICIAN	0	10	0	0	0
OFFICE CLEANER	0	36	0	0	0
OFFICE MACHINE OPERATOR	0	1	0	0	0
OPTOMETRIST	0	6	0	0	0
ORAL HYGIENIST	0	5	0	0	0
ORTHOTIC AND PROSTHETIC TECHNICIAN	0	4	0	0	0
ORTHOTIST/PROSTHETIST	0	13	0	0	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	0	13	0	0	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	0	4	0	0	0
OTHER INFORMATION TECHNOLOGY PERSONNEL.	0	1	0	0	0
OTHER MIDDLE MANAGER	0	2	0	0	0
OTHER OCCUPATIONS	0	25	0	0	0
PAEDIATRIC SURGEON	0	3	0	0	0
PHARMACY TECHNICIAN	0	300	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
PHYSIOTHERAPIST	0	114	0	0	0
PHYSIOTHERAPY	0	1	0	0	0
PHYSIOTHERAPY TECHNICIAN	0	1	0	0	0
PROFESSIONAL NURSE	0	24	0	0	0
PROFESSIONALS NOT ELSEWHERE CLASSIFIED.	0	37	0	0	0
PSYCHIATRIST	0	1	0	0	0
PSYCHOMETRIST	0	4	0	0	0
QUALITY MANAGER	0	1	0	0	0
QUANTITY SURVEYOR	0	8	0	0	0
RADIOGRAPHIC TECHNICIAN	0	1	0	0	0
RADIOGRAPHY	0	1	0	0	0
REGISTERED NURSE (COMMUNITY HEALTH)	0	2	0	0	0
REGISTERED NURSE (CRITICAL CARE AND EMERGENCY)	0	671	0	0	0
REGISTERED NURSE (MEDICAL)	0	4 870	0	0	0
RESIDENT MEDICAL OFFICER	0	17	0	0	0
SECRETARY (GENERAL)	0	47	0	0	0
SENIOR MANAGERS	0	19	0	0	0
SOCIAL WORKER	0	52	0	0	0
SPEECH THERAPIST	0	17	0	0	0
STAFF NURSE	0	25	0	0	0
STERILIZATION ATTENDANT	0	17	0	0	0
STUDENT NURSE	0	36	0	0	0
STUDENT NURSE*	0	34	0	0	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	0	2	0	0	0
SUPPLY CHAIN CLERK	0	85	0	0	0
SUPPLY CHAIN PRACTITIONER	0	25	0	0	0
SWITCHBOARD OPERATOR	0	83	0	0	0
TECHNIC& ASSOCIATE TECHN. OCCUPATIONS NT CLASSIFIED	0	17	0	0	0
TOTAL	0	21 721	0	0	0

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

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	37	0	0	0	48 097.95
Band B	0	13	0	0	0	21 813.15
Band C	0	2	0	0	0	2 609.20
Band D	0	2	0	0	0	4 862.69
TOTAL	0	54	0	0	0	77 382.99

3.9 Foreign Workers

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

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

Salary band	01 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Highly skilled production (Levels 6-8)	0	0	0	0	26	- 2
Highly skilled supervision (Levels 9-12)	27	96.40	24	92.30	26	- 2
Lower skilled (Levels 1-2)	0	0	0	0	26	- 2
Other	1	3.60	2	7.70	26	- 2
Senior management (Levels 13-16)	0	0	0	0	26	- 2
Skilled (Levels 3-5)	0	0	0	0	26	- 2
TOTAL	28	100	26	100	26	- 2

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2024 and 31 March 2025

Major occupation	01 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative office workers	0	0	0	0	26	- 2
Other	27	96.40	7.70	- 25	26	- 2
Other	1	3.60	92.30	23	26	- 2
Elementary occupations	0	0	0	0	26	- 2
Professionals and managers	0	0	0	0	26	- 2
Social natural technical and medical sciences+supp	0	0	0	0	26	- 2
Technicians and associated professionals	0	0	0	0	26	- 2
TOTAL	28	100	100	- 2	26	- 2

3.10 Leave utilisation

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

Table 3.10.1 Sick leave for the period 1 January 2024 to 31 December 2024

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	831	85.40	186	1.70	4	797
Contract (Levels 6-8)	1 088	73.90	240	2.10	5	1 570
Contract (Levels 9-12)	1 567	64.50	360	3.20	4	4 197
Contract Other	79	87.30	23	0.20	3	22
Highly skilled production (Levels 6-8)	25 877	89.80	3 564	31.70	7	44 859

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)
Highly skilled supervision (Levels 9-12)	16 061	86.90	2 094	18.60	8	51 991
Lower skilled (Levels 1-2)	11 448	95	1 594	14.20	7	8 409
Senior management (Levels 13-16)	163	95.10	17	0.20	10	848
Skilled (Levels 3-5)	22 115	92.30	3 168	28.20	7	23 801
TOTAL	79 229	89.90	11 246	100	7	136 494

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2024 to 31 December 2024

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 9-12)	57	100	1	0.20	57	169
Highly skilled production (Levels 6-8)	5 789	100	149	34.50	39	10 022
Highly skilled supervision (Levels 9-12)	3 888	100	94	21.80	41	12 170
Lower skilled (Levels 1-2)	3 375	100	60	13.90	56	2 470
Skilled (Levels 3-5)	5 191	100	128	29.60	41	5 470
TOTAL	18 300	100	432	100	42	30 302

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

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Contract (Levels 1-2)	13	1	13
Contract (Levels 3-5)	8 185	481	17
Contract (Levels 6-8)	6 176.92	388	16
Contract (Levels 9-12)	10 443	693	15
Contract Other	1 340.92	100	13
Highly skilled production (Levels 6-8)	145 416.76	6 112	24
Highly skilled supervision (Levels 9-12)	87 362	3 636	24
Lower skilled (Levels 1-2)	68 804.54	3 034	23
Senior management (Levels 13-16)	999	44	23
Skilled (Levels 3-5)	132 316.45	5 766	23
TOTAL	461 057.59	20 255	23

Table 3.10.4 Capped leave for the period 1 January 2024 to 31 December 2024

Salary band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2025
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	36
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	3	2	2	36
Highly skilled supervision (Levels 9-12)	16	4	4	49
Lower skilled (Levels 1-2)	0	0	0	6
Other	0	0	0	0
Senior management (Levels 13-16)	0	0	0	57
Skilled (Levels 3-5)	2	1	2	35
TOTAL	21	7	3	42

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

Table 3.10.5 Leave payouts for the period 1 April 2024 and 31 March 2025

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
ANNUAL - DISCOUNTING WITH RESIGNATION (WORKDAYS)	4 716	163	28 933
ANNUAL - DISCOUNTING: CONTRACT EXPIRY (WORKDAYS)	277	8	34 625
ANNUAL - DISCOUNTING: UNUSED VACATION CREDITS (WORKDAYS)	52	1	52 000
ANNUAL - GRATUITY: DEATH/ RETIREMENT/MEDICAL RETIREMENT (WORK)	15 636	368	42 489
ANNUAL - HEAD OF DEPARTMENTS (GRATUITY) (WORK DAYS)	27	1	27 000
CAPPED - GRATUITY: DEATH/ RETIREMENT/MEDICAL RETIREMENT (WORK)	19 287	202	95 480
TOTAL	39 995	743	53 829

3.11 HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
All healthcare workers are at risk of contracting HIV, TB, Covid 19, and Hepatitis through contaminated environment and exposure to needles and body fluids	Development of and effective implementation strategies, policies and procedure to manage risk of contracting HIV/AIDS, TB and Covid 19 in the workplace. Education and Awareness Access to quality workplace health services. Promote safe practices Foster a supportive workplace culture
All employees are exposed to mental health risks	The Standard Operating Procedure (SOP) on management of Mental Health in the workplace will be developed to support other Human Resources Policies. Promote Mental Health Awareness Establish a Supportive Workplace Culture Encourage Work-Life Balance Provide Access to therapeutic services Foster Team Connections Provide Training for Managers

Table 3.11.2 Details of Health Promotion and HIV/AIDS Programmes

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 Resources 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?	Yes		Ms C Ntshane Ms LP Dhludhlu Ms SN Gwebu Ms N Mabaso								
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		Mental health Substance Abuse Health Promotions								
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		Ms. Aneth Nkosi Ms. Hazy Mdllovu Ms. Jabuliile Madonsela Ms. Jane Khoza Ms. Florah Mmusi Ms. Esther Mashiane Ms. S.J Monye Ms. O. Jaganandan Ms. Ngomane Ms. J. Sikhakhane Ms. A.P Jiyane Ms. T.M Mthembu								
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 policies are up to date								
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		HIV/AIDS Policy in the workplace Occupational Health and Safety Act Post Exposure Prophylaxis (PEP) Policy								
Question	Yes	No	Details, if yes								
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	Yes		<table border="1"> <thead> <tr> <th>GEMS Report</th> <th>Know Status</th> <th>On ART</th> <th>Viral Load Suppressed</th> </tr> </thead> <tbody> <tr> <td></td> <td>96.00%</td> <td>92.55%</td> <td>92.75%</td> </tr> </tbody> </table>	GEMS Report	Know Status	On ART	Viral Load Suppressed		96.00%	92.55%	92.75%
GEMS Report	Know Status	On ART	Viral Load Suppressed								
	96.00%	92.55%	92.75%								
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		Satisfaction survey Operational plans RISK reports								

3.12 Labour Relations

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

Subject matter	Date
None	None
Total number of Collective agreements	None

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

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

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	8	19%
Verbal warning	0	0%
Written warning	10	23%
Final written warning	3	7%
Suspended without pay	7	16%
Fine	0	0%
Demotion	1	2%
Dismissal	9	20%
Not guilty	2	5%
Case withdrawn	4	9%
Total	44	100%
Total number of Disciplinary hearings finalised		44

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2024 and 31 March 2025

Type of misconduct	Number	% of total
Financial misconduct improper conduct	10	16%
Insubordination, assault and negligency	53	84%
Total	63	100%

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

Grievances	Number	% of Total
Number of grievances resolved	42	82%
Number of grievances not resolved	9	18%
Total number of grievances lodged	51	100%

Table 3.12.5 Disputes logged with Councils for the period 1 April 2024 and 31 March 2025

Disputes	Number	% of Total
Number of disputes upheld	7	44%
Number of disputes dismissed	9	56%
Total number of disputes lodged	16	100%

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

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

Table 3.12.7 Precautionary suspensions for the period 1 April 2024 and 31 March 2025

Number of people suspended	21
Number of people who's suspension exceeded 30 days	21
Average number of days suspended	1185
Cost of suspension(R'000)	R8 636 943.20

3.13 Skills development

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

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

Occupational category	Gender	Number of employees as at 1 April 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	1081	0	20	0	20
	Male	778	0	27	0	27
Professionals	Female	3895	0	6518	0	6518
	Male	1643	0	679	0	679
Technicians and associate professionals	Female	13	0	3784	0	3784
	Male	3	0	1137	0	1137
Clerks	Female	105	0	1064	0	1064
	Male	226	0	1923	0	1923
Service and sales workers	Female	0	0	1019	0	1019
	Male	0	0	13	0	13
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary occupations	Female	29	0	134	0	134
	Male	7	0	78	0	78
Sub Total	Female	5244	0	12539	0	12539
	Male	2536	0	3857	0	3857
Total		7780	0	16396	0	16396

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

Occupational category	Gender	Number of employees as at 1 April 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	1081	0	1081	0	1081
	Male	778	0	778	0	778
Professionals	Female	3895	0	3895	0	3895
	Male	1643	0	1643	0	1643
Technicians and associate professionals	Female	13	0	13	0	13
	Male	3	0	3	0	3

Occupational category	Gender	Number of employees as at 1 April 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Clerks	Female	105	0	226	0	226
	Male	226	0	105	0	105
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary occupations	Female	29	0	29	0	19
	Male	7	0	7	0	5
Sub Total	Female	5244	0	5243	0	5243
	Male	2536		2537	0	2537
Total		7780	0	7780	0	7780

3.14 Injury on duty

The following tables provide basic information on injury on duty.

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

Nature of injury on duty	Number	% of total
Required basic medical attention only	752	99.87%
Temporary Total Disablement	0	0
Permanent Disablement	0	0
Fatal	1	0.13%
Total	753	100%

3.15 Utilisation of Consultants

The following tables relates to information on the utilisation of consultants in the department; however the department did not appoint consultant for the period of 2024/25 financial year.

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

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand
0	0	0	0
Total number of projects	Total individual consultants	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 1 April 2024 and 31 March 2025

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

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2024 and 31 March 2025

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

Total number of projects	Total individual consultants	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 1 April 2024 and 31 March 2025

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

3.16 Severance Packages**Table 3.16.1 Granting of employee initiated severance packages for the period 1 April 2024 and 31 March 2025**

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower skilled (Levels 1-2)	0	0	0	0
Skilled Levels 3-5)	0	0	0	0
Highly skilled production (Levels 6-8)	0	0	0	0
Highly skilled supervision (Levels 9-12)	0	0	0	0
Senior management (Levels 13-16)	0	0	0	0
Total	0	0	0	0

PART E:

PFMA COMPLIANCE REPORT



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

1.1. Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	5 898 296	5 660 048
Adjustment to opening balance	0	0
Opening balance as restated	5 898 296	5 660 048
Add: Irregular expenditure confirmed	360 021	238 248
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	0	0
Less: Irregular expenditure recoverable	0	0
Less: Irregular expenditure not recoverable and written off	0	0
Closing balance	6 258 317	5 898 296

The opening balances of R5 898 296 is up to 2023/24 and the closing balance of 2024/25 is amounting to R6 257 889 which includes the current year expenditure of R359 593 million.

