

ANNUAL REPORT

2023

PATIENT CENTRED
CLINICIAN-LED
STAKEHOLDER DRIVEN

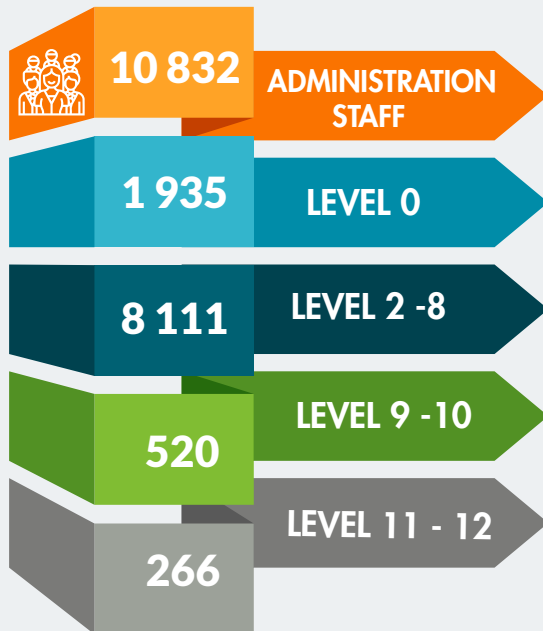
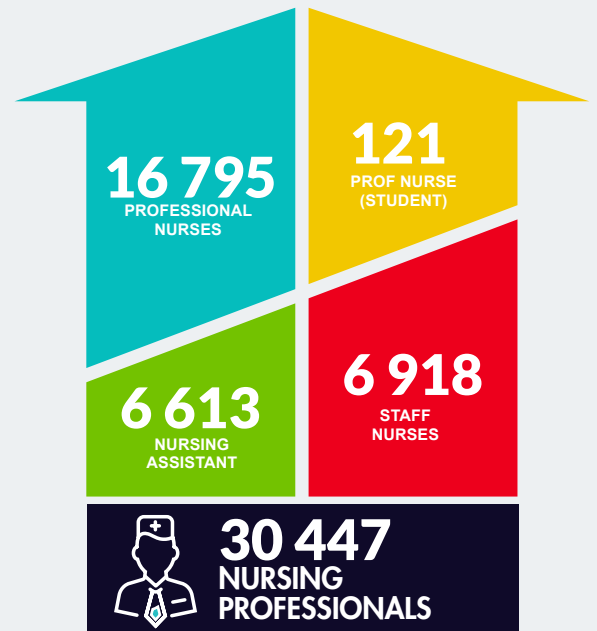


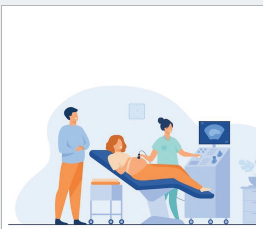
GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

GGT2030
GROWING GAUTENG TOGETHER

Human Resources for Health

Total Health Workers - 78 467





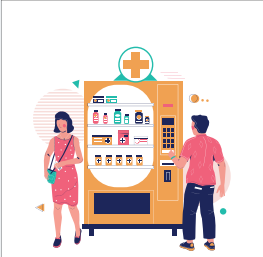
229 245

Pregnant women received antenatal care services



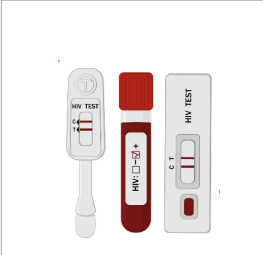
13 128

New PHC clients treated for mental health disorders



1 196 422

Patients enrolled on Chronic medical dispensation (CCMDD)



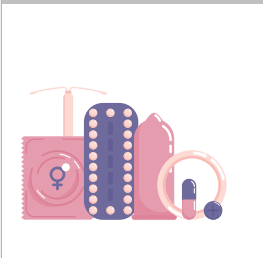
5 312 638

HIV tests done



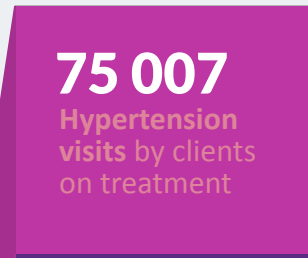
81 626

Assistive devices provided to patients



1 368 529

Women of reproductive age provided contraceptives



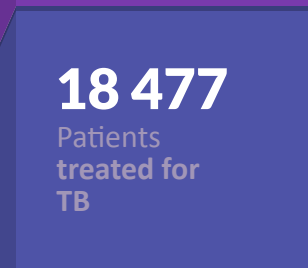
75 007

Hypertension visits by clients on treatment



206 733

Women screened for cervical cancer



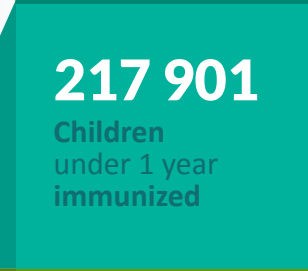
18 477

Patients treated for TB



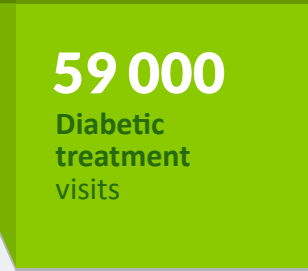
1 232 505

HIV clients remain on treatment



217 901

Children under 1 year immunized



59 000

Diabetic treatment visits

Health Services Snapshot

Financial Inputs

Actual Expenditure

per programme (R'000)



**Gauteng Department of Health
Annual Report
Financial Year
2022/2023**

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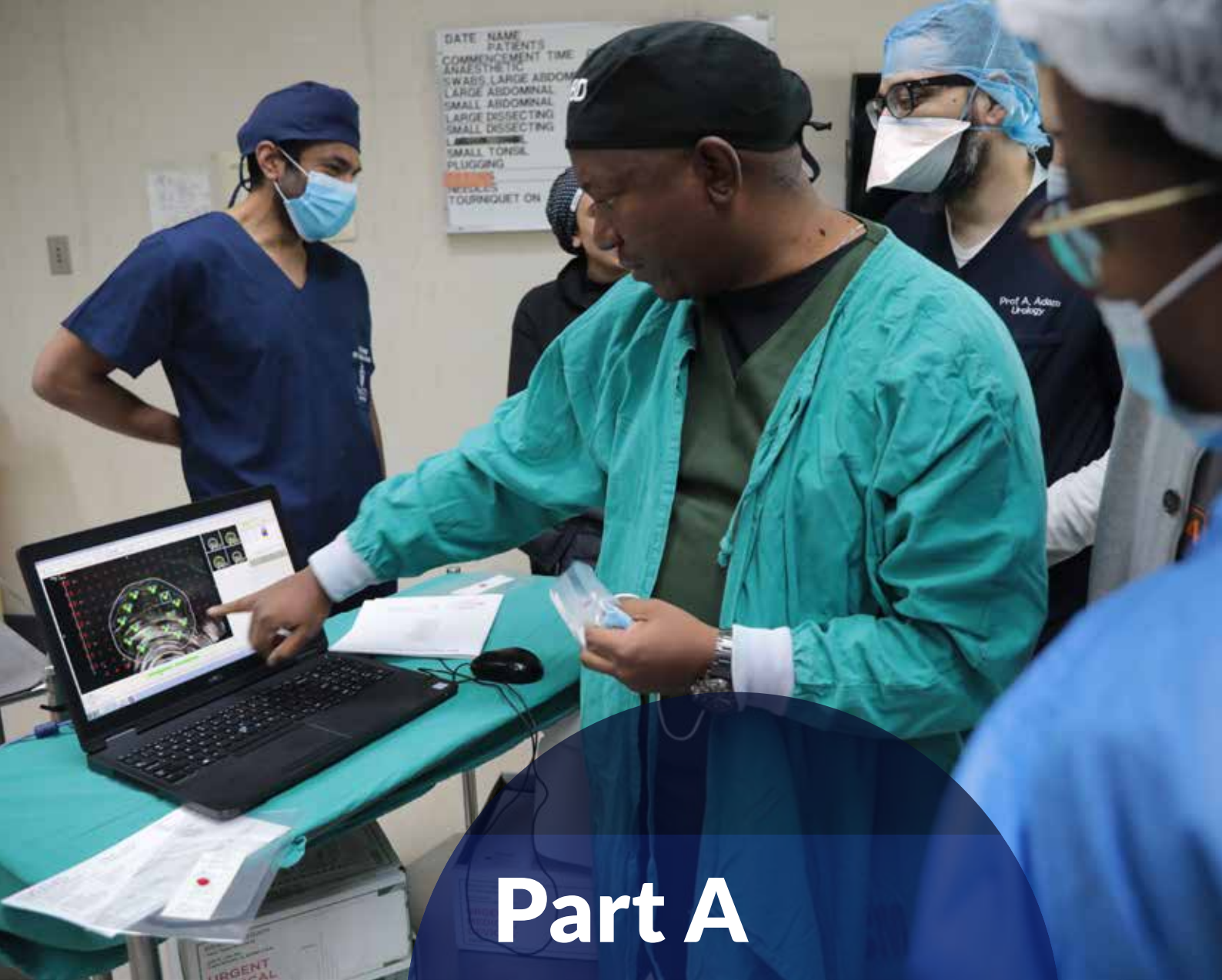
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Part A

General Information

1. General Information

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@gautenghealth



Gauteng Department of Health

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ABOUT THE DEPARTMENT

Information on the mandate, location and messages from the MEC and the accounting officer on performance of the department.

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ADMINISTRATIVE

A performance report outlining quality improvement, technology and the transformation agenda.

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DISTRICT HEALTH SERVICES

Performance of the priority health programmes' accessibility, treatment and support provided at primary health facilities, including reengineering of the PHC system.

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EMERGENCY MEDICAL AND HOSPITAL SERVICES

Performance of the emergency medical services; efficiency of and quality initiatives by the various categories of hospitals including those providing specialised, tertiary and quaternary care.

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HEALTH CARE SUPPORT SERVICES OVERVIEW

Overview of pharmaceutical, blood and supply chain, human resources capacity development initiatives and capital investments.

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GOVERNANCE, HUMAN FINANCIAL & MEDICAL SUPPLY DEPOT

Overview of Risk Management, Human Resources statistics overview, Financial Statements.

2. Abbreviations and Acronyms

| | |
|----------|--|
| AGE | Acute Gastro-Enteritis |
| AGSA | Auditor General of South Africa |
| ALS | Advanced Life Support |
| ANC | Antenatal Care |
| ART | Antiretroviral Treatment |
| ARV | Antiretroviral Drug |
| BAA | Basic Ambulance Assistant |
| BAC | Bid Adjudicating Committee |
| BANC | Basic Antenatal Care |
| B-BBEE | Broad-Based Black Economic Empowerment |
| CCMDD | Centralised Chronic Medicine Dispensing and Distribution |
| CEO | Chief Executive Officer |
| CHBAH | Chris Hani Baragwanath Academic Hospital |
| CHC | Community Health Centre |
| CHE | Councillor on Higher Education |
| CHW | Community Health Worker |
| CMJAH | Charlotte Maxeke Johannesburg Academic Hospital |
| CMMS | Computerized Maintenance Management System |
| CoE | City of Ekurhuleni |
| COE | Compensation of Employees |
| CoJ | City of Johannesburg |
| CoT | City of Tshwane |
| COVID-19 | Corona Virus Disease-19 |
| CS | Caesarean Section |
| DBAC | Departmental Bid Allocation Committee |
| DCST | District Clinical Specialist Team |
| DDC | Daily Data Capturing |
| DED | Department of Economic Development |
| DGMAH | Dr George Mukhari Academic Hospital |
| DID | Department of Infrastructure Development |
| DOH | Department of Health |
| DPSA | Department of Public Service and Administration |
| DS-TB | Drug Sensitive Tuberculosis |
| ECD | Early Childhood Development |
| ECG | Electrocardiograph |
| EMC | Executive Management Committee |
| EMS | Emergency Medical Service |
| EPWP | Expanded Public Works Programme |
| ESMOE | Essential Steps to Manage Obstetric Emergencies |
| EST | Emergency Service Transport |
| FMU | Facility Management Unit |
| FY | Financial Year |
| GCON | Gauteng College of Nursing |
| GDARD | Gauteng Department of Agriculture and Rural Development |
| GDoH | Gauteng Department of Health |
| GDOH&W | Gauteng Department of Health and Wellness |
| GEAC | Gauteng Ethics Advisory Council |
| GFYODI | Gender, Youth and People Living with Disabilities |
| GIFA | Gauteng Infrastructure Financial Agency |
| GP | Gauteng Province |
| GPT | Gauteng Provincial Treasury |
| GRV | Goods Received Voucher |
| G-SET | Gauteng-Scheduled Emergency Transport |
| HAST | HIV/AIDS, STIs and TB |

| | |
|--------|---|
| HbA1c | Haemoglobin A1c |
| HBB | Helping Babies Breathe |
| HDR | High Dose Rate |
| HEQSF | Higher Education Qualification Sub Framework |
| HIEM | Health Information Evaluation and Monitoring |
| HIS | Health Information System |
| HIV | Human Immunodeficiency Virus |
| HOA | Home Owner's Allowance |
| HOD | Head of Department |
| HOU | Head of Unit |
| HPCSA | Health Professions Council of South Africa |
| HR | Human Resources |
| HRD | Human Resources Department |
| HRH | Human Resources for Health |
| HRM | Human Resource Management |
| HT | Health Technology |
| HTS | HIV Testing Services |
| HWSETA | Health and Welfare Sector Education and Training Authority |
| ICD10 | International Classification of Diseases 10th Revision |
| ICSM | Integrated Clinical Services Management |
| ICU | Intensive Care Unit |
| IHRMF | Ideal Hospital Realisation and Maintenance Framework |
| IJS | Intermediate Life Support |
| ISHP | Integrated School Health Programme |
| IUSS | Infrastructure Unit Support Systems |
| KPA | Key Performance Area |
| KPI | Key Performance Indicator |
| LARC | Long-Acting Reversible Contraceptive |
| LRTI | Lower Respiratory Tract Infection |
| M&M | Morbidity & Mortality |
| MCWH&N | Maternal, Child and Women's Health and Nutrition |
| MIS | Management Information System |
| MMR | Maternal Mortality Rate |
| MOU | Memorandum of Understanding |
| MSD | Medical Supplies Depot |
| MTEF | Medium Term Expenditure Framework |
| MTSF | Mid-Term Strategic Framework |
| NCD | Non-Communicable Disease |
| NDoH | National Department of Health |
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Service |
| NICD | National Institute for Communicable Diseases |
| NICU | Neonatal Intensive Care Unit |
| NIMART | Nurse-initiated Management of ART |
| NNV | Non-negotiable Vital |
| NSP | National Strategic Plan |
| O&G | Obstetrics & Gynaecology |
| OCPOL | Oversight Committee on the Premier's Office and the Legislature |
| OHS | Occupational Health and Safety |
| OHSC | Office of Health Standards Compliance |
| OoP | Office the Premier |
| PACS | Picture Archiving and Communication System |
| PCR | Polymerase Chain Reaction |
| PEC | Patient Experience of Care |
| PFMA | Public Finance Management Act |
| PHC | Primary Health Care |
| PILIR | Policy and Procedure on Incapacity Leave and Ill-Health |
| PMTCT | Prevention of Mother to Child Transmission |

| | |
|---------------|--|
| POE | Portfolio of Evidence |
| PPE | Personal Protective Equipment |
| PPP | Public-Private Partnership |
| PPPFA | Preferential Procurement Policy Framework Act |
| PPR | Preferential Procurement Regulations |
| PPT | Planned Patient Transport |
| PSC | Personnel Suitability Check |
| PSC | Public Service Commission |
| PSI | Patient Safety Incident |
| PSP | Professional Service Provider |
| PSST | Provincial Strategic Support Team |
| PwD | Person living with a Disability |
| Q | Quarter |
| QA | Quality Assurance |
| QAC | Quotation Adjudication Committee |
| QIP | Quality Improvement Plan |
| RAF | Road Accident Fund |
| RFQ | Request for Quotations |
| RHS | Rehabilitative Health Services |
| RMC | Risk Management Committee |
| RWOPS | Remunerative Work Outside the Public Service |
| SABS | South African Bureau of Standards |
| SAC | Severity Assessment Code |
| SAE | Serious Adverse Events |
| SAICA | South African Institute of Chartered Accountants |
| SAM | Severe Acute Malnutrition |
| SANC | South African Nursing Council |
| SAPS | South African Police Service |
| SBAH | Steve Biko Academic Hospital |
| SCA | Supreme Court of Appeal |
| SCM | Supply Chain Management |
| SCOPA | Standing Committee on Public Accounts |
| SDA | Service Delivery Agreement |
| SDIP | Service Delivery Improvement Plan |
| SITA | State Information Technology Agency |
| SIU | Special Investigating Unit |
| SLA | Service Level Agreement |
| SMDP | Supervisory Management Development Programme |
| SMME | Small, Medium or Micro Enterprise |
| SMS | Senior Management Service |
| SSA | State Security Agency |
| SOP | Standard Operating Procedure |
| STI | Sexually Transmitted Infection |
| SWOT | Strength Weaknesses Opportunities Threats |
| TB | Tuberculosis |
| Td | Tetanus and Diphtheria |
| TISH | Townships, informal settlements and hostels |
| TOP | Termination of Pregnancy |
| TOR | Terms of Reference |
| TR | Treasury Regulation |
| TROA | Total Remaining on ART |
| UNAIDS | United Nations Programme on HIV/AIDS |
| UPFS | Uniform Patient Fees Schedule |
| VL | Viral Load |
| VMMC | Voluntary Medical Male Circumcision |
| WBOT | Ward Based Outreach Team |

3. Foreword by the MEC

This annual report is presented at a time when the department is back to promoting the basic tenets of what makes a health system, with the introduction of the health and wellness programme after the COVID-19 pandemic. It is without doubt that the pandemic stalled progress in a number of areas of the 6th Administration's Strategic Plan.

The Gauteng Department of Health (GDoH) holds a sacred responsibility: to safeguard the health of our communities, to provide quality healthcare services and to ensure that no one is left behind in their pursuit of a healthy life. As we end this financial year and head to the new political term, we must reaffirm our dedication to this noble cause and redouble our efforts to achieve healthcare excellence.

In the face of numerous challenges, we remain steadfast in our mission. The demands on our healthcare system continue to grow, requiring us to adapt, innovate and implement transformative solutions. We are also addressing the persistent inequalities in our society, ensuring equitable access to healthcare for all irrespective of their socio-economic background.

During the reporting year, we have striven for a healthcare system that is patient-centred, compassionate and efficient. We have prioritised preventative care, health education and early intervention, understanding that a healthy population is the foundation of a prosperous society. Our collective efforts, dedication and unwavering commitment have allowed us to turn the tide and transform our hospitals into beacons of hope and healing.

We have faced numerous challenges in our healthcare system. We have grappled with limited resources, overcrowded facilities and stretched healthcare professionals. Through resilience, innovation and a shared vision, we are overcoming these obstacles and today we can proudly say that we have turned the tide.

We understand the significance of our role as healthcare providers and as advocates for those who entrust us with their well-being. It is a responsibility that we embrace wholeheartedly and we are committed to delivering on the promises we make to the people of Gauteng.

Our commitment begins with a fundamental belief that access to quality healthcare is a basic human right, regardless of one's background, socio-economic status or circumstances. We are dedicated to ensuring that every person in our community has equitable access to healthcare services, irrespective of their means.

When we assumed office in October 2022, we had no illusions about the mammoth task before us and the state of the public health system in the province. This is why we immediately set on course a plan to turn the tide and to begin to write a new story about the Gauteng health care system. Communities across the province can attest to the fact that they are



Ms Nomantu Nkomo- Ralehoko,
Gauteng MEC for Health and Wellness

*"We have intensified our health and wellness drive under what we have termed **AsibeHealthyGP**. This has seen us launching the **Wellness Wednesday** programme and mobilising sectors of society to embrace healthy living to tackle both communicable and non-communicable diseases."*

now starting to enjoy access to healthcare services on their doorsteps. Under the townships, informal settlements and hostels (TISH) programme, we are now taking health services to where communities are. To date, 21 359 215 headcount of people have been reached through comprehensive life course health and wellness campaigns across all five districts. The visibility of our campaign has reached millions of people beyond our programme.

We have intensified our health and wellness drive under what we have termed AsibeHealthyGP. This has seen us launching the Wellness Wednesday programme and mobilising sectors of society to embrace healthy living to tackle both communicable and non-communicable diseases.

To ensure that our response time is timely and agile, we continue to invest in human resource capacity and in bolstering the EMS fleet. To this end, we have procured 5 violent incident vehicles, 30 ICU/obstetric ambulances, 50 Gauteng-Scheduled Emergency Transport (G-SET) vehicles, 20 primary response vehicles (PRVs) and 218 Intermediate Life Support ambulances with EMS operating licenses obtained.

Broadening access to care and giving health services at time of need is one of our main priorities. Two additional clinics in JHB Health District, namely Ennerdale Extension 8 and Lenasia Extension 5, started providing 24 hours emergency services during July-September 2022. Plans are in place to increase the number of Community Health Centres (CHCs) providing 24-hour emergency services to 40 by the end of March 2024.

As at the end of 2022/23, 1 196 422 clients were enrolled on the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme, an increase of 10 per cent from 1 085 232 in 2021/22. It is no secret that many of our facilities need maintenance, refurbishment, upgrades or replacement but we also need new infrastructure. This will enable the smooth rolling out of National Health Insurance (NHI) from PHC level up to tertiary services.

We are proud that, despite slow progress in the implementation of infrastructure projects, Sebokeng Zone 17 Clinic was opened in March 2023 and is now functional. Five clinics (Mandisa Shiceka, Philip Moyo, Finetown, Boikhutsong and Kekanastad) are in the final stages of completion and are expected to become functional in the 2023/24 financial year. The delays in delivery of these planned infrastructure projects were largely due to slow delivery of health technology as well as non-compliance with municipal regulations resulting in the municipality not issuing

Occupation Certificates. Plans are in place to ensure that all these projects are fast-tracked and that these clinics are functional as broadening access to care remains our priority.

By the second quarter of the year under review, the department's midterm review indicated a number of areas that were not going according to plan and we plan to promote the primary prevention efforts which will ensure that the health system promotes delivery of care where it is needed most at community levels.

Medico-legal claims are still a major concern for the department. However, we have been able to bring down the rand value of these claims in the contingent liabilities to R18.2 billion as at the end of March 2023. The work of verification of cases will continue through the legal intervention strategy developed to address them. The strategy includes ensuring that we have a dedicated unit that will be working tirelessly to bring down these claims. We will further undertake reforms when appointing Chief Executive Officers (CEOs) of hospitals to ensure that their contracts of employment include as a key performance area the reduction of medico-legal claims.

Significant strides have been made towards reducing premature morbidity and mortality due to the Human Immunodeficiency Virus (HIV), with the number of HIV tests carried out increasing by 6 per cent from 5 014 704 in 2021/22 to 5 312 638 during 2022/23 and with HIV positivity among the 15-24 year old age group kept below 4.5 per cent. In addition, a great deal of work has been done to eliminate the transmission of HIV from mothers to children, with the infant first polymerase chain reaction (PCR) test positive around 10 weeks declining year-on-year. The nutritional needs of children under five years are well taken care of, with 64.8 per cent of these children given Vitamin A doses.

We have been able to make a package of services available to the population, with priority given to equity and the most cost-effective services. In 2022/23, 97.3 per cent of the clinics in the province obtained Ideal Clinic status.

I remain grateful to the health workers across the province who continue to provide their best service amidst challenges.



Ms Nomantu Nkomo- Ralehoko

Gauteng MEC for Health and Wellness
31 July 2023

4. Report of the Accounting Officer



Mr Arnold Lesiba Malotana
Head of Department

4.1. Overview of non-financial results of the department

In its efforts to ensure that it was positioned towards becoming “a highly reliable organisation” whilst ensuring prudent resource utilisation, the department was able to provide health care services to over 19 million clients, a 6 per cent increase in patient visits compared to the previous year whilst hospital outpatient departments attended to over 5 million patient visits.

Amid mounting challenges from post-pandemic restrictions, all efforts were geared towards restoring essential services and ensuring effectiveness of the department’s systems and operations.

As regards improving service delivery, various initiatives implemented in the past such as the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme have been sustained and have not only become a way of decongesting PHC facilities but have been adopted by a number of hospitals to minimise the numbers of patients coming to outpatient departments to collect medicines. During 2022/23, enrolment of clients in the CCMDD programme increased by 10 per cent to 1 196 422 from 1 085 232 in 2021/22.

We have also expanded our PHC service platforms. Two additional clinics, Ennerdale Extension 8 and Lenasia Extension 5, started providing 24-hour emergency services bringing the number of CHCs operating 24-hours to 38.

Efforts were made to ensure that people living with HIV know their status and are tested and virally suppressed; the number of HIV tests carried out in 2022/23 increased by 6 per cent to 5 312 638 from 5 014 704 in 2021/22. In 2022/23, the proportion of HIV positive clients aged 15 to 24 declined by 0.4 percentage points from 1.7 per cent in 2021/22 to 1.3 per cent; this may be as a result of the multiplicity of preventative messages that are being shared on various platforms.

Of the 55 249 adult clients who were viral load tested, 90 per cent (49 774) were virally suppressed at twelve months.