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure that was under assessment	-	-
Irregular expenditure that relates to the prior year and identified in the current year	-	-
Irregular expenditure for the current year	360 021	238 248
Total	360 021	238 248

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

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure under assessment	-	-
Irregular expenditure under determination	-	-
Irregular expenditure under investigation	419 697	419 697
Total	419 697	419 697

The amount of R390 154 million for local content and R29 543 million for variation order still under investigation for 2023/24 and the investigations continuing in 2024/25 financial year.

c) Details of irregular expenditure condoned

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

d) Details of irregular expenditure removed - (not condoned)

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure NOT condoned and removed	0	0
Total	0	0

e) Details of irregular expenditure recoverable

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

f) Details of irregular expenditure written off (irrecoverable)

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

Additional disclosure relating to Inter-Institutional Arrangements

g) Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance)

Description
None

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

Description	2024/2025	2023/2024
	R'000	R'000
None		

i) Details of disciplinary or criminal steps taken as a result of irregular expenditure

Disciplinary steps taken
None

1.2. Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	2 157	1 983
Adjustment to opening balance	0	0
Opening balance as restated	2 157	1 983
Add: Fruitless and wasteful expenditure confirmed	15 305	174
Less: Fruitless and wasteful expenditure recoverable	0	0
Less: Fruitless and wasteful expenditure not recoverable and written off	0	0
Closing balance	17 462	2 157

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment	0	0
Fruitless and wasteful expenditure that relates to the prior year and identified in the current year	0	0
Fruitless and wasteful expenditure for the current year	15 305	174
Total	15 305	174

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

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure under assessment	0	0
Fruitless and wasteful expenditure under determination	0	0
Fruitless and wasteful expenditure under investigation	15 305	174
Total	15 305	174

c) Details of fruitless and wasteful expenditure recoverable

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure recoverable	0	0
Total	0	0

d) Details of fruitless and wasteful expenditure not recoverable and written off

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure written off	0	0
Total	0	0

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

Disciplinary steps taken
None

1.3. Unauthorised expenditure**a) Reconciliation of unauthorised expenditure**

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	95 475	95 475
Adjustment to opening balance	0	0
Opening balance as restated	95 475	95 475
Add: unauthorised expenditure confirmed	0	0
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	15 000	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recoverable and written off	0	0
Closing balance	80 475	95 475

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure that was under assessment	0	0
Unauthorised expenditure that relates to the prior year and identified in the current year	0	0
Unauthorised expenditure for the current year	0	0
Total	0	0

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

Description	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0
Unauthorised expenditure under investigation	0	0
Total	0	0

1.4. Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)**a) Details of material losses through criminal conduct**

Description	2024/2025	2023/2024
	R'000	R'000
Theft	0	0
Other material losses	0	0
Less: Recoverable	0	0
Less: Not recoverable and written off	0	0
Total	0	0

b) Details of other material losses

Description	2024/2025	2023/2024
	R'000	R'000
None	0	0

c) Other material losses recoverable

Description	2024/2025	2023/2024
	R'000	R'000
None	0	0

d) Other material losses not recoverable and written off

Description	2024/2025	2023/2024
	R'000	R'000
None	0	0

2. LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	2024/2025	2023/2024
	R'000	R'000
Valid invoices received	39889	7 688 952
Invoices paid within 30 days or agreed period	39326	7 479 207
Invoices paid after 30 days or agreed period	563	209 698
Invoices older than 30 days or agreed period (unpaid and without dispute)	0	0
Invoices older than 30 days or agreed period (unpaid and in dispute)	0	0

3. SUPPLY CHAIN MANAGEMENT

3.1. Procurement by other means

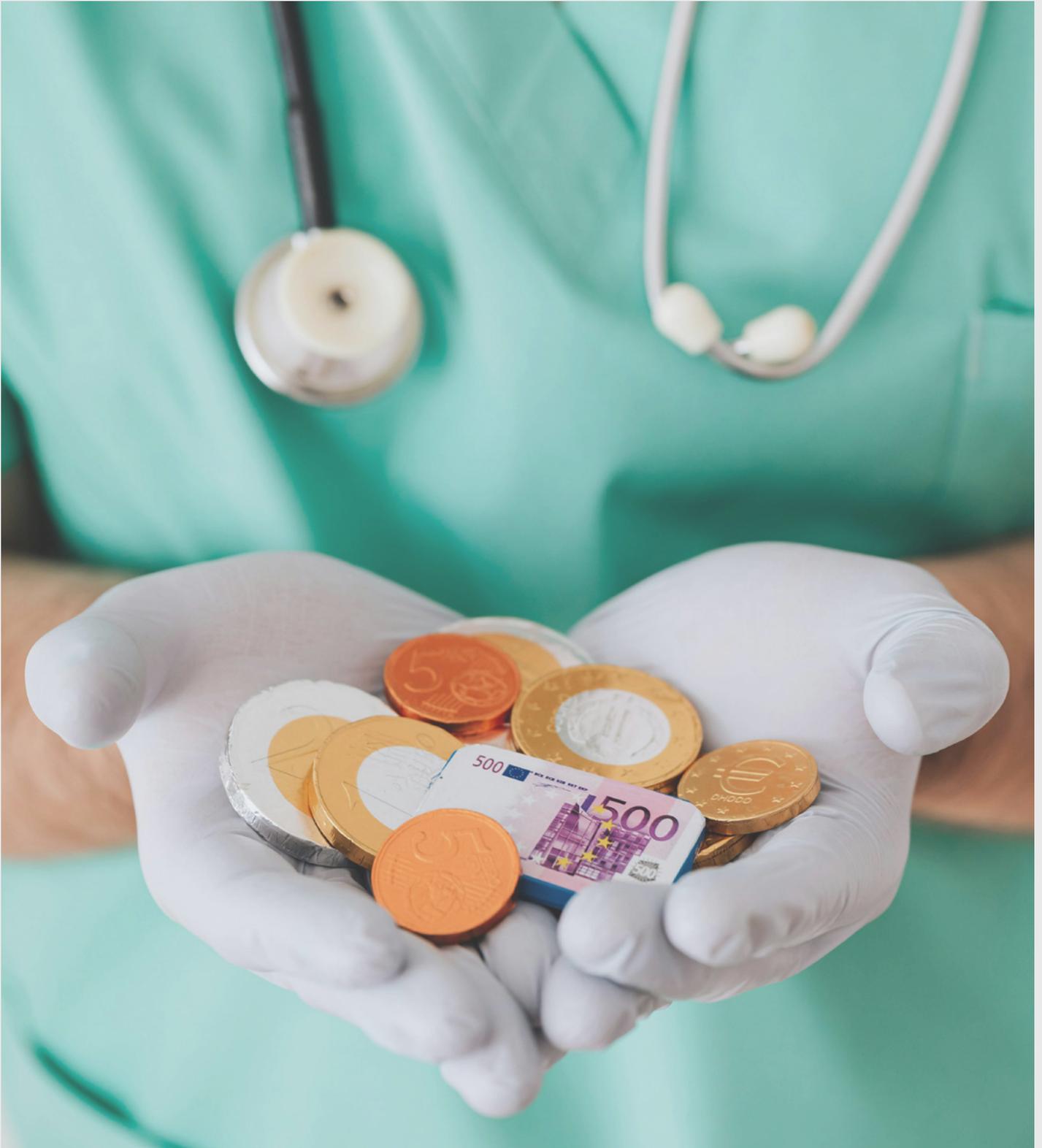
Project description	Name of supplier	Type of procurement by other means	Contract number	Value of contract R'000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	0

3.2. Contract variations and expansions

Project description	Name of supplier	Contract modification type	Contract number (Expansion or Variation)	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
Not Applicable	Not Applicable	Not Applicable	Not Applicable	0	0	0

PART F:

FINANCIAL INFORMATION



1. REPORT OF THE AUDITOR-GENERAL

Report of the auditor-general to the 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 163 to 235, which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets and 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 2025 and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standards (MCS) as prescribed by National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 24 of 2024 (Dora).

Basis for opinion

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

Emphasis of matter

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

Restatement of corresponding figures

7. As disclosed in note 31 of the financial statements, the corresponding figures for 31 March 2024 were restated as a result of an error in the financial statements of the department at, and for the year ended 31 March 2025.

Responsibilities of the accounting officer for the financial statements

8. 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.
9. 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

10. 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.
11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 159 forms part of my auditor's report.

Report on the audit of the annual performance report

12. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for the selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
13. I selected the following programmes presented in the annual performance report for the year ended 31 March 2025 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2: District health services	30-35	To render comprehensive primary health care services to the community using the District Health System model.

Programme	Page numbers	Purpose
Programme 4: Provincial hospital services	38-41	To render level 1 and 2 healthcare services in regional hospitals and to render Tuberculosis (TB) specialised hospital services.

14. 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.
15. I performed procedures to test whether:
- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives
 - all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included
 - the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements
 - the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated
 - the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents
 - the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable.
 - there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.
16. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.
17. The material findings on the reported performance information for the selected programmes are as follows:

District health services

TB Pre-XDR treatment success rate

18. An achievement of 58,3% was reported against of 70%. I could not determine if the reported achievement was correct, as adequate supporting evidence was not provided for auditing.

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

TB Pre-XDR lost to follow up rate

19. An achievement of 0% was reported against of <10%. I could not determine if the reported achievement was correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

PHC mental disorder treatment rate

20. An achievement of 0,0% was reported against of <0,1%. I could not determine if the reported achievement was correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Rifampicin resistant / Multi-drug resistant treatment success rate

21. An achievement of 76,6% was reported against a target of 71%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Infant PCR test positive at six months rate

22. An achievement of 0,3% was reported against a target of 0,6%. The reason reported for the overachievement was to increase early antenatal care booking. However, the audit evidence showed the reason to be a decline on the antenatal first visit before 20 weeks. Consequently, the reported reasons are not useful for informed decision-making.

Provincial health services

23. I did not identify any material findings on the reported performance information for the provincial health services.

Other matters

24. I draw attention to the matters below.

Achievement of planned targets

25. The annual performance report includes information on reported achievements against planned targets and provides explanations for over or under achievements. This information should be considered in the context of the material findings on the reported performance information.

26. The tables that follow provide information on the achievement of planned targets and list the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 27 to 53.

District health services

<i>Targets achieved: 59,46%</i>		
<i>Budget spent: 99,82%</i>		
Key indicators not achieved	Planned target	Reported achievement
Antiretroviral Therapy (ART) adult remain in care rate (12 months)	95%	72,7%
ART child remain in care rate (12 months)	95%	80,70%
Adult - viral load suppressed rate (12 months)	95%	76,4%
ART child - viral load suppressed rate below 50 (12 months)	95%	46,4%
All DS-TB client treatment success rate	80%	76,70%
Rifampicin resistant/multi-drug resistant loss to follow-up rate	10%	10,9%
TB pre-XDR treatment success rate	70%	58,3%
Delivery 10-14 years in facility	430	237
Neonatal (<28 days) death in facility rate	11/1000	14.1/1000
Immunisation under one year coverage	90%	85,3%
Measles 2nd dose coverage	90%	86%
Death under five years against live births	1,8/1000 live births	1,9/1000 live births
Severe acute malnutrition death under five years	<6%	6,4%

Provincial Health Services

<i>Targets achieved: 40%</i>		
<i>Budget spent: 99%</i>		
Key indicators not achieved	Planned target	Reported achievement
Number of death in the facility under five years	45	302
Diarrhoea death under five years	6	14
Pneumonia death under five years	8	13

Severe acute malnutrition (SAM) death under five years	3	6
Cervical cancer screening	411	103
Patient experience of care satisfaction rate (hospitals)	85%	81%

Material misstatements

27. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for district health services. Management did not correct all the misstatements, and I reported material findings in this regard.
28. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for provincial health services. As management subsequently corrected all the misstatements and I did not include any material finding in this report.

Report on compliance with legislation

29. 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.
30. 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.
31. 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.
32. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Strategic planning and performance

33. 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).

Consequence management

34. 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.
35. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into fruitless and wasteful expenditure.
36. I was unable to obtain sufficient appropriate audit evidence that investigations were conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

Other information in the annual report

37. 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.
38. 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.
39. 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.
40. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report that fact. have nothing to report in this regard.

Internal control deficiencies

41. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
42. The matters reported below are limited to the significant internal control deficiencies that resulted in the material findings on the annual performance report and the material findings on compliance with legislation included in this report.

43. The accounting officer did not exercise oversight responsibility regarding compliance with laws and regulations and performance reporting.
44. The accounting officer did not adequately monitor the implementation of an effective action plan to address internal control deficiencies.
45. 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.
46. Tick registers from the health facilities were not daily totalised and reviewed as required by the District Health Information System Standard Operating procedures.
47. There were no adequate reviews on the monthly, quarterly and annually as differences were identified between the tick registers, monthly input forms and information captured on the District Health Information System (DHIS).

Material irregularities

48. 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

49. I identified a material irregularity during the audit and notified the accounting officer, as required by material irregularity regulation 3(2). By the date of this auditor's report, the response of the accounting officer was not yet due. This material irregularity will be included in next year's auditor's report.

Status of previously reported material irregularity

Insufficient healthcare professionals appointed to provide healthcare services

50. The department failed to have and implement a human resource plan that meets the needs of the health establishments as required by section 25(2) of the National Health Act 61 of 2003 (NHA) as well as Regulation 19(2)(1) of the Health Regulations. Various hospitals in Mpumalanga have vacancies for healthcare professionals, with the number of healthcare professionals employed at the hospitals being significantly less than the number of professionals required for quality healthcare service delivery to the province. There has been inadequate progress in filling vacancies in at least the past two to five years to reduce the waiting periods for patients that need among others, surgical procedures, and was also cited among the reasons for the failure to achieve planned service delivery targets for the province in 2022-23.
51. The insufficient appointment of healthcare professionals has limited the department's ability to properly deliver on its primary mandated function of quality primary health care services in the province - with a focus on improving TB prevention and cure and the reduction of maternal,

infant and child mortality, amongst others. This is causing substantial harm to the department and is likely to continue in the future if it remains unaddressed.

52. I notified the accounting officer of the material irregularity on 7 March 2024 and invited him to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer failed to make the written submission within the stipulated period.
53. I notified the accounting officer on 23 July 2024 of the following recommendations, which had to be implemented by 23 February 2025, with progress reports every two months from the date of notification:
 - a. Reasonable steps should be taken to plan, develop, implement, and manage, human resources for the rendering of health services as required by section 25(2)(1) of the National Health Act, as well as regulation 19(2)(1) of the National Health Act Norms and Standards Regulations.
 - b. These steps should as a minimum include, enhancing and commencing with the implementation of the human resource plan that includes anticipated timeframes and meets the needs of the health establishment.
54. The accounting officer was required to submit a written response on the progress made in the implementation of the recommendations on 23 September 2024, which was only received on 10 October 2024. Based on the assessment of the progress report, I identified some shortcomings which were communicated to the accounting officer and had to be addressed in the next progress report on 23 November 2024. The second progress report was not received, and I reminded the accounting officer on 28 January 2025 to submit final written response and substantiating documentation on the implementation of the recommendation by the due date of 23 February 2025.
55. The accounting officer submitted a final response on 24 February 2025 without substantiating documentation to support the actions taken. I requested the substantiating documentation and communicated shortcomings identified in the final response to the accounting officer on 7 March 2025.
56. On 18 March 2025, the accounting officer provided the additional information and substantiating documentation requested, which was duly assessed and I concluded that satisfactorily progress has not been made in implementing the recommendations and addressing the material irregularity.
57. I am in the process of making a decision on the further action to take.

Dashboard feeds with BI tools and port hole paid for not installed on the queue management system

58. Effective internal controls were not in place for approval and processing of payments, as required by treasury regulation 8.1.1.
59. On 31 August 2020 the department accepted a proposal for the rollout of the queue management system (QMS) in five hospitals for a period of 24 months at the total cost of R25 598 221.12. Included in this amount is R1 420 000 for installation of dashboard feeds with BI tools and port hole, which would allow the hospitals to visualise their data and share

insights with the department of health in order to analyse data and make business decisions in terms of hospital efficiency and improving service delivery for the Mpumalanga citizens. The QMS was subsequently installed in various service points of all the five hospitals, without the installation of the dashboard feeds with BI tools and port hole.

60. The non-compliance is likely to result in a material financial loss for the department if the dashboard feeds are not installed or the money recovered.
61. The accounting officer was notified of the material irregularity on 4 August 2023. The accounting officer failed to respond to the notification within the stipulated period.
62. I notified the accounting officer on 29 July 2024 of the following recommendations, which had to be implemented by 29 February 2025 with a progress report after three months:
63. Appropriate action should be taken to investigate the non-compliance with Treasury Regulation 8.1.1 in order to determine the circumstances that led to the non-compliance for the purpose of taking appropriate corrective actions.
 - a. All persons including juristic persons liable for the financial loss should be identified and appropriate action should commence to recover the financial loss suffered. The recovery process should not be unduly delayed.
 - b. Reasonable steps should be taken to implement internal controls to prevent and detect payments for goods and services not received. These should include developing and commencing with the implementation of a policy/framework that establishes principles for the acquisition, development, customisation, pre-implementation testing, and management of all types of information and communication technology (ICT) systems within the department.
 - c. Effective and appropriate disciplinary steps should be initiated, without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA.
64. The accounting officer was required to submit a written response on the progress made in the implementation of the recommendations on 29 October 2024. The accounting officer failed to submit a progress report. I reminded the accounting officer on 20 February 2025 to submit final written response and substantiating documentation on the implementation of the recommendation by the due date of 29 February 2025.
65. The accounting officer submitted failed to submit a final response by the stipulated due date and only submitted a response with substantiating documentation on 17 March 2025.
66. I assessed the final response and substantiating documentation and noted that the accounting officer issued a letter to service provider to request a refund on the non-delivery of the dashboard feeds with BI tools and port hole and the service provider refuted the claim on the basis that the dashboard feeds with BI tools and port hole have been delivered as part of QMS.

67. The department is not able to confirm that the dashboard feeds with BI tools and port hole was delivered or not, as the contract between the department and the service has terminated and the department has no access to the QMS due to license fees not being paid since termination. In view of the system not being accessible, the steps taken to implement the recommendations and to address the material irregularity did not achieve the desired outcome.
68. The QMS is currently dormant and not being used and there is no indication from the department to resuscitating the QMS. I raised a new material irregularity during the 2024-25 audit cycle on the QMS, as the processes that the accounting officer followed in procuring the QMS were inadequate and failed to ensure that the resources of the department were used in a manner that is effective, efficient and economical, as there were deficiencies in the planning, governance processes and management of the project.
69. I have therefore decided not to pursue this material irregularity on the non-delivery of dashboard feeds with BI tools and port hole further under the material irregularity process. The non-delivery of dashboard feeds with BI tools and port hole is part of the new material irregularity raised on the QMS (referred to paragraph 57).

Suspected material irregularity: Fictitious payments made from infrastructure maintenance budget.

70. Payments were made on 26 February 2021 to three suppliers without supporting evidence of 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.
71. 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 was opened with the South African Police Service (SAPS) in March 2021 and is still being investigated. In letters dated 23 June 2023, 19 July 2024 and 8 March 2025, the South African Police Service indicated that the matter was still with the Director of Public Prosecutions in Mpumalanga for a decision.
72. The material irregularity is resolved.

Auditor - General

Mbombela

31 July 2025



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

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

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

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

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

Communication with those charged with governance

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

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

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 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

Legislation	Sections or regulations
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

2. ANNUAL FINANCIAL STATEMENTS



health

**MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA**

Mpumalanga Department of Health
Vote number: 10
Annual Financial Statements
for the year ended 31 March 2025

Audited
By
2025 -07- 3 1
Auditor General South Africa
Mpumalanga Business Unit

Mpumalanga Department of Health

(Vote number 10)

Annual Financial Statements for the year ended 31 March 2025

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Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand		2024/2025				2023/2024		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance as % of final appropriation	Final Appropriation	Actual Expenditure
Appropriation per programme								
Programme 1- Administration	356,119	-	28,067	384,186	384,185	100.00 %	338,829	338,717
Programme 2- District Health Services	11,571,128	-	(107,232)	11,463,896	11,443,730	99.82 %	10,690,777	10,672,245
Programme 3- Emergency Medical Services	545,300	-	3,449	548,749	548,747	100.00 %	473,947	473,944
Programme 4- Provincial Hospital Services	1,867,139	-	(5,925)	1,861,214	1,861,213	100.00 %	1,710,171	1,710,152
Programme 5- Central Hospital Services	1,997,848	-	107,094	2,104,942	2,084,537	99.03 %	1,841,736	1,841,571
Programme 6- Health Science and Training	545,913	-	(24,669)	521,244	519,908	99.74 %	517,380	515,275
Programme 7- Health Care Support Services	396,696	-	2,894	399,590	399,544	99.99 %	363,361	360,673
Programme 8- Health Facility Management	1,712,098	-	(3,678)	1,708,420	1,708,417	100.00 %	1,847,812	1,754,342
Programme subtotal	18,992,241	-	-	18,992,241	18,950,281	99.78 %	17,784,013	17,666,919
Total	18,992,241	-	-	18,992,241	18,950,281	99.78 %	17,784,013	17,666,919
Reconciliation with								
Add: Departmental revenue				15,970			-	
Actual amounts per (total revenue)				19,008,211			17,784,013	
Add: Prior year unauthorised expenditure approved without funding								-
Actual amounts per (total expenditure)								17,666,919

Audited

By

2025-07-31

General Auditor of the Republic of South Africa

Business Auditor

Mpumalanga Department of Health

(Vote number 10)

Annual Financial Statements for the year ended 31 March 2025

Appropriation Statement

Figures in Rand thousand

	Adjusted Appropriation	Shifting of Funds	Virement	2024/2025		Variance	Expenditure as % of final appropriation	2023/2024	
				Final Appropriation	Actual Expenditure			Final Appropriation	Actual Expenditure
Current payments									
Compensation of employees									
Salaries and wages	10,046,825	651	(119,576)	9,927,900	9,904,032	23,868	99.76 %	9,378,361	9,377,294
Social contributions	1,651,478	(651)	(106,151)	1,544,676	1,541,752	2,924	99.81 %	1,416,904	1,416,099
	11,698,303	-	(225,727)	11,472,576	11,445,784	26,792	99.77 %	10,795,265	10,793,393
Goods and services									
Administrative fees	245,135	(12,056)	(10,633)	222,446	222,451	(5)	100.00 %	220,879	220,877
Advertising	7,728	6,592	2,631	16,951	16,951	-	100.00 %	23,746	23,746
Minor assets	9,011	1,455	(1,637)	8,829	8,829	-	100.00 %	3,264	3,265
Audit costs: External	25,241	-	885	26,126	26,126	-	100.00 %	23,490	23,491
Bursaries: Employees	-	-	-	-	-	-	- %	853	-
Catering: Departmental activities	7,759	2,579	(222)	10,116	10,089	27	99.73 %	10,106	10,105
Communication	47,242	617	4,960	52,819	52,812	7	99.99 %	55,344	55,431
Computer services	134,981	500	80,784	216,265	216,264	1	100.00 %	216,892	216,892
Consultants: Business and advisory services	7,568	-	1,800	9,368	9,366	2	99.98 %	2,711	2,711
Laboratory services	719,436	79,942	(23,674)	775,704	775,704	-	100.00 %	675,973	675,897
Legal services	61,115	-	11,853	72,968	72,979	(11)	100.02 %	50,415	50,415
Contractors	328,651	98,842	(20,633)	406,860	406,860	-	100.00 %	361,569	359,698
Agency and support / outsourced services	115,792	(100)	(13,207)	102,485	101,556	929	99.09 %	67,008	66,582
Fleet services	159,395	1,804	11,338	172,537	172,525	12	99.99 %	161,952	161,951
Inventory: Food and food supplies	109,006	5,325	1,078	115,409	115,409	-	100.00 %	97,714	97,714
Inventory: Medical supplies	721,784	(26,559)	97,226	792,451	792,451	-	100.00 %	582,454	585,924
Inventory: Medicine	1,900,839	(256,576)	(75,241)	1,569,022	1,569,021	1	100.00 %	1,536,945	1,536,896
Consumable supplies	354,786	19,935	45,416	420,137	414,192	5,945	98.58 %	290,743	293,506
Stationery, printing and office supplies	40,103	46,272	24,469	110,844	110,604	240	99.78 %	86,125	82,108
Operating leases	46,992	(2,285)	(2,740)	41,967	40,172	1,795	95.72 %	35,676	35,674

Audited

By

2025-07-2024/2025

Final Appropriation

Actual Expenditure

Auditor General South Africa

Mpumalanga Business Unit

Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand

	2024/2025		2023/2024	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
Appropriation per economic classification (continued)				
Property payments	531,279	548,493	537,314	533,968
Transport provided: Departmental activity	630	400	650	649
Travel and subsistence	117,515	151,934	148,439	148,454
Training and development	10,617	7,211	8,998	8,759
Operating payments	2,253	3,288	2,311	2,302
Venues and facilities	3,970	12,382	7,907	7,908
Rental and hiring	3,869	4,373	1,182	1,181
	5,712,697	5,862,627	5,210,660	5,206,104
Interest and rent on land	-	-	-	174
	-	15,305	-	-
Total current payments	17,411,000	17,323,716	16,005,925	15,999,671
Transfers and subsidies				
Provinces and municipalities				
Provincial agencies and funds	2,416	2,237	2,308	2,200
Departmental agencies and accounts				
Departmental agencies (non-business entities)	30,715	30,734	29,289	29,255
Non-profit institutions				
Households	9,431	9,403	5,864	5,238
Social benefits	22,384	42,737	48,897	49,011
Other transfers to households	66,299	83,508	87,668	87,756
	88,683	126,299	136,565	136,767
Total transfers and subsidies	131,245	168,611	174,026	173,460
Payments for capital assets				

Audited

By

2025-07-31

Audited
Expenditure
Africa
Mpumalanga Business Unit

Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand

	2024/2025					2023/2024			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Appropriation per economic classification (continued)									
Buildings and other fixed structures									
Buildings	1,141,614	-	(903)	1,140,711	1,122,163	18,548	98.37 %	1,283,687	1,194,013
Machinery and equipment									
Transport equipment	47,391	-	8,865	56,256	56,256	-	100.00 %	127,300	111,027
Other machinery and equipment	260,991	-	18,548	279,539	279,535	4	100.00 %	193,075	188,748
	308,382	-	27,413	335,795	335,791	4	100.00 %	320,375	299,775
Total payments for capital assets	1,449,996	-	26,510	1,476,506	1,457,954	18,552	98.74 %	1,604,062	1,493,788
Total	18,992,241	-	-	18,992,241	18,950,281	41,960	99.78 %	17,784,013	17,666,919

Audited

By

2025 -07- 31

Auditor General South Africa
Mpumalanga Business Unit

Mpumalanga Department of Health

(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025

Appropriation Statement

Figures in Rand thousand

Audited
By
2024/2025 - 31
Auditor General South Africa
Mpumalanga Business Unit

	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
1. Programme 1- Administration									
Sub programme									
Office of the MEC	18,229	-	344	18,573	18,572	1	99.99 %	13,639	13,638
Management Services	337,890	-	27,723	365,613	365,613	-	100.00 %	325,190	325,079
Subtotal	356,119	-	28,067	384,186	384,185	1	100.00 %	338,829	338,717
Economic classification									
Current payments									
Compensation of employees									
Salaries and wages	159,826	21	(6,960)	152,887	152,887	-	100.00 %	145,504	145,463
Social contributions	22,990	(21)	2,383	25,352	25,351	1	100.00 %	23,809	23,663
	182,816	-	(4,577)	178,239	178,238	1	100.00 %	169,313	169,126
Goods and services									
Administrative fees	1,092	36	(81)	1,047	1,046	1	99.90 %	501	502
Advertising	3,722	(147)	(93)	3,482	3,482	-	100.00 %	2,966	2,966
Minor assets	10	-	170	180	179	1	99.44 %	-	-
Audit costs: External	25,241	-	885	26,126	26,126	-	100.00 %	23,490	23,491
Catering: Departmental activities	1,419	(72)	224	1,571	1,571	-	100.00 %	579	581
Communication	6,483	(64)	28	6,447	6,447	-	100.00 %	10,787	10,787
Computer services	8,934	-	23,765	32,699	32,698	1	100.00 %	35,733	35,733
Consultants: Business and advisory services	7,568	-	1,800	9,368	9,366	2	99.98 %	2,706	2,706
Legal services	61,115	-	5,147	66,262	66,272	(10)	100.02 %	50,415	50,415
Contractors	1,700	-	354	2,054	2,054	-	100.00 %	443	443
Agency and support / outsourced services	549	(20)	(207)	322	320	2	99.38 %	662	662
Fleet services	5,131	-	2,400	7,531	7,530	1	99.99 %	3,041	3,041
Consumable supplies	770	-	508	1,278	1,278	-	100.00 %	598	596
Consumable: Stationery, printing and office supplies	1,051	(20)	885	1,916	1,916	-	100.00 %	1,458	1,458

Mpumalanga Department of Health

(Vote number 10)

Annual Financial Statements for the year ended 31 March 2025

Appropriation Statement

Figures in Rand thousand

	Adjusted Appropriation	Shifting of Funds	Virement	2024/2025		Variance	Actual Expenditure	Expenditure as % of final appropriation	2023/2024	
				Final Appropriation	Final Expenditure				Final Appropriation	Actual Expenditure
Operating leases	2,010	-	30	2,040	2,041	(1)	2,041	100.05 %	2,712	2,711
Property payments	10,477	-	(5,696)	4,781	4,781	-	4,781	100.00 %	7,057	7,056
Transport provided: Departmental activity	14	-	-	14	14	-	14	100.00 %	-	-
Travel and subsistence	22,804	200	363	23,367	23,366	1	23,366	100.00 %	21,917	21,917
Training and development	-	-	-	-	-	-	-	- %	17	16
Operating payments	150	-	(24)	126	126	-	126	100.00 %	337	337
Venues and facilities	1,475	87	834	2,396	2,396	-	2,396	100.00 %	467	467
Rental and hiring	2,508	-	743	3,251	3,250	1	3,250	99.97 %	253	253
	164,223	-	32,035	196,258	196,259	(1)	196,259	100.00 %	166,139	166,138
Interest and rent on land										
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	- %	-	81
Total current payments	347,039	-	27,458	374,497	374,497	-	374,497	100.00 %	335,452	335,345
Transfers and subsidies										
Provinces and municipalities										
Provinces										
Provincial agencies and funds	1,208	-	-	1,208	1,208	-	1,208	100.00 %	1,154	1,135
Households										
Social benefits	-	-	1,784	1,784	1,783	1	1,783	99.94 %	415	430
Total transfers and subsidies	1,208	-	1,784	2,992	2,991	1	2,991	99.97 %	1,569	1,565
Payments for capital assets										
Machinery and equipment										
Transport equipment	-	-	-	-	-	-	-	- %	786	786
Other machinery and equipment	7,872	-	(1,175)	6,697	6,697	-	6,697	100.00 %	1,022	1,021
	7,872	-	(1,175)	6,697	6,697	-	6,697	100.00 %	1,808	1,807
Total	356,119	-	28,067	384,186	384,185	1	384,185	100.00 %	338,829	338,717