Efforts to improve maternal health include antenatal care (ANC) attendance where potential problems during pregnancy can be identified and addressed to enable safe delivery. During the year under review, ANC first visits increased by 2.4 percentage points to 69.2 per cent from 66.8 per cent in 2021/22.

Training and development including wellness are taken seriously, with a range of development initiatives implemented. Undergraduate enrolment of nursing students improved by 38 per cent from 400 in 2021/22 to 550 in 2022/23.

“The department was able to provide health care services to over 19 million clients, a 6 per cent increase in patient visits compared to the previous year whilst hospital outpatient departments attended to over 5 million patient visits.”

Whilst care is being taken to ensure that no mothers and babies die during childbirth, there are still challenges regarding maternal and neonatal mortality with our mortality rates higher than the target we have set for ourselves. Primary prevention is a priority for the department as reflected in one of our priorities - to improve health care literacy and public health education -as well as clinical care. In this regard, we continued to screen clients for both diabetes and hypertension; a significant portion of the targeted 18 years and older age groups have been screened. Management of diabetes has also improved for those clients already on diabetes treatment, with the number of clients screened for diabetes increasing by 32 per cent from 5 505 996 in 2021/22 to 7 276 749 in 2022/23. About 70.4 per cent (5 351 493) of clients aged 18 to 44 and 29.6 per cent (2 606 812) aged 45 years and older were screened for hypertension during 2022/23.

The proportion of clients with controlled diabetes of Haemoglobin A1c (HBA1c) test results of above 8 per cent increased by 3.5 percentage points from 60 per cent in 2021/22 to 63.6 per cent in 2022/23.

We have realised our commitment to increase PHC facilities and, whilst challenges to further expansion remain from a capital project point of view, we have been able to convert two of our facilities into CHCs, bringing us closer to the 40 CHCs we committed to deliver. Some of the challenges around capital investment include challenges with planning stages of infrastructure projects, delays in health technology installation and failure to acquire Certificates of Occupation.

With regards to the modernisation of the health system business processes, we have rolled out the Health Information System (HIS) across 31 of the 33 CHCs and 35 of the 37 hospitals. The HIS system is currently being implemented using a two-phase approach. The first phase involves the Patient Administration Module (covering patient administration, revenue, billing, International Classification of Diseases 10th Revision (ICD10) code, procedure code, master data and finance) delivered in 31 CHCs in the four districts and in 35 hospitals including the four academic hospitals: Chris Hani Baragwanath, Charlotte Maxeke, Dr George Mukhari and Steve Biko Academic. Phase Two entails implementation of the clinical module, including clinical, triaging and diagnostics, across

primary healthcare centres and hospitals using the mobile solution (eMed). The system enables patient referrals between CHCs and hospitals, with information automated and shared digitally.

As regards financial management, the department incurred R2.2 billion of irregular expenditure during the year under review. The main contributors were the month-to-month contracts for security, cleaning services and consignment stock. A procurement process to have contracts in place for security services is underway.

The department incurred R15 million of fruitless and wasteful expenditure during the year under review. This was due to interest relating to late payments of municipal accounts, Eskom and delayed implementation of the infrastructure projects.

The department closed off the financial year with an accruals balance of R6.8 billion. Budget constraints, historic transactions, over-commitment and settlement of medico-legal court orders have a negative impact on the accruals balance. The department has implemented internal controls to curb the balance but it will take some time to realise the impact of the measures.

There are a number of areas, include the area of information technology, where we have not done as we would have wished to. However, by end of the financial year, we had been able to roll out the health information system to a number of our hospitals and clinics. Comprehensive implementation of the solution remains elusive due to sourcing challenges. Delays in recruitment and filling of key positions are also amongst the key challenges that the department faces, with key strategic positions not filled. Whilst the department has improved its payment processes, its ability to attain the 30-day payment targets has been challenged by, amongst other things, the high accruals bill and cash flow challenges where the department does not have enough cash to pay all its bills. There are plans in place to request the Gauteng Provincial Treasury (GPT) for a cash bail-out to address the current cash-flow challenges. Other interventions to improve 30-day payments include the MEC intervention programme on 30 days compliance and implementation of a rapid work cycle programme to improve turnaround times of clearing exception reports on the financial system.

4.2. Overview of the financial results of the department

The following is a breakdown of revenue collected per source during the reporting year.

Departmental receipts

| Departmental receipts | 2022/2023 | | | 2021/2022 | | |
|--|----------------|-------------------------|-------------------------|----------------|-------------------------|-------------------------|
| | 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 | 501 570 | 408 559 | 93 011 | 482 278 | 443 705 | 38 573 |
| Transfers received | 0 | 809 | (809) | 0 | 15 | (15) |
| Fines, penalties and forfeits | 75 | 39 | 36 | 72 | 26 | 46 |
| Interest, dividends and rent on land | 1710 | 711 | 999 | 1 645 | 305 | 1 340 |
| Sale of capital assets | 0 | 15 318 | (15 318) | 0 | 9 212 | (9 212) |
| Financial transactions in assets and liabilities | 37 445 | 82 673 | (45 228) | 36 005 | 49 291 | (13 286) |
| Total | 540 800 | 508 109 | 32 691 | 520 000 | 502 554 | 17 446 |

The department budgeted to raise R540.8 million for the 2022/23 and collected R508.1 million. This was made up of patient fees (R362.1 million: 71.3 per cent of the total) and other revenue (parking fees, sales of scrap, rental of space, accommodation, interest on staff debts and penalties) (R146 million: 28.7 per cent of the total). This revenue translated to 94 per cent of the budget, or 6 per cent below what was planned for.

The contributing factors to the under collection were:

- The Road Accident Fund (RAF) implemented a new directive on submission of claims which required accident report, witness statement, certified copies of identity document by South African Police Service and Power of Attorney or an affidavit from the hospital which confirms that no other party will pay for the services rendered. Claims not meeting the requirements were rejected by the RAF.
- Later than anticipated implementation of Uniform Patient Fees Schedule (UPFS) tariffs for the 2022/23 financial period.
- Decreased numbers of patients seen in the hospitals impacting on revenue collected from other state departments, medical aids and self-paying patients.

However, the collected revenue in the 2022/23 financial period was higher than the R502.5 million of the previous financial year by R5.6 million (1 per cent). The major contributor to the increase was from other sources of revenue relating to COVID-19 vaccine administration fees refunds.

To ensure that more revenue is collected in the new financial year, the department will implement a revenue enhancement strategy with specific focus on the following areas:

- Provinces: Enter into Memoranda of Understanding (MOUs) with provinces.
- Road Accident Fund: Engagement with the fund.
- Compensation Fund: Continuous engagements with the Fund in conjunction with the National Department of Health to accelerate payments made to the department.
- Reduction of payment rejections.
- Utilising revenue collecting agencies for the submission of claims to external funders.

Tariff Policy

Patient fee tariffs

The department charges UPFS tariffs for patients using public hospitals. These tariffs are determined by a UPFS Steering Committee consisting of representatives of the National Department of Health and the nine provinces and are endorsed by the National Health Council. The tariffs are reviewed and revised annually in accordance with Section 7.3.1 of the Treasury Regulations issued in terms of the Public Finance Management Act No.1 of 1999 and Section 41(1) and (2) of the National Health Act, 61 of 2003.

Meals and crèche fee tariffs

The tariffs for meals and crèches are reviewed and revised annually in accordance with Section 7.3.1 of the Treasury Regulations issued in terms of the Public Finance Management Act No.1 of 1999. Tariff adjustments are negotiated and agreed with employee organisations.

Other tariffs

Other tariffs such as parking and accommodation are determined externally with the involvement of relevant departments.

Patients accessing public institutions are classified into three main groups for the purposes of service fee determination.

i. Full paying patients

This category of patients is liable to pay full UPFS fees for all services provided

ii. Subsidised and exempted patients

These patients are categorised into six categories based on statutory requirements: PG, HG, H0, H1, H2 and H3. The H1, H2 and H3 categories pay discounted fees which are expressed as a percentage of the fees payable by full paying patients. The PG and HG categories are exempted from paying fees due to specific statutorily based circumstances such as pregnancy and children below the age of six. Patients in the H0 category, such as social pensioners, receive services free of charge when proof of status is provided.

iii. Free services

Free services are provided in line with national and provincial policies. The department provides the following free services:

- Free health services for pregnant women and children under the age of six years (Notice 657 of 1994, 1 July 1994)
- Free primary health care services (Notice 1514 of 1996, 17 October 1996)
- Termination of pregnancy (Act 92 of 1996)
- Free health services for social pensioners (Act 81 of 1967 as amended by Act 100 of 1998)
- Medico-legal services for survivors of rape and assault and for post-mortem (Criminal Procedure Act 51 of 1977)
- Donors (Human Tissue Act 63 of 1965)
- Children committed to the care of a children's home, industrial school or foster parents (Child Care Act 74 of 1983, Section 15).

Patient fees debt

Debt written off for the 2022/23 financial year amounted to R 350 045 000. Debts are written off in accordance with the department's policy and after it has taken all reasonable steps to collect the debt owed. The debt categories written off include:

- Uneconomical debts: where the cost of recovery of the debt is more than the debt.
- Undue hardship: where recovery of the debt will result in undue hardship.
- Prescribed debts: debts that are prescribed as a result of the department not being able to make contact with debtors.

Overview of expenditure per budget programme

The department spent 95.6 per cent of the overall appropriated budget of R61.3 billion during the 2022/23 financial year. The percentage spent resulted in underspending of R2.7 billion for the year.

| Voted funds and Direct charges | 2022/23 | | | | | | | 2021/22 | |
|--------------------------------|-------------------|-------------------|-----------|-------------------|--------------------|------------------|--------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| 1 PROGRAMME ADMINISTRATION | 1 456 146 | - | 370 253 | 1 826 399 | 1 825 656 | 743 | 100,0% | 2 341 848 | 2 173 192 |
| 2 DISTRICT HEALTH SERVICES | 21 087 290 | - | - 365 000 | 20 722 290 | 19 494 303 | 1 227 987 | 94,1% | 19 875 921 | 19 251 444 |
| 3 EMERGENCY MEDICAL SERVICES | 1 795 100 | - | 216 000 | 2 011 100 | 2 010 941 | 159 | 100,0% | 1 577 705 | 1 431 692 |
| 4 PROVINCIAL HOSPITAL SERVICES | 11 286 458 | - | - 141 500 | 11 144 958 | 11 082 431 | 62 527 | 99,4% | 11 081 898 | 10 697 214 |
| 5 CENTRAL HOSPITAL SERVICES | 21 978 884 | - | 3 000 | 21 981 884 | 21 485 422 | 496 462 | 97,7% | 20 708 734 | 20 331 657 |
| 6 HEALTH SCIENCES AND TRAINING | 1 090 663 | - | - 87 253 | 1 003 410 | 638 216 | 365 194 | 63,6% | 1 182 600 | 706 868 |
| 7 HEALTH CARE SUPPORT SERVICES | 432 966 | - | 4 500 | 437 466 | 437 302 | 164 | 100,0% | 393 874 | 388 833 |
| 8 HEALTH FACILITIES MANAGEMENT | 2 224 049 | - | - | 2 224 049 | 1 665 469 | 558 580 | 74,9% | 2 462 930 | 2 068 235 |
| | - | - | - | - | - | - | - | - | - |
| PROGRAMME SUB TOTAL | 61 351 556 | - | - | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% | 59 625 510 | 57 049 135 |
| | - | - | - | - | - | - | - | - | - |
| TOTAL | 61 351 556 | - | - | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% | 59 625 510 | 57 049 135 |

Programme 1: Administration: The programme has fully spent its budget.

Programme 2: District Health Services: The underspending occurred because of delays in reconciliation of National Health Laboratory Service (NHLS) claims. The reconciliation determines if the NHLS has billed GDoH for the correct type of patient tests. Roll-over of funds was applied for.

Programme 3: Emergency Medical Services: The programme fully spent its budget.

Programme 4: Provincial Hospital Services: Commitments were made for medical and allied equipment; however, they could not be paid for during the last payment run of the financial year. Application for roll-over of funds was made.

Programme 5: Central Hospitals: The programme incurred under-expenditure of R496.4 million. Commitments were made for medical and allied equipment; however, this could not be paid for in the previous financial year. Application for roll-over of funds was made.

Programme 6: Health Sciences and Training: The programme had under-expenditure of R365.1 million due to slow spending within compensation of employees as well as delays in receipt of invoices for the SA Cuban doctor programme and payment of bursaries for non-employees and contractors.

Programme 7: Health Care Support Services: The programme fully spent its budget.

Programme 8: Health Facilities Management: This programme incurred R558.8 million in under-expenditure due to delays in implementation of planned activities under the 'Buildings and Other Fixed Structure' items.

COVID-19 expenditure per programme and standard item

| Programme | Standard Item | Budget | Tot Expenditure | % Spent | Variance |
|--|---|----------------------|----------------------|---------------|--------------------|
| 1. ADMINISTRATION | Compensation of Employees | 46 868 000 | 9 300 970 | 19,8% | 37 567 030 |
| | Goods and Services | 428 943 000 | 496 380 513 | 115,7% | -67 437 513 |
| | Households (HH) | 0 | 41 805 | * | -41 805 |
| | Machinery and Equipment | 0 | 6 013 642 | * | -6 013 642 |
| Total | | 475 811 000 | 511 736 929 | 107,6% | -35 925 929 |
| 2. DISTRICT HEALTH SERVICES | Compensation of Employees | 191 061 000 | 272 739 824 | 142,8% | -81 678 824 |
| | Goods and Services | 22 000 000 | 34 999 439 | 159,1% | -12 999 439 |
| | Households (HH) | 0 | 25 168 | * | -25 168 |
| | Machinery and Equipment | 0 | 3 727 520 | * | -3 727 520 |
| Total | | 213 061 000 | 311 491 950 | 146,2% | -98 430 950 |
| 4. PROVINCIAL HOSPITAL SERVICES | Compensation of Employees | 93 366 000 | 56 764 623 | 60,8% | 36 601 377 |
| | Goods and Services | 0 | 135 773 | * | -135 773 |
| | Households (HH) | 0 | 41 468 | * | -41 468 |
| | Machinery and Equipment | 0 | 281 454 | * | -281 454 |
| Total | | 93 366 000 | 57 223 318 | 61,3% | 36 142 682 |
| 5. CENTRAL HOSPITAL SERVICES | Compensation of Employees | 802 064 000 | 746 009 177 | 93,0% | 56 054 823 |
| | Goods and Services | 0 | 1 577 318 | * | -1 577 318 |
| | Households (HH) | 0 | 442 750 | * | -442 750 |
| | Machinery and Equipment | 0 | 1 398 133 | * | -1 398 133 |
| Total | | 802 064 000 | 749 427 379 | 93,4% | 52 636 621 |
| 8. HEALTH FACILITIES MANAGEMENT | Buildings & other Fix Struct | 72 000 000 | 29 394 098 | 40,8% | 42 605 902 |
| | Total | 72 000 000 | 29 394 098 | 40,8% | 42 605 902 |
| Grand Total | | 1 656 302 000 | 1 659 273 675 | 100,2% | -2 971 675 |

The above amount was earmarked equitable share funding performance as at end March 2023. This funding was mainly allocated towards appointment of staff, payment of accruals, procurement of PPEs and laboratory tests for COVID-19 investigations on deaths that occurred at home and outside health facilities.

4.3 Virements/roll-overs

The department applied for year-end virements and shifts of funds to alleviate excess expenditure within and across main divisions of a Vote (for example: Programmes). Virements of funds as initiated were from Programme 2: District Health Services; Programme 4: Provincial Hospital Services; and Programme 6: Health Sciences and Training to Programme 1: Administration to alleviate excess spending due to payment of medico-legal claims; Programme 3: Emergency Medical Services to alleviate excess spending as a result of commitments made to procurement and recapitalisation of the EMS fleet; and Programme 7: Health Care Support Services to alleviate excess spending due to increased demand for hygiene-related cleaning items. The department also made roll-over applications in respect of Conditional Grant funds that were committed but could not be processed for payment before the close of the 2022/23 financial year. This roll-over application is related to medical supplies, communications items and medical and allied equipment for the Comprehensive HIV/AIDS Component funded in Programme 2: District Health Services. Roll-over application for Programme 4: Provincial Hospital Services and Programme 5: Central Hospital Services is related to medical and allied equipment that was funded within the National Tertiary Services and Statutory Human Resource and Training and Development grants.

The table below shows the roll-over applications per source of funding and economic class.

| Fund | Standard Item | Amount |
|----------------------------------|-------------------------|-----------------------|
| NATIONAL TERTIARY SERVICES GRANT | MACHINERY AND EQUIPMENT | 515 780 225,67 |
| TOTAL NTSG | | 515 780 225,67 |
| TRAINING COMPONENT | MACHINERY AND EQUIPMENT | 27 957 263,62 |
| TOTAL TRAINING | | 27 957 263,62 |
| COMPREHENSIVE HIV/AIDS COMPONENT | GOODS AND SERVICES | 30 375 419,88 |
| COMPREHENSIVE HIV/AIDS COMPONENT | MACHINERY AND EQUIPMENT | 8 041 695,00 |
| TOTAL HIV/AIDS | | 38 417 114,88 |
| GRAND TOTAL | | 582 154 604,17 |

4.4 Reasons for unauthorised, fruitless and wasteful expenditure, the amounts involved and the steps taken to address and prevent a recurrence

Of the R24.5 billion irregular expenditure reported, R2.26 billion related to current year cases. The irregular expenditure incurred was mainly on extension of contracts related to security services. The department anticipates having completed the tender processes by the end of the 2023/2024 financial year.

The department incurred R15 million in fruitless and wasteful expenditure during the year under review. This consisted of interest paid on late settlements of medico-legal claims and Department of Infrastructure Development (DID) projects.

4.5 Strategic focus over the short to medium term period

Addressing the growing demands posed by an increasing population reliant on the public health sector, an aging population, sustaining care for clients with non-communicable diseases, trauma patterns and medical equipment and supplies price increases above inflation, social determinants of health, medico-legal litigation and the effects of the COVID-19 pandemic requires efficient and effective use of limited fiscal and human resources. The department thus continuously focuses on the appropriate distribution of HR resources. Investing in the South African Bureau of Standards (SABS) health standardisation projects to improve compliance with occupational health and safety (OHS) standards and modernisation of the health care business to reduce the impact of fiscal constraints remains critical. It is for this reason that the department will continue to implement its six priorities: National Health Insurance (NHI) implementation; improved patient experience of care; improved clinical services; strengthened public health literacy and health promotion; strengthened governance and leadership; and economic empowerment and job creation. These priorities are aimed at addressing governance and leadership challenges, improving core services and implementing optimal health literacy programmes.

4.6 Public-private partnerships (PPPs)

The department did not have PPPs in the 2022/23 financial year and did not enter into any new PPPs.

4.7 Discontinued key activities/activities to be discontinued

There were no discontinued activities during the year under review.

4.8 Supply Chain Management

There were no unsolicited bids during the year under review. The inconsistencies in the application of procurement policies are being addressed through guidelines from National Treasury and the provincial treasury. Due to limited review of policies and interpretation-related challenges of the regulations within Supply Chain Management (SCM), there were inconsistencies in the application of procurement policies. The department has reviewed the departmental SCM policy and aligned it with the new SCM guidelines issued by National Treasury and the provincial treasury.

4.9 Gifts and donations received in kind from non-related parties

During the year under review, the department received donations of R17 million worth of assets from various donors. The donors included but were not limited to the Solidarity Response Fund, Professor Robin Green, RAD-AID, Medhold, Rainbows and Smiles, Tecmed, Nuclear Medicine Research Infrastructure, Peter Salvage (Pty) Ltd., Abela Africa Medical, Randfontein High School, Dr Fiford and Dr Tayob, VODACOM, Sandown High School, ENS/Solidarity Response Fund, Metal Concentrators, Ecomed, Meago, Drager Medical, Stat-Tiakeni Medical (Pty) Ltd., Anova Health Institute, Lesley Davies, World Health Organization (WHO), Professor D. S. Magazi and D. G. Murray Trust (DGMT).

4.10 Exemptions and deviations received from National Treasury

No exemptions and deviations were received from National Treasury during the reporting period.

4.11 Events after the reporting date

There were no significant events after the reporting date.

4.12 Approval and sign off



Mr L.A. Malotana
Accounting Officer (Acting)
Gauteng Department of Health
31 July 2023

5. Statement of Responsibility and confirmation of the accuracy of the Annual Report

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

All information and amounts disclosed throughout the Annual Report are consistent. The Annual Report is complete, accurate and free from any omissions and has been prepared in accordance with the guidelines on Annual Reports 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 National Treasury.

The Accounting Officer is responsible for the preparation of the Annual Financial Statements and the judgements made on this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the Annual Financial Statements.

External auditors were engaged to express an independent opinion on the Annual Financial Statements.

In my opinion, the Annual Report fairly reflects the operations, performance information, human resources information and financial affairs of the Department for the financial year ended 31 March 2023.

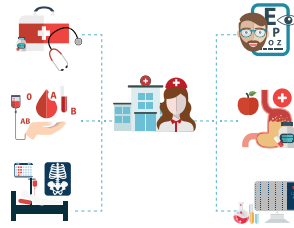
Yours faithfully



Mr L.A. Malotana
Accounting Officer (Acting)
Gauteng Department of Health
31 July 2023

6. Strategic Overview

Gauteng Department of Health Vision Mission, Values & Impact Statement





Vision

A responsive, value based and people centred health care system in Gauteng.



Mission

Transforming the health care system, improving the quality, safety and coverage of health services provided, focusing on primary health care, strengthening public health education and health promotion, and ensuring a responsive, innovative and digitally enabled health system.



Values

Humane, Efficiency
Accountability,
Loyalty, Transparency
Honesty and
Innovation

Impact Statement

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

Values

In working towards the achievement of its vision and mission, the Gauteng Department of Health subscribes to the following values, which are in line with the Batho Pele principles:

| Value | | Description |
|-------|----------------|---|
| H | Humane | We treat our patients, colleagues and stakeholders with respect and dignity in an equitable manner, whilst embracing diversity. We will display a sense of duty and service, and the passion to serve beyond the call of duty. |
| E | Efficiency | We conduct our work in an efficient, effective and professional manner, to ensure we create highest quality and value for money. |
| A | Accountability | We honour our commitments towards our employees and stakeholders in a responsible and reliable manner, taking ownership of our work and decisions. |
| L | Loyalty | We will consistently seek to do the right thing as we believe in the organisation, where it is going and what must be done to get there. We care about the organisation, about its stakeholders and about its mission – we are working for something greater than just ourselves. We will remain true to the values of loyal service to the people. |
| T | Transparency | We are open to scrutiny and will consult and inform stakeholders about the level and quality of public services they will receive so that they are aware of what to expect. We will ensure all citizens have equal access to the services to which they are entitled; and will be providing more and better information about our services. |
| H | Honesty | We conduct our business with integrity, in an honest, truthful, consistent and ethical manner, to ensure we foster trust among our employees, stakeholders. |
| I | Innovation | We conduct our business in a way that focuses on cutting-edge, best in class and “outside the box” approaches and solutions. We seek to listen to and understand the needs of our stakeholders, to inform us in creating new approaches to what we do. |

7. Legislative and Other Mandates

The department derives its mandate from the South African Constitution, the National Health Act, Act 61 of 2003 and other legislation promulgated by Parliament. The department's core mandate is to:

- Improve the health status of the population.
- Improve health services.
- Secure better value for money.
- Ensure effective organisation.
- Provide integrated services and programmes that promote and protect health.
- Assist with ensuring good quality and sustainable livelihoods for the poor, vulnerable and marginalised groups in society.

8. Entities reporting to the MEC

Except for the Medical Supplies Depot (MSD), a trading entity, no public entities fall under the control of the MEC. The performance of the MSD in respect of pharmaceutical services is described in the MSD's annual report.

The table below gives information about the MSD.

| Name of Entity | Legislative Mandate | Financial Relationship | Nature of Operations |
|------------------------------|--|--|--|
| Medical Supplies Depot (MSD) | Registered as 'The Central Medical Trading Account' since 1 April 1992 under the Exchequer Act, Act 1 of 1976. | The depot charges a levy of 5% on stock supplied to the Provincial Health Care facilities. | The MSD is responsible for the supply of essential medicines and disposable sundry items to the Gauteng Provincial Health Care facilities. |

9. Organisational Structure



**MEC FOR HEALTH
& WELLNESS**
MS NOMANTU
NKOMO-RALEHOKO



**HEAD OF
DEPARTMENT
(ACTING)**
M LA MALOTANA



**CHIEF FINANCIAL
OFFICER**

MR M.NDIMA
(ACTING)



**CHIEF OF
OPERATIONS**

MS N. MMOPE
(ACTING)



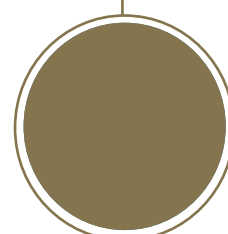
HEAD OF PLANNING

MS T. ADELEKAN



**DDG HUMAN
RESOURCES &
ORGANISATIONAL
DESIGN**

MS. B. BALOYI



**CHIEF DIRECTOR:
ICT**

VACANT



**DDG CLINICAL AND
HOSPITAL SERVICES**

DR S. MANKUPANE
(ACTING)



Part B

Performance Information

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 236 of the Report of the Auditor General, published as Part E: Financial Information.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service Delivery Environment

Improving patients' experience of care; improving clinical services; strengthening governance and leadership, health promotion and literacy; and implementation of the NHI remain the priorities that drive service delivery in the department. Coupled with these six pillars are the eleven outcomes that the department works to attain, as committed to in the Strategic Plan.