Audited

By

2025-07-31

2024/2025

Virement

Final Appropriation

Final Expenditure

Mpumalanga Business Unit

South Africa

Mpumalanga Department of Health

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Figures in Rand thousand

	2024/2025				2023/2024				
	Adjusted Appropriation	Shifting of Funds	Virement Auditor General Mpumalanga	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Agency and support / outsourced services	36,591	(11)	21,214	57,794	57,794	-	100.00 %	33,865	33,865
Fleet services	54,979	1,804	6,522	63,305	63,292	13	99.98 %	61,897	61,895
Inventory: Food and food supplies	56,922	2,380	(3,173)	56,129	56,129	-	100.00 %	52,521	52,521
Inventory: Medical supplies	463,363	(28,534)	(43,865)	390,964	390,968	(4)	100.00 %	317,190	317,177
Inventory: Medicine	1,648,815	(250,076)	(70,292)	1,328,447	1,328,446	1	100.00 %	1,354,764	1,354,765
Consumable supplies	105,721	34,467	31,818	172,006	172,005	1	100.00 %	98,866	102,866
Consumable: Stationery, printing and office supplies	27,154	46,804	24,549	98,507	98,506	1	100.00 %	77,391	73,388
Operating leases	14,284	617	(2,147)	12,754	12,754	-	100.00 %	9,140	9,141
Property payments	179,641	(4,685)	14,359	189,315	189,315	-	100.00 %	149,905	149,905
Transport provided: Departmental activity	418	-	(174)	244	243	1	99.59 %	294	294
Travel and subsistence	30,827	24,086	16,168	71,081	71,080	1	100.00 %	60,373	60,372
Training and development	1,682	-	(754)	928	929	(1)	100.11 %	1,707	1,707
Operating payments	729	144	5	878	878	-	100.00 %	637	638
Venues and facilities	1,269	2,403	5,195	8,867	8,867	-	100.00 %	5,953	5,953
Rental and hiring	1,008	-	(238)	770	761	9	98.83 %	929	928
Interest and rent on land	3,642,181	-	21,443	3,663,624	3,663,610	14	100.00 %	3,257,865	3,255,922
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	103	(103)	- %	-	86
Total current payments	11,417,142	-	(152,298)	11,264,844	11,244,688	20,156	99.82 %	10,458,464	10,456,210
Transfers and subsidies									
Departmental agencies and accounts									
Departmental agencies (non-business entities)	153	-	-	153	146	7	95.42 %	71	48
Non-profit institutions	9,431	-	-	9,431	9,403	28	99.70 %	5,864	5,238
Households									
Social benefits	15,193	-	10,739	25,932	25,728	204	99.21 %	35,694	36,339

Mpumalanga Department of Health

(Vote number 10)

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Figures in Rand thousand

	2024/2025					2023/2024			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Other transfers to households	19,794	-	27,517	47,311	47,542	(231)	100.49 %	60,842	60,842
Total transfers and subsidies	34,987	-	38,256	73,243	73,270	(27)	100.04 %	96,536	97,181
Payments for capital assets									
Machinery and equipment	13,820	-	(2,235)	11,585	11,586	(1)	100.01 %	94,696	78,422
Transport equipment	95,595	-	9,045	104,640	104,637	3	100.00 %	35,146	35,146
Other machinery and equipment	109,415	-	6,810	116,225	116,223	2	100.00 %	129,842	113,568
Total	11,571,128	-	(107,232)	11,463,896	11,443,730	20,166	99.82 %	10,690,777	10,672,245

Audited

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Auditor General South Africa
Mpumalanga Business Unit

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Figures in Rand thousand	Audited By				2023/2024				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
3. Programme 3- Emergency Medical Services									
Sub programme									
Emergency Transport	528,265	-	(4,686)	523,579	523,577	2	100.00 %	461,497	461,494
Planned Patient Transport	17,035	-	8,135	25,170	25,170	-	100.00 %	12,450	12,450
Subtotal	545,300	-	3,449	548,749	548,747	2	100.00 %	473,947	473,944
Economic classification									
Current payments									
Compensation of employees	325,399	-	(10,176)	315,223	315,223	-	100.00 %	290,694	290,694
Salaries and wages	69,124	-	(1,889)	67,235	67,234	1	100.00 %	61,875	61,875
Social contributions	394,523	-	(12,065)	382,458	382,457	1	100.00 %	352,569	352,569
Goods and services									
Administrative fees	14	10	(7)	17	17	-	100.00 %	6	6
Minor assets	-	-	-	-	-	-	- %	74	74
Communication	1,850	-	436	2,286	2,287	(1)	100.04 %	2,155	2,154
Computer services	256	-	-	256	256	-	100.00 %	-	-
Contractors	19,128	1,900	(47)	20,981	20,981	-	100.00 %	16,996	16,996
Fleet services	81,029	-	8,782	89,811	89,811	-	100.00 %	80,517	80,517
Inventory: Medical supplies	5,285	-	(4,241)	1,044	1,044	-	100.00 %	754	754
Consumable supplies	1,859	(351)	253	1,761	2,000	(239)	113.57 %	407	407
Consumable: Stationery, printing and office supplies	638	(30)	684	1,292	1,052	240	81.42 %	903	903
Operating leases	3,372	(1,900)	(327)	1,145	1,145	-	100.00 %	964	965
Property payments	426	-	(65)	361	361	-	100.00 %	345	345
Travel and subsistence	468	371	(76)	763	763	-	100.00 %	522	521
Interest and rent on land	114,325	-	5,392	119,717	119,717	-	100.00 %	103,643	103,642
Total current payments	508,848	-	(6,673)	502,175	502,175	-	100.00 %	456,212	456,211

Mpumalanga Department of Health(Vote number 10)
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Figures in Rand thousand	2024/2025					2023/2024			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Transfers and subsidies									
Provinces and municipalities									
Provincial agencies and funds	1,208	-	(179)	1,029	1,028	1	99.90 %	1,154	1,064
Households									
Social benefits	469	-	405	874	874	-	100.00 %	499	500
Other transfers to households	-	-	-	-	-	-	- %	-	87
	469	-	405	874	874	-	100.00 %	499	587
Total transfers and subsidies	1,677	-	226	1,903	1,902	1	99.95 %	1,653	1,651
Payments for capital assets									
Machinery and equipment									
Transport equipment	33,571	-	11,100	44,671	44,670	1	100.00 %	16,082	16,082
Other machinery and equipment	1,204	-	(1,204)	-	-	-	- %	-	-
	34,775	-	9,896	44,671	44,670	1	100.00 %	16,082	16,082
Total	545,300	-	3,449	548,749	548,747	2	100.00 %	473,947	473,944

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Auditor General South Africa
Mpumalanga Business Unit

Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand

		Audit 2024/2025				2023/2024				
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Audit 2024/2025 Final South Africa Business Unit										
Audited By 2025 -07-31										
4. Programme 4- Provincial Hospital Services										
Sub programme										
General (Regional) Hospitals		1,676,414	-	(3,540)	1,672,874	1,672,874	-	100.00 %	1,523,206	1,523,195
Tuberculosis Hospitals		136,757	-	(7,368)	129,389	129,388	1	100.00 %	127,303	127,295
Psychiatric/ Mental Hospitals		53,968	-	4,983	58,951	58,951	-	100.00 %	59,662	59,662
Subtotal		1,867,139	-	(5,925)	1,861,214	1,861,213	1	100.00 %	1,710,171	1,710,152
Economic classification										
Current payments										
Compensation of employees										
Salaries and wages		1,255,116	-	(17,708)	1,237,408	1,237,397	11	100.00 %	1,148,370	1,148,370
Social contributions		185,222	-	(2,727)	182,495	182,495	-	100.00 %	167,663	167,662
		1,440,338	-	(20,435)	1,419,903	1,419,892	11	100.00 %	1,316,033	1,316,032
Goods and services										
Administrative fees		9,416	(1)	4,964	14,379	14,378	1	99.99 %	11,383	11,384
Minor assets		544	940	(1,032)	452	452	-	100.00 %	188	189
Catering: Departmental activities		94	-	(16)	78	78	-	100.00 %	59	59
Communication		4,073	(35)	352	4,390	4,390	-	100.00 %	4,176	4,176
Laboratory services		35,830	-	(2,254)	33,576	33,576	-	100.00 %	22,679	22,677
Contractors		63,518	(5,032)	468	58,954	58,955	(1)	100.00 %	73,224	73,224
Agency and support / outsourced services		12,893	(60)	(6,092)	6,741	6,740	1	99.99 %	9,478	9,479
Fleet services		5,551	-	(1,487)	4,064	4,064	-	100.00 %	5,988	5,989
Inventory: Food and food supplies		22,000	832	(1,609)	21,223	21,223	-	100.00 %	18,748	18,746
Inventory: Medical supplies		92,466	-	43,328	135,794	135,794	-	100.00 %	97,522	97,523
Inventory: Medicine		85,748	-	(11,655)	74,093	74,093	-	100.00 %	61,714	61,709
Consumable supplies		10,657	2,122	3,879	16,658	16,658	-	100.00 %	10,781	10,781
Consumable: Stationery, printing and office supplies		2,512	1,194	(21)	3,685	3,685	-	100.00 %	1,699	1,699
Operating leases		1,304	25	(222)	1,107	1,107	-	100.00 %	847	846

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Figures in Rand thousand

	2024/2025		2023/2024			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Actual Expenditure
Property payments	46,246	(85)	(3,873)	42,288	41,046	41,045
Transport provided: Departmental activity	158	(4)	(49)	105	111	111
Travel and subsistence	2,489	104	(8)	2,585	2,721	2,720
Operating payments	279	-	88	367	43	43
	395,778	-	24,761	420,538	362,407	362,400
Interest and rent on land						
Interest (Incl. interest on unitary payments (PPP))	-	-	-	11	(11)	-
	1,836,116	-	4,326	1,840,441	1,678,440	1,678,439
Transfers and subsidies						
Provinces and municipalities	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-
Departmental agencies and accounts						
Departmental agencies (non-business entities)	51	-	45	96	48	30
Households						
Social benefits	3,699	-	3,241	6,680	7,133	7,133
Other transfers to households	25,447	-	(16,723)	8,984	20,813	20,813
	29,146	-	(13,482)	15,664	27,946	27,946
Total transfers and subsidies	29,197	-	(13,437)	15,760	27,994	27,977
Payments for capital assets						
Machinery and equipment	1,826	-	3,186	5,012	3,737	3,736
Other machinery and equipment	-	-	(5,925)	1,861,213	1,710,171	1,710,152
Total	1,867,139	-	(5,925)	1,861,214	1,710,171	1,710,152

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Accountant General
Mpumalanga Business Unit

Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand

	Audited		By		2025 -07- 31		Auditor General South Africa		2023/2024	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
5. Programme 5- Central Hospital Services	1,997,848	-	107,094	2,104,942	2,084,537	20,405	99.03 %	1,841,736	1,841,571	
Sub programme										
Provincial Tertiary Hospital Services	1,141,309	-	(13,735)	1,127,574	1,127,574	-	100.00 %	1,036,711	1,036,711	
	164,729	-	678	165,407	165,407	-	100.00 %	150,102	150,093	
	1,306,038	-	(13,057)	1,292,981	1,292,981	-	100.00 %	1,186,813	1,186,804	
Economic classification										
Current payments										
Compensation of employees	16,719	(4)	1,282	17,997	17,997	-	100.00 %	13,019	13,018	
Salaries and wages	1,241	(371)	(152)	718	718	-	100.00 %	232	232	
Social contributions	30	-	-	30	30	-	100.00 %	23	22	
Goods and services										
Administrative fees	3,150	-	150	3,300	3,300	-	100.00 %	3,253	3,252	
Minor assets	122,864	-	(8,321)	114,543	114,543	-	100.00 %	174,046	174,046	
Catering: Departmental activities	45,348	-	(3,380)	41,968	41,968	-	100.00 %	27,432	27,432	
Communication	75,499	5,000	7,601	88,100	88,100	-	100.00 %	81,013	81,011	
Computer services	40,662	(52)	(29,820)	10,790	10,536	254	97.65 %	10,050	10,050	
Laboratory services	2,281	-	(1,104)	1,177	1,177	-	100.00 %	1,512	1,513	
Contractors	20,099	1,483	3,742	25,324	25,324	-	100.00 %	18,553	18,556	
Agency and support / outsourced services	133,148	2,231	75,280	210,659	210,659	-	100.00 %	140,735	140,735	
Fleet services	94,448	(6,500)	15,244	103,192	103,192	-	100.00 %	69,480	69,454	
Inventory: Food and food supplies	8,732	270	1,758	10,760	10,760	-	100.00 %	9,913	9,914	
Inventory: Medical supplies	2,786	(204)	(664)	1,918	1,918	-	100.00 %	2,819	2,820	
Inventory: Medicine										
Consumable supplies	1,144	385	(355)	1,174	1,174	-	100.00 %	856	856	
Consumable: Stationery, printing and office supplies	54,912	(2,200)	16,805	69,517	69,517	-	100.00 %	56,047	56,049	
Operating leases										
Property payments										

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	Adjusted Appropriation	Shifting of Funds	2024/2025		Variance	Expenditure as % of final appropriation	2023/2024	
			Appropriation	Actual Expenditure			Final Appropriation	Actual Expenditure
5. Programme 5- Central Hospital Services (continued)								
Transport provided: Departmental activity	38	(2)	(1)	35	(1)	102.86 %	95	94
Travel and subsistence	629	(36)	40	633	-	100.00 %	584	585
Training and development	50	-	(22)	28	-	100.00 %	-	-
Operating payments	57	-	(7)	50	-	100.00 %	74	74
	623,837	-	78,076	701,913	253	99.96 %	609,736	609,713
Interest and rent on land	-	-	-	128	(128)	- %	-	-
Total current payments	1,929,875	-	65,019	1,994,894	125	99.99 %	1,796,549	1,796,517
Transfers and subsidies								
Departmental agencies and accounts	26	-	(26)	-	-	- %	25	32
Departmental agencies (non-business entities)								
Households	2,227	-	1,800	4,027	1	99.98 %	2,773	2,755
Social benefits	1,334	-	16,145	17,479	-	100.00 %	1,088	1,088
Other transfers to households	3,561	-	17,945	21,505	1	100.00 %	3,861	3,843
Total transfers and subsidies	3,587	-	17,919	21,505	1	100.00 %	3,886	3,875
Payments for capital assets								
Buildings and other fixed structures	-	-	20,279	20,279	20,279	- %	-	-
Machinery and equipment	64,386	-	3,877	68,263	-	100.00 %	41,301	41,179
Other machinery and equipment	64,386	-	24,156	88,542	20,279	77.10 %	41,301	41,179
Total payments for capital assets	1,997,848	-	107,094	2,084,537	20,405	99.03 %	1,841,736	1,841,571
Total								

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	Adjusted Appropriation	Shifting of Funds	2024/2025		Variance	2023/2024	
			Final Appropriation	Actual Expenditure		Final Appropriation	Actual Expenditure
6. Programme 6- Health Science and Training							
Sub programme							
Nurse Training Colleges	150,200	-	143,620	143,619	1	144,534	144,534
EMS Training College	3,254	-	3,261	3,261	-	1,156	1,157
Bursaries	26,780	-	14,048	14,049	(1)	8,902	8,049
Primary Health Care Training	3,005	-	3,215	3,214	1	3,146	3,147
Training Other	362,674	-	357,100	355,765	1,335	359,642	358,388
Subtotal	545,913	-	521,244	519,908	1,336	517,380	515,275
Economic classification							
Current payments							
Compensation of employees							
Salaries and wages	359,898	1,345	367,081	367,082	(1)	367,585	367,584
Social contributions	42,400	(1,345)	23,185	22,601	584	22,387	21,481
	402,298	-	390,266	389,683	583	389,972	389,065
Goods and services							
Administrative fees	3,357	(12)	2,637	2,637	-	3,065	3,064
Advertising	6	-	-	-	-	-	-
Minor assets	-	48	47	47	-	995	995
Bursaries: Employees	-	-	-	-	-	853	-
Catering: Departmental activities	1,815	638	2,416	2,416	-	2,820	2,819
Communication	534	36	398	397	1	297	300
Computer services	44	500	502	502	-	-	-
Contractors	90	-	85	85	-	-	-
Agency and support / outsourced services	4,147	108	5,754	5,081	673	4,048	4,047
Fleet services	1,981	-	1,067	1,067	-	1,537	1,536
Inventory: Food and food supplies	9,985	630	12,733	12,733	-	7,892	7,891
Inventory: Medical supplies	33	-	-	-	-	287	287
Consumable supplies	3,224	993	2,396	2,396	-	2,216	2,216

Mpumalanga Department of Health(Vote number 10)
Annual Financial Statements for the year ended 31 March 2025**Appropriation Statement**

Figures in Rand thousand

	2024/2025		2023/2024				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Final Appropriation	Expenditure as % of final appropriation	Actual Expenditure
Consumable: Stationery, printing and office supplies	4,260	-	(945)	3,315	3,315	100.00 %	1,564
Operating leases	1,717	(1,200)	(91)	426	426	100.00 %	112
Property payments	660	-	1,118	1,777	1,777	99.94 %	226
Travel and subsistence	50,098	(3,158)	(3,039)	43,901	43,901	100.00 %	54,469
Training and development	7,740	35	(1,724)	6,051	6,051	100.00 %	7,008
Operating payments	732	1,374	(650)	1,456	1,456	100.00 %	1,167
Venues and facilities	1,159	8	(48)	1,119	1,119	100.00 %	1,488
Rental and hiring	3	-	(1)	2	2	100.00 %	-
Total current payments	91,585	-	(5,502)	86,083	85,408	99.22 %	89,189
Transfers and subsidies	493,883	-	(17,534)	476,349	475,091	99.74 %	478,254
Departmental agencies and accounts	30,485	-	-	30,485	30,485	100.00 %	29,145
Departmental agencies (non-business entities)	559	-	2,293	2,852	2,774	97.27 %	845
Households	19,724	-	(10,221)	9,503	9,503	100.00 %	4,926
Total transfers and subsidies	20,283	-	(7,928)	12,355	12,277	99.37 %	5,771
Payments for capital assets	50,768	-	(7,928)	42,840	42,762	99.82 %	34,916
Machinery and equipment	1,262	-	793	2,055	2,055	100.00 %	2,105
Other machinery and equipment	545,913	-	(24,669)	521,244	519,908	99.74 %	517,380
Total	545,913	-	(24,669)	521,244	519,908	99.74 %	515,275

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Annual Financial Statements for the year ended 31 March 2025

Appropriation Statement

Figures in Rand thousand	2024/2025						2023/2024		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Property payments	4,190	214	(2,414)	1,990	1,990	-	100.00 %	2,065	2,065
Transport provided: Departmental activity	2	-	-	2	2	-	100.00 %	150	150
Travel and subsistence	4,351	320	(536)	4,135	4,092	43	98.96 %	3,785	3,764
Operating payments	197	-	164	361	362	(1)	100.28 %	10	-
Venues and facilities	67	(60)	(7)	-	-	-	- %	-	-
Total current payments	178,047	-	5,556	183,603	183,559	44	99.98 %	140,152	140,032
Transfers and subsidies	327,178	-	3,818	330,996	330,952	44	99.99 %	280,288	279,934
Households									
Social benefits	136	-	639	775	774	1	99.87 %	397	396
Payments for capital assets	-	-	-	-	-	-	- %	15,678	15,679
Machinery and equipment	69,382	-	(1,563)	67,819	67,818	1	100.00 %	66,998	64,664
Transport equipment									
Other machinery and equipment	69,382	-	(1,563)	67,819	67,818	1	100.00 %	82,676	80,343
Total	396,696	-	2,894	399,590	399,544	46	99.99 %	363,361	360,673

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Annual Financial Statements for the year ended 31 March 2025

Appropriation Statement

Figures in Rand thousand

	Adjusted Appropriation	Shifting of Funds	Virement	2024/2025		Variance	Expenditure as % of final appropriation	2023/2024	
				Final Appropriation	Actual Expenditure			Final Appropriation	Actual Expenditure
8. Programme 8- Health Facility Management									
Sub programme									
Community Health Facilities	1,252,803	-	(3,678)	1,249,125	1,254,198	(5,073)	100.41 %	1,384,857	1,284,253
Provincial Hospital Services	459,295	-	-	459,295	454,219	5,076	98.89 %	462,955	470,089
Subtotal	1,712,098	-	(3,678)	1,708,420	1,708,417	3	100.00 %	1,847,812	1,754,342
Economic classification									
Current payments									
Compensation of employees									
Salaries and wages	39,672	-	11,918	51,590	47,798	3,792	92.65 %	35,141	34,751
Social contributions	8,526	-	-	8,526	6,367	2,159	74.68 %	4,689	4,942
	48,198	-	11,918	60,116	54,165	5,951	90.10 %	39,830	39,693
Goods and services									
Administrative fees	166	60	(127)	99	99	-	100.00 %	60	60
Minor assets	60	544	(237)	367	367	-	100.00 %	164	164
Catering: Departmental activities	90	20	(20)	90	63	27	70.00 %	29	29
Communication	517	-	(39)	478	472	6	98.74 %	431	520
Laboratory services	-	-	-	-	-	-	- %	28	28
Contractors	36,111	3,837	(475)	39,473	39,473	-	100.00 %	25,322	25,323
Agency and support / outsourced services	19,358	(65)	459	19,752	19,753	(1)	100.01 %	6,723	6,297
Fleet services	-	-	-	-	2	(2)	- %	-	-
Inventory: Medical supplies	-	-	1,626	1,626	1,624	2	99.88 %	136	3,619
Consumable supplies	182,601	(17,536)	7,982	173,047	166,864	6,183	96.43 %	144,850	143,642
Consumable: Stationery, printing and office supplies	1,487	(1,457)	(1)	29	29	-	100.00 %	-	-
Operating leases	20,151	-	-	20,151	18,355	1,796	91.09 %	17,934	17,932
Property payments	234,727	14,906	(8,076)	241,557	238,464	3,093	98.72 %	280,623	277,277
Travel and subsistence	5,849	481	(861)	5,469	5,781	(312)	105.70 %	4,068	4,106
Training and development	1,145	(790)	(151)	204	204	-	100.00 %	266	28

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Appropriation Statement

Figures in Rand thousand

	2024/2025				2023/2024				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Operating payments	109	-	(80)	29	49	(20)	168.97 %	43	43
Rental and hiring	350	-	-	350	277	73	79.14 %	-	-
	502,721	-	-	502,721	491,876	10,845	97.84 %	480,677	479,068
Interest and rent on land									
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	15,062	(15,062)	- %	-	-
Total current payments	550,919	-	11,918	562,837	561,103	1,734	99.69 %	520,507	518,761
Transfers and subsidies									
Households	101	-	(3)	98	98	-	100.00 %	1,140	613
Social benefits									
Payments for capital assets									
Buildings and other fixed structures									
Buildings	1,141,614	-	(21,182)	1,120,432	1,122,163	(1,731)	100.15 %	1,283,687	1,194,013
Machinery and equipment									
Transport equipment	-	-	-	-	-	-	- %	58	58
Other machinery and equipment	19,464	-	5,589	25,053	25,053	-	100.00 %	42,420	40,897
	19,464	-	5,589	25,053	25,053	-	100.00 %	42,478	40,955
Total payments for capital assets	1,161,078	-	(15,593)	1,145,485	1,147,216	(1,731)	100.15 %	1,326,165	1,234,968
Total	1,712,098	-	(3,678)	1,708,420	1,708,417	3	100.00 %	1,847,812	1,754,342

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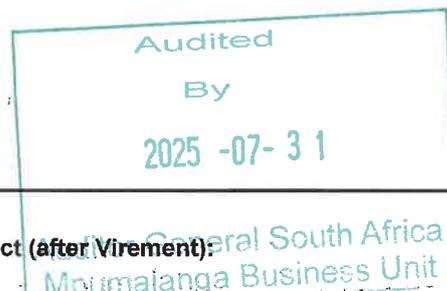
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Annual Financial Statements for the year ended 31 March 2025

Notes to the Appropriation Statement**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	384,186	384,185	1	- %
Programme 2- District Health Services	11,463,896	11,443,730	20,166	0.2 %
Programme 3- Emergency Medical Services	548,749	548,747	2	- %
Programme 4- Provincial Hospital Services	1,861,214	1,861,213	1	- %
Programme 5- Central Hospital Services	2,104,942	2,084,537	20,405	1.0 %
Programme 6- Health Science and Training	521,244	519,908	1,336	0.3 %

Underspending on Programme 5 is attributed to the delays on the finalisations of the bunker project for oncology at Rob Ferrera Hospital, however, a roll over request has been submitted to provincial Treasury to utilise the unspent funds in the following year.

Programme 7- Health Care Support Services	399,590	399,544	46	- %
Programme 8- Health Facility Management	1,708,420	1,708,417	3	- %

4.2 Per economic classification**Current payments**

Compensation of employees	11,472,576	11,445,784	26,792	- %
Goods and services	5,874,458	5,862,627	11,831	- %
Interest and rent on land	-	15,305	(15,305)	- %

Transfers and subsidies

Provinces and municipalities	2,237	2,236	1	- %
Departmental agencies and accounts	30,734	30,727	7	- %
Non-profit institutions	9,431	9,403	28	- %
Households	126,299	126,245	54	- %

Payments for capital assets

Buildings and other fixed structures	1,140,711	1,122,163	18,548	2 %
Machinery and equipment	335,795	335,791	4	- %

Understanding on Buildings and other fixed structures is attributed to the delays on the finalisation of the bunker project for oncology at Rob Ferrera Hospital, however a roll over request has been submitted to provincial treasury to utilise the unspent funds in the following year..

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Annual Financial Statements for the year ended 31 March 2025

Notes to the Appropriation Statement**4.3 Per conditional grant**

Figures in Rand thousand	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
District Health Programme Grant	2,575,224	2,575,352	(128)	- %
Health Facility Revitalisation Grant	459,295	458,954	341	- %
Human Resources and Training Grant (Health)	279,435	279,423	12	- %
National Health Insurance Grant	49,346	49,539	(193)	- %
National Tertiary Services Grant (Health)	274,508	254,069	20,439	7 %
Expanded Public Works Programme Intergrated grant for Province	2,212	2,208	4	- %
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	6,567	6,603	(36)	(1)%

The Underspending National Tertiary Services Grant during the financial year was due to delays in the finalisation of the Bunker project for oncology at Rob Ferrera Hospital. The department has submitted a rollover request.

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Annual Financial Statements for the year ended 31 March 2025

Statement of Financial Performance

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
Revenue			
Annual appropriation	1	18,992,241	17,784,013
Departmental revenue	2	15,970	-
Total revenue		19,008,211	17,784,013
Expenditure			
Current expenditure			
Compensation of employees	3	11,445,784	10,793,393
Goods and services	4	5,862,627	5,206,104
Interest and rent on land	5	15,305	174
Total current expenditure		17,323,716	15,999,671
Transfers and subsidies			
Transfers and subsidies	6	168,611	173,460
Expenditure for capital assets			
Tangible assets	7	1,457,954	1,493,788
Unauthorised expenditure approved without funding		15,000	-
Total expenditure		18,965,281	17,666,919
Surplus for the year		42,930	117,094
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds			
Annual appropriation		6,520	97,062
Conditional grants		20,440	20,032
		26,960	117,094
Departmental revenue and NRF Receipts	12	15,970	-
Surplus for the year		42,930	117,094

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Annual Financial Statements for the year ended 31 March 2025

Statement of Financial Position as at 31 March 2025

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
Assets			
Current Assets			
Cash and cash equivalents	8	41,858	138,590
Receivables	10	37,389	34,455
		79,247	173,045
Non-Current Assets			
Receivables	10	234	196
Total Assets		79,481	173,241
Liabilities			
Current Liabilities			
Voted funds to be surrendered to the Revenue Fund	11	140,547	240,326
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	12	6,233	10,030
Payables	14	4,831	10,600
		151,611	260,956
Total Liabilities		151,611	260,956
		(72,130)	(87,715)
Represented by:			
Recoverable revenue		8,345	7,760
Unauthorised expenditure		(80,475)	(95,475)
Total		(72,130)	(87,715)

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Annual Financial Statements for the year ended 31 March 2025

Statement of Changes in Net Assets

Figures in Rand thousand	Note	2024/2025	2023/2024
Recoverable revenue			
Opening balance		7,760	5,949
Transfers:			
Debts recovered (incl in dept revenue)		925	284
Debts raised		(340)	1,527
Closing balance		8,345	7,760
Unauthorised expenditure			
Opening balance		(95,475)	(95,475)
Less: Amounts approved by Parliament/Legislature without funding and derecognised:			
Current		15,000	-
Closing balance		(80,475)	(95,475)
Total		(72,130)	(87,715)

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Annual Financial Statements for the year ended 31 March 2025

Cash Flow Statement

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
Cash flows from operating activities			
Receipts			
Annual appropriated funds received	1.1	18,992,241	17,784,013
Departmental revenue received	2	87,905	70,435
Interest received	2.2	24,504	12,180
		19,104,650	17,866,628
Net (increase)/ decrease in working capital		(8,703)	(8,695)
Surrendered to Revenue Fund		(245,658)	(133,338)
Current payments		(17,323,411)	(15,999,497)
Interest paid	5	(15,305)	(174)
Transfers and subsidies paid		(168,611)	(173,460)
Net cash flow available from operating activities	15	1,342,962	1,551,464
Cash flows from investing activities			
Payments for capital assets	7	(1,457,954)	(1,493,788)
Proceeds from sale of capital assets	2.3	2,713	1,775
(Increase)/ decrease in non-current receivables	10	(38)	(196)
Net cash flows from investing activities		(1,455,279)	(1,492,209)
Cash flows from financing activities			
Increase/ (decrease) in net assets		15,585	1,811
Net increase/ (decrease) in cash and cash equivalents		(96,732)	61,066
Cash and cash equivalents at beginning of year		138,590	77,524
Cash and cash equivalents at the end of the year	16	41,858	138,590

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Annual Financial Statements for the year ended 31 March 2025

Accounting Policies

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the 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 , 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.

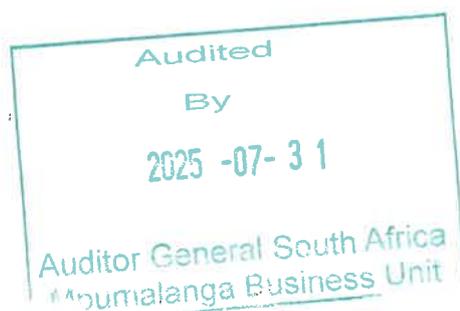
6. Comparative information

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.