The number of visits by people using our PHC services has increased substantially, indicating that increasing access to care needs to remain our main priority. In 2022/23, the number of PHC visits increased by 6 per cent to 19 690 645 from 18 643 728 in 2021/22, with 5 300 083 visits to outpatient departments across our hospitals. The performance of the HIV/AIDS programme improved, making significant strides towards attaining the goals of the UNAIDS 90-90-90 strategy which calls for 90 per cent of HIV-infected individuals to be diagnosed with 90 per cent of them on anti-retroviral therapy (ART) and 90 per cent virally suppressed. Over 5 million HIV tests were carried out during the 2022/23 financial year, with 127 133 people testing positive for HIV. The number of ART clients remaining in care was 1 215 974, an increase of 35 877 from 1 180 097 in 2021/22. The adult viral load suppression rate was 90.1 per cent, slightly above the target of 90 per cent. The child viral load suppression rate was 64 per cent; this was significantly below the 90 per cent target.

The maternal mortality rate (MMR) was 118.5/100 000 live births; this was above the target for the year of 116/100 000 live births. Although the target was not reached, maternal deaths declined by 14 per cent during 2022/23 compared with 2021/22. The largest decrease, of 19 per cent, in maternal deaths during 2022/23 was in central hospitals.

Table 2.1.1: Integrated school health services, 2021/22 and 2022/23

| Type of school health service | 2022/23 | 2021/22 |
|---|----------------|---------------|
| School learner given deworming dose | 49 877 | 25 876 |
| School learner immunised | 4 002 | 4 317 |
| School learner overweight | 3 797 | 2 939 |
| School learner referred for eye care | 8 133 | 4 430 |
| School learner referred for hearing problems | 2 000 | 519 |
| School learner referred for oral health | 17 278 | 11 304 |
| School learner referred for speech problem | 243 | 108 |
| School learner referred for suspected TB | 65 | 2 |
| School learner underweight | 779 | 574 |
| Td dose at 12 years | 13 891 | 11 439 |
| Td dose at 6 years | 16 602 | 13 300 |
| School learner referred for mental health/psycho-social support | 2 683 | N/A |
| Total | 119 350 | 74 808 |

Provision of integrated school health services continued to identify health conditions that are barriers of learning, with 119 350 total learners provided with various health services. This was an increase of 60 per cent from 74 808 in 2021/22. The number of learners given deworming doses increased by 93 per cent from 25 876 in 2021/22 to

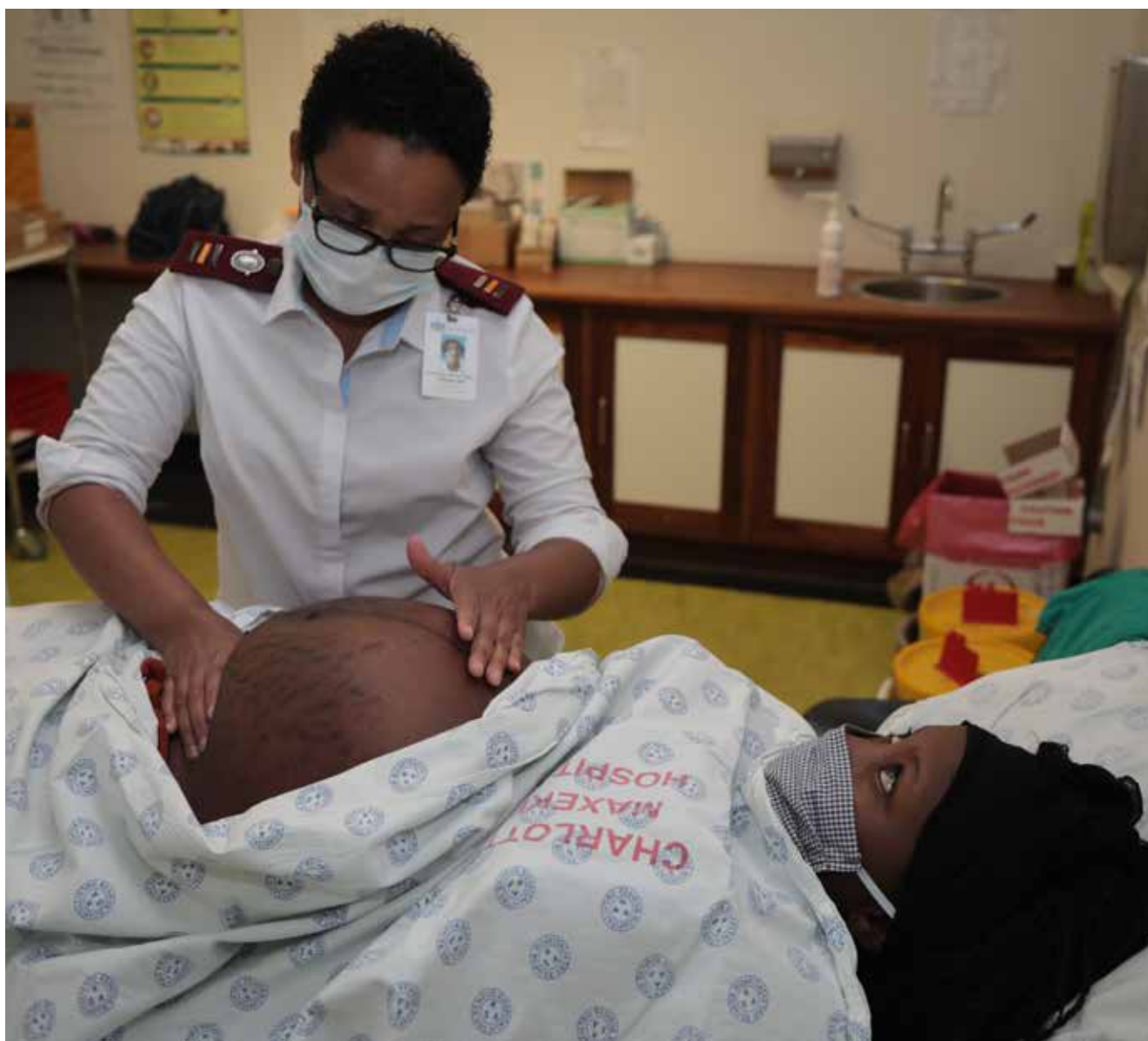
49 877 in 2022/23. 2 683 learners were referred for mental health or psycho-social support.

The table below shows devices issued and requested and the issue rate for the reporting period.

Table 2.1.2: Assistive devices requested and issued in 2021/22 and 2022/23

| Devices | Requested | | Number issued | | Issue rate | |
|--------------|---------------|---------------|---------------|---------------|---------------|--------------|
| | 2022/23 | 2021/22 | 2022/23 | 2021/22 | 2022/23 | 2021/22 |
| Hearing aids | 7 347 | 7 461 | 6 032 | 5 924 | 82.1% | 78% |
| Orthosis | 28 495 | 24 510 | 27 444 | 23 369 | 96.3% | 95.3% |
| Podiatry | 7 080 | 5 865 | 7 280 | 5 863 | 103.8% | 100% |
| Prostheses | 2 444 | 1 835 | 1 416 | 1 183 | 57.9% | 64.5% |
| Walking aids | n/a | 33 561 | 34 328 | 34 363 | n/a | 102.4% |
| Wheelchairs | 5 288 | 5 456 | 5 128 | 4 706 | 97% | 80% |
| Total | 50 654 | 78 688 | 81 626 | 75 408 | 161.1% | 95.8% |

The number of assistive devices indicated as requested declined by 36 per cent from 78 688 in 2021/22 to 50 654 in 2022/23 because no data on walking aids requests was available. This gives an apparent overall issue rate of 161.1 per cent.



2.2 Service Delivery Improvement Plan

Following the instruction from the provincial executive, the department prepared a Turning the Tide implementation plan. The tables below highlight the details of the plan and the achievements to date.

Table 2.2.1: Turning the Tide plan: performance

Finance

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Implication of underperformance |
|---|---|--|--|-------------------------|---|--|
| | | Target | Indicator | Timeframe | | |
| Improved payment of suppliers within 30 days | Develop a Financial Accounting SOP reflecting accountability within the unit by September 2022 | Approved Financial Accounting SOP by September 2022 | Availability of an approved Financial Accounting SOP | September 2022 | Fast track the review in order to complete the process before 31st May 2023 | Absence of uniform processes resulting in non-compliance with legislation. |
| Improved payment of suppliers within 30 days | Establish a register of contracted suppliers for regular and consistent payments within 30 days | Timely and consistent payments for contracted suppliers within 30 days | Number of contracted suppliers paid within 30 days | 30 days turnaround time | Not applicable | Not applicable |

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Quantified Detailed Progress Update | Implication of underperformance |
|---|---|--|---|--------------------|---|--|---------------------------------|
| | | Target | Indicator | Timeframe | | | |
| Improved payment of suppliers within 30 days | Reconciliation of accounts on a monthly basis for contracted suppliers within 20 days monthly – first report on 31 August 2022 | 100% creditors reconciliations by 20th of every month by August 2022 | % of confirmed payment transactions (Number of confirmed transactions over claims received) | 20th of each month | We continue to engage individual suppliers who do not comply. | Reconciliations are done monthly for contracted suppliers although we are not at 100% due to the delayed/non submission of supplier statements. We also encountered challenges with submission of supplier statements for small and once-off suppliers. | Not applicable |
| | Conduct workshops for contracted suppliers by end of July 2022 | Workshops for contracted suppliers conducted by end of July | Number of contracted suppliers trained | 29 July 2022 | Not applicable | Ongoing activity Supplier workshops were conducted on 20 and 21 February 2023 | Not applicable |
| Improved payment of suppliers within 30 days | Reduce web cycle ageing through weekly/quarterly reviews with Central and Tertiary facilities First report on 31 August 2022 | Maximum of 20% of transactions carried forward reduction in August 2022. | Number of big 7 hospitals participating in the weekly web cycle reviews | Weekly | Not applicable | The weekly meetings are conducted. Ongoing activity | Not applicable |
| | Reduce web-cycle ageing through quarterly reviews of DHS facilities - first report 31 October 2022 | Maximum of 20% of transactions carried forward reduction in October 2022 | Number of DHS facilities participating in the quarterly web-cycle business reviews | Quarterly | Not applicable | A meeting was held on 29 March 2023. Ongoing activity | Not applicable |

Supply Chain Management

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Implication of underperformance |
|---|--|---|-------------|--|--|--|
| | | Target | Timeframe | Quantified Detailed Progress Update | | |
| Improved RLS02 Goods Received Voucher (GRV) processes | Review of SCM approved GRV SOP by 31 May 2023 | Approved GRV SOP by 31 May 2023 | 31 May 2023 | Availability of approved GRV SOP | <p>Challenges</p> <p>SCM Policy, Bid Committee Charters and SCM SOPs to be aligned with Preferential Procurement</p> | <p>Negative audit findings due to non-compliance with SCM prescripts.</p> <p>Increased irregular expenditure</p> |
| | Conduct workshops on implementation of the updated GRV SOP by 31 March 2023 | SCM practitioners and end users training is on-going | On-going | Number of SCM practitioners trained on GRV SOP | <p>Ongoing training sessions are conducted as and when required.</p> | <p>Negative audit findings due to non-compliance with SCM prescripts</p> |
| | Update SCM Policy toolkit, (BID Charters, Request for Quotation, Transport SOP and process mapping) by 31 May 2023 | Approved SCM Policy, Charters and SOPs by 31 May 2023 | 31 May 2023 | Availability of an approved SCM policies toolkit | <p>Challenges</p> <p>SCM Policy, Bid Committee Charters and SCM SOPs to be aligned with Preferential Procurement Regulations (PPR) 2022</p> | <p>Increased irregular expenditure</p> |
| | Conduct workshops on implementation of the updated (GRV) SOP by 31 March 2023 | SCM practitioners and end users training is on-going | On-going | Number of SCM practitioners trained on GRV SOP | <p>Training is being conducted for non-SCM and SCM officials on SCM process</p> | <p>Negative audit findings due to non-compliance with SCM prescripts</p> <p>Increased irregular expenditure</p> |

| Output | Key Activities (Actual Work Done) | Quantified Detailed Progress Update | | | Challenges | Implication of underperformance |
|--|--|--|---|--------------|---|--|
| | | Target | Indicator | Timeframe | | |
| Improved SCM committee systems and governance | Update SCM Policy toolkit, (Bid Charters, Request for Quotation, Transport SOP and process mapping) by 31 May 2023 | Approved SCM Policy, Charters and SOPs by 31 May 2023 | Availability of an approved SCM policies toolkit | 31 May 2023 | Challenges SCM Policy, Bid Committee Charters and SCM SOPs to be aligned with Preferential Procurement Regulations (PPR) 2022 | Negative audit findings due to non-compliance with SCM prescripts Increased irregular expenditure |
| | Conduct workshops on implementation of the updated GRV SOP by 31 March 2023 | SCM practitioners and end users training is on-going | Number of SCM practitioners trained on GRV SOP | On-going | N/A | Negative audit findings due to non-compliance with SCM prescripts Increased irregular expenditure |
| | Update SCM Policy toolkit, (Bid Charters, Request for Quotation, Transport SOP and process mapping) by 31 May 2023 | Approved SCM Policy, Charters and SOPs by 31 May 2023 | Availability of an approved SCM policies toolkit | 31 May 2023 | Challenges SCM Policy, Bid Committee Charters and SCM SOPs to be aligned with Preferential Procurement | Negative audit findings due to non-compliance with SCM prescripts Increased irregular expenditure |
| | Establishment of Quotation Adjudication Committees (QACs) at institutions by end July 2022 | Approved TORs for Quotation Adjudication Committees by end July 2022 | Availability of approved TORs for the Quotation Adjudication Committees | 29 July 2022 | N/A | Negative audit findings due to non-compliance with SCM prescripts Increased irregular expenditure |
| | Training of end users and suppliers on QAC SCM processes by 31 December 2022 | End users trained on QAC by 31 December 2022 | Number of end users trained on QAC | On-going | N/A | Negative audit findings due to non-compliance with SCM prescripts Increased irregular expenditure |
| | | | | | | |

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Implication of underperformance |
|---|---|--|-------------------|--|---|--|
| | | Target | Timeframe | Quantified Detailed Progress Update | | |
| | Automation of the Contract Management System by December 2022 | Automated contract management system by December 2022 | On-going | Availability of an automated Contract Management System | N/A | Increased irregular expenditure due to procuring from contract extensions |
| Reduced irregular expenditure | Establish body shop items/term contract items (e.g., communications, annual reports maintenance, legal services panel, finance) by 30 November 2022 | Body shops established by 30 November 2022 | On-going | Number of body shops established Percentage of reported irregular, fruitless and wasteful expenditure. Percentage of reported unauthorised expenditure | Challenges Lack of capacity within the SCM unit | Increased spend through RFQ process |
| Decentralisation of functions to health facilities including districts | Develop an SOP on revised financial delegations by September 2022 | SOP on revised financial delegations end of Sept 2022 | 30 September 2022 | Availability of a revised financial delegations SOP | Challenges Delegations are currently awaiting approval. | Increased irregular expenditure due to inappropriate approval of procurement |
| | Develop and implement monitoring systems and processes for decentralised model by November 2022 | Monitoring system developed for decentralised processes by November 2022 | 30 November 2022 | Existence of a monitoring system for decentralised model | N/A | Increased negative audit findings and irregular expenditure |

Corporate services

| Output | Key Activities (Actual Work Done) | Quantified Detailed Progress Update | | | Challenges | Implication of underperformance |
|---|--|--|---|------------------|---|---|
| | | Target | Indicator | Timeframe | | |
| Review of the organisational structure | Revised and approved organisational structure by 31 December 2022 | Revised and approved organisational structure by 31 December 2022 | Availability of an approved responsive organisational structure | 31 December 2022 | The misalignment of the proposed organisational structure with the strategy | Disorganisation and improper staffing can affect the department's cost structure, cash flow and inability to deliver services |
| Responsive organisational structure | Develop job descriptions for each occupational category by 31 August 2022 | Approved job descriptions and appropriate grading for each occupational category by 31st August 2022 | Number of occupational categories with finalised job descriptions | 31 August 2022 | Incapacity of managers to develop Key Performance Areas | Declining workforce engagements, reduced retention, poor organisational performance |
| All critical posts filled | To accelerate recruitment and appointment of critical administrative and technical personnel (grants, compliance, Service delivery and performance) at Head Office and Institutions by 31 October 2022 | Filling of all Heads of Units, Heads of Departments and SMS positions by 31 October 2022 | Number of critical posts filled | 31 October 2022 | Inability to attract suitable candidates at HoU and HoD levels. Inability to attract candidates at Chief Director level due to five-year fixed term contracts. | Lack of strategic leadership and uncertainty due to acting appointments |
| Improved Management of RWOPS | Develop a framework for approval of RWOPS and commuted overtime by 30 August 2022 | RWOPS approval framework completed by 30 August 2022 | Availability of an RWOPS approval framework | 30 August 2022 | Effective monitoring system of commuted overtime | Unethical behaviour which compromises service delivery |

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Quantified Detailed Progress Update | Implication of underperformance |
|---|---|--|--|-------------------|------------|--|--|
| | | Target | Indicator | Timeframe | | | |
| | Assess the effect of RWOPs and commuted overtime on the core business of the department by 30 September 2022 | RWOPs and commuted overtime assessment report submitted by end of September 2022 | Availability of RWOPs and commuted overtime report recommendations | 30 September 2022 | | Electronic RWOPS application system being implemented. | Reduce the high CoE budget. Promote ethical behaviour. |
| | Develop a monitoring tool for RWOPs by September 2022 | RWOPS monitoring tool developed by September 2022 | Availability of a RWOPS monitoring tool | September 2022 | | Commuted overtime framework integrated into the RWOPS policy | |
| Improved management of commuted overtime | Conduct a needs analysis of commuted overtime by 29 July 2022 | Commuted overtime needs analysis conducted by 29 July 2022 | Commuted overtime needs analysis report | 29 July 2022 | | | |
| All community service nurses placed in vacant and funded nursing posts | Identify vacant and funded nursing posts for the placement of the 2021 community service nurses by end of July 2022 | Database of vacant and funded nursing posts compiled by end of July 2022 | Existence of a database of vacant and funded nursing posts | End of July 2022 | | Database of vacant and funded nursing posts compiled | Inability of facilities to provide patient care |
| Human Resource plan approved by December 2022 | Develop an HR and HRH plan | | Develop an integrated HR plan | | | Draft HR plan developed | Inability to manage the demand, supply and retention of critical and core skills |

Emergency Medical Services

| Output | Key Activities (Actual Work Done) | Target | Indicator | Timeframe | Quantified Detailed Progress Update | Challenges | Implication of underperformance |
|--|--|--|--|------------------|--|--|---|
| Accessible infrastructure | Finalisation of the Infrastructure Business Case | 23 EMS stations | EMS bases refurbished and renovated to OHS standards | 28 February 2023 | 19 EMS stations refurbished | Construction mafia stopping projects. DID delays in finalising specifications. Some CEOs not availing identified area for EMS. | Staff morale is negatively affected. Budget not spent. |
| Fit for purpose organizational structure for EMS | Review the organizational structure to align with national norms and standards for EMS operation. (HRM, Fleet and Equipment) | Annually | Approved organizational structure | 28 February 2023 | All inputs and engagement concluded; EMS is awaiting final approval from HR. | No update is given on status of approval. | Delays in planning and requesting additional resources. |
| Capacitate operations division in EMS | Filing of BAA posts | 30 | Number of BAA appointed | 28 February 2023 | 30 BAA appointed | None | n/a |
| Capacitate operations division in EMS. | Filing of ILS, ALS, Shift leader posts | 145 20 50 | Number appointed Number appointed Number appointed | 28 February 2023 | 45 ILS 13 ALS 11 S/L | Non-performance of candidates | Having to re-advertise |
| Capacitate support division in EMS | Filing of support posts | 11 | No appointed: HR L7, Data Admin L5, Transport Clerk L5, Finance L9, SCM L9 | 28 February 2023 | Data Admin L5 Finance L9 | HR L7: awaiting approval. Transport Clerk L5: shortlisting in progress | Budget and HR capacity shortfall |
| EMS to cluster facilities for transporting patients between facilities (primary, district, tertiary) using the new Gauteng Scheduled Emergency Transport (G-SET) model of operations | Implement reconfigured EMS routes for interfacility referrals for non-critical patients pilot project by October 2022 | 3-5 G-Set routes in every district following the implementation of the pilot project | 30 Cluster routes for all districts rolling out G-SET | October 2022 | 7 Cluster routes implemented | Awaiting approval to fill vacant posts | Delay in rolling out G-SET model |
| Upgrade of ICT | Migrate from the analog to digital system Procure the EMS PABX Ensure internet connectivity (LAN / WIFI) to all EMS bases. | 100% | Digitalized telephony system fully implemented. New PABX system installed. All EMS bases have functional LAN/WIFI connectivity | 28 February 2023 | No progress | All ICT projects are managed by Central Office and BAC | High number of calls not answered or dropped. Risk of current PABX crashing EMS stations' internet connectivity delayed |

| Output | Key Activities (Actual Work Done) | Target | Indicator | Timeframe | Quantified Detailed Progress Update | Challenges | Implication of underperformance |
|---------------------------------------|---|--------|--|------------------|---|---|--|
| Procurement of all terrain ambulances | Ensure each district has all terrain ambulance | 5 | Each district has all terrain ambulance | 28 February 2023 | 5 procured and delivered | None | n/a |
| Procure ICU/Maternity ambulances | Ensure all districts have ICU/Maternity ambulances | 30 | Delivery of all 30 ICU/Maternity ambulances | | 30 procured and delivered | | |
| Procurement of Head Office Building | Identify a building that suits Head Office, call centre and SCM hub needs | 1 | Building identified and procured for EMS Head Office | 28 February 2023 | Building identified but no progress in procuring by DID | Provincial DID and health infrastructure not finalising the process | EMS continue to lease/rent building with high risk of services being compromised |

HIEM

| Output | Key Activities (Actual Work Done) | Target | Indicator | Timeframe | Quantified Detailed Progress Update | Challenges | Implication of underperformance |
|-------------------------------------|--|--|--|----------------|--|--|---|
| | | | | | | | |
| Improved Reliability of Data | Implementation and rollout of DDC across all health facilities whilst awaiting HIS by September 2022 | All PHC facilities implementing DDC | % of health facilities implementing DDC and producing daily data outputs of services | September 2022 | 307 out of 373 Facilities on DDC COJ-58.5% COT-91.9% EKHU-89.2% WR-97.4% SED-100% GDOH-82.3% | Connectivity remains a challenge because of load shedding; this has an impact on the facilities that are on DDC. | Facilities regress on DDC implementation with negative impact on data reconciliations |
| | Conduct oversight audits and support visits at all hospitals and CHCs by end of the 2nd quarter in order to promote institutionalisation of PoE and data - first report on 31 October 2022 | Oversight audits and support visits at all hospitals and CHCs have been done | Percentage of APP indicators with appropriate relevant PoE and data reconciliation | September 2022 | Audits have been conducted to support all hospitals and 10 CHCs and is on-going | Only one hospital (Rahima Moosa) could not be audited due to readiness of the new CEO | Non-compliance with audit requirements |

| Output | Key Activities (Actual Work Done) | Indicator | | | Challenges | Quantified Detailed Progress Update | Implication of underperformance |
|--|--|---|--|-----------------|---|--|--|
| | | Target | Indicator | Timeframe | | | |
| Improved Technical Capacity of HIEM personnel | Conduct capacity assessment of all the health intelligence personnel to assess level of prerequisite skills essential to carry out health intelligence related functions by October 2022 | Technical capacity assessment of HIEM personnel conducted by October 2022 in preparation for the data science program | Baseline assessment report availability % of Health Intelligence personnel with prerequisite skills for health intelligence related areas | October 2022 | Delayed submission of responses by institutions | Database was shared with the hospitals and Districts | Implementation of the customised Data Science Capacity Development Plan delays |
| | Mandatory biweekly Facility Management Data Validations feedback every 2 weeks - first report on 30 September | Bi-weekly Facility Management Data Validations feedback | Number of facilities participating in the bi-weekly Data Validation sessions | Every two weeks | When the bi-weekly sessions started, we had a lot of buy in which later went down due to implementation of competing clinical campaigns which led to sub-district leaders pulling out. | 44 facilities participated in the review sessions. | Institutionalisation of bi-weekly data validations interference which impacted on submission of Data Reconciliations |
| Implementation of Health Information System | Standardise data collection tools at hospitals. | District, Regional and Tertiary hospitals | Number of hospitals implementing standardised data collection tools. | December 2022 | Technical working group has just not been functional | Technical Working Group established with Terms of Reference to lead the standardisation of tools | |
| | Implementation of Clinical Module | 37 hospitals and 33 CHCs | Number of priority hospitals implementing the electronic health record (Patient administration-MPI, revenue, ICD-10 coding, finance and billing) | 2023/2024 | Approval of e-Med application. This has delayed clinical build, clinical training, Implementation. Integration layer is currently not available because of the expired licenses (Enterprise Services Bus). This has affected integration to all external applications i.e., PACS, NHLS, HPRS, SANBS, etc. | No progress | Delay in project implementation and completion |

Security services

| Output | Key Activities (Actual Work Done) | Target | Indicator | Timeframe | Quantified Detailed Progress Update | Challenges | Implication of underperformance |
|--|--|---|---|----------------|---|--|---------------------------------|
| | | | | | | | |
| Security services model development | Develop a service | Service delivery model for security services finalised | Availability of an approved service delivery model for security | September 2022 | Draft security service delivery model | A draft proposal was developed; EMC requested that Ekurhuleni be part of the pilot. | |
| Security services model development | Conduct consultative security services workshop towards consensus on an affordable and sustainable model | A consultative security services workshop conducted | Availability of a list of recommendations | September 2022 | Request sent to SAPS and State Security Agency (SSA) to form part of the technical team | SAPS declined to form part of the technical team | |
| Security services model development | Upgrading of security systems | Security systems upgraded at 11 prioritised facilities | Number of facilities with upgraded security systems | December 2022 | Security assessment done at the 11 facilities | Funding | |
| Procurement of security services | Initiate and finalise procurement of security services informed by the recommended security model | Procurement of security services informed by the model | Availability of an approved security specification | November 2022 | Specification developed and tender advertised | n/a | |
| Procurement of security services | Conduct security assessment at priority hospitals including their linked CHCs | Security assessment completed at all priority hospitals and linked CHCs | Number of facilities where security assessments are completed | September 2022 | Assessment completed on all of the 11 priority hospitals | n/a | |
| Proactive identification of security risks and mitigation | Conduct security assessment at high-risk areas in accordance with incidents reported | Security assessments completed in West Rand and Sedibeng | Number of facilities where assessment was completed | December 2022 | 10 assessments done in high risk areas (West Rand) | n/a | |
| Improved governance and integrity management | Ensure that all targeted employees submit fully completed Z204 vetting forms | All SMS, SCM and HR practitioners submitting fully completed z204 vetting forms | Number of SMS submitting fully completed z204 vetting forms: HR, SCM, finance personnel | July 2022 | 1843 completed vetting forms submitted | We still have outstanding forms and SSA is having challenges with accepting a large volume of our forms. | |

| Output | Key Activities (Actual Work Done) | Quantified Detailed Progress Update | | | Challenges | Implication of underperformance |
|---|---|--|--|--------------|--|---------------------------------------|
| | | Target | Indicator | Timeframe | | |
| Improved governance and integrity management | Issue z204 vetting forms | Vetting forms issued to identified by end of June 2022 | Number of vetting forms issued | June 2022 | n/a | |
| Improved governance and integrity management | Create a post, recruit and appoint DD post for information security | Deputy Director for Information Security appointed by October 2022 | A Deputy Director for Information appointed | October 2022 | The department depends on GPT to approve the post. | Affects progress on issues of vetting |
| Improved governance and integrity management | Introduction of pre-appointment personnel suitability checks (PSCs) | Pre- appointment PSCs on critical appointments | Number of new critical appointments screened | Ongoing | We currently depend on the Office of the Premier to do PSCs. | Delay in getting PSC results |

Infrastructure

| Output | Key Activities (Actual Work Done) | Quantified Detailed Progress Update | | | Challenges | Implication of underperformance |
|--|--|-------------------------------------|--|---------------|--|--|
| | | Target | Indicator | Timeframe | | |
| Priority in improving health services | One clinic (Sebokeng Zone 17) has been completed and opened. Three clinics (Finetown, Mandisa Shiceka CDC and Philip Moyo) are almost completed. | 6 | Number of new clinics completed: (Finetown, Zone 17, Mandisa Shiceka, Boikhutson, Phillip Moyo and New Kekanastad) | 31 March 2024 | Compliance with municipality requirements in order to issue Certificate of Occupancy including inadequate parking; also non-compliance with fire regulations of the existing buildings. Traffic intersection and stormwater upgrade. | The department has limited upgrade to the service delivery platforms. |
| Priority in improving health services | Department is busy with finalising the business case and clinical brief for Daveyton Hospital. | 3 | Number of new hospitals planned to be built in Gauteng Province (Olievenhoutbosch/ Diepsloot, Daveyton, Orange Farm) | 5 years | Unavailability of funds and land. | The department will not be able to upgrade the service delivery due to lack of additional service platforms. |
| Improved infrastructure delivery | Revise the Service Delivery Agreement (SDA) to include KPIs for the implementing agent by July 2022 | Reviewed SDA in place by July 2022 | Availability of approved SDA addendum | 31 July 2022 | Infrastructure capacity. | Limitation in oversight capability. |

| Output | Key Activities (Actual Work Done) | Target | | | Indicator | Timeframe | Quantified Detailed Progress Update | Challenges | Implication of underperformance |
|---|--|--|---|-------------------|--|---|--|------------|---------------------------------|
| | | Target | Indicator | Timeframe | | | | | |
| Improved infrastructure delivery | Enforce the implementation of the updated SDA through monthly accountability mechanisms at HOD level in the Departments of Health and Infrastructure Development by end of August 2022 | Monthly HOD level accountability and oversight mechanism implemented by end of August 2022 | Number of performance accountability sessions with HODs | August 2022 | No progress due to unavailability of the tool. | Unavailability of the tool. | Oversight function not upgraded. | | |
| Implement the infrastructure staffing norms and standards prescribed by National Treasury in the Health Facilities Revitalization Grant (HFRG) | Accelerate the recruitment and appointment of key infrastructure technical posts (engineers, health planners, quantity surveyors, architects) by 1 October 2022 | Recruitment finalised by September 2022 and assumption of duty from 1 October 2022 | Number of technical personnel assuming duty on 1 October 2022 | 1 October 2022 | One of two Health Planners was recruited and on-boarded. The second vacancy was re-advertised and shortlisted. Two HT DD posts were filled | There is some misalignment between DPSA structure and infrastructure management unit needs. | Infrastructure Management Unit will not be able to address capacity challenge. | | |
| Timely maintenance of ageing infrastructure and health technology equipment | Develop a business case for the procurement processes for a Computerized Maintenance Management System (CMMS) by end of September 2022 | Approval of business case for a CMMS by September 2022 | Approved business case for a CMMS | 30 September 2022 | The business case was not submitted. | Lack of capacity (knowledge of CMMS systems within maintenance subdivision). | Delays in CMMS implementation to manage maintenance. | | |

Hospital services

| Output | Key Activity | Indicator | Target | Time frame | Quantified detailed progress update | Challenges | Implication of under performance |
|----------------------------------|---|---|--|-----------------------------------|--|---|--|
| Zonal Caesarean Hubs established | Establish functional Caesarean Section Hubs in the South, North, West and Eastern Corridors of the city region by December 2022 | Number of functional Caesarean Hubs | 5 Caesarean Hubs established in Lenasia South, Pretoria West District Hospital, Discoverers, Nokhuthula Ngwenya and Bertha Gxowa hospital by December 2022 | December 2022 | Hospital Services situational analysis conducted via site visits (October 2022-January 2023) Clinical brief in development for Nokhuthula Ngwenya and Discoverers post site visits by Hospital Services and Infrastructure, 5 April 2023 Gazetting of Lenasia South Discoverers and Nokhuthula Ngwenya to comply with standards for operation Commissioning of Pretoria West and Bertha Gxowa | Infrastructure and gazetting of facilities cited as challenges to be addressed prior to functionality. Gazetted classification needs to meet service required. | Increase in CS waiting times |
| Labour and delivery management | Implementation of minimum standards for Caesarean delivery Capacity building: Essential Steps in the Management of Obstetric Emergencies (ESMOE) | Number of hospitals complying with the minimum standards for Caesarean delivery Number of facilities reached 80% of staff saturation | All hospitals providing maternity services comply with minimum maternity standards for Caesarean sections by 31 December 2022 All healthcare facilities by 31 December 2022 | 30 June 2023 31 March 2023 | Data collected for 19 hospitals Developing an electronic system for data analysis on 19 April 2023 ESMOE training conducted by District Clinical Specialist Teams (DCSTs) and Foundation for Professional Development (FPD) for both institutions and the district. Quarter 3: 25 midwives and 5 doctors trained. | Sourcing capacity to assist with the data None | Standardization of quality service for CS delivery Health worker capacitation with skills for obstetric emergencies |

| Output | Key Activity | Indicator | Target | Time frame | Quantified detailed progress update | Challenges | Implication of under performance |
|---|---|--|--|-------------------|---|--|--|
| Access to Radiation Oncology Services improved | Commissioning of radiation oncology services at two additional hospitals providing quaternary care by 31 December 2022 | Number of facilities providing radiology oncology services | DGMAH oncology services commissioned by 31 December 2022 | 31 March 2024 | CHBAH municipality approvals granted. Bunker to commence building. Business case developed for BAC process to procure radiation oncology service from private sector while GDOH is finalizing its internal capacity building | Awaiting DGMAH municipality approvals | Increased oncology waiting times |
| | Enrolment of cancer patients for radiation therapy at DGMAH and CHBAH by end of March 2023 | Number of patients accessing radiation therapy | A minimum of 100 oncology service patients benefiting from radiation therapy at DGMAH and CHBAH by end of March 2023 | 31 March 2024 | No progress while the bunkers are in implementation | Bunkers not yet built | Increased oncology waiting times |
| Radiation oncology services capacity improved at Steve Biko | Increase human resources capacity to fully operate all 5 linear accelerators at Steve Biko Hospital by 31 December 2022 | Number of radiation professionals appointed. Number of beneficiaries benefiting from brachytherapy service | Human resources appointed to operate oncology services by 31 December 2022 | 31 March 2024 | Human resources appointed to run 2 brachytherapy machines by 31 December 2022 | Plan to increase the staff to run an additional 3 machines | Increased oncology waiting times |
| SBAAH brachytherapy capacity improved | Procurement of HDR brachytherapy machine | Number of beneficiaries benefiting from brachytherapy service | Provision of sustainable brachytherapy services by 31 December 2022 | 31 March 2024 | 120 patients given an average of 3/4 fraction (session) that equates to 400-480 treatment sessions over 120 working days | Need to increase brachytherapy machines as 5-6 patients are currently attended to per day with current equipment and staff availability | Increased oncology waiting times |
| Improved access and quality of mental health services at all levels of care | Access to mental health services increased through provision of 83 additional acute mental beds by 31 December 2022 | Number of additional created mental health acute beds | Establishment of 83 acute mental beds disaggregated as follows: Bertha Gxowa: 20 beds; Pholosong: 9 Tembisa: 44 Yusuf Dadoo: 10 Lenasia CHC (still to be reclassified as district hospital) by 31 December 2022 | 30 September 2023 | Site visit conducted 12 April 2023 by Infrastructure, Mental Health, OHS and Environmental Health to Bertha Gxowa to ensure that the established beds are compliant with Mental Health legal requirements | Pholosong, Tembisa and Dr Yusuf Dadoo Hospitals are accommodating patients in medical wards that are not compliant with IUSS requirements in terms of infrastructure | Compromised quality of mental health services |
| Improved access and quality of mental health services at all levels of care | Appointment of complete district specialist mental health teams in each district by 31 December 2022 | Number of appointed district mental health teams with all posts filled | One complete district specialist mental health team per district (5 teams) | 30 September 2023 | 2 districts with complete teams: Sedibeng West Rand | The department was unable to attract psychiatrists in 3 districts | Reduced Head Office mental health capacity to support Districts and institutions |

| Output | Key Activity | Indicator | Target | Time frame | Quantified detailed progress update | Challenges | Implication of under performance |
|--|---|---|--|-------------------|---|--|--|
| Mental Health Directorate HR capacity improved | Appoint the Medical Specialist, Personal Assistant and Deputy Directors by 31 December 2022 | Number of Mental Health posts filled | 1x Medical Specialist 1x Personal Assistant 3 x Deputy Directors | 30 September 2023 | 1 Medical Specialist post advertised; there were no suitable candidates. 1 PA appointed; 2 Deputy Director posts: shortlisting was scheduled 1 Deputy Director post will be re-advertised | Unable to attract Medical Specialist | Reduced HR capacity to support the districts |
| Capacitate non-specialist nurses and doctors working in 72-hour assessment units | Training of non-specialist nurses and doctors working in 72-hour assessment units by 31 December 2022 | Number of non-specialist nurses and doctors working in 72-hour assessment units trained | 140 non-specialist nurses and doctors working in 72-hour assessments units trained | 31 March 2024 | 163 nurses and doctors working in 72-hour assessments units were trained | Training is done with a small number of nurses and doctors working in 72-hour assessment units to allow for continuity of services | Upskilling of Mental Health HCW |

Service delivery information tool

| Current/actual information tools | Desired information tools | Actual achievements |
|---|---|---|
| Health education, health promotions, pamphlets, posters, social media | Information provided to patients in all official languages, unlimited radio slots | Promotional material such as posters and pamphlets are available in English, Afrikaans, isiZulu and Setswana. |

Complaints mechanism

| Current/actual complaints mechanism | Desired complaints mechanism | Actual achievements |
|---|---|---|
| Complaints are lodged telephonically, through emails, written complaints submitted in the suggestion box, verbally directly to institutions | None | All complaints received are resolved by institutions |
| NDoH refers some complaints to the province | None | All complaints referred by NDoH are addressed |
| The Office of Health Standards Compliance (OHSC) refers complaints to the province | None | All complaints referred by OHSC are addressed |
| Daily monitoring of complaints received from patients or users of the facilities | Percentage reduction in patient complaints | Total complaints received increased by 0.5% from 3 394 complaints in 2021/22 to 3 411 complaints in 2022/23 |
| Daily monitoring of social media networks | Resolve complaints timeously | Complaints are re-routed to Directorates, hospitals and District Offices for resolution |
| Complaints through media enquiries | Reduce the number of complaints through media | Timeous response to media enquiries in a manner that addresses issues |

2.3 Organisational environment

In the year under review, the department's leadership put together a Turning the Tide roadmap which addresses systems-related initiatives intended to enable support systems to function effectively. The implementation plan focusses on priority support services that have been identified as critical through the department's midterm strategic review sessions and Provincial Strategic Support Team (PSST) processes. Whilst the department pursued the very ambitious targets outlined in the plan, it became clear midyear that some of the areas may require more time to implement than recorded. Whilst progress was observed in a large number of interventions, the majority of the targets are yet to be fully achieved.

Corporate Services, Emergency Medical Services, Health Information Management, Security Services, Finance and Hospital Services are key strategic support services which were the focus of the implementation plan. Whilst varying progress has been made across the different priority areas since the start of the 6th Administration, a number of outcomes of the six priority areas are yet to be achieved.

Key governance-related processes are either complete or at advanced stages of approval. This includes vetting of all SMS; this has been completed. Policies covering finance and corporate services have been developed/ updated and require final review and approval by the Executive Committee. Safety and security of personnel and patients saw the department conducting safety assessments and implementing in partnership with the SABS a quality management system to improve OHS compliance amongst other interventions.

Recruitment processes for senior management are underway, with all key positions advertised. In the new financial year, inefficient recruitment processes will be a thing of the past.

As regards service-related matters, various categories of the much-needed EMS personnel (69 appointments) have been appointed and 19 stations have been refurbished. Seven cluster routes have been implemented with the purpose of improving EMS response patterns.

Capacity building strategies to improve maternal services include ESMOE training for 25 midwives. Whilst the challenges of constructing the bunkers delayed coverage of oncology services, brachytherapy services implemented at SBAH have benefited 120 patients. The department has established additional mental health care beds to improve services for mental health patients. Additional beds are being created at CHBAH and Bertha Gxowa.

Following allegations of involvement in tender irregularities, suspension notices were served against the Chief Financial Officer and Chief Executive Officer of Tembisa Hospital. This has resulted in the department operating with an Acting Chief Financial Officer. The position of Chief Information Officer became vacant and the positions of Deputy Director Generals of Clinical and Hospital Services and Infrastructure have been vacant for some time.

Following the election of the new Premier by the Gauteng Provincial Legislature in October 2022, there was a new provincial Executive. This brought about shifts in priorities, with a focus on improving conditions in TISH in the province.

2.4. Key policy developments and legislative changes

2.4.1. Gauteng Department of Health Preferential Procurement Policy 2022

On 16 February 2022, the Constitutional Court in Minister of Finance vs Afribusines NPC [2022] ZACC 4 handed down judgement in the application for leave to appeal against a judgement and order of the Supreme Court of Appeal (SCA).

The application was brought by the Minister of Finance (the Minister) against Afribusines NPC and concerned the validity of the Preferential Procurement Regulations, 2017 (the 2017 Regulations) made by the Minister on 20 January 2017 in terms of section 5 of the Preferential Procurement Policy Framework Act, 2000 (the Act).

The SCA held that the Minister's promulgation of Regulations 3(b), 4 and 9 of the 2017 Regulations was invalid. Due to what the SCA held to be the interconnectedness of the Regulations, the entirety of the Regulations

was declared invalid on the basis that the content of the 2017 Regulations exceeded what the Minister could permissibly regulate in terms of Section 5 of the Act and Section 217 of the Constitution.

The majority judgement of the Constitutional Court dismissed the appeal against the SCA judgement.

The Preferential Procurement Policy of the Gauteng Department of Health was informed by the Constitutional Court judgement on the validity of the Preferential Procurement Regulations, 2017 issued by the Minister of Finance.

The Preferential Procurement Policy of the Gauteng Department of Health seeks to ensure that implementation of preferential procurement is consistent with Section 2 (1) of the PPPFA and Section 217 of the Constitution of the Republic of South Africa through:

- Identifying the strategic objectives of the department relating to transformation aligned with the provincial transformation policies, targets and strategies and developing departmental preferential objectives to give effect to section 2(1) (d) of the PPPFA.
- Analysing the strategic objectives of the department relating to transformation and the provincial transformation policies and strategies as well as Reconstruction and Development Programme (RDP) goals to develop departmental preferential procurement objectives giving effect to section 2(1)(d) of the PPPFA.
- Identifying and setting goals targeting groups of individuals or categories for preferential procurement through the acquisition of goods, services or works for sale, and letting or disposal of assets, in line with section 2(1) (d) of the PPPFA.
- Determining how the identified specific goals, as contemplated in Section 2(1)(d) of the PPPFA, to be advanced are suitable for the department and which sector, sub-sector, industry or commodities and how these will achieve the procurement objectives of the department.

2.4.2. Section 27 and Others vs MEC for Gauteng Department of Health and Others Case No 19304-22 Court Order

A court order issued by the Deputy Judge President in the High Court, Gauteng Division, declared the Hospitals Ordinance 14 of 1958 inoperative to the extent that it requires pregnant and lactating women, and children under the age of six, who are entitled to receive free health care services to be classified for the purposes of a fees assessment.

The court order further declares that the Gauteng Regulations, published in General Notice 1426 in Provincial Gazette 414 of 24 November 2021 (“the Gauteng Regulations”), are invalid to the extent that they require pregnant and lactating women, and children under the age of six (who are not members or beneficiaries of a medical aid scheme) to undergo a classification and fees assessment in circumstances where they have a right to free health care services.

The Gauteng Department of Health was directed to amend, by 16 October 2023, the Policy Implementation Guidelines on Patient Administration and Revenue Management, 2020 as published in Gauteng Department of Health Circular 27 of 2020 (“the 2020 Policy”) to expressly provide that all pregnant and lactating women, and children below the age of six, who are not members or beneficiaries of medical aid schemes and who have not come to South Africa for the specific purpose of obtaining health care, are entitled to free health services at any public health establishment, irrespective of nationality and documentation status.

Any policies or circulars issued by the department that require pregnant and lactating women, and children below the age of six, who are not members or beneficiaries of medical aid schemes and who have not come to South Africa for the specific purpose of obtaining health care, to go through a classification and fee determination process are inconsistent with the National Health Act and are accordingly invalid.

3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The department's Strategic Plan was not revised but amendments made to indicators were annexed in the Annual Performance Plan. The outcomes of interventions of strategic planning sessions were incorporated into the Annual Operation Plans of Budget Programmes.

| GDoH 2025 Impact | Outcome | Outcome indicator | 5-year target as per the approved Strategic Plan | Gauteng Baseline Performance, 2018/19 | Gauteng Annual Performance, 2022/23 |
|---|---|--|--|---------------------------------------|-------------------------------------|
| Universal Health coverage for all South Africans achieved, and all citizens protected from the catastrophic financial impact of seeking health care by 2030 | Quality of health services in public health facilities improved | Patient experience of care satisfaction rate | 85% | 85% | 83% |
| | | Patient Safety Incidence (PSI) closure rate | New | 80% | 85% |
| | | Employee Satisfaction rate | 54% | 75% | 63% |
| | | Rand value of medico-legal claims | R22 billion | R 8 billion (80%) | R13.78 billion |
| | | EMS P1 rural response under 60 minutes rate | 100% | 100% | 81.8% |
| | | EMS P1 urban response under 30 minutes rate | 100% | 100% | 51.8% |
| Leadership and governance in the health sector enhanced to improve quality of care | | Percentage of PHC facilities with functional clinic committees | 80% | 100% | 31.4% |
| | | Percentage of hospitals with functional Hospital Boards | 94.6% | 100% | 96.4% |
| Life expectancy of South Africans improved to 70 years by 2030 | Maternal, neonatal, infant and child mortality reduced | Maternal mortality in facility ratio | 129 per 100 000 live births | <60 per 100 000 live births | 118.5 per 100 000 live births |
| | | Neonatal death in facility rate | 12 per 1000 live births | <10 per 1000 live births | 13.2 per 1 000 live births |
| | | Death under 5 years against live birth rate | 32 per 1000 live births | 25 per 1000 live births | 1.9% |
| | Morbidity and premature mortality due to non-communicable diseases reduced by 10% | Malaria case fatality rate | 1.40% | <1% | 1.1% |
| | | Clients 45 and older screened for hypertension | # | # | 2 250 623 |
| | | Clients 45 and older screened for diabetes | # | # | 2 606 812 |
| | Morbidity and premature mortality due to communicable diseases reduced | ART adult remain on ART end of period | 1 011 503 | 1 713 940 | 1 198 269 |
| | | ART child under 15 years remain on ART end of period | 25 709 | 39 000 | 17 705 |
| | | All TB client death rate | 6.90% | <4% | 9.0% |

| GDoH 2025 Impact | Outcome | Outcome indicator | 5-year target as per the approved Strategic Plan | Gauteng Baseline Performance, 2018/19 | Gauteng Annual Performance, 2022/23 |
|--|---|---|--|---------------------------------------|-------------------------------------|
| Universal Health coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 | Infrastructure maintained and backlog reduced | Percentage of health facilities with major refurbishment or rebuild | # | 100% | 9.4% |

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

4.1 BUDGET PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE

The purpose of this programme is to conduct strategic management and overall administration of the Department of Health through the sub-programmes:

- i Office of the MEC: rendering of advisory, secretarial, and office support services; (including, administrative, public relations / communication and parliamentary support)
- ii Management: Policy formulation, overall management and administration support of the Department and the respective regions and institutions within the Department.

PROGRAMME OUTCOMES

- Leadership and governance in the health sector enhanced to improve quality of care
- Improved financial management
- Quality of health services in public health facilities improved
- Robust and effective health information systems to automate business and improve evidence-based decision making

PERFORMANCE OVERVIEW OF BUDGET PROGRAMMES

HUMAN RESOURCES

GDoH participated in Tshepo 1 Million, the provincial strategy for job creation and empowerment of unemployed youth. To ensure that there is access to job opportunities, GDoH contributes to Tshepo 1 Million by ensuring that unemployed youth have access to internship and learnership programmes. These programmes create a platform for relevant work experience to empower youth to become employable in the labour market and, in some instances, direct employment within the host site. The department also assists student interns to complete their work integrated learning programme, which is an academic requirement by TVET colleges for students to meet the graduation criteria. Due to the departmental recruitment policy, which supports open competition for posts, interns are considered for entry level posts and encouraged to apply should they meet the requirements of the post. Interns who are placed in GDoH have access to training opportunities offered by the department. In 2022-2023, 975 unemployed youth benefited from internship and learnership programmes.

SUPPLY CHAIN MANAGEMENT AND FINANCIAL REPORTING

Challenges

Cash flow shortages as a result of payment of medico-legal claims impacted negatively on the payment of service providers within 30 days. Amendments made to the Preferential Procurement Regulations affected the 30 per cent sub-contracting of service providers in the designated groups.