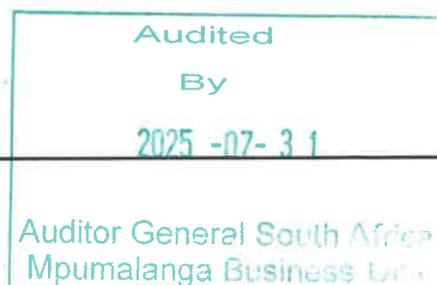


Mpumalanga Department of Health

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Annual Financial Statements for the year ended 31 March 2025

Accounting Policies



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.

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.

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Annual Financial Statements for the year ended 31 March 2025

Accounting Policies

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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.

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.

At commencement of the finance lease term, finance lease assets acquired are recorded and measured at:

- the fair value of the leased asset; or if lower,
- the present value of the minimum lease payments.

Finance lease assets acquired prior to 1 April 2024, are recorded and measured at the present value of the minimum lease payments.

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.

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10. Cash and cash equivalents (continued)

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

11. Prepayments and advances

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

Prepayments and advances are initially and subsequently measured at cost.

12. Loans and receivables

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

13. Investments

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

14. Financial assets

14.1 Financial assets (not covered elsewhere)

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

15. Payables

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

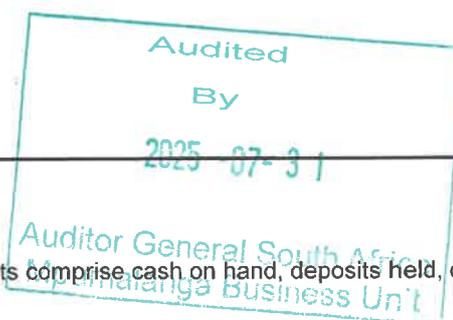
16. Capital assets

16.1 Immovable capital assets

Immovable assets reflected in the asset register of the department are recorded in the notes to the 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.



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Accounting Policies



16. Capital assets (continued)

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.

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.

17. 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

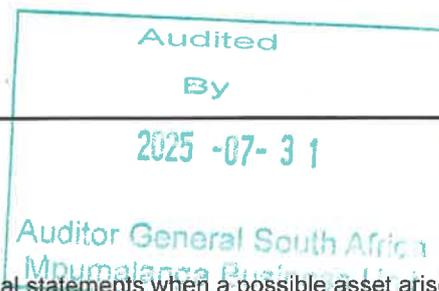
Contingent liabilities are recorded in the notes to the annual financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department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

Mpumalanga Department of Health

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Annual Financial Statements for the year ended 31 March 2025

Accounting Policies



17. Provisions and contingents (continued)

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

Capital commitments are recorded at cost in the notes to the annual financial statements.

18. Unauthorised expenditure

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

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

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

Unauthorised expenditure recorded in the notes to the 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.

19. Fruitless and wasteful expenditure

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

Fruitless and wasteful expenditure is recorded in the notes to the 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.

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.

21. Changes in accounting estimates and errors

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

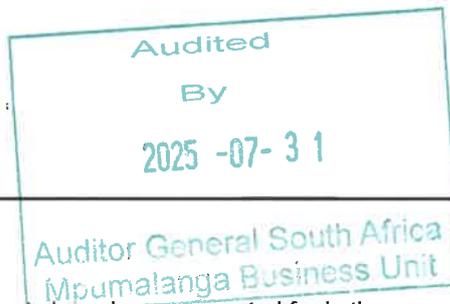
Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the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

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Annual Financial Statements for the year ended 31 March 2025

Accounting Policies



22. 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.

23. 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.

24. Departures from the MCS requirements

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

25. Capitalisation reserve

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

26. Recoverable revenue

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

27. Related party transactions

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.

28. 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.

29. Public-Private Partnerships

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

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.

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Accounting Policies

30. 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.

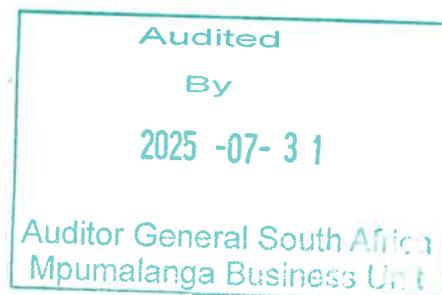
The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

31. 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.

32. 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.



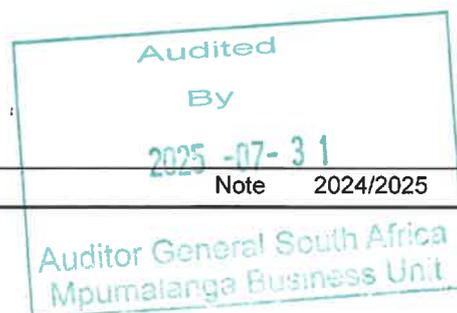
Mpumalanga Department of Health

(Vote number 10)

Annual Financial Statements for the year ended 31 March 2025

Notes to the Annual Financial Statements

Figures in Rand thousand



	Note	2024/2025	2023/2024
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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	2024/2025		2023/2024	
	Final budget	Actual funds received	Final budget	Appropriation received
Programmes				
Programme 1- Administration	384,186	384,186	338,829	338,829
Programme 2- District Health Services	11,463,896	11,463,896	10,690,777	10,690,777
Programme 3- Emergency Medical Services	548,749	548,749	473,947	473,947
Programme 4- Provincial Hospital Services	1,861,214	1,861,214	1,710,171	1,710,171
Programme 5- Central Hospital Services	2,104,942	2,104,942	1,841,736	1,841,736
Programme 6- Health Science and Training	521,244	521,244	517,380	517,380
Programme 7- Health Care Support Services	399,590	399,590	363,361	363,361
Programme 8- Health Facility Management	1,708,420	1,708,420	1,847,812	1,847,812
Total	18,992,241	18,992,241	17,784,013	17,784,013

All funds were received by the department.

1.2 Conditional grants**

Total grants received	32	3,646,587	3,409,271
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**It should be noted that the Conditional grants are included in the amounts per the Final Appropriation in Note 1.1

2. Departmental revenue

Sales of goods and services other than capital assets	2.1	84,620	65,071
Interest, dividends and rent on land	2.2	24,504	12,180
Sales of capital assets	2.3	2,713	1,775
Transactions in financial assets and liabilities	2.4	3,285	5,364
Total revenue collected		115,122	84,390
Less: Own revenue included in appropriation	12	99,152	84,390
Departmental revenue collected		15,970	-

The department recorded an overcollection against the initial budget estimates, reflecting improved revenue performance during the financial year

2.1 Sales of goods and services other than capital assets

Sales by market establishment	9,427	8,464
Administrative fees	3,985	3,457
Other sales	71,037	53,007
Sales of goods and services produced by the department	84,449	64,928
Sales of scrap, waste and other used current goods	171	142
Total	84,620	65,070

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.

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Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
2. Departmental revenue (continued)			
2.2 Interest, dividends and rent on land			
Interest		24,504	12,180
2.3 Sales of capital assets			
Tangible assets			
Machinery and equipment		2,713	1,775
2.4 Transactions in financial assets and liabilities			
Loans and advances		-	-
Receivables		2,360	5,080
Other receipts including recoverable revenue		925	284
Total	2	3,285	5,364
Other receipts include recovery of previous year's expenditure.			
2.5 Transfers received			
2.5.1 Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)			
Donations		92,801	5,918

Audited
By
2025 -07- 31
Auditor General South Africa
Mpumalanga Business Unit

Mpumalanga Department of Health

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Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
3. Compensation of employees			
3.1 Salaries and wages			
Basic salary		7,010,718	6,671,587
Performance award		741	1,267
Service based		12,077	7,567
Compensative/circumstantial		1,134,334	1,038,145
Periodic payments		23,132	35,592
Other non-pensionable allowances		1,723,030	1,623,136
Total		9,904,032	9,377,294
Other Non - pensionable allowances include Capital remuneration, Housing allowances, Non- pensionable allowances not separately provided for and Service bonus. Included in Compensative/ circumstantial expenditure is Overtime expenditure which includes commuted overtime for doctors.			
3.2 Social contributions			
Employer contributions			
Pension		827,170	781,191
Medical		710,897	631,717
UIF		15	7
Bargaining council		1,449	1,470
Insurance		2,221	1,714
Total		1,541,752	1,416,099
Total compensation of employees		11,445,784	10,793,393
Average number of employees		28,646	28,694

The Department had 28 646 employees. The number of employees the Department had as at 31 March 2025 on the establishment was as follows- 17723 permanent employees, 2228 permanent prob, 12 part time employees, 1488 contracted employees, 6919 abnormal appointment , 61 periodical appointments, 213 sessional appointments, 1 temporary and 1 political appointment.

Audited
By
2025 -07- 31
Auditor General South Africa
Mpumalanga Business Unit

Mpumalanga Department of Health

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Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
4. Goods and services			
Administrative fees		222,451	220,877
Advertising		16,951	23,746
Minor assets		8,829	3,265
Catering		10,089	10,105
Communication		52,812	55,431
Computer services	4.1	216,264	216,892
Consultants: Business and advisory services		9,366	2,711
Laboratory services		775,704	675,897
Legal services		72,979	50,415
Contractors		406,860	359,698
Agency and support / outsourced services		101,556	66,582
Audit cost - external	4.3	26,126	23,491
Fleet services		172,525	161,951
Inventory	4.4	2,476,881	2,220,534
Consumables	4.5	524,796	375,614
Operating leases		40,172	35,674
Property payments	4.6	548,493	533,968
Rental and hiring		4,290	1,181
Transport provided as part of the departmental activities		400	649
Travel and subsistence	4.7	152,201	148,454
Venues and facilities		12,382	7,908
Training and development		7,212	8,759
Other operating expenditure	4.8	3,288	2,302
Total		5,862,627	5,206,104

Expenditure under Consultants include the following: Business and advisory services:Acnt & Auditors- R 5 Million, Human Resource- R 3 Million and Research and Advisor R499 Thousands. Expenditure under Contractors include the following:Casul Labours R285 Thousands, Graphc Designers R839 Thousands, Interior Decorators R84 Thousands, Medical Services- R 357 Million, Stage and Sound crew- R595 Thousand,Transport Re R57 Thousands, Pres Resto R2 Million and Maintenance of Machinery and Equipment- R 46 Million. Expenditure in Agency and support/ Outsourced services include the following: Admin and Support Staff-R25 Million, Burial services- R 633 Thousands, Medical and Chemical Waste Removal- R 75 Million and Medical Services R 1 Million

4.1 Minor assets**Tangible assets**

Machinery and equipment		8,829	3,265
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4.2 Computer services

SITA computer services		7,151	9,541
External computer service providers		209,113	207,351
Total	4	216,264	216,892

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

4.3 Audit cost - external

Regularity audits		26,126	23,491
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Annual Financial Statements for the year ended 31 March 2025

Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
4. Goods and services (continued)			
4.4 Inventory			
Food and food supplies		115,409	97,714
Medical supplies		792,449	585,924
Medicine		1,569,023	1,536,896
Total	4	2,476,881	2,220,534
4.5 Consumables			
Uniform and clothing		54,628	50,118
Household supplies		227,869	152,128
Building material and supplies		1,313	538
IT consumables		871	599
Other consumables		129,510	86,179
Consumable supplies		414,191	289,562
Stationery, printing and office supplies		110,605	86,052
Total	4	524,796	375,614

Other consumables include 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 on stationery includes procurement of clinical stationary.

4.6 Property payments

Municipal services		267,954	229,774
Property maintenance and repairs		248,808	286,765
Other		31,731	17,429
Total	4	548,493	533,968

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

4.7 Travel and subsistence

Local		151,440	147,479
Foreign		761	975
Total	4	152,201	148,454

4.8 Other operating expenditure

Professional bodies, membership and subscription fees		1,996	1,504
Resettlement costs		1,222	728
Other		70	70
Total	4	3,288	2,302

Other operating expenditure include Non-life insurance and Courier & Delivery services.

5. Interest and rent on land

Interest paid		15,305	174
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The notable increase in interest is atributable to delays in processing payments for the new Middelburg Hospital

Mpumalanga Department of Health

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Annual Financial Statements for the year ended 31 March 2025

Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
6. Transfers and subsidies			
Provinces and municipalities	33	2,211	2,200
Departmental agencies and accounts	Annexure 1B	30,726	29,255
Non-profit institutions	Annexure 1F	9,403	5,238
Households	Annexure 1G	126,271	136,767
Total		168,611	173,460

6.1 Gifts, donations and sponsorships made in kind (not included in the main note)

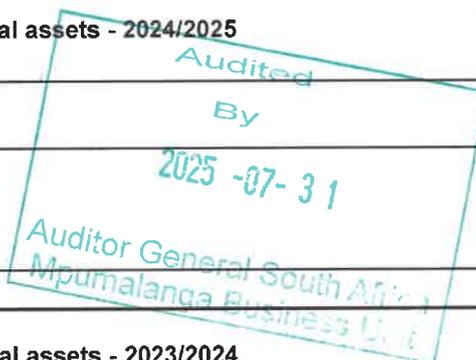
Donations		26	128
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7. Expenditure for capital assets**Tangible capital assets**

Buildings and other fixed structures	29	1,122,163	1,194,013
Machinery and equipment	27	335,791	299,775
Total		1,457,954	1,493,788

7.1 Analysis of funds utilised to acquire capital assets - 2024/2025

Figures in Rand thousand	Voted funds	Total
Tangible capital assets		
Buildings and other fixed structures	1,122,163	1,122,163
Machinery and equipment	335,791	335,791
Total	1,457,954	1,457,954

**7.2 Analysis of funds utilised to acquire capital assets - 2023/2024**

Figures in Rand thousand	Voted funds	Total
Tangible capital assets		
Buildings and other fixed structures	1,194,013	1,194,013
Machinery and equipment	299,775	299,775
Total	1,493,788	1,493,788

8. Cash and cash equivalents

Consolidated paymaster general account	41,878	136,862
Disbursements	(7)	(381)
Cash on hand	(13)	2,109
Total	41,858	138,590

The reduction in cash and cash equivalents is attributed to increased spending in the current financial year

Mpumalanga Department of Health

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Annual Financial Statements for the year ended 31 March 2025

Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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9. Prepayments and advances**10. Receivables**

Figures in Rand thousand	Note	2024/2025			2023/2024		
		Current	Non-current	Total	Current	Non-current	Total
Staff debt	10.1	22,400	234	22,634	19,304	196	19,500
Other receivables	10.2	14,989	-	14,989	15,151	-	15,151
Total		37,389	234	37,623	34,455	196	34,651

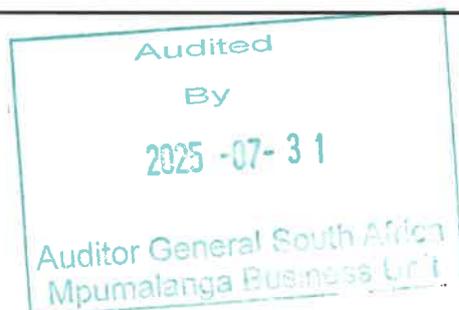
The Other Debtors includes various departments, suppliers and other accounts as follows: Fruitless and wasteful expenditure, SAL: Medical Aid: CL, SAL: Deduction Disall Acc: CA, SAL: Reversal Control: CA, SAL: Tax Debt: CA, and SAL: Fin Institute Study Loans: CL

10.1 Staff debt

Ex Employees			22,343	18,272
Employees			108	671
Employees (GG Accident)			183	557
Total			10	22,634