Table 4.1.1: PROGRAMME 1: ADMINISTRATION

| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | PLANNING | | | REPORTING | | | |
|--|--|---|----------------------------|---------|--|--------------------------------|--|---|--|
| | | | Audited/Actual performance | | | Planned Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Leadership and governance in the health sector enhanced to improve quality of care | Township economy in local communities promoted | Percentage of budget spent on Township enterprises against identified commodities | 23% | 13.2% | 8.5% (R5 221 589.96/R61 420 800.00) | 30% (27 000 000/90 000 000) | 33.8% (R2 066 392 010.88/ R6 113 242 096.15) | 3.8% | Target achieved because more than R2 billion was spent on procuring from township enterprises including preferential procurement during the 2022/23 financial year. |
| Improved financial | Increased economy of local communities including township businesses and SMMEs | Percentage of service providers' without dispute paid within 30 days | 66% | # | 27.2% (32 936/121 113) | 80% (82 641/103 301) | 35% (53 850/154 076) | (45%) | Target not achieved due to cash shortages because of medico-legal payments and settlement of old accruals, over-commitment on goods and services procured as well as delays in clearing of web-cycle transactions. |
| Leadership and governance in the health sector enhanced to improve quality of care | Women employed in senior management positions increased | Percentage of women in senior management posts | 44% (50/113) | # | 44.1% (49/111) | 49% (57/117) | 47.1% (48/102) | (1.9%) | Target not achieved because there were nine female SMS resignations and retirements which reduced the number of women in SMS positions during the reporting period. |
| Improved financial | Unqualified audit opinion | Audit opinion of Provincial DOH | Unqualified | N/A | Unqualified | Unqualified | Unqualified | N/A | N/A |

| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | PLANNING | | | | REPORTING | | Reasons for deviations |
|---|---|---|----------------------------|----------------|---------------------------|-----------------------------|---------------------------------|---|---|
| | | | Audited/Actual performance | | | Planned Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Health facilities are compliant with Occupational Health and Safety | Percentage of hospitals compliant with Occupational health and safety regulations | # | 85% | 51.4% (19/37) | 51.4% (19/37) | 0% (0/37) | (51.4%) | Target not achieved. Of the 37 hospitals, 22 hospitals namely Charlotte Maxeke Johannesburg Academic, Jubilee, Cullinan Care and Rehob, Steve Biko Academic, Tshwane District, Chris Hani Baragwanath, Bertha Gxowa, Carletonville, Kalafong, Sebokeng, Tembisa, Pretoria-West, Helen Joseph, South Rand, Tshwane Rehab, Bheki Mlangeni, Dr George Mukhari Academic, Kopanong, Rahima Moosa, Sterkfontein, Tambo Memorial and Weskoppies hospitals have been assessed; compliance was on administrative areas and none on infrastructure areas. |
| Quality of health services in public health facilities improved | Lean Management System implemented in public priority health facilities | Number of priority hospitals and clinics implementing Lean Management System | 10/37 | 5 | 9 | 16 | 10 | (6) | Target not achieved because seven hospitals namely Bheki Mlangeni, Dr George Mukhari, Charlotte Maxeke, Leratong, Sebokeng, Tambo Memorial and Tembisa coupled with three feeder clinics namely Levai Mbatha CHC, Ilereleng CHC and Soshanguve CHC are implementing the Lean Management System. The Lean Management Team is currently reduced to one Lean facilitator who is unable to ensure implementation in all the priority hospitals and feeder CHCs. |
| Quality of health services in public health facilities improved | Contingent liability of medico-legal cases reduced by 50% over the MTEF | Rand value of medico-legal claims | # | R 16.7 billion | R 24 billion ¹ | R 15.5 billion | R 18.2 billion | R 1.7 billion | Target not achieved. Rand value of medico-legal claims increased by 4% from R17.5 billion to R18.2 billion during 2022/23. This was due to litigation register reconciliation efforts. The department to continue to strengthen mediation options. |

1 The R24 billion disclosed during 2021/22 was restated to R17.5 billion in the Annual Financial statements, due to reconciliation efforts by the department.

| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | PLANNING | | | REPORTING | | | |
|---|--|--------------------------------------|----------------------------|---------------|-----------------|-----------------------------|---------------------------------|---|--|
| | | | Audited/Actual performance | | | Planned Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Robust and effective health information systems to automate business and improve evidence-based decision making | Quality of patient information in health facilities improved | Percentage of CHCs implementing PACS | # | 0% (0/33) | 0% (0/33) | 100% (16/16) | 0% (0/16) | (100%) | Target not achieved. The delay in the implementation of HIS (clinical module) impacted on the integration of systems. |
| | | | # | 12% (4/33) | 18.2% (6/33) | 100% (38/38) | 82% (31/38) | (18%) | Target not achieved. Zola CHC is still being renovated and there was no network infrastructure in Laudium CHC. In addition, five clinics namely Boekenhout Clinic, Refentse Clinic, Daveyton Main Community Day Centre, Ennerdale Extension 8 Clinic and Lenasia Clinic did not form part of the project scope as they were activated post project plan. |
| | | | 0% | 10% (4/37) | 5.4% (2/37) | 100% (37/37) | 95% (35/37) | (5%) | Target not achieved. The HIS system was rolled out in 95% (35) of the hospitals namely Dr George Mukhari, Sebokeng, Tembisa, Thelle Mogoerane, Mamelodi, Bheki Mlangeni, Edenvale, Jubilee, Tambo Memorial, Kopanong, Heidelberg, Chris Hani Baragwanath, Kalafoong, Dr Yusuf Dadoo, Charlotte Maxeke, Odi, Bertha Gxowa, Helen Joseph, Carletonville, Bronkhorstpruit, Pretoria-West, South Rand, Tshwane District, Steve Biko, Wits Dental, Pretoria Dental, Sefako Makgatho Dental, Cullinan Rehabilitation, Weskoppies, Rahima Moosa, Tara H Moross, Tshwane Rehabilitation, Far East Rand, Sterkfontein and Pholosing hospitals. In addition, only the patient administration, finance billing and revenue modules have been implemented and are currently operational. There are inadequate Information Technology (IT) hardware resources and network challenges at Leratong and Sizwe Hospitals. |

| PLANNING | | | | REPORTING | | | | |
|---|--|---|----------------------------|-----------|-----------------------------|---------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | Planned Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | | | | |
| Robust and effective health information systems to automate business and improve evidence-based decision making | Quality of patient information in health facilities improved | Percentage of indicators tracked through a functional Population health Observatory | # | 0% | 0% | 0% (0/110) | (50%) | Target not achieved. The project was put on hold because there was no budget |
| | | | # | 0% | 0% (0/11) | 100% (11/11) | (100%) | Target not achieved because the Forensic Pathology MIS is dependent on HIS system implementation |

Strategies to overcome areas of underperformance

FINANCE

- Request GPT for cash bail-out. There is also an on-going intervention programme in terms of which the MEC is engaging with institutions including hospitals and the provincial office to improve on payments to suppliers within 30 days, a rapid work cycle programme is to be implemented with institutions to improve turnaround times in clearing exceptions on the financial systems.

HUMAN RESOURCES

- All SMS currently vacant posts will be targeted for female candidates

OHS

- The department to address all infrastructure challenges in partnership with DID.

INFORMATION COMMUNICATION TECHNOLOGY

Percentage of CHCs implementing PACS

- Review the delivery model and prioritise 10 CHCs in line with the allocated budget by March 2024. Review the Service Level Agreement and develop a clear project plan by March 2024. Extend the scope of the project to include the remaining five clinics namely Boekenhout Clinic, Refentse Clinic, Daveyton Main Community Day Centre, Ennerdale Extension 8 Clinic and Lenasia Clinic.

Percentage of CHCs with Integrated Health Information systems

- Review the Service Level Agreement and develop a clear project plan by March 2024. Extend the scope of the project to include the remaining five clinics namely Boekenhout Clinic, Refentse Clinic, Daveyton Main Community Day Centre, Ennerdale Extension 8 Clinic and Lenasia Clinic.

Percentage of hospitals with Integrated Health Information systems

- Review the Service Level Agreement and develop a clear project plan by March 2024.

Percentage of indicators tracked through a functional Population Health Observatory

- This project is dependent on implementation of the HIS.

Percentage of Forensic Pathology Management Information Systems implemented

- Review the Service Level Agreement and develop a clear project plan by March 2024.

LEAN MANAGEMENT

- The focus is on sustaining the facilities that have already started Lean Management to resuscitate the current existing projects and train Lean champions at the current six Lean-active hospitals.

PROGRAMME 1 EXPENDITURE TABLES

Table 4.1.2: Departmental budget and expenditure

| PROGRAMME | 2021/22 | | | 2022/2023 | | |
|------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| ADMINISTRATION | 2 341 848 | 2 173 192 | 168 656 | 1 826 399 | 1 825 656 | 743 |
| DISTRICT HEALTH SERVICES | 19 875 921 | 19 251 444 | 624 477 | 20 722 290 | 19 494 302 | 1 227 988 |
| EMERGENCY MEDICAL SERVICES | 1 577 705 | 1 431 691 | 146 014 | 2 011 100 | 2 010 941 | 159 |
| PROVINCIAL HOSPITAL SERVICES | 11 081 898 | 10 697 214 | 384 684 | 11 144 958 | 11 082 431 | 62 527 |
| CENTRAL HOSPITAL SERVICES | 20 708 734 | 20 331 658 | 377 076 | 21 981 884 | 21 485 422 | 496 462 |
| HEALTH SCIENCES AND TRAINING | 1 182 600 | 706 868 | 475 732 | 1 003 410 | 638 217 | 365 193 |
| HEALTH CARE SUPPORT SERVICES | 393 874 | 388 833 | 5 041 | 437 466 | 437 302 | 164 |
| HEALTH FACILITIES MANAGEMENT | 2 462 930 | 2 068 235 | 394 695 | 2 224 049 | 1 665 469 | 558 580 |
| Total | 59 625 510 | 57 049 135 | 2 576 375 | 61 351 556 | 58 639 740 | 2 711 816 |

Table 4.1.3: Budget Programme 1: Administration: Sub-Programmes

| ADMINISTRATION | 2021/22 | | | 2022/23 | | |
|-------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| OFFICE OF THE MEC | 25 528 | 16 392 | 9 136 | 24 693 | 16 125 | 8 568 |
| MANAGEMENT | 2 316 320 | 2 156 800 | 159 520 | 1 801 706 | 1 809 531 | (7 825) |
| Total | 2 341 848 | 2 173 192 | 168 656 | 1 826 399 | 1 825 656 | 743 |

4.2 BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE

The purpose of the programme is to render Primary Health Care Services and District Hospital Services.

i. District Management

Planning and administration of services, managing personnel and financial administration and the coordinating and management of the Day Hospital Organisation and Community Health Services rendered by local authorities and non-governmental organisations within the Metro; determining working methods and procedures and exercising district control.

ii. Community health clinics

Rendering a nurse-driven primary health care service at clinic level including visiting points, mobile- and local authority clinics.

iii. Community Health Centres

Rendering a primary health service with full-time medical officers in respect of mother and child health, health promotion, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, mental health, etc.

iv. Community based services

Rendering a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

v. Other community services

Rendering environmental, port health and part-time district surgeon services, etc.

vi. HIV and AIDS

Rendering a Primary Health Care Service in respect of HIV and AIDS campaigns and Special Projects

vii. Nutrition

Rendering a nutrition service aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition.

viii. Coroner Services

Rendering forensic and medico legal services in order to establish the circumstances and causes surrounding unnatural death.

ix. District Hospitals

Rendering of a hospital service at district level.

SUB-PROGRAMMES

- District health management and PHC services
- District hospitals
- Maternal, child and women's health and nutrition
- HIV and AIDS, STIs and TB care
- Disease prevention and control

PROGRAMME OUTCOMES

- Package of services available to the population with priority given to equity and most cost-effective services
- Maternal, neonatal, infant and child mortality reduced
- Quality of health services in public health facilities improved.

PROGRAMME PERFORMANCE OVERVIEW

DISTRICT HEALTH MANAGEMENT AND PHC SERVICES

Significant achievements

- Establishment of neurodevelopmental clinics in West Rand headed by a specific doctor. These clinics will see all children with neurodevelopmental problems with an emphasis on children with cerebral palsy.
- Launch of a Centre of Excellence for LBTQI+, people who use drugs and sex workers at Central Clinic in the West Rand.
- Number of Choice on Termination of Pregnancy sites increased in Tshwane District to provide safe Termination of Pregnancy Services.
- Introduction of sonar services at Community Health Centres and District hospitals for early pregnancy diagnoses at facilities in Tshwane.

Challenges

- Constant shortage of specialised nursing staff including Neonatal, Advanced Midwifery and Emergency Care nursing staff
- Funding for Primary Health Care Services rendered by the local authorities not adequate.
- High turnover of staff in Primary Health Care Clinics and Midwifery Obstetric Units.

GEYODI

- Disability: Inclusion of people with disability in advertisements for posts.
- Youth: the Tshepo 1 Million one-year contract from 1 April 2022 to 31 March 2023.

DISTRICT HOSPITALS

Significant achievements

A Travel Clinic was established at Dr Yusuf Dadoo Hospital and is functioning well. A Step-Down Ward was converted into a Rehabilitation Unit and a Mental Health Care User ward erected at Bheki Mlangeni Hospital.

Challenges

- Ageing Infrastructure affecting service delivery
- Shortage of specialist staff across the institutions.

GEYODI

- Disability: inclusion of PWDs in advertisements for posts.
- Youth-friendly services available for patients with teenage pregnancies.

Significant achievements

As part of broadening access to care, 38 CHCs were providing 24-hour services and one clinic (Sebokeng Zone 17) was officially opened during the period under review. More than 95 per cent of clinics obtained Ideal Clinic status during the reporting period.

HAST

Significant achievements

A total of 5 312 638 total tests were done for HIV during the 2022/23 financial year, with the total number of HIV tests done increasing by 6% from 5 014 704 during 2021/22 to 5 312 638 during 2022/23. During 2022/23, total tests done for HIV were at 5 312 638, exceeding the set 2022/23 target of 4 629 388 HIV tests done.

The set annual target was achieved due to continued HIV community testing and events/campaigns, HIV Self Service and index testing modalities conducted in facilities and community HIV testing services by 113 contracted funded NPOs across all 5 districts and HIV campaigns during Condom and STI Months.

HIV tests done among the 15 to 24 years age group were at 1 301 056 during 2022/23, with the exclusion of HIV tests done among ANC clients. From the tests done among the 15--24 years group, 17 233 tests were positive for HIV. The proportion of HIV positive clients among this age group declined by 0.4 percentage points from 1.7% during 2021/22 to 1.3% during 2022/23. The HIV positive rate among this age group, with the exclusion of ANC clients, for 2022/23 is at 1.3%; this is below the set annual target of 4.5% and was due to implementation of the preventative programmes such as pre- exposure prophylaxis (PrEP).

Challenges

- High lost to follow up rate due to patients providing wrong addresses to healthcare facilities.
- Increased death rate among TB and HIV co-infected clients due to late presentation at health care facilities.
- High number of patients missing appointments, resulting in a high lost to follow up rate.
- Suboptimal adherence to ART treatment which results in poor viral load suppression rates.

MCWH&N

Significant achievements

The maternal mortality in-facility ratio reduced from 129.3 (309 in actual numbers) per 100 000 live births to 118.5 (265 in actual numbers) per 100 000 live births against the target of 116 per 100 000 (278 in actual numbers) in the 2022/23 financial year. Antenatal first visits before 20 weeks rate increased from 66.8 per cent to 69.2 per cent compared with the target of 68 per cent. The mother postnatal visit within 6 days rate increased from 74.7 per cent in 2021/22 to 78.3 per cent in 2022/23 against a target of 80 per cent. Vitamin A dose 12-59 months coverage increased from 57.1 per cent in 2021/22 to 64.8 per cent in 2022/23 compared with a target of 53 per cent.

Under 5-years case fatalities were kept below acceptable levels, with the diarrhoea case fatality rate at 1.9 per cent below the target of 2.5 per cent. The pneumonia case fatality rate was at 1.5 per cent and kept below the threshold of 2.2 per cent. Lastly, the child under 5-years SAM case fatality rate was at 6.6 per cent and was kept below the 7 per cent target. 41 health care facilities provided termination of pregnancy (TOP) services in 2022/23 compared with 30 in 2021/22. In 2021/22, there were 5 hospitals providing second trimester TOP; this increased to 9 in 2022/23. The number of TOP providers increased from 61 in 2021/22 to 97 in 2022/23. In 2021/22, the number of facilities providing youth-friendly services (youth focused health services and health literacy) and youth zones (youth Happy Hour sessions) was 153; this increased to 222 in 2022/23. The NDoH awarded provinces with certificates and trophies for implementation of adolescent and youth-friendly zones (AYFZs).

Challenges

- Health workforce:
 - High patient: low nurse/doctor ratio
- Health information system
 - No appropriate patient and clinical electronic information registry
- Health system financing
 - No dedicated funding for maternal and child health although it is a priority
- Medical products, vaccines and technologies
 - Lack of appropriate medical equipment

GEYODI challenges

Lack of infrastructure and technology to accommodate youth-friendly services

PUBLIC HEALTH

Significant achievements

Even in the midst of difficulties, our staff are unrelenting in their quest to find new ways to meet patient care demands. As a result, we have a footprint not only locally but also on international platforms regarding advancements in health care practice. For example, SBAH is the first hospital in South Africa to receive the World Stroke Organisation Angels Diamond Award for excellence. The award recognises hospitals that provide excellent stroke care and encourages hospitals to implement quality monitoring to improve performance. Through great efforts by the neurology department at SBAH, many have now been given a new lease on life and have been saved from a condition that would ordinarily result in lifelong disability if not adequately managed on time. With non-communicable diseases on the rise, obesity has become a pandemic. The prevalence of obesity in South Africa is 68 per cent among women and 31 per cent among men; 13.5 per cent of children are overweight or obese. Obesity has a number of negative physiological (such as type 2 diabetes) and mental ramifications which further increase the burden of disease within the country.

Statistics South Africa suggests that NCDs contribute to 57.8 per cent of all deaths, of which 60 per cent are premature (under 70 years of age) and that, since 2016, the number of deaths due to NCDs has surpassed those resulting from communicable diseases. During 2022/23, the department screened 7 276 249 clients for diabetes and 7 603 116 hypertension.

The National Strategic Plan (NSP) 2022-27 on the prevention and control of non-communicable diseases was launched in 2022. The NSP aims to move South Africa closer to Sustainable Development Goal (SDG) 3.4: To reduce, by one-third, premature mortality from NCDs+ through prevention and treatment and promote mental health and well-being by 2030 through the progressive improvement of wellness and reduction of premature morbidity, disability and mortality from NCDs+. During the reporting year, the department conducted workshops for clinicians, Environmental Health Practitioners, Ward Based Outreach Teams and Health Promoters on the NSP in preparation for the roll-out of the NSP and its implementation in all districts. The department will launch the NSP in Ekurhuleni on 9 June 2023.

The department runs a wellness programme aimed at promoting physical activity coupled with awareness messages targeting healthy lifestyle and healthy nutrition in partnership with the Department of Sport, Arts, Culture and Heritage to ensure that communities and staff become active and watch their dietary intake. The department has established 23 physical activity programmes in communities in all districts where the community meet on specific days to exercise and be educated on a healthy lifestyle under the #AsibeHealthyGP programme. The number of people reached through the comprehensive life course health and wellness campaigns conducted was 21 359 215 compared to the target of 12 000 000. The department ensures that in most of its events include physical activities (walks and aerobics) and offers integrated health services.

Table 4.2.1: SUB-PROGRAMME 2.1: DISTRICT HEALTH SERVICES

| REPORTING | | | | | | | | | |
|---|--|---|----------------------------|-----------------|-----------------|--|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Target Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Positive experience of care of health care users improved | Patients experience of care satisfaction rate | 84% | 92.5% | 92.4% | 95.2% (95 226/100 000) | 83.8% (1 417 256/1 690 501) | (11.4%) | Target not achieved because the patient experience of care satisfaction rate declined by 8.6 percentage points from 92.4% during 2021/22 to 83.8% during 2022/23. Of the 365 clinics that participated in the PEC survey, only 39 obtained a PEC satisfaction rate of 95% and above. The areas that contributed to underperformance were availability of medicines and access to care amongst others. |
| Quality of health services in public health facilities improved | Management of patient safety incidents improved to reduce new medico-legal cases | Severity assessment code (SAC) 1 incident reported within 24 hours rate | # | 94.7% (161/170) | 86.9% (233/268) | 95.3% (162/170) | 83% (127/153) | (12.3%) | Target not achieved because SAC 1 incident cases reported within 24 hours rate decreased by 3.9 percentage points from 86.9% during 2021/22 to 83% during 2022/23. Twenty-six SAC 1 incident cases were not reported within 24 hours during 2022/23 affecting mostly Ekurhuleni, Sedibeng, West Rand and Tshwane Districts because of delays in reporting by facilities, delays in classification and errors in capturing of SAC 1s. |
| | | Patient Safety Incident (PSI) case closure rate | # | 91.8% (235/256) | 95.7% (331/346) | 92% (231/250) | 95.1% (235/247) | 3.1% | Target achieved because, of the 93 clinics that registered PSIs, 76 clinics closed 100% of the PSIs during 2022/23 due to PSI meetings that took place. |

| PLANNING | | | | REPORTING | | | | | |
|--|--|--|----------------------------|---------------|------------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | 98% | 95% (707/744) | 97.5% (998/1024) | 95% (707/747) | 97.6% (1 234/1 264) | 2.6% | Target achieved because resolution of complaints within 25 working days increased by 0.1 percentage points from 97.5% during 2021/22 to 97.6% during 2022/23 due to continuity in the implementation of the National Guideline to Manage Complaints, Compliments and Suggestions in the Health Sector of South Africa; and timely redress of complaints facilitated by telephonic redress and on-the-spot Batho Pele principles trainings. |
| Package of services available to the population with priority given to equity and most cost-effective services | PHC facilities provide integrated quality healthcare service | Ideal Clinic status obtained rate | 93.0% (334/359) | 89% | 92.4% (341/369) | 90.5% (333/368) | 97.3% (358/368) | 6.8% | Target achieved. The number of clinics that obtained Ideal Clinic status increased by 5% from 341 in 2021/22 to 358 in 2022/23. Improvements were also observed amongst facilities that previously did not obtain the status due to gaps on the non-negotiable vital elements with the number of facilities that did not obtain Ideal Clinic status declining by 71% from 17 during 2021/22 to 5 facilities during 2022/23. |
| Leadership and governance in the health sector enhanced to improve quality of care | Functional governance structures in PHC facilities | Percentage of PHC facilities with functional Clinic committees | 80% | 80% (298/372) | 23.6% (87/369) | 100% (369/369) | 31.5% (116/368) | (68.5%) | Target not achieved. A total of 116 clinics had functional clinic committees and 252 did not have functional clinic committees because of not having sufficient members (3 or more members) or there were no nominations by facilities |

| PLANNING | | | | REPORTING | | | | | |
|--|---------------------------------------|---|----------------------------|-----------|---------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Package of services available to the population with priority given to equity and most cost-effective services | All CHCs provide 24-hour full service | Number of CHCs providing 24-hour services | 32/32 | 34 | 36 | 38 | 38 | 0 | On target as Ennerdale Extension 8 and Lenasia Extension 5 started operating 24 hours during the year under review, increasing the number of CHCs providing 24-hour service to 38. |

Strategies to overcome areas of underperformance

Patient experience of care satisfaction rate

Support visits during quarter one to three of 2023/24 will be conducted to ensure readiness for the Patient Experience of Care (PEC) survey and personnel will be retrained during quarter one of 2023/24 in preparation for the PEC survey.

Severity assessment code (SAC) 1 incident reported within 24 hours rate

Verify date and times before submissions of SAC. In cases of network challenges, all facility managers have been advised to utilise Short Message/Messaging Services (SMS) or WhatsApp messages with the SAC details sent to the quality assurance manager for immediate capturing. Quality Managers to continue monitoring the reporting and capturing of PSI/SAC1 within 24 hours of occurrence.