10.2 Other receivables

Fruitless and wasteful expenditure			2,152	2,454
SAL: Medical AID: CL			124	222
SAL: Deduction Disall Acc: CA			-	5
SAL: Reversal Control : CA			(330)	416
SAL: Tax Debt: CA			654	349
Inter-Departmental Receivables			-	-
Suppliers			7,859	9,476
SAL: Fin Institute Study Loans: CL			4,530	2,225
Total			10	14,989



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		11,783	7,569
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11. Voted funds to be surrendered to the Revenue Fund

Opening balance	240,326	172,805
Transferred from statement of financial performance (as restated)	26,960	117,094
Paid during the year	(126,739)	(49,573)
Closing balance	140,547	240,326

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Annual Financial Statements for the year ended 31 March 2025

Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024
11. Voted funds to be surrendered to the Revenue Fund (continued)			
11.1 Reconciliation of unspent conditional grants			
Opening balance		20,032	-
Total conditional grants received	1.2	3,646,587	3,409,271
Total conditional grants spent		(3,646,179)	(3,389,239)
Unspent conditional grants to be surrendered		20,440	20,032
12. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		10,030	9,405
Transferred from statement of financial performance (as restated)		15,970	-
Own revenue included in appropriation	2	99,152	84,390
Paid during the year		(118,919)	(83,765)
Closing balance		6,233	10,030
13. Bank overdraft			
14. Payables - current			
Clearing accounts	14.1	4,831	10,600
14.1 Clearing accounts			
SAL:Bargaining Councils		4	2
SAL: Pension Debt:CA		1,012	813
SAL: ACB Recalls:CA		1,168	1,348
SAL: Subscription Prof Bodies:CL		6	1
SAL: Pension Fund		126	401
SAL:GEHS Refund Control Acc: CL		(1,979)	2,162
SAL:Income Tax		4,100	5,481
SAL:Garnshee Order		394	392
Total	14	4,831	10,600
15. Net cash flow available from operating activities			
Net surplus as per Statement of Financial Performance		42,930	117,094
Add back non cash/ cash movements not deemed operating activities			
(Increase)/ decrease in receivables		(2,934)	(3,879)
Increase/ (decrease) in payables – current		(5,769)	(4,816)
Proceeds from sale of capital assets		(2,713)	(1,775)
Expenditure on capital assets		1,457,954	1,493,788
Surrenders to Revenue Fund		(245,658)	(133,338)
Own revenue included in appropriation		99,152	84,390
Net cash flow generated by operating activities		1,342,962	1,551,464
16. Reconciliation of cash and cash equivalents for cash flow purposes			
Consolidated paymaster general account		41,878	136,862
Disbursements		(7)	(381)
Cash on hand		(13)	2,109
Total		41,858	138,590



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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
17. Contingent liabilities and contingent assets			
17.1 Contingent liabilities			
Liable to	Nature		
Claims against the department	Annexure 3B	7,001,596	6,779,600
Intergovernmental payables	Annexure 5	4,919	3,020
Total		7,006,515	6,782,620

Contingent Liabilities are disclosed when there is a possible obligation arising from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events. The department assesses these liabilities based on the likelihood of occurrence and potential financial impact, but no significant assumptions are involved in estimating the amount of these liabilities. The Department has recognized provisions and contingent liabilities based on the best available information at the reporting date. These estimates involve a degree of uncertainty and are based on unknown facts and conditions without reliance on significant assumptions. The Prior year error resulted in omitted files, amendments and misclassification of certain items in the previous financial year records.

17.2 Contingent assets

Nature of contingent asset		
Vehicle Accidents	4,149	1,753
Other Cases	1,089	-
Total	5,238	1,753

18. Capital commitments

Buildings and other fixed structures	1,453,659	1,518,387
Machinery and equipment	8,371	28,469
Total	1,462,030	1,546,856

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.

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Figures in Rand thousand	2024/2025		2023/2024	
	30 Days	30+ Days	Total	Total
19. Accruals and payables not recognised				
19.1 Accruals				
Listed by economic classification				
Goods and services	191,483	110	191,593	260,658
Transfers and subsidies	4,197	-	4,197	-
Capital assets	59,503	-	59,503	377
Other	16	-	16	-
Total	255,199	110	255,309	261,035
Listed by programme level				
Programme 1- Administration			21,387	12,320
Programme 2- District Health Services			82,020	109,423
Programme 2- Emergency Medical Services			3,546	9,688
Programme 4- Provincial Hospital Services			25,821	13,038
Programme 5- Central Hospital Services			12,210	19,180
Programme 6- Health Science and Training			4,418	2,490
Programme 7- Health Care Support Services			30,226	94,680
Programme 8- Health Facility Management			75,681	216
Total			255,309	261,035
19.2 Payables not recognised				
Listed by economic classification				
Goods and services	138,853	6,185	145,038	266,678
Transfers and subsidies	11,464	22,827	34,291	42,329
Capital assets	80,879	5,799	86,678	22,757
Other	155	1	156	-
Total	231,351	34,812	266,163	331,764
Listed by programme level				
Programme 1- Administration			47,091	50,332
Programme 2 - District Health Services			52,220	189,267
Programme 3 - Emergency Medical Services			8,847	1,723
Programme 4 - Provincial Hospital Services			33,194	16,054
Programme 5 - Central Hospital Services			3,072	37,355
Programme 6 - Health Science and Training			314	1,014
Programme 7 - Health Care Support Services			36,824	2,080
Programme 8 - Health Facilities Management			84,601	33,939
Total			266,163	331,764
Included in the above totals are the following:				
Confirmed balances with other departments		Annexure 5	1,833	7,523
Confirmed balances with other government entities		Annexure 5	440	61

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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
19. Accruals and payables not recognised (continued)			
Total		2,273	7,584
20. Employee benefits			
Leave entitlement		538,566	491,046
Service bonus (Thirteenth cheque)		280,316	264,591
Capped leave		147,248	158,764
Other		19,807	12,526
Total		985,937	926,927

At this stage the department is not able to reliably measure the long term portion of the long service awards. Other is for the long services awards for the next twelve months. Included in leave entitlements are negative leave and leave backdated entitlements.

21. Lease commitments**21.1 Operating leases****2024/2025**

Figures in Rand thousand	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	14,679	14,011	28,690
Later than 1 year and not later than 5 years	41,494	13,364	54,858
Total lease commitments	56,173	27,375	83,548

2023/2024

Figures in Rand thousand	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	14,640	10,184	24,824
Later than 1 year and not later than 5 years	47,927	13,123	61,050
Later than five years	2,824	-	2,824
Total lease commitments	65,391	23,307	88,698

The buildings leases escalate on average 10 percent per year.

22. Accrued departmental revenue

Sales of goods and services other than capital assets	199,949	333,557
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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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22. Accrued departmental revenue (continued)**22.1 Analysis of accrued departmental revenue**

Opening balance		333,557	298,353
Less: Amounts received		(53,989)	(40,430)
Add: Amounts recognised		110,632	94,257
Less: Amounts written-off/reversed as irrecoverable		(190,251)	(18,623)
Total		199,949	333,557

22.2 Accrued department revenue written off**Nature of losses**

H1 to H3		63,507	-
Department of Correctional Service, Defence, Justice, and SAPS		14,836	-
PCC(Compassation Commission		833	-
P(INC) Private Income not declared		2,151	-
P(MED) Medical Aid		2,585	-
RAF (Road Accident Fund		80,155	-
P(REQ) Private on Request		26,184	-
Total		190,251	-

H1 is unemployed without proof and partialy subsidised, H2 is Partialy subsidised less than H1, H3 is partialy subsidised less than H1 and H2

22.3 Impairment of accrued departmental revenue

Estimate of impairment of accrued departmental revenue		114,367	200,933
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The Accrued Departmental revenue from 0 to 36 months were considered for Impairment but not write offs because by that period, the services have been rendered but not paid by the patient, and the patient might not come back in that hospital or might go to the next hospital in that period. Furthermore, the Impairment was performed on per patient classification not on an individual patients because it is impracticable and uneconomic to the Department. The Department does not have individual significant patient debt which was sitting at a high value. Therefore, the department developed methodology of averaging impairment for two years in determining impairment.

23. Unauthorised, Irregular and Fruitless and wasteful expenditure

Irregular expenditure		360,021	238,248
Fruitless and wasteful expenditure		15,305	174
Total		375,326	238,422

Information on any criminal or disciplinary steps taken as a result of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure is included in the annual report under the PFMA Compliance Report. The notable increase in fruitless and wasteful expenditure is attributable to delays in processing payments for the new Middelburg Hospital.

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Figures in Rand thousand Note(s) 2024/2025 2023/2024

24. Related party transactions

In kind goods and services provided/received

List related party relationships and the nature thereof

Relationships

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 & Environmental

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 in the province are related and the above is disclosed as an additional information in line with TR21.2.4, Key Management personnel are disclosed in note 25 as related parties.

25. Key management personnel

Political office bearers (provide detail below)	2,275	2,156
Level 15 to 16	5,779	5,987
Level 14 (incl. CFO if at a lower level)	19,045	16,841
Family members of key management personnel	1,639	3,143
Total	28,738	28,127

26. Provisions

Retention	119,171	146,192
Litigation	160,517	141,601
Total	279,688	287,793

Provisions are recognized when the Department has a present obligation (legal or constructive) as a result of past events, and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation. The amount recognized is based on the best estimate of the expenditure required to settle the obligation at the reporting date, with no significant assumptions required for measurement.

26.1 Reconciliation of movement in provisions - 2024/2025

Figures in Rand thousand	Retention	Litigation	Total provisions
Opening balance	146,192	141,601	287,793
Increase in provision	21,159	119,923	141,082
Settlement of provision	(48,180)	(56,968)	(105,148)
Unused amount reversed	-	(44,039)	(44,039)
Closing balance	119,171	160,517	279,688

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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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26. Provisions (continued)**26.2 Reconciliation of movement in provisions - 2023/2024**

Figures in Rand thousand	Retention	Litigation	Total provisions
Opening balance	114,468	245,330	359,798
Increase in provision	34,022	32,268	66,290
Settlement of provision	(2,298)	(44,815)	(47,113)
Unused amount reversed	-	(91,182)	(91,182)
Closing balance	146,192	141,601	287,793

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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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27. Movable tangible capital assets**Movement in movable tangible capital assets per asset register for the year ended 31 March 2025**

Figures in Rand thousand	Opening balance	Additions	Disposals	Closing balance
Machinery and equipment				
Transport assets	633,785	60,514	16,079	678,220
Computer equipment	196,864	47,231	5,543	238,552
Furniture and office equipment	215,363	47,744	4,862	258,245
Other machinery and equipment	2,121,022	185,000	57,906	2,248,116
	3,167,034	340,489	84,390	3,423,133

27.1 Movement for 2023/2024**Movement in movable tangible capital assets per asset register for the year ended 31 March 2024**

Figures in Rand thousand	Opening balance	Prior period error	Additions	Disposals	Closing balance
Machinery and equipment					
Transport assets	533,009	(1,075)	113,101	11,250	633,785
Computer equipment	193,001	4,521	8,128	8,786	196,864
Furniture and office equipment	197,692	8,841	12,601	3,771	215,363
Other machinery and equipment	1,973,656	25,010	174,299	51,943	2,121,022
	2,897,358	37,297	308,129	75,750	3,167,034

27.1.1 Prior period error

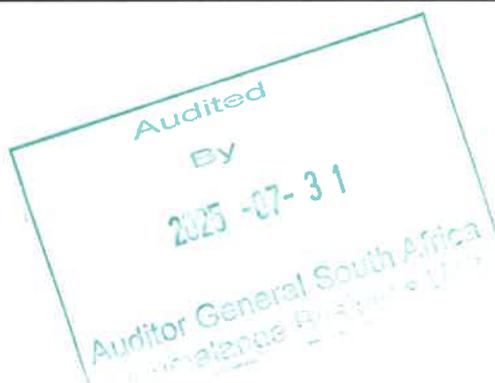
Figures in Rand thousand	Note	2023/2024
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Nature of prior period error

Relating to 2023/2024 (affecting the opening balance)

Prior Period Error on Capital Assets (Assets from floor not on Fixed Asset Register and duplicate)

37,297



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Figures in Rand thousand

27. Movable tangible capital assets (continued)**27.2 Minor assets****Movement in minor capital assets per the asset register for the year ended as at 31 March 2025**

Figures in Rand thousand	Machinery and equipment	Total
Opening balance	302,228	302,228
Additions	9,004	9,004
Disposals	11,096	11,096
Total minor capital assets	300,136	300,136

Figures in Rand thousand	Machinery and equipment	Total
Number of minor assets at cost	168,096	168,096

Movement in minor capital assets per the asset register for the year ended as at 31 March 2024

Figures in Rand thousand	Other machinery and equipment	Total
Opening balance	308,175	308,175
Prior period errors	4,631	4,631
Additions	4,961	4,961
Disposals	15,539	15,539
Total minor capital assets	302,228	302,228

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Figures in Rand thousand

27. Movable tangible capital assets (continued)

Figures in Rand thousand

	Other machinery and equipment	Total
Number of minor assets at cost	165,521	165,521

27.2.1 Prior period error

Figures in Rand thousand

Nature of prior period error

Relating to 2023/2024 (affecting the opening balance)

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

Note 2023/2024

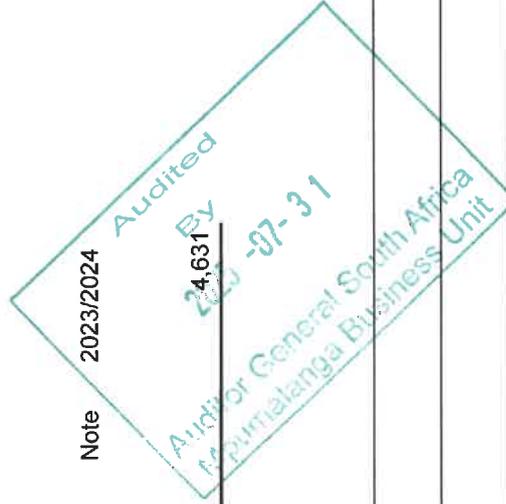
4,631

27.3 Movable tangible capital assets written off

Movable capital assets written off for the year ended as at 31 March 2025

Figures in Rand thousand

	Machinery and equipment	Total
Assets written off	2,647	2,647



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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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28. Intangible capital assets**Movement in intangible capital assets per asset register for the year ended 31 March 2025**

Figures in Rand thousand	Opening balance	Closing balance
Recipes, formulae, prototypes, designs, models	4,388	4,388

28.1 Movement for 2023/2024**Movement in intangible capital assets per asset register for the year ended 31 March 2024**

Figures in Rand thousand	Opening balance	Closing balance
Recipes, formulae, prototypes, designs, models	4,388	4,388

29. Immovable tangible capital assets**Movement in immovable tangible capital assets per asset register for the year ended 31 March 2025**

Figures in Rand thousand	Opening balance	Additions	Closing balance
Buildings and other fixed structures			
Dwellings	64,232	25,581	89,813
Non-residential buildings	493,257	3,597,163	4,090,420
Other fixed structures	481,717	29,053	510,770
	1,039,206	3,651,797	4,691,003

29.1 Movement for 2023/2024**Movement in immovable tangible capital assets per asset register for the year ended 31 March 2024**

Figures in Rand thousand	Opening balance	Additions	Closing balance
Buildings and other fixed structures			
Dwellings	-	64,232	64,232
Non-residential buildings	454,169	39,088	493,257
Other fixed structures	448,555	33,162	481,717
	902,724	136,482	1,039,206

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Figures in Rand thousand	Note(s)	2024/2025	2023/2024
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29. Immovable tangible capital assets (continued)**29.2 Immovable tangible capital assets: Capital work-in-progress****Capital work-in-progress as at 31 March 2025**

	Note	Opening balance	Current year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance
Figures in Rand thousand					
Buildings and other fixed structures		5,107,016	1,122,163	3,651,797	2,577,382

Payables not recognised relating to capital work-in-progress

[Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress]				118,753	22,263
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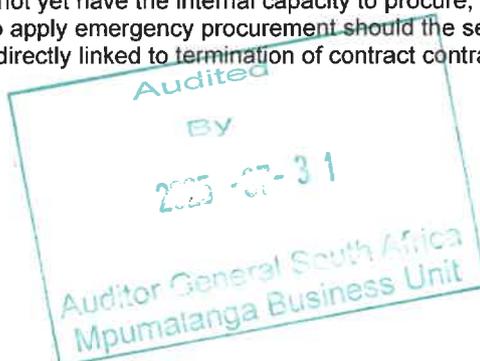
Capital work-in-progress as at 31 March 2024

	Note	Opening balance	Current year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance
Figures in Rand thousand					
Buildings and other fixed structures		4,049,485	1,194,013	136,482	5,107,016

30. Principal-agent arrangements**30.1 Department acting as the principal**

Management Handling fee				77,286	75,780
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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 procurement management fees of 4.60 percent (March 2024 to February 2025 as per note amount) . The land and buildings is owned by the Department of Public works while the machinery and equipment belongs to the Department of health, 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 pharmaceutical Depot. 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.