Percentage of PHC facilities with functional clinic committees

Continue to fast-track the nomination of clinic members

Table 4.2.2: SUB-PROGRAMME 2.2: DISTRICT HOSPITALS

| PLANNING | | | | REPORTING | | | | | |
|--|--|--|----------------------------|---------------------|---------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal mortality in facility Ratio | # | 69.8 (32/45 814) | 63 (29/46 034) | 53.8 (24/44 600) | 73.5 (33/44 888) | (19.7) | Target not achieved because maternal deaths increased by 14% from 29 deaths during 2021/22 to 33 during 2022/23. Bertha Gxowa and Dr Yusuf Dadoo each had 6 deaths, contributing 36% each to total maternal deaths. No deaths were recorded at Tshwane District Hospitals. The leading drivers of maternal deaths were direct and indirect causes such as ruptured uterus, renal failure, seizures or uncontrolled seizures, hypovolemic shock, intracranial bleeding haemorrhagic shock, RVG stage IV and Pneumocystis Joriveci Pneumonia (PJP), post-partum haemorrhage, eclampsia, pulmonary oedema and embolism and septic shock. |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years dying from diarrhea | Child under 5 years diarrhoea case fatality rate | # | 2% (10/503) | 1.1% (16/1 471) | 2.2% (29/1 300) | 1.3% (23/1 813) | 0.9% | Target achieved. Six District Hospitals namely Bheki Mlangeni, Bronkhorstspuit, Dr Yusuf Dadoo, Heidelberg, Pretoria West and Tshwane District reported no diarrhoea deaths because of support from the DCST and implementation of M&M committee case reviews. |
| | Less children under 5 years dying from pneumonia | Child under 5 years pneumonia case fatality rate | # | 1.8% (9/511) | 0.91% (11/1 210) | 1.3% (12/900) | 0.6% (17/2 670) | 0.7% | Target achieved because the under 5 pneumonia case fatality rate decreased by 0.31 percentage points from 0.91 during 2021/22 to 0.6% during 2022/23. This is due to support from the DCST and implementation of M&M committee case reviews. |

| PLANNING | | | | REPORTING | | | | | |
|---|---|--|----------------------------|--------------------------|--------------------------|---------------------------------------|------------------------------------|---|---|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Stunting among children reduced Less | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 30% (30/100) | 6.9% (28/407) | 23.1% | Target achieved due to support from the DCST and implementation of M&M committee case reviews |
| Maternal, neonatal, infant and child mortality reduced | Number of children who die in health facilities reduced | Death under 5 years against live birth rate | # | 0.74% (330/44 522) | 0.88% (391/44 577) | 0.7% (312/44 600) | 0.8% (363/43 342) | (0.1%) | Target not achieved because 72% of the under 5 years deaths that occurred in District Hospitals were neonatal deaths because of shortage of Neonatal Intensive Care Unit (NICU) beds. |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 80% | 90.2% (65 341/73 151) | 89.6% (37 917/42 334) | 90.4% (66 000/73 000) | 82.7% (57 360/69 337) | (7.7%) | Target not achieved because the Patient Experience of Care (PEC) satisfaction rate declined by 6.9 percentage points from 89.6% during 2021/22 to 82.7% during 2022/23. Only Bronkhorstspuit and Tshwane District Hospitals obtained a PEC satisfaction rate above 90%. The areas that contributed to underperformance included issues with access to care and availability of medicines. |

| PLANNING | | | | REPORTING | | | | | |
|---|--|---|----------------------------|--------------------|--------------------|---------------------------------------|------------------------------------|---|---|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Hospitals ready to deliver quality health care | Ideal hospital status obtained rate | # | 16.7% (2/12) | 83.3% (10/12) | 66.7% (8/12) | 33.3% (4/12) | (33.4%) | Target not achieved. The number of District Hospitals that obtained Ideal Hospital status decreased by 60% from 10 in 2021/22 to 4 in 2022/23. Twelve District Hospitals were assessed during 2022/23 and, of those, four obtained Ideal Status namely Bertha Gxowa, Bheki Mlangeni, South Rand and Tshwane District Hospitals. Kopanong, Heidelberg, Odi, Jubilee, Pretoria West, Bronkhorstspuit, Carletonville and Dr Yusuf Dadoo Hospitals obtained an unsatisfactory status because these facilities had gaps on the non-negotiable vital elements (NNVs). The major issue with NNV elements across all eight hospitals was the Emergency Trolley not stocked with medicines and equipment; this is due to items being out of stock. |
| Quality of health services in public health facilities improved | Management of patient safety incidents improved to reduce new medico-legal cases | Severity assessment code (SAC) 1 incident reported within 24 hours rate | # | 72.7% (290/399) | 93.3% (499/535) | 70% (280/400) | 90.2% (312/346) | 20.2% | Target achieved as four of the 12 District Hospitals namely Jubilee, Kopanong, Odi and Tshwane District Hospitals reported 100% of their SAC 1 incidents within 24 hours. This is due to continuity in the implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| | | Patient Safety Incident (PSI) case closure rate | # | 74.4% (468/629) | 92.9% (722/777) | 75% (300/400) | 95% (606/638) | 20% | Target achieved as South Rand and Tshwane District Hospitals had a 100% case closure rate. This is because of continuity in the implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |

| PLANNING | | | | REPORTING | | | | | |
|--|--|---|----------------------------|------------------|------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | 97.8% (500/511) | 92.2% (320/347) | 97.7% (301/308) | 95% (508/536) | 98.8% (343/347) | 3.8% | Target achieved. Nine district hospitals namely Bertha Gxowa, Bheki Mlangeni, Carletonville, Dr Yusuf Dadoo, Heidelberg, Jubilee, Pretoria West, South Rand and Tshwane District maintained a 100% complaints resolution within 25 working days rate throughout the year. |
| Leadership and governance in the health sector enhanced to improve quality of care | Functional governance structures in hospitals | Percentage of Hospitals with functional hospital boards | # | 66.7% (8/12) | 58.3% (7/12) | 100% (12/12) | 91.7% (11/12) | (8.3%) | Target not achieved because Carletonville Hospital did not have a functional board as a result of the resignation of two initially appointed members |
| Quality of health services in public health facilities improved | Integration of mental health into mental health services | Percentage of beds in district hospitals offering acute ill mental health care users (72hrs assessment) | # | 5.6% (165/2 901) | 7.4% (225/3 048) | 7.4% (222/3 000) | 7.6% (231/3 049) | 0.2% | Target achieved. A total of 231 beds have been allocated to offer 72 hours mental health assessment in District Hospitals. |

Strategies to overcome areas of underperformance

Maternal mortality in facility ratio

- Outreach by District Clinical Specialist Teams to District Hospitals will be conducted including training on the Management of Obstetric Emergencies for Casualty Staff and Health Education regarding the importance of adherence to antiviral treatment.
- Strengthen M&M committee meetings and DCST support.

Death under 5 years against live birth rate

- Neonatal ICU beds to be increased and hospitals to refer sick neonates to higher level of care. Availability of neonatal beds to be audited throughout the province by the programme by March 2023. Nursing and medical staff to be trained in latest management protocols. Outreach to be done by District Clinical Specialist teams.

Patients experience of care satisfaction rate

- Conduct support visits during quarters one to three of 2023/24 FY to ensure readiness. Retrain personnel during quarter one of 2023/24 in preparation for survey.

Ideal hospital status obtained rate

- Quality Improvement Plan (QIP) monitoring to be continued and facilities' emergency trolley supplies ordering process initiated.

Percentage of Hospitals with functional hospital boards

- Follow-up will be done with hospitals to fast-track the appointment of board members.

Table 4.2.3: SUB-PROGRAMME 2.3: HIV AND AIDS, STI & TB CONTROL

| PLANNING | | REPORTING | | | | | | |
|--|---|-------------------|----------------------------|-------------------------|--------------------------|---------------------------------|------------------------------|---|
| | | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 |
| Outcome (as per SP 2020/21-2024/25) | Outputs | 2019/20 | 2020/21 | 2021/22 | | | | |
| Morbidity and premature mortality due to communicable diseases reduced | People living with HIV are tested, initiated on treatment, and retained on care | # | 2.9% (22 715/795 984) | 1.7% (20 735/1 217 412) | 4.5% (100 363/2 237 930) | 1.3% (17 233/1 301 056) | 3.2% | Target achieved because the HIV positivity rate among the 15-24 years age group decreased by 0.4 percentage points from 1.7% during 2021/22 to 1.3% during 2022/23. This was due to implementation of preventative programmes such as pre-exposure prophylaxis (PrEP), amongst others. |
| | | 5 174 748 | 4 355 221 | 5 014 704 | 4 629 388 | 5 312 638 | 683 250 | Target achieved due to continued HIV community testing and events/campaigns, HIV self-service, and index testing modalities conducted in facilities and community HIV testing services by contracted 113 funded NPOs across all 5 districts and HIV campaigns during Condom and STI Months. |
| | | # | # | # | 90% (56 836/63 100) | 63.7% (68 900/108 199) | (26.3%) | Target not achieved due to high lost to follow-up of clients who give wrong addresses, relocate without proper referrals, promise to return but did not, refuse to be attended to by CHWs, and unavailability of clients. |
| | | # | # | # | 90% (488/544) | 64% (1 289/2 014) | (26%) | Target not achieved due to mothers or caregivers not honouring appointments and providing wrong addresses, relocating without proper referrals, refusing to be attended to by CHWs, and unavailability of clients. |

| PLANNING | | | REPORTING | | | | | | |
|---|---|--|------------------------------|----------------------------------|-----------------------------|---------------------------------------|------------------------------------|--|---|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Morbidity and premature mortality due to communicable diseases reduced | TB cases are detected and successfully treated | ART Adult viral load suppressed rate (12 months) | # | 88.1% (156 945/178 222) | 90.8% (57 696/63 511) | 90% (180 958/201 064) | 90.1% (49 774/55 249) | 0.1% | Target achieved due to implementation of NHLS eLabs, use of SMS printers and availability of TrackCare at facility level. |
| | | ART Child viral load suppressed rate (12 months) | # | 66.7% (1 955/2 934) | 64.6% (698/1 080) | 90% (4 988/5 544) | 58.8% (576/980) | (31.2%) | Target not achieved. The proportion of virally suppressed child clients declined by 5.8 percentage points from 64.6% during 2021/22 to 58.8% during 2022/23 due to non-adherence to treatment as well as psychosocial problems which affected non- disclosure, especially in older children. |
| | All DS-TB client lost to follow-up rate | All DS-TB client lost to follow-up rate | 9.4% (3 216/ 34 101) | 8.7% (2 736/ 31 366) | 8.3% (1853/22 327) | 5.5% (1 928/34 800) | 6.6% (1 460/22 017) | (1.1%) | Target not achieved due to high lost to follow-up of untraceable clients who provide wrong addresses or relocate without proper referrals, inaccessibility of homes by the Community Health Worker (CHW) during home visits and work commitments by patients. |
| | | All DS-TB Client Treatment Success Rate | 81.6% (27 955/ 34 101) | 83.5% (26 184/ 31 366) | 82.1% (18 328/22 327) | 90% (31 324/34 800) | 84% (18 477/22 017) | (6%) | Target not achieved because of consistent high lost to follow-up and high TB death rate. |
| | | All DS-TB client death rate | 7.1% (2 400/34 101) | 7.4% (2 312/31 366)) | # | 5.5% (1 412/25 492) | 9.0% (1 988/22 017) | (3.5%) | Target not achieved because of late presentation by clients at health facilities and ART interruption by those clients who are co-infected. |

Strategies to overcome areas of underperformance

ART adult remain in care rate (12 months)

- Intensify tracing by CHWs; facilities to be encouraged to provide education about referrals.

ART child remain in care rate (12 months)

- Scale up implementation of the Paediatric Matrix of Interventions at all facilities and intensify tracing by CHWs; facilities to be encouraged to provide education about referrals.

ART child viral load suppressed rate (12 months)

- Encourage facilities to order pellets for children under 5 years and implement Paediatric Matrix of Interventions. Provide counselling to clients. Use cohort stickers on patient files as reminders and conduct file audits. Encourage facilities to pull out a list of all children's next appointments per week. These should be generated and shared with the paediatrics champions to identify who is due for viral load (VL) for that day. All missed appointments to be shared with tracing counsellor for tracing.

All DS-TB client lost to follow-up rate

- Line listing to be generated daily from Tier.Net and follow-up of missed appointments by CHWs and Tracer Nurses. Allocate all TB patients to CHWs and Tracer Nurses for continuous adherence support and verification of contact details.

All DS-TB client treatment success rate

- Line listing to be generated daily from Tier.Net and follow-up of missed appointments by CHWs and Tracer Nurses. Allocate all TB patients to CHWs and Tracer Nurses for continuous adherence support and verification of contact details. Enhanced adherence counselling for TB and HIV co-infected patients. Continue with TB campaigns at hotspots areas (Education, Communication and Social Mobilisation). Capacitate linkage officers to close the gap between hospitals and PHC facilities. Use media platforms to encourage and promote clients' compliance with treatment.

All DS-TB client death rate

- Enhance adherence counselling for TB and HIV co-infected patients. Continue with TB campaigns at hotspots areas (Education, Communication and Social Mobilisation). Capacitate linkage officers to close the gap between hospitals and PHC facilities. Use media platforms to encourage and promote clients' compliance with treatment.

Table 4.2.4: SUB-PROGRAMME 2.4: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

| PLANNING | | REPORTING | | | | | Reasons for deviations | | |
|--|---|--|----------------------------|--------------------------------|--------------------------------|---------------------------------|--|------------------------------|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child Mortality Reduced | Coverage of Family planning services increased | Couple year protection rate | 44% (175 352/397 208) | 45.3% (1 825 479/4 028 597) | 37.8% (1 766 617/4 669 276) | 42% (176 565/420 393) | 28.6% (1 368 529/4 782 629 ²) | (13.4%) | Target not achieved as the couple year protection rate declined by 9.2 percentage points from 37.8% during 2021/22 to 28.6% during 2022/23 because of inconsistent availability of condoms and contraceptives especially Medroxyprogesterone; low uptake of long-acting reversible contraceptives (LARC), especially Implanon. The underperformance was exacerbated by task shifting amongst dedicated staff to focus on a measles outbreak investigation towards the end of 2022 and the beginning of 2023. |
| | | | 7.5% (15 882/ 210 544) | 8.9% (20 250/226 633) | 9.1% (20 877/230 102) | 10% (22 663/226 633) | 9.6% (20 755/215 111) | 0.4% | |
| | Antenatal care visits before 20 weeks increased | Antenatal 1st visit before 20 weeks rate | 66.5% (180 229/271 224) | 63.3% (164 576/259 926) | 66.8% (167 110/250 160) | 68% (176 750/259 926) | 69.2% (158 788/229 245) | 1.2% | Target achieved because the proportion of clients who visited the facilities for their first antenatal care (ANC) visit increased by 2.4 percentage points from 66.8% during 2021/22 to 69.2% during 2022/23. The increase was due to Basic Antenatal Care (BANC) trainings done and improvement in pregnancy screening and testing of women of childbearing potential at all service points. |

2 Stats SA mid-year population estimates used for 2019.

| PLANNING | | REPORTING | | | | | Reasons for deviations |
|--|---|---------------------------|----------------------|----------------------------|------------------------|---------------------------------|--|
| | | Outputs | Output Indicators | Audited/Actual performance | | | |
| Outcome (as per SP 2020/21-2024/25) | | | 2019/20 | 2020/21 | 2021/22 | Planned Annual Target 2022/2023 | |
| Institutional Maternal Mortality Ratio reduced | Maternal Mortality in facility Ratio | 102.9/100 000 live births | 118.7 (294/247 755) | 129.3 (309/238 933) | 116 (278/238 749) | 118.5 (265/223 653) | Target not achieved due to challenges of late presentation, un-booked pregnancies, illegal terminations of pregnancy, late referral to tertiary level of care for complicated cases and rising untreated pregnancy infections. The leading drivers of maternal deaths were direct and indirect causes such as ruptured uterus, renal failure, seizures or uncontrolled seizures, hypovolemic shock, intracranial bleeding, post-partum haemorrhage, cardiorespiratory failure/arrest, pulmonary embolism, septic shock, haemorrhagic shock, RVG stage IV, PJP, COVID-19, pneumonia, liver failure, sepsis, hypoxic brain injury, eclampsia, pulmonary oedema, ruptured ectopic pregnancy or unnatural death. |
| Maternal, neonatal, infant and child Mortality Reduced | Live birth under 2500g in facility rate | # | 13% (31 005/238 749) | 14% (32 010/229 179) | 12.5% (29 844/238 748) | 14.2% (30 333/214 128) | Target not achieved. The proportion of live births with low birthweight increased by 0.2 percentage point from 14% during 2021/22 to 14.2% during 2022/23 due to preterm labour as a result of hypertensive disorders during pregnancy, maternal infections, untreated infections in pregnancy, patients coming late to facilities and 3rd trimester illegal abortions. |

| PLANNING | | REPORTING | | | | | Reasons for deviations |
|---------------------------------------|---|---|----------------------------|-----------------------|-------------------------|------------------------------|---|
| | | Planned Annual Target 2022/2023 | Audited/Actual performance | | | Actual Achievement 2022/2023 | |
| Outputs | Output Indicators | | 2019/20 | 2020/21 | 2021/22 | | |
| Outcome (as per SP 2020/21 - 2024/25) | Postnatal care coverage increased | Mother postnatal visit within 6 days rate | 85.5% (180 000/210 544) | 75% (169 959/226 633) | 74.7% (171 907/230 102) | 78.3% (168 329/215 111) | Target not achieved due to cross-border issues, patients returning to their respective districts/provinces for the 3-6 days check-ups, not found when traced, lodger and Kangaroo Mother Care (KMC) mothers who are still admitted in hospitals within 6 days affecting reporting. |
| | Neonatal death reduced | Neonatal death in facility rate | 12.4 1 000 live births | 13.2 (3 161/238 749) | 14.3 (3 283/229 179) | 13.2 (2 833/214 128) | Target not achieved; the high neonatal death rate is due to neonates suffering from sepsis, infections, birth asphyxia, perinatal asphyxia, congenital cardiac lesion, intrauterine growth restriction related to hypertension, prematurity/extreme prematurity, congenital abnormalities, nosocomial infections and problems of overcrowding in the Neonatal Intensive Care Unit (NICU). |
| | Infant PCR test positive around 10 weeks (NDoH) | Infant PCR test positive around 10 weeks rate | 0.71% (292/41 294) | 0.69% (299/43 430) | 0.6% (271/45 311) | 0.51% (206/40 436) | Target achieved because HIV positivity among infants was kept below the 0.75% threshold as a result of Integrated Management of Childhood Illness (IMCI) training that was conducted. |

| PLANNING | | REPORTING | | | | | Reasons for deviations | |
|---|--|--------------------------|--------------------------|----------------------------|-----------------------|---------------------------------------|------------------------|---|
| | | Outputs | Output Indicators | Audited/Actual performance | | | | Planned Annual Target 2022/2023 |
| Outcome (as per SP 2020/21-2024/25) | | | 2019/20 | 2020/21 | 2021/22 | | | |
| Epidemics / occurrences of communicable diseases reduced | Immunisation under 1 year coverage | 88.5% (227 222/256 733) | 85% (217 717/255 530) | 88% (232 031/263 761) | 90% (235 176/261 310) | 83.2% (217 901/261 993 ¹) | (6.8%) | Target not achieved because immunization under 1-year coverage decreased by 4.8 percentage points from 88% during 2021/22 to 83.2% during 2022/23. This was due to parents/care givers not honouring appointments for immunizations including some who are not found after tracing. |
| | Measles 2nd dose coverage | 79.9% (205 414/ 256 733) | 77.8% (198 630/ 254 832) | 83.2% (219 008/263 306) | 88% (230 112/261 312) | 84% (221 239/263 638 ¹) | (4%) | Target not achieved due to parents/care givers not honouring appointments for immunizations including some who are not found after tracing. |
| Maternal, neonatal, infant and child Mortality Reduced | Child under 5 years mortality reduced | 1.7% (88/5 191) | 2.7% (70/2 603) | 1.8% (102/5 521) | 2.5% (64/2 604) | 1.9% (130/7 023) | 0.6% | Target achieved due to review of cases during M&M committee sessions, implementation of interventions as well as the support that was provided by District Clinical Specialist Teams (DCSTs). |
| | Child under 5 years pneumonia case fatality rate | 1.8% (116/6 532) | 2.3% (98/4 269) | 1.5% (98/6 634) | 2.2% (94/4 268) | 1.5% (168/11 006) | 0.7% | Target achieved due to review of cases during M&M committee sessions, implementation of interventions as well as the support that was provided by District Clinical Specialist Teams (DCSTs). |
| Severely malnourished children managed per prescribed treatment protocols on care | Child under 5 years Severe acute malnutrition case fatality rate | # | # | # | 7% (68/980) | 6.6% (129/1 985) | 0.4% | Target achieved due to review of cases during M&M committee sessions, implementation of interventions as well as the support that was provided by District Clinical Specialist Teams (DCSTs). |

| PLANNING | | REPORTING | | | | | | | |
|---|---|---|-----------------------------|-----------------------------|-----------------------------|---------------------------------|---|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child Mortality Reduced | Under 5 deaths reduced | Death under 5 years against live birth rate | # | 1.7% (3 979/238 749) | 1.9% (4 293/229 179) | 1.6% (3 688/230 416) | 1.9% (3 972/214 128) | (0.3%) | Target not achieved because 71% of the under 5 years deaths that occurred in facilities were neonatal deaths as a result of lack of appropriate infrastructure, prematurity, sepsis, congenital abnormalities, asphyxia, overcrowding and infections. |
| | Nutritional needs of children under 5 taken care of | Vitamin A dose 12-59 months coverage | 52.6% (1 067 632/2 026 062) | 47.5% (961 292/1 010 832*2) | 57.1% (1 195 043/2 091 512) | 53% (1 070 876/2 020 520) | 64.8% (1 360 458/2 100 882 ¹) | 11.8% | Target achieved because Vitamin A dose coverage among 12-59 months increased by 7.7 percentage points from 57.1% during 2021/22 to 64.8% during 2022/23 due to continued Vitamin A outreaches conducted at Early Childhood Development Centres (ECDCs) |
| Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10% | School Grade 1 and 8 learners screened | School Grade 1 learners screened | 74 222 | 17 922 | 54 561 | 40 000 | 72 430 | 32 430 | Target exceeded due to 32 000 additional Grade 1 children screened for various health conditions. The school health services provided ranged from deworming, immunisation, weight assessments, eye care, hearing problems, TB referrals and Td dose. |
| | | | 54 357 | 4 944 | 35 305 | 20 000 | 50 997 | 30 997 | Target exceeded due to 30 000 additional Grade 8 children screened for various health conditions including referrals for specialised care. |

Strategies to overcome areas of underperformance

Couple year protection rate

Injectable contraceptives and condoms will be delivered to districts from the beginning of the financial year. Marketing and promotion of alternative contraceptives whilst awaiting finalisation of the procurement processes of uterine sounds and supplier issues to be resolved. Training and support visits targeting high volume facilities on LARC will be conducted coupled with onsite mentorship on LARC by the provincial office and DCST. Expedite and follow-up on procurement processes at NDoH.

Maternal mortality in facility ratio

There will be continuing of ESMOE training and drills, education and training through morning meetings, weekly grand rounds and tutorials. The M&M meetings are to be held within 7 days of incidence and there will be monthly district perinatal M&M meetings. The outreach programmes are currently in place and continuous.

Live birth under 2500g in facility rate

Early identification of infections; early referrals; continuous management of infections and BANC Plus trainings will be done. Management of Preterm Labour Protocols and administration of steroids for lung maturity and MGSO4 for neuro protection will be done. Implementation of High-Risk Outreach Programme and in-service training on hypertension management during ESMOE and during supervisory visits to be done.

Mother postnatal visit within 6 days rate

Education about the importance of mother postnatal care during ANC visits will be conducted. Systems are being put in place to collect data of foreign nationals and cross-border patients. There will be monthly data validation, verification and corrections/adjustments where needed between source documents and District Health Information Systems (DHIS). The tracing of clients who have delivered will be enforced for the clients to report to the clinic within 6 days.

Neonatal death in facility rate

Continue with ESMOE trainings, drills on Helping Babies Breathe (HBB), cardiotocography (CTG) interpretation, portogram, support infection control measures and advocate for improvement of infrastructure. Support monthly perinatal review meetings in hospitals to identify gaps and follow up on action plans. Advocate that hospitals support one another if there are any outbreaks in the province.

Immunisation under 1 year coverage and measles 2nd dose coverage

Enforce daily checking of RthB of babies that did not turn up for their vaccinations and follow-up through tracing and monthly Child Health Outreach campaign including ECDs to be conducted.

Death under 5 years against live birth rate

Address the issues of high neonatal deaths and improve management of neonates and children under 5 years. Ensure adherence to Infection, Prevention and Control (IPC) standards.

Table 4.2.5: SUB-PROGRAMME 2.5: DISEASE PREVENTION AND CONTROL

| PLANNING | | REPORTING | | | | | | | | |
|---|-----------------------------|---|-------------------|----------------------------|-----------------------|-------------------------|---------------------------------|------------------------------|--|------------------------|
| | | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Outcome (as per SP 2020/21-2024/25) | | | | | | | | | | |
| Morbidity and premature mortality due to non-communicable diseases reduced by 10% | Eliminate Malaria by 2023 | Malaria case fatality rate | 1.3% (22/1 757) | 1.2% (5/425) | 1.4% (13/941) | 0.8% (8/960) | 1.1% (14/1 281) | (0.3%) | Target not achieved because of increased malaria deaths from 13 during 2021/22 to 14 during 2022/23 due to patients presenting late already severely ill with complications. | |
| Morbidity and premature mortality due to non-communicable diseases reduced by 10% | Diabetes prevalence managed | Normal Haemoglobin A1c (HbA1c) test with result ≤ 8% rate | # | # | 60% (175 345/292 623) | 50% (880 000/1 760 000) | 63.6% (223 470/351 623) | 13.6% | Target achieved because the normal HbA1c test with results less than or equal to 8% increased by 3.6 percentage points from 60% during 2021/22 to 63.6% during 2022/23 due to compliance by clinicians with Diabetes Guidelines and Adult Primary Care (APC) 101 Guidelines. | |
| | Diabetes prevalence managed | Clients 18-44 years screened for Diabetes | # | # | 3 522 311 | 2 670 132 | 4 669 937 | 1 999 805 | Target achieved because 24% of clients who visited the facility in this age category were screened for diabetes as per the Integrated Clinical Services Management (ICSM) and APC policy guidelines. | |
| | | Clients 45 and older screened for Diabetes | # | # | 1 983 685 | 1 800 000 | 2 606 812 | 806 812 | Target achieved because 13% of clients who visited the facility in this age category were screened for diabetes as per the ICSM and APC policy guidelines. | |

| PLANNING | | REPORTING | | | | | | | |
|--|---------------------------------|--|----------------------------|---------|-----------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Hypertension prevalence managed | Clients 18-44 years screened for Hypertension | # | # | 4 175 071 | 1 594 539 | 5 351 493 | 3 756 954 | Target achieved because 27% of clients who visited the facility in this age category were screened for hypertension as per the ICSM and APC policy guidelines. |
| | | Clients 45 and older screened for Hypertension | # | # | 1 791 027 | 1 600 000 | 2 250 623 | 650 623 | Target achieved because 11% of clients who visited the facility in this age category were screened for hypertension as per the ICSM and APC policy guidelines. |

Strategies to overcome areas of underperformance

Malaria case fatality rate

Continue conducting at least two Malaria Case Management Workshops every year to capacitate clinicians in the management of malaria. The 2022/23 workshop was conducted at the National Institute for Communicable Diseases (NICD) on 3 May 2023. The Directorate also commemorated World Malaria Day on 25 April 2023 in all five districts especially in the informal settlements, educating community members about malaria as a disease and about preventative measures especially for people traveling in endemic areas. A larger event was held in the West Rand District (Mphahlela Informal Settlement); health education was carried out at various health facilities; pamphlets were distributed to the community; loud hailing and door-to-door communications were done; and there were radio talks on Jozi FM, Theta FM and Kasi FM.