31. Prior period errors**31.1 Correction of prior period errors****2023/2024**

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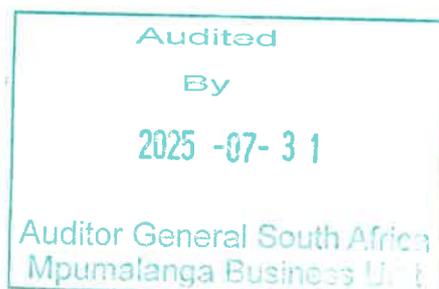
Notes to the Annual Financial Statements

Figures in Rand thousand	Note(s)	2024/2025	2023/2024	
31. Prior period errors (continued)				
	Note	Amount bef error correction	Prior period error	Restated amount
Figures in Rand thousand				
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 27	2,897,358	39,410	2,936,768
Prior Period Error on Minor Assets (Assets from floor not on Fixed Asset Register)	Note 27	297,597	4,631	302,228
Net effect		3,194,955	44,041	3,238,996

The Department has discovered that there were assets on the floor but not on the Asset register which were not in the Opening balance and were not part of the additions for this financial year, therefore for them to form part of the asset register the Department has to do Prior Period Error to adjust the Opening Balance.

	Note	Amount bef error correction	Prior period error	Restated amount
Figures in Rand thousand				
Liabilities: (e.g. Payables current, Voted funds to be surrendered, Commitments, Provisions, etc.)				
Error with Prior Year disclosure on Contingent Liability	Note 17	5,867,431	912,169	6,779,600
Error with Prior Year disclosure on Contingent Assets	Note 17.2	1,753	3,485	5,238
Error in disclosure for Provision for Contingent Liability	Note 26	111,419	30,182	141,601
Net effect		5,980,603	945,836	6,926,439

During the current financial year, the department identified prior period errors related to the disclosure and classification of contingent liabilities, contingent assets, and provisions. The errors arose from omitted legal case files, misclassification between provisions and contingents, and incorrect amendments made to prior year assessments. As a result, certain items that met the recognition or disclosure criteria in terms of Chapter 14 of the Modified Cash Standard were either not disclosed or incorrectly classified in the prior year's financial statements. The affected disclosure notes have been restated accordingly in line with the requirements of Chapter 14 of the MCS.



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Figures in Rand thousand

32. Statement of conditional grants received

Name of grant	Grant allocation			Spent			2023/2024		
	Division of Revenue Act/ Provincial Grants	Roll Overs	Total Available	Amount received by department	Amount spent by department	Under / (Overspending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
District Programm Grant	2,575,224	-	2,575,224	2,575,224	2,575,351	(127)	- %	2,400,613	2,400,613
Health Facility Revitalization	459,295	-	459,295	459,295	458,954	341	100 %	462,955	461,681
Human Resource and Training	279,435	-	279,435	279,435	279,423	12	100 %	281,115	280,729
National Health Insurance Grant	34,310	15,036	49,346	49,346	49,539	(193)	- %	99,022	80,811
National Tertiary Services Grant	274,508	-	274,508	274,508	254,069	20,439	93 %	151,943	151,780
EPWP Integrated Grant for Province	2,212	-	2,212	2,212	2,208	4	100 %	11,662	11,664
EPWP Social Sector	6,567	-	6,567	6,567	6,603	(36)	- %	1,961	1,961
	3,631,551	15,036	3,646,587	3,646,587	3,626,147	20,440		3,409,271	3,389,239

The underspending on National Tertiary Services Grant was due to the delays in the finalisation of the Bunker Project for oncology at Rob Ferreira Hospital, however the request for rollover is submitted to Provincial Treasury

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Figures in Rand thousand

33. Statement of conditional grants paid to the provinces

Name of Grant	Grant allocation		Transfer	2023/2024	
	Division of Revenue Act	Total Available		Division of Revenue Act	Actual Transfer
Summary by province					
Mpumalanga	2,237	2,237	2,236	2,308	1,752
Summary by grant					
Vehicle Licences	2,237	2,237	2,236	2,308	1,752
1. Vehicle Licences					
Mpumalanga	2,237	2,237	2,236	2,308	1,752

The Department of Safety, Security, Community and Liason took over the payments for motor licencing in the Province, and it is disclosed under note 33.



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Annexures to the Annual Financial Statements - Unaudited

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Annual Financial Statements for the year ended 31 March 2025**Annexures to the Annual Financial Statements - Unaudited****Annexure 1B****Statement of transfers to Departmental Agencies and Accounts**

Departmental Agency/ Account	Transfer allocation			Transfer		2023/2024	
	Adjusted budget	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer	
SKILLS DEVELOPMENT LEVY	30,485	30,485	30,485	100 %	29,145	29,145	
COM: LICENCES	249	249	241	97 %	144	110	
Total	30,734	30,734	30,726		29,289	29,255	

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

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Annexures to the Annual Financial Statements - Unaudited

Annexure 1F

Statement of transfers to non-profit institutions

Figures in Rand thousand	Transfer allocation		Expenditure		2023/2024	
	Adjusted budget	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer
Non-profit institutions						
Transfers						
NPI: DISTRICT HEALTH SERVICES	9,431	9,431	9,403	100 %	5,238	5,238
NPI: HOME BASE CARE SERVICES	-	-	-	- %	626	-
	9,431	9,431	9,403		5,864	5,238

The transfer is to Disable People South Africa.



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Annexures to the Annual Financial Statements - Unaudited**Annexure 1G****Statement of transfers to households**

Figures in Rand thousand	Transfer allocation		Expenditure		2023/2024	
	Adjusted budget	Total available	Actual transfer	% of Available funds transferred	Final budget	Actual transfer
Households						
Transfers						
H/H EMPL S/BEN:INJURY ON DUTY	4,561	4,561	2,576	56 %	4,651	3,976
H/H EMPL S/BEN:LEAVE GRATUITY	38,256	38,256	40,161	105 %	29,559	45,036
H/H:CLAIMS AGAINST STATE(CASH)	73,979	73,979	73,979	100 %	48,874	82,702
H/H:BURSARIES(NON-EMPLOYEE)	9,503	9,503	9,503	100 %	16,277	4,925
H/H:DONATIONS&GIFTS(CASH)	-	-	26	- %	-	128
	126,299	126,299	126,245		99,361	136,767
Subsidies						
	-	-	26	- %	-	-
Total	126,299	126,299	126,271		99,361	136,767

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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements - Unaudited**Annexure 1H****Statement of gifts, donations and sponsorships received**

Figures in Rand thousand		2024/2025	2023/2024
Name of organisation	Nature of gifts, donations and sponsorships		
Received in cash			
Donations			
Goods and Services		87,990	1,563
Other Machinery and Equipment		262	1,085
Computers		196	130
Furnitures		95	-
Motor vehicles		4,258	3,140
Total donations		92,801	5,918

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Annexures to the Annual Financial Statements - Unaudited

Annexure 1J

Statement of gifts, donations and sponsorships made

Figures in Rand thousand	2024/2025	2023/2024
Nature of gifts, donations and sponsorships made		
Made in kind		
Donations		
Funeral Services	-	128
Provision of compensation for the family of the missing driver	26	-
Total donations	26	128

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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements - Unaudited**Annexure 3B****Statement of contingent liabilities as at 31 March 2025**

Figures in Rand thousand	Opening balance 01 April 2024	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Closing balance 31 March 2025
Nature of liabilities				
Claims against the department				
Medical Negligence	6,514,178	903,408	763,472	6,654,114
Motor Vehicle Accident	5,979	891	1,402	5,468
Unpaid Services	153,338	83,662	-	237,000
Other	106,105	3,504	4,595	105,014
Subtotal	6,779,600	991,465	769,469	7,001,596

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Annual Financial Statements for the year ended 31 March 2025**Annexures to the Annual Financial Statements - Unaudited****Annexure 4****Claims recoverable**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total
	2023/2024	2024/2025	2023/2024	2024/2025	
Figures in Rand thousand					
Department					
Department of Public Works Mpumalanga	-	3,149	2,713	3,149	2,713
Department of Education	-	-	341	-	341
Department of Health North West Province	-	118	118	118	118
Department of Health Gauteng	-	603	1,009	603	1,009
Department of Health Kwazulu Natal	113	546	487	546	600
Department of Health National	-	2,406	2,406	2,406	2,406
Department of Social Development Limpopo	-	-	4	-	4
Department of Health Limpopo	-	544	560	544	560
Department of Correctional Services	-	151	151	151	151
Department of Cooperative Governance	-	36	36	36	36
Department of Water and Sanitation	-	-	14	-	14
Department of Health Eastern Cape	-	2	2	2	2
Department of Employment and Labour	-	68	68	68	68
Department of Health Free State	-	157	157	157	157
Mpumalanga Provincial Treasury	-	60	131	60	131
Office of the Premier	-	-	119	-	119
Department of Health Western Cape	-	20	194	20	194
Subtotal	113	7,860	8,510	7,860	8,623
Other government entities					
Health Welfare SETA	-	-	853	-	853
Total	113	7,860	9,363	7,860	9,476

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Annual Financial Statements for the year ended 31 March 2025**Annexures to the Annual Financial Statements - Unaudited****Annexure 5****Inter-government payables**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total
	2024/2025	2023/2024	2024/2025	2023/2024	
Figures in Rand thousand					
Departments					
Current					
Department of Public Works Roads and Transport Mpumalanga	1,028	178	2,736	2,736	3,764
Department of Public Works, Roads and Transport Gauteng	20	-	-	84	20
Department of Health Kwazulu Natal	200	1,509	41	200	241
Department of Agriculture Mpumalanga	405	4,915	-	-	405
Department of Justice Gauteng	151	921	-	-	151
Department of Health Limpopo	29	-	14	-	43
Department of Health Gauteng	-	-	2,101	-	2,101
Department of Justice and Constitutional Development Gauteng	-	-	27	-	27
Subtotal	1,833	7,523	4,919	3,020	6,752
Other government entity					
Current					
Government Printing Works	440	61	-	-	440
Total Inter-government payables	2,273	7,584	4,919	3,020	7,192
					10,604

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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements - Unaudited**Annexure 6****Inventories****Inventory for the year ended 31 March 2025**

Figures in Rand thousand

	Note	Pharmaceutical Inventory	Normal Warehouse Inventory	Total
Opening balance		630,619	3,160	633,779
Add/(Less): Adjustments to prior year balances		-	220	220
Add: Additions/Purchases - Cash		1,869,858	302,082	2,171,940
Add: Additions - Non-cash		78,183	1	78,184
(Less): Issues		(1,766,679)	(299,531)	(2,066,210)
Add/(Less): Received current, not paid (Paid current year, received prior year)		(194,594)	182	(194,412)
Add/(Less): Adjustments		-	(1,869)	(1,869)
Closing balance		617,387	4,245	621,632

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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements**Annexure 6 (continued)****Inventories (continued)****Inventory for the year ended 31 March 2024**

Figures in Rand thousand

	Note	Pharmaceutical Inventory	Normal Warehouse Inventory	Total
Opening balance		635,425	3,407	638,832
Add/(Less): Adjustments to prior year balances		30,321	5,061	35,382
Add: Additions/Purchases - Cash		1,741,083	279,711	2,020,794
Add: Additions - Non-cash		37,872	-	37,872
(Less): Issues		(1,684,700)	(277,764)	(1,962,464)
Add/(Less): Received current, not paid (Paid current year, received prior year)		(86,000)	-	(86,000)
Add/(Less): Adjustments		(43,382)	(7,255)	(50,637)
Closing balance		630,619	3,160	633,779

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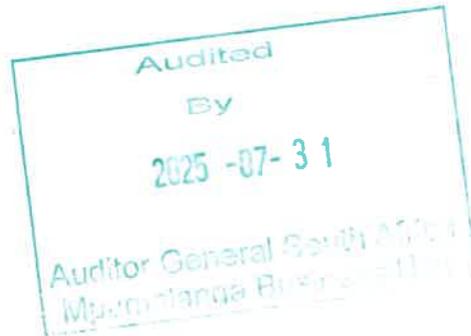
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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements - Unaudited**Annexure 7****Movement in capital work-in-progress****Movement in capital-work-in progress for the year ended 31 March 2025**

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	23,653	1,928	25,581	-
Non-residential buildings	5,058,789	1,104,542	3,597,163	2,566,168
Other fixed structures	24,574	15,693	29,053	11,214
	5,107,016	1,122,163	3,651,797	2,577,382



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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements**Annexure 7 (continued)****Movement in capital work-in-progress (continued)****Movement in capital work-in-progress for the year ended 31 March 2024**

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	68,095	19,790	64,232	23,653
Non-residential buildings	3,940,497	1,157,380	39,088	5,058,789
Other fixed structures	40,893	16,843	33,162	24,574
	4,049,485	1,194,013	136,482	5,107,016

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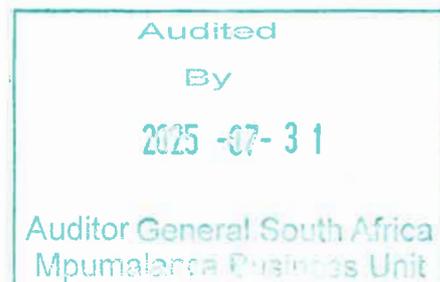
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Annual Financial Statements for the year ended 31 March 2025

Annexures to the Annual Financial Statements - Unaudited

Annexure 11



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

PRIVATE BAG X11285
NELSPRUIT
1200

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