Table 4.2.6: Budget Programme 2: District health services expenditure

| DISTRICT HEALTH SERVICES | 2021/22 | | | 2022/23 | | (Over)/Under Expenditure R'000 |
|---------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | |
| HIV, AIDS AND TB | 6 230 575 | 5 995 932 | 234 643 | 6 886 474 | 6 056 337 | 830 137 |
| DISTRICT MANAGEMENT | 1 336 801 | 1 226 765 | 110 036 | 1 030 024 | 997 438 | 32 586 |
| COMMUNITY HEALTH CLINICS | 2 583 233 | 2 559 621 | 23 612 | 2 756 426 | 2 615 480 | 140 946 |
| COMMUNITY HEALTH CENTRES | 2 273 948 | 2 211 791 | 62 157 | 2 376 863 | 2 301 619 | 75 244 |
| COMMUNITY BASED SERVICES | 2 581 138 | 2 583 098 | (1 960) | 2 742 671 | 2 808 748 | (66 077) |
| NUTRITION | 58 814 | 49 495 | 9 319 | 80 335 | 79 720 | 615 |
| CORONER SERVICES | 359 872 | 274 106 | 85 766 | 335 720 | 305 201 | 30 519 |
| DISTRICT HOSPITALS | 4 451 540 | 4 350 636 | 100 904 | 4 513 777 | 4 329 759 | 184 018 |
| Total | 19 875 921 | 19 251 444 | 624 477 | 20 722 290 | 19 494 302 | 1 227 988 |

4.3 BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES

PROGRAMME PURPOSE

To render pre-hospital Emergency Medical Services, including Inter-Hospital Transfers and Planned Patient Transport services

- **Emergency Service Transport (EST)**
Rendering Emergency Medical Services including Special Operations, Communications and Air Ambulance services.
- **Planned Patient Transport (PPT)**
Rendering Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

PROGRAMME OUTCOMES:

- Quality of health services in public health facilities improved

Table 4.3.1: PROGRAMME 3: EMERGENCY MEDICAL SERVICES

| PLANNING | | | | REPORTING | | | | | |
|--|----------------------------|---|----------------------------|------------------------|------------------------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Coordinating health services across the care continuum, re-orientating the health system towards primary health care | EMS response time improved | EMS P1 urban response under 30 minutes rate | 82.8 | 95.8% (7 570/7 903) | 83% (10 450/12 594) | 84% (1 532/1 832) | 51.8% (4 959/9 573) | (32.2%) | Target not achieved. EMS P1 urban response under 30 minutes declined by 31.2 percentage points from 83% during 2021/22 to 51.8% during 2022/23. This was because of infrastructure and footprint limitations in districts; human resource shortages to optimize service delivery requirements; attacks on paramedics affecting operational capacity due to psychological injuries that prolong the return to operational duties; and service delivery protests which delay response times. |
| Coordinating health services across the care continuum, re-orientating the health system towards primary health care | EMS response time improved | EMS P1 rural response under 60 minutes rate | 100% | 94.4 (118/125) | 94.6% (106/112) | 100% (205/205) | 81.8% (117/143) | (18.2%) | Target not achieved as EMS P1 rural response under 60 minutes declined by 12.8 percentage points from 94.6% during 2021/22 to 81.8% during 2022/23. Ambulances are rerouted to urban areas where there is massive need impacting on the attainment of response time for Metsweding. There were ICU calls that were responded to from a rural area (Bronkhorstpruit) to an urban area (Mamelodi). Ambulances from Bronkhorstpruit station were sent to respond to calls from Dr George Mukhari, Steve Biko, Mamelodi and Odi Hospitals and Eersterust Clinic. |

Strategies to overcome areas of underperformance

EMS P1 urban response under 30 minutes rate

Submissions for ALS, ILS and BAA approval have been made. RT46 contractor EKS Vehicle Tracking has fitted 420 camera and panic buttons on emergency vehicles (Q2-Q4). The matter of paramedic attacks has been reported to SAPS and a strategy to address the issue is being developed. Engagements with Community Safety, councillors and communities for assistance with regard to safety for ambulances and crews are being done. A G-SET pilot in CoT, CoJ and West Rand has shown gains in response times. Tablets rolled out with 3G for communications and push-to-talk radios have been finalised.

There has been engagement with Infrastructure Management on alternative infrastructure and assessing the location of EMS bases so that they are closer to communities. Human talent recruitment is ongoing to address staff attrition and increase operational capacity within the limited budget. Managers are held accountable for station performance and improvement plans are developed. Paramedic attacks and service delivery protests are addressed by classifying high risk areas as redzones requiring SAPS escorts.

EMS P1 rural response under 60 minutes rate

Resources are diverted to where there is most need. The organisation is bound to respond or provide service to outstanding calls including urban calls.

Table 4.3.2: Budget Programme 3: Emergency Medical Services Expenditure

| EMERGENCY MEDICAL SERVICES | 2021/22 | | | 2022/23 | | |
|----------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| EMERGENCY TRANSPORT | 1 330 803 | 1 151 058 | 179 745 | 1 717 919 | 1 792 978 | (75 059) |
| PLANNED PATIENT TRANSPORT | 246 902 | 280 633 | (33 731) | 293 181 | 217 963 | 75 218 |
| Total | 1 577 705 | 1 431 691 | 146 014 | 2 011 100 | 2 010 941 | 159 |

4.4 BUDGET PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

PROGRAMME PURPOSE

Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research.

- **General (Regional) hospitals**
Rendering of hospital services at a general specialist level and a platform for training of health workers and research.
- **Tuberculosis hospitals**
Convert present Tuberculosis hospitals into strategically placed decentralised sites in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive level of treatment, as well as the application of the standardized multi-drug resistant (MDR) protocols.
- **Psychiatric / Mental Hospitals**
Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for the training of health workers and research
- **Sub-acute, Step down and Chronic Medical Hospitals**
These hospitals provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.
- **Dental Training Hospitals**
Rendering an affordable and comprehensive oral health service and training, based on the primary health care approach.

PROGRAMME OUTCOMES:

- Maternal, neonatal, infant and child Mortality Reduced
- Quality of health services in public health facilities improved.
- Leadership and governance in the health sector enhanced to improve quality of care.

SUB-PROGRAMMES

- Regional hospitals
- Specialised hospitals

Significant achievements

During 2022/23, at Leratong Hospital 1 352 cataract surgeries and 2 925 refractions were performed; 701 glaucoma patients were seen; and 153 diabetic lasers were performed. Weekend camps are held enabling the hospital to use three theatres per day improving clinical services and decreasing waiting lists. Waiting times at the Edenvale Hospital pharmacy were reduced through the speedy Q initiative with the pharmacy obtaining Grade A rating. The speedy-Q initiative is an initiative aimed at improving services at the pharmacy unit. Second trimester termination of pregnancy was initiated at the Tambo Memorial and Far East Rand hospitals. Mamelodi Regional Hospital is the first hospital in South Africa to obtain an Occupational Health Compliance Status with Excellent grading. There is a shortage of intensive care, neonatal intensive care and high care services at Regional Hospitals. Staff establishments are to be updated as services needs increase at institutions with the necessary budgets currently not in place.

GEYODI prioritization in the process of service delivery and challenges if any experienced

Gender: Prioritisation of registered companies owned by youth, PWDs and women.

Youth: Prioritisation of Child Headed youth for COVID-19 contract posts. A significant number were appointed during this period.

Disability: Inclusion of PWDs in advertisements for posts. The target rate of appointed PWDs is 1.8 per cent. Fifty per cent women in Executive Management has been achieved.

Table 4.4.1: SUB-PROGRAMME 4.1: REGIONAL HOSPITALS

| PLANNING | | | | | REPORTING | | | | |
|--|---|--|----------------------------|------------------|--------------------|------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child Mortality Reduced | Number of women who die in health facilities is reduced | Maternal mortality in facility | # | 105 | 117 | 100 | 99 | 1 | Target achieved because maternal deaths declined by 15% from 117 during 2021/22 to 99 during 2022/23 due to implementation of Maternal & Mortality Committee meetings and DCST support. However, there were still issues of late presentation, late bookings and pregnancy infections coupled with direct and indirect causes. |
| | Death of children under 5 years from diarrheal diseases is reduced | Child under 5 years diarrhoea case fatality rate | # | 2.7% (23/851) | 1.6% (32/1 943) | 2.4% (24/1 000) | 1.8% (42/2 321) | 0.6% | Target achieved due to review of cases during M&M Committee sessions, implementation of interventions as well as the support provided by District Clinical Specialist Teams (DCSTs) |
| | Death of children under 5 years from pneumonia is reduced | Child under 5 years' pneumonia case fatality rate | # | 2% (34/1 667) | 1.1% (29/2 734) | 2.3% (62/2 704) | 1.4% (62/4 506) | 0.9% | Target achieved due to review of cases during M&M Committee sessions, implementation of interventions as well as the support provided by District Clinical Specialist Teams (DCSTs) |
| | Death of children under 5 years from malnutrition is reduced | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 12% (46/390) | 6.2% (51/820) | 5.8% | Target achieved due to review of cases during M&M Committee sessions, implementation of interventions as well as the support provided by District Clinical Specialist Teams (DCSTs) |
| | Death of Children under 5 years in health facilities is reduced | Death under 5 years against live birth | # | 1 451 | 1 614 | 1 460 | 1 478 | (18) | Target not achieved because 73% of the under 5-years deaths were due to neonatal deaths. The major causes of neonatal deaths were pre-maturity, sepsis, asphyxia and infections. |

| PLANNING | | REPORTING | | | | | | | |
|---|--|--|-------------------|----------------------------|---------------------|---------------------------------|------------------------------|---|---|
| | | Outputs | Output Indicators | Audited/Actual performance | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| Outcome (as per SP 2020/21 - 2024/25) | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 76% | 85.69% (53029/61880) | 84.2% (36160/42936) | 85.7% (53 029/61 880) | 80.1% (76 815/95 853) | (5.6%) | Target not achieved because the patient experience of care satisfaction rate declined by 4.1 percentage points from 84.2% during 2021/22 to 80.1% during 2022/23. Of the nine Regional Hospitals, only four (Far East Rand, Mamelodi, Pholosoong and Thelle Mogoerane Hospitals) obtained a PEC satisfaction rate above 85%. The areas contributing to underperformance included issues of access to care, waiting times and availability of medicines. |
| | Hospitals are ready to deliver quality health care and obtain ideal status | Ideal Hospital status obtained rate | 0 | 22.2% (2/9) | 100% (9/9) | 66.7% (6/9) | 66.7% (6/9) | 0% | On target. All nine regional hospitals were assessed for Ideal Hospital status between April 2022 and March 2023. Six hospitals namely Edenvale, Far East Rand, Mamelodi, Pholosoong, Sebokeng and Thelle Mogoerane Hospitals obtained the status whilst Leratong, Rahima Moosa and Tambo Memorial Hospitals obtained an unsatisfactory status due to gaps in Emergency Trolley not stocked after use. |
| | Adverse events and incidents reported within 24 hours | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | # | 74.1% (519/700) | 88.6% (728/822) | 60% (346/573) | 88.8% (813/916) | 28.8% | Target achieved because of continuity in the implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. SAC1 reporting within 24 hours increased by 11% from 728 during 2021/22 to 813 during 2022/23. Two Regional Hospitals namely Mamelodi and Thelle Mogoerane reported above 90% SAC1 within 24 hours and six hospitals namely Edenvale, Leratong, Pholosoong, Rahima Moosa, Sebokeng and Tambo Memorial reported over 80% SAC1 within 24 hours. |

| PLANNING | | REPORTING | | | | | | | |
|--|---|---|----------------------------|-----------------|------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Patient safety incidents reported and managed timeously | Patient Safety Incident (PSI) case closure rate | 50% | 74% (917/1 242) | 81% (1212/1497) | 65.5% (720/1 100) | 85.8% (1 688/1 968) | 20.3% | Target achieved because of continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. The number of PSIs closed thus improved by 39.3% from 1 212 during 2021/22 to 1 688 during 2022/23. |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 97.1% (633/652) | 96% (628/656) | 96.8% (635/656) | 0.8% | Target achieved as there was continuity in the implementation of the National Guideline to Manage Complaints, Compliments and Suggestions in the Health Sector of South Africa. Three regional hospitals namely Far East Rand, Mamelodi and Sebokeng hospitals resolved 100% of complaints within 25 working days during the financial year. In addition, four hospitals namely Edenvale, Leratong, Pholosong and Tambo Memorial resolved more than 95% of complaints within 25 working days. |
| Quality of health services in public health facilities improved | Integration of mental health services into mental health services | Percentage of beds in regional hospitals offering acute ill mental health care users (72hrs assessment) | # | 1.8% (82/4 547) | 4.6% (207/4 505) | 5% (228/4 547) | 5% (232/4 597) | 0% | On target |
| Leadership and governance in the health sector enhanced to improve quality of care | Functional governance structures in hospitals | Percentage of Hospitals with functional hospital boards | # | 0% (0/7) | 75% (6/8) | 100% (9/9) | 100% (9/9) | 0% | Target achieved as all regional hospitals had functional boards during the reporting period. |

Strategies to overcome areas of underperformance

Deaths under 5 years against live births

Health education support at referral facilities will be conducted and early danger signs will be detected,

Patient experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness for the PEC survey. Retrain personnel during Quarter 1 of 2023/24 in preparation for survey.

TABLE 4.4.2: SUB-PROGRAMME 4.2: SPECIALISED HOSPITALS

| PLANNING | | | | REPORTING | | | | | |
|---|---|---|----------------------------|------------------------|------------------------|---------------------------------------|---------------------------------|---|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 77% | 94.6% (6 326/6 683) | 92.6% (4 840/5 226) | 95.5% (6 300/6 600) | 87.1% (11 964/13 737) | (8.4%) | Target not achieved because the patient experience of care satisfaction rate declined by 5.5 percentage points from 92.6% during 2021/22 to 87.1% in 2022/23. All eight Specialised Hospitals that participated in the PEC survey obtained below 95% of the PEC satisfaction rate. The areas that contributed to underperformance included issues with access to care and availability of medicines. |

| PLANNING | | Audited/Actual performance | | | | REPORTING | | | |
|---------------------------------------|--|--|----------------------------|---------------|---------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Hospitals ready to deliver quality health care | Ideal Hospital status obtained rate | # | 22.2% (2/9) | 55.6% (5/9) | 77.8% (7/9) | 44.4% (4/9) | (33.4%) | Target not achieved. Nine specialised hospitals were assessed between April 2022 and March 2023 and four hospitals namely Sizwe Tropical Hospital, MEDUNSA Oral Centre, University of Pretoria (UP) Oral Centre and Sterkfontein Hospital obtained Ideal status. Tara H Moross Centre, Wits Oral Centre, Tshwane Rehab, Cullinan Rehab Hospital and Westkoppies Hospital obtained unsatisfactory status. The reason for not obtaining Ideal status was due to gaps in the non-negotiable vital (NNV) elements. The major issue with NNV elements across all five hospitals that did not obtain the status was due to Emergency Trolley not stocked with medicines and equipment; this was due to items being out of stock. |
| | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | # | 66.7% (12/18) | 87.8% (36/41) | 80% (12/15) | 94.4% (34/36) | 14.4% | Target achieved because SAC 1 incidents reported within 24 hours increased by 6.6 percentage points from 87.8% during 2021/22 to 94.4% during 2022/23 due to continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. Timely reporting of SAC1 by Tara and Westkoppies Hospitals maintained 100% SAC1 reporting within 24 hours. Sterkfontein had 96% SAC1 reporting within 24 hours. |

| PLANNING | | REPORTING | | | | | | | |
|---------------------------------------|--|---|----------------------------|-----------------|-----------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | # | 92.5% (422/456) | 98.4% (551/560) | 95% (348/368) | 97.2% (621/639) | 2.2% | Target achieved as the number of PSIs closed improved by 13% from 551 during 2021/22 to 621 during 2022/23 because of continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 94.4% (84/89) | 100% (30/30) | 90.4% (66/73) | (9.6%) | Target not achieved because the complaints resolution rate within 25 working days declined by 4 percentage points from 94.4% during 2021/22 to 90.4% during 2022/23. Four of the nine Specialized Hospitals namely MEDUNSA, Tara, Weskoppies and Wits Oral Centre had complaints that were not resolved within 25 working days due to delays in conducting redress meetings as complainants were not available and complaints were not resolved by the institutions and had to be escalated to the Provincial Office. |

Strategies to overcome areas of underperformance

Patients experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness. Retrain personnel during Quarter 1 of 2023/24 in preparation for survey.

Ideal Hospital status obtained rate

There will be immediate correction of failed non-negotiable vital elements. The facility is expected to generate QIPs for gaps identified.

Complaints resolution within 25 working days rate

Investigations of outstanding complaints will be fast tracked and redress meetings with complainants will be conducted by 30 April 2023.

Table 4.4.3: Budget Programme 4: Provincial hospital services expenditure

| PROVINCIAL HOSPITAL SERVICES | 2021/22 | | | 2022/23 | | |
|--|------------------------|-----------------------|-----------------------------|------------------------|-----------------------|-----------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| GENERAL HOSPITALS | 7 978 352 | 7 998 877 | (20 525) | 8 102 370 | 8 211 161 | (108 791) |
| TUBERCULOSIS HOSPITALS | 365 146 | 321 495 | 43 651 | 367 586 | 354 099 | 13 487 |
| PSYCHIATRIC/ MENTAL HOSPITAL | 1 953 808 | 1 669 528 | 284 280 | 1 886 517 | 1 768 460 | 118 057 |
| DENTAL TRAINING HOSPITALS | 672 891 | 603 093 | 69 798 | 676 651 | 636 212 | 40 439 |
| OTHER SPECIALISED HOSPITALS | 111 701 | 104 221 | 7 480 | 111 834 | 112 499 | (665) |
| TOTAL | 11 081 898 | 10 697 214 | 384 684 | 11 144 958 | 11 082 431 | 62 527 |

4.5 BUDGET PROGRAMME 5: CENTRAL HOSPITAL SERVICES

CENTRAL HOSPITALS

PROGRAMME PURPOSE

To provide tertiary health services and creates a platform for the training of health workers through sub-programmes Tertiary and Central hospitals.

- **Provincial Tertiary hospital services sub-programme** render general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.
- **Central hospitals sub-programme** render a highly specialised medical health and quaternary services on a national basis and a platform for the training of health workers and research.

PROGRAMME OUTCOMES:

- Maternal, neonatal, infant and child mortality reduced.
- Quality of health services in public health facilities improved.
- Leadership and governance in the health sector enhanced to improve quality of care.

SUB-PROGRAMMES

- Central Hospitals:
 - Chris Hani Baragwanath Academic Hospital
 - Charlotte Maxeke Johannesburg Academic Hospital
 - Steve Biko Academic Hospital
 - Dr George Mukhari Academic Hospital
- Tertiary Hospitals:
 - Tembisa Hospital
 - Kalafong Hospital
 - Helen Joseph Hospital

Steve Biko Academic Hospital (SBAH)

Significant achievements

A newly procured Angiosuite has been installed at the hospital and is awaiting South African Health Products Regulatory Authority (SAHPRA) accreditation. This will help with innovative interventional radiology and minimally invasive vascular surgery which will ensure better clinical outcomes and reduced clinical risk to patients. To manage oncology services, a mobile machine was sourced to continue therapy while awaiting finalisation of procurement of the brachytherapy machine.

As a key role player in health and wellness within Gauteng Province, Steve Biko Academic Hospital has performed well in screening staff and community members, with a total 426 screenings done for glaucoma during National Glaucoma Week.

The patient journey at Steve Biko Academic Hospital remains pivotal, with 26 new lifts installed. Despite budgetary constraints, the NuMeRI project at the hospital has seen the erection of a three-storey building which will serve as a flagship for science, technology and innovation, particularly in the area of nuclear medicine. The project is due to be completed by the end of August 2023.

Challenges

The following are critical support services that, if not provided, negatively impact on the patient experience. Outdated and inadequate ICT infrastructure is a challenge and is evident in the slowness of the IT systems which frustrates departments and particularly Patient Administration. The hospital's electronic access control and security system is obsolete and poor physical security is also a challenge. The current security contract is outdated which places a strain on maintaining adequate and effective security. There are also challenges experienced with the laundries delaying the provision of laundry services. Such inadequacies result in complaints not only from patients but also from clinicians.

GEYODI

- **Gender**

Steve Biko Academic hospital aims to provide services that are in accordance with the legislation, to counter discrimination, protect human rights and patient rights and counter gender inequalities. Health seeking behaviour is more common in women than men and strategies will be implemented to enhance community advocacy and health education. The current services which incorporate gender prioritisation include, but are not limited to, infertility care for women and andrology care for men. The hospital also has a committee for surgical intervention for transgender patients.

- **Youth**

The nature of the services rendered at a central hospital which are predominately focused on congenital abnormalities or long term chronic physiological effects of pathology are predominantly not utilised by the youth.

- **People living with disabilities.**

Steve Biko Academic, as a central hospital, serves as a facility for intervention and rehabilitation. It has the infrastructure to manage patients who have physical challenges ranging from access to the facility to management of a physical disability. As a tertiary service, it has the capacity to provide definitive care for patients with various physical ailments while giving them multidisciplinary rehabilitation.

- **Challenges experienced when prioritising these designated groups.**

The current increasing number of urgent surgical cases is impeding the ability to manage cases and particularly transgender cases. There are no challenges in managing patients with disability both for acute and chronic care as well as providing the required assistive devices.

- **Corrective measures/steps put in place to address the challenges experienced**

A team that manages the transgender backlog has been set up to assist with the backlog. Innovative strategies including engagement with surgical alumni for assistance with various backlogs will also be used.

Dr George Mukhari Academic Hospital (DGMAH)

Dr George Mukhari Academic Hospital received a facelift through a Public Private Partnership with BMW Group.

As part of efforts to help manage patient overflow, Dr George Mukhari Academic Hospital (DGMAH) officially opened a newly built Welcome Centre on 8 June 2022. The Welcome Centre is a donation from BMW Group South Africa and is the new main entrance to the hospital.

First Rand SPIRE Fund constructed medical high care unit and revamped ICU facility at Dr George Mukhari Academic Hospital

First Rand's SPIRE fund facilitated a project to construct a new medical high care unit and a completely revamped ICU facility at the Dr George Mukhari Academic Hospital. The facilities, which meet the highest standards for private hospitals in South Africa, were unveiled at a special ceremony on 23 October 2022.

The project included the upgrading of building structures, air conditioning, electrical reticulation and supply of medical gases. In addition to providing funding, the project team, which consisted of professionals sourced from FNB and RMB, appointed the contractor, procured equipment, and oversaw the design, construction and commissioning of the units.

Book by Mr Adam Madiba titled *My Eleven days at Dr George Mukhari Academic Hospital*, and the magic of Vitamin B12

A patient at DGMAH has written a book in which he compliments and commends the good service he received in the hospital. Mr Madiba tells a story about misdiagnoses he received from private healthcare facilities. After he experienced financial constraints, he came to DGMAH where he received proper diagnoses (Vitamin B deficiency anaemia). In the book, he narrates the joy he experienced from treatment by the staff, the medicine he received and his overall positive experience of the hospital.

Charlotte Maxeke Academic Hospital (CMJAH)

Reducing waiting arthroplasty surgery: Collaboration in May 2021 with Bertha Gxowa, a district hospital, led to the initiation of an arthroplasty programme; it is the only district hospital in Gauteng to carry out these procedures. To date, 250 arthroplasty cases have been treated, in addition to the arthroplasty cases continuing to be treated at CMJAH where 218 cases were treated from 2022. In total, between the two hospitals 468 cases were treated. In November 2022, the radiation oncology unit won a prize at the Center of Public Service Innovation (CPSI) awards for innovation of a low dose brachytherapy treatment for prostate cancer, the second most common cancer in men. The treatment is less expensive, non-invasive and reduces the hospital stay, with excellent health outcomes.

A multidisciplinary clubfoot treatment won a CPSI award in November 2022 for improving access and correction of clubfoot, with children able to walk as normal because of training of doctors, physiotherapists and occupational therapists in early referral, intervention and surgery.

TABLE 4.5.1: PROGRAMME 5: CENTRAL HOSPITALS

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|-----------------|-----------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 109 | 106 | 96 | 86 | 10 | Target achieved as maternal deaths declined by 19% from 106 during 2021/22 to 86 during 2022/23 due to M&M Committee review meetings implementations. However, issues of late booking or un-booked clients, rising untreated pregnancy infections and late presentations are still a major concern. |
| | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 3.1% (26/838) | 2.8% (42/1 483) | 2.9% (36/1 260) | 2.4% (53/2 204) | 0.5% | Target achieved. Deaths due to diarrhoea decreased by 0.4 percentage points from 2.8% during 2021/22 to 2.4% during 2022/23 because of continuity of review of all cases by the M&M Committee and implementation of interventions. |
| | Less children under 5 years dying from pneumonia | Child under 5 years pneumonia case fatality rate | # | 2.7% (40/1 480) | 2.5% (48/1 926) | 3.3% (56/1 696) | 2.3% (62/2 707) | 1% | Target achieved. Case fatality rate due to pneumonia decreased by 0.2 percentage point from 2.5% during 2021/22 to 2.3% during 2022/23 because of continuity of review of all cases by the M&M Committee and implementation of interventions. |
| | Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 8% (32/404) | 7.3% (37/504) | 0.7% | Target achieved because of continuity of review of all SAM cases by the M&M Committee and implementation of interventions. |

| PLANNING | | | | REPORTING | | | | | |
|---|---|---|----------------------------|---------------------|---------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 1 646 | 1 495 | 1 712 | 1 558 | 154 | Target achieved due to continuity of the review of all cases by the M&M Committee and implementation of interventions. However, late presentation of under 5-year cases and high neonatal deaths are still contributory factors to the under 5 mortalities. |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 75% | 84% (81 424/96 892) | 86.5% (24694/28538) | 86.3% (85 000/98 500) | 73.1% (93 563/128 032) | (13.2%) | Target not achieved as the patient experience of care satisfaction rate declined by 13.4 percentage points from 86.5% during 2021/22 to 73.1% during 2022/23, with all four Central Hospitals obtaining below 86% of the PEC satisfaction rate. This was due to underperformance in areas such as access to care and availability of medicines. |

| PLANNING | | | REPORTING | | | | | | |
|---|--|---|----------------------------|-----------|-----------------|---------------------------------|------------------------------|---|------------------------|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Hospitals ready to deliver quality health care | Ideal Hospital status obtained rate | # | 25% (1/4) | 75% (3/4) | 0% (0/4) | (75%) | Target not achieved. All four Central Hospitals were assessed between April 2022 and March 2023 and did not obtain Ideal Hospital status but instead obtained Unsatisfactory status. The major issues resulting in three of the four hospitals (Charlotte Maxeke, Chris Hani and Steve Biko) not obtaining Ideal Hospital status were gaps identified on the INV elements because of Emergency Trolley not stocked with medicines and equipment. This was due to items being unavailable and expired medication found on the trolley. Dr George Mukhari did not obtain Ideal Hospital status because of health care providers completing forms used for informed consent incorrectly. | |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 96.1% (618/643) | 92.7% (656/708) | (2.3%) | Target not achieved because the complaints resolution rate within 25 working days declined by 3.4 percentage points from 96.1% during 2021/22 to 92.7% during 2022/23. Delays in investigating and resolving complaints within 25 working days were due to unavailability of complainants for redress meetings. | |

| PLANNING | | REPORTING | | | | | | | |
|---|---------------------------------------|--|----------------------------|---------------------|---------------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | # | 95% (819/862) | 93.4% (397/425) | 95% (740/780) | 97.2% (627/645) | 2.2% | Target achieved. SAC 1 incidents reported within 24 hours increased by 3.8 percentage points from 93.4% during 2021/22 to 97.2% during 2022/23. All Central Hospitals reported more than 90% of SAC 1 cases within 24 hours with Steve Biko Hospital reporting 99% as a result of continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | # | 67.2% (1 190/1 770) | 78.8% (1 470/1 865) | 71% (1 020/1 428) | 84% (2 217/2 640) | 13% | Target achieved because of continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa resulting in PSI closure rate increasing by 5.2 percentage points from 78.8% during 2021/22 to 84% during 2022/23. |
| Leadership and governance in public health facilities enhanced to improve quality of care | Functional governance structure | Percentage of Hospitals with functional hospital boards | # | 75% (3/4) | 100% (4/4) | 100% (4/4) | 100% (4/4) | 0% | On target achieved as all Central Hospitals had functional boards during the financial year. |

TABLE 4.5.2: CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|---------------|---------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 34 | 48 | 30 | 29 | 1 | Target achieved with maternal deaths declining by 40% from 48 during 2021/22 to 29 during 2022/23. However, there were still issues and concerns with late booking or un-booked clients, rising untreated pregnancy infections and late presentation coupled with challenges of high numbers of unpreventable deaths due to complicated patients who are referred late for the higher level of hospital care. |
| | | | | | | | | | |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 8.4% (16/191) | 6.3% (35/560) | 2.2% (16/736) | 3.4% (42/1 220) | (1.2%) | Target not achieved because very ill children are referred late and subsequently die due to acute gastro-enteritis (AGE) shock, hypovolemic, acute liver failure and severe dehydration amongst other causes. |
| | | | | | | | | | |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years dying from pneumonia | Child under 5 years' pneumonia case fatality rate | # | 4.4% (11/252) | 5.5% (28/507) | 3.8% (8/212) | 2.7% (19/714) | 1.1% | Target achieved as the pneumonia case fatality rate among children under 5 years declined by 2.8 percentage points from 5.5% during 2021/22 to 2.7% during 2022/23. This was as a result of the review of all cases by the M&M Committee and implementation of interventions. |
| | | | | | | | | | |
| Maternal, neonatal, infant and child mortality reduced | Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 16% (12/76) | 11.6% (23/198) | 4.4% | Target achieved because of the review of all cases by the M&M Committee and implementation of interventions. |
| | | | | | | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 676 | 693 | 560 | 655 | (95) | Target not achieved because 77% of the under 5 deaths are neonatal deaths as a result of lack of appropriate infrastructure, prematurity, sepsis, congenital abnormalities, overcrowding and infections. |
| | | | | | | | | | |

| PLANNING | | | | REPORTING | | | | | |
|---|--|--|----------------------------|-----------------|----------------------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 67% | 83.7% | 82.5% (8070/9778) | 85.1% (31 500/37 000) | 66% (15 789/24 027) | (19.1%) | Target not achieved as the patient experience of care satisfaction rate declined by 16.5 percentage points from 82.5% during 2021/22 to 66% during 2022/23 because of poor performance in areas such as access to care, availability of medicines, waiting times, cleanliness, staff values and attitudes. |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 95.9% (302/315) | 95% (220/232) | 87.3% (227/260) | (7.7%) | Target not achieved. Complaints resolution within 25 working days decreased by 8.6 percentage points from 95.9% during 2021/22 to 87.3% during 2022/23 due to delays in conducting investigations leading to delays in holding redress meetings within the expected time frame because some complaints require intensive investigation involving a number of stakeholders leading to delays in resolution, investigations not properly planned and coordinated and complaints not properly investigated and analysed before redress. |
| Quality of health services in public health facilities improved | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | # | 100% (48/48) | 82.1% (23/28) | 100% (48/48) | 97% (321/331) | (3%) | Target not achieved because five of the 10 SAC1 cases not reported within 24 hours were due to patients absconding/missing patients affecting the reporting within 24 hours. |

| PLANNING | | | | REPORTING | | | | | |
|---|--|---|----------------------------|------------------|--------------------|---------------------------------------|------------------------------------|---|---|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | # | 99% (410/414) | 87.6% (750/856) | 95.8% (368/384) | 88% (1 048/1 191) | (7.8%) | Target not achieved because, of the 143 PSI cases not closed, 50% were related to patients who absconded and went missing. |
| | Hospitals ready to deliver quality health care | Ideal Hospitals status obtained rate | # | # | # | 100% (1/1) | 0% (0/1) | (100%) | Target not achieved because the hospital obtained unsatisfactory status due to gaps in Non-Negotiable Vital elements mainly due to health care providers incorrectly completing forms used for informed consent; Emergency Trolley issues and oxygen not available in the cylinder and below the minimum level. |
| Leadership and governance in public health facilities enhanced to improve quality of care | Functional governance structure | Percentage of Hospitals with functional hospital boards | # | 100% (1/1) | 100% (1/1) | 100% (1/1) | 100% (1/1) | 0% | Target achieved because the hospital had a functional board during the reporting period. |

TABLE 4.5.3: CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|-----------------|-----------------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 27 | 15 | 20 | 28 | (8) | Target not achieved as maternal deaths increased by 87% from 15 during 2021/22 to 28 during 2022/23. This is because of unbooked pregnancies and very sick patients presenting late to Central Hospitals and shortage of ICU beds. The leading drivers of maternal deaths were direct and indirect causes such as hypoxic brain injury, pre-eclampsia complications, hypovolemic shock, cardiac failure, sepsis, multi-organ failure, bowel obstruction, breast cancer, PCP and liver failure and tracheomegaly. |
| | | | | | | | | | |
| | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 4.1% (6/146) | 3.4% (4/118) | 4.00% (4/100) | 2.1% (5/237) | 1.9% | Target achieved as diarrhoea deaths among children under 5 years declined by 3.1 percentage points from 3.4% during 2021/22 to 2.1% during 2022/23 due to review of all cases by the M&M Committee and implementation of interventions. |

| PLANNING | | | | REPORTING | | | | | |
|---|---|--|----------------------------|--------------------|-------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years' dying from pneumonia | Child under 5 years' pneumonia case fatality rate | # | 1.2% (3/256) | 2.1% (2/96) | 4.42% (20/452) | 1.8% (4/227) | 2.62% | Target achieved as pneumonia deaths among children under 5 years declined by 0.3 percentage points from 2.1% during 2021/22 to 1.8% during 2022/23 because of the review of all cases by the M&M committee and implementation of interventions. |
| | Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 5% (4/80) | 0% (0/37) | 5% | Target achieved as no death was reported because of the review of all cases by the M&M Committee and implementation of interventions. |
| Quality of health services in public health facilities improved | Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 323 | 278 | 552 | 325 | 227 | Target achieved because of the review of all cases by the M&M Committee and implementation of interventions. |
| | Patients report positive experience of care | Patients experience of care satisfaction rate | 69% | 77.6% (16513/2073) | N/A | 81.4% (17 500/21 500) | 70% (26 956/38 614) | (11.4%) | Target not achieved because of poor performance in areas such as cleanliness, availability of medicines, waiting times and access to care. |

| PLANNING | | | | REPORTING | | | | | |
|---|--|---|----------------------------|----------------|-----------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 92.6% (75/81) | 96% (96/100) | 90.8% (99/109) | (5.2%) | Target not achieved. Complaints resolution within 25 working days decreased by 1.8 percentage points from 92.6% during 2021/22 to 90.8% during 2022/23. This was due to delays in conducting investigations leading to redress meetings not conducted in the expected time frame. Delays in investigations were as a result of public sector wage protests that occurred later in 2022 and early 2023. |
| | | | 60% | 53% (64/122) | 88.5% (46/52) | 60% (60/100) | 96.4% (81/84) | 36.4% | |
| Leadership and governance in public health facilities enhanced to improve quality of care | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | # | 18.4% (75/408) | 77.2% (166/215) | 60% (120/200) | 93% (388/417) | 33% | Target achieved because of PSI closure rate increasing by 15.8 percentage points from 77.2% during 2021/22 to 93% during 2022/23 due to continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| | | | 60% | 53% (64/122) | 88.5% (46/52) | 60% (60/100) | 96.4% (81/84) | 36.4% | |
| Leadership and governance in public health facilities enhanced to improve quality of care | Functional governance structure | Percentage of Hospitals with functional hospital boards | # | 0% (0/1) | 100% (1/1) | 0% (0/1) | 100% (1/1) | 100% | Target achieved as the hospital had a hospital board during the reporting period. |
| | | | 60% | 53% (64/122) | 88.5% (46/52) | 60% (60/100) | 96.4% (81/84) | 36.4% | |

TABLE 4.5.4: STEVE BIKO ACADEMIC HOSPITAL

| PLANNING | | | | REPORTING | | | | | |
|---|---|--|----------------------------|------------------|------------------|---------------------------------------|------------------------------------|---|---|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 11 | 18 | 10 | 6 | 4 | Target achieved as maternal deaths declined by 67% from 18 during 2021/22 to 6 during 2022/23 due to implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |
| | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 0 (0/208) | 0.32% (1/312) | 3% (4/126) | 1.6% (3/183) | 1.4% | Target achieved due to implementation and continued monitoring and follow-up of M&M Committee meeting resolutions. |
| | Less children under 5 years dying from pneumonia | Child under 5 years' pneumonia case fatality rate | # | 2.3% (14/604) | 1.8% (12/659) | 2.9% (16/552) | 3.5% (28/800) | (0.6%) | Target not achieved due to late presentation and late referral of cases to the central hospital. |
| | Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 4.8% (8/168) | 5.6% (10/177) | (0.8%) | Target not achieved due to very ill children referred late to tertiary level of care and poor prognosis on admission. |
| Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 236 | 233 | 200 | 259 | (59) | Target not achieved because 50% of the under 5 deaths were neonatal deaths as a result of prematurity, sepsis, nosocomial infections, cardiac cases, late presentation for final treatment, congenital abnormalities, pulmonary infundibular stenosis, jaundice, tetralogy of fallout, respiratory distress, neonatal aspiration syndrome and heart disease, overcrowding and infections. | |

| PLANNING | | | | REPORTING | | | | | |
|---|--|---|----------------------------|---------------------|-------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 84% | 91.1% (27126/29756) | 92.6% (8475/9156) | 93.3% (28000/30000) | 75% (27698/37158) | (18.3%) | Target not achieved because the patient experience of care satisfaction rate declined by 17.6 percentage points from 92.6% during 2021/22 to 75% during 2022/23 as a result of failure to achieve access to care and availability of medicines. |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 95.1% (97/102) | 100% (30/30) | 95.6% (129/135) | (4.4%) | Target not achieved due to delays in conducting investigations and redress meetings because complainants preferred receive apologies from senior management and complainants either not found when called for redress, rescheduled meetings or cancelled redress meetings. |
| | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours rate | 60% | 85.7% (12/14) | 76.5% (52/68) | 60% (12/20) | 99.3% (143/144) | 39.3% | Target achieved because reporting of SAC1 cases within 24 hours increased by 22.8 percentage points from 76.5% during 2021/22 to 99.3% during 2022/23 due to continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | 50% | 17.8% (42/236) | 31.1% (106/341) | 60% (120/200) | 53.5% (285/533) | (6.5%) | Target not achieved because of delayed submission of reports to Quality Assurance (QA) office to close PSIs which delays conclusion of investigations; and patients absconding and going missing in the facility. |
| | Hospitals ready to deliver quality health care | Ideal Hospitals status obtained rate | # | # | # | 100% (1/1) | 0% (0/1) | (100%) | Target not achieved because the hospital obtained Unsatisfactory status due to gaps in the Non-Negotiable Vital element, mainly Emergency Trolley issues. |

| PLANNING | | | REPORTING | | | | | | |
|-------------------------------------|---------------------------------|---|----------------------------|------------|------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Functional governance structure | Percentage of Hospitals with functional hospital boards | # | 100% (1/1) | 100% (1/1) | 100% (1/1) | 100% (1/1) | 0% | On target achieved because the facility had a functional board during the reporting period |

TABLE 4.5.5: DR GEORGE MUKHARI ACADEMIC HOSPITAL

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|---------------|---------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 37 | 25 | 36 | 23 | 13 | Target achieved as maternal deaths decreased by 8 percentage points from 25 during 2021/22 to 23 during 2022/23 due to the implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 1.4% (4/293) | 0.41% (2/493) | 2.4% (12/500) | 0.53% (3/564) | 1.87% | Target achieved because of implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |
| Maternal, neonatal, infant and child mortality reduced | Less children under 5 years dying from pneumonia | Child under 5 years pneumonia case fatality rate | # | 3.3% (12/368) | 0.9% (6/664) | 2.5% (12/480) | 1.1% (11/966) | 1.4% | Target achieved because of implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |
| Maternal, neonatal, infant and child mortality reduced | Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | 10% (8/80) | 4.3% (4/92) | 5.7% | Target achieved because of implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |
| Maternal, neonatal, infant and child mortality reduced | Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 411 | 291 | 400 | 319 | 81 | Target achieved due to implementation of M&M Committee case reviews. |

| PLANNING | | | REPORTING | | | | | | |
|---|--|--|----------------------------|-------------------------|------------------------|---------------------------------------|------------------------------------|---|--|
| Outcome (as per SP 2020/21- 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 80% | 75.5% (8 575/11 354) | 87.7% (8 420/9 601) | 80% (8 000/10 000) | 82% (23 120/28 233) | 2% | Target achieved because the hospital achieved on four PEC domains namely cleanliness, patient safety, staff values and attitudes and waiting times. |
| | Hospitals ready to deliver quality health care | Ideal Hospital status obtained rate | # | 0% | 100% (1/1) | 100% (1/1) | 0% (0/1) | (100%) | Target not achieved because the hospital obtained Unsatisfactory status due to gaps in the Non-Negotiable Vital element mainly health care providers incorrectly completing forms used for informed consent. |
| Quality of health services in public health facilities improved | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | 60% | 97.5% (664/681) | 99.6% (276/277) | 98% (600/612) | 95.3% (82/86) | (2.7%) | Target not achieved because SAC 1 incidents reported within 24 hours decreased by 4.3 percentage points from 99.6% during 2021/22 to 95.3% during 2022/23 as a result of the inability to hold PSI meetings and delays in reporting SAC1 by the institution and patient abscondment. |
| | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | 40% | 96.9% (690/712) | 98.9% (448/453) | 97% (624/644) | 99.4% (496/499) | 2.4% | Target achieved because of continuity in the implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| Quality of health services in public health facilities improved | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 99.3% (144/145) | 95% (160/168) | 98.5% (201/204) | 3.5% | Target achieved due to continuity in the implementation of the National Guideline to Manage Complaints, Compliments and Suggestions in the Health Sector of South Africa. |
| | Community involved and taking responsibility for the delivery of health services | Percentage of Hospitals with functional hospital boards | # | 100% (1/1) | 100% (1/1) | 100% (1/1) | 100% (1/1) | 0% | Target achieved because the hospital had a functional board during the reporting period |

Strategies to overcome areas of underperformance

CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

Child under 5 years diarrhoea case fatality rate

Continue with health education about hygiene, nutrition and rehydration fluids preparation at home as well as encouraging early referral from District health facilities.

Death under 5 years against live birth

The issues of high neonatal deaths will be addressed and the management of neonates and children under 5 years will be improved.

Patients experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness for PEC survey and personnel during Quarter 1 of 2023/24 in preparation for the PEC survey will be retrained.

Complaints resolution within 25 working days rate

Quality Assurance Managers to monitor closely the monthly trends of complaints to be able to pick up gaps and correct immediately.

Severity assessment code (SAC) 1 incidents reported within 24 hours rate and Patient Safety Incident (PSI) case closure rate

Quality Managers to maintain monitoring of investigation of PSIs and convening of PSI Committees to close PSIs.

Ideal Hospital status obtained rate

The facility is to continue monitoring the QIP on a monthly basis. Enforcement of correct filling of consent forms; procurement of emergency trolley.

CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

Maternal mortality in facility

Continue strengthening M&M Committee meetings and provide outreach support to referring facilities. Strengthen feeder clinics and hospitals by district offices. Increase the number of Head of Clinical Units to improve supervision and training of staff.

Patients experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness for PEC survey and personnel during Quarter 1 of 2023/24 in preparation for the PEC survey will be retrained.

Complaints resolution within 25 working days rate

Fast track investigations of outstanding complaints and conduct redress meetings with complainants.

STEVE BIKO ACADEMIC HOSPITAL

Child under 5 years severe acute malnutrition case fatality

Ensure prompt treatment of malnutrition and diarrhoea at Primary Care level. Administer zinc and Vitamin A as required. Strengthen Community Health education and awareness through Ward Based Outreach Teams (WBOTs). Ensure early referral from District health facilities. Explore the possibility of food hampers instead of cash grant. Collaborate with the departments of Social Development and Education to strengthen food safety initiatives.

Death under 5 years against live birth

Cluster engagement for timely referrals of high-risk pregnancies to avoid neonatal deaths as well as children with SAM/ pneumonia and other acute paediatric conditions.

Patient experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness for PEC survey and personnel during Quarter 1 of 2023/24 in preparation for the PEC survey will be retrained.

Complaints resolution within 25 working days rate

Investigations of outstanding complaints will be fast-tracked and redress meetings with complainants will be conducted.

Patient Safety Incident (PSI) case closure rate

Continue monitoring the reporting and capturing of PSIs.

Ideal Hospital status obtained rate

There will be immediate correction of failed non-negotiable vital elements and the facility is expected to generate QIPs for the gaps identified.

DR GEORGE MUKHARI ACADEMIC HOSPITAL

Ideal Hospital status obtained rate

There will be immediate correction of failed non-negotiable vital elements and the facility is expected to generate QIPs for the gaps identified.

Severity assessment code (SAC) 1 incidents reported within 24 hours rate

PSI meetings to be held regularly to improve reporting of SAC1s.

TERTIARY HOSPITALS

TABLE 4.5.6: TERTIARY HOSPITALS

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|---------------|---------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Maternal, neonatal, infant and child mortality reduced | Number of women who die in health facilities reduced | Maternal Mortality in facility | # | 42 | 53 | 32 | 37 | (5) | Target not achieved because the issues that contributed to maternal deaths are un-booked delayed pregnancy presentations, un-booked illegal termination of pregnancies (TOPs) presenting with septic shock, late presentation to tertiary facility coupled with unavoidable factors such as cardiac arrest, post-partum haemorrhage, eclampsia, hypoxic brain injury, hypovolemic shock, cardiorespiratory failure, pulmonary oedema, ruptured ectopic pregnancy, AIDS with COVID-19 and pneumonia, severe pre-eclampsia and intracranial bleed, meningitis, COVID-19 pneumonia, pulmonary embolism, sepsis, unnatural death, organophosphate overdose, heart failure, pancreatitis and other complicated medical/surgical conditions. |
| | | | | | | | | | |
| | Less children under 5 years dying from diarrheal diseases | Child under 5 years diarrhoea case fatality rate | # | 2.7% (11/411) | 1.9% (12/624) | 2.4% (20/848) | 1.8% (12/685) | 0.6% | Target achieved as the diarrhoea case fatality rate for tertiary hospitals declined by 0.1 percentage points from 1.9% during 2021/22 to 1.8% during 2022/23 because of the implementation of continued monitoring and follow-up of M&M Committee meeting resolutions. |

| PLANNING | | REPORTING | | | | | | | |
|---|--|-------------------|----------------------------|---------------|---------------|---------------------------------|------------------------------|--|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Less children under 5 years dying from pneumonia | Child under 5 years' pneumonia case fatality rate | # | # | 2.5% (15/611) | 1.3% (10/764) | 1.5% (4/260) | 2.4% (27/1123) | (0.9%) | Target not achieved as the pneumonia case fatality rate increased by 1.1 percentage points from 1.3% during 2021/22 to 2.4% during 2022/23 because of late presentation, winter cold weather during Quarter one resulting in increased pneumonia cases, delayed escalation of care due to unavailability of Paediatric Intensive Care Units (ICU) beds and shortage of critical care nurses limiting number of usable PICU beds, HIV stage 3, septic shock and pneumonia, severe pneumonia, aspiration pneumonia, COVID-19 pneumonia, acute pneumonia and severe bronchopneumonia. |
| | | | # | # | # | 7% (8/116) | 5.1% (13/254) | 1.9% | |
| Less Children dying from malnutrition | Child under 5 years severe acute malnutrition case fatality rate | # | # | # | # | 7% (8/116) | 5.1% (13/254) | 1.9% | Target achieved because of the implementation of SAM management protocols, excellent management and follow up by dietitians and training of new staff and in-service training on management of SAM. |
| Number of children who die in health facilities reduced | Death under 5 years against live birth | # | 481 | 524 | 600 | 536 | 64 | Target achieved due to support from DCST and implementation of M&M Committee case reviews. | |

| PLANNING | | REPORTING | | | | | | | |
|---|--|---|----------------------------|-----------------------|---------------------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Patients report positive experience of care | Patients experience of care satisfaction rate | 74% | 83.9% (23 824/2 8389) | 90.6% (15496/17098) | 85.5% (24 264/28 382) | 74.4% (35 802/48 152) | (11.1%) | Target not achieved because the patient experience of care satisfaction rate declined by 16.2 percentage points from 90.6% during 2021/22 to 74.4% during 2022/23 due to poor performance in areas such as access to care and availability of medicines. |
| | Hospitals ready to deliver quality health care | Ideal Hospital status obtained rate | 0% | 33.3% (1/3) | 66.6% (2/3) | 100% (3/3) | 33.3% (1/3) | (66.7%) | Target not achieved. All three tertiary hospitals were assessed, with Tembisa Hospital obtaining Ideal Status whilst Helen Joseph and Kalafong Hospitals obtained Unsatisfactory status due to Emergency Trolley issues and Emergency Power supply gaps. |
| | All submitted complaints resolved within 25 working days | Complaints resolution within 25 working days rate | # | # | 84% (442/526) | 95% (380/400) | 91.5% (314/343) | (3.5%) | Target not achieved because of delays in conducting investigations that lead to redress meetings not conducted in the expected time frame and delayed investigations due to public sector workers' protests for wage increase. |

| PLANNING | | REPORTING | | | | | | | |
|---|---|--|----------------------------|-------------------|-------------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| | Prompt response to adverse events | Severity assessment code (SAC) 1 incident reported within 24 hours' rate | # | 64.1% (270/421) | 67.6% (477/706) | 64% (268/420) | 77% (312/405) | 13% | Target achieved because SAC1 reporting within 24-hours increased by 9.4 percentage points from 67.6% during 2021/22 to 76.7% during 2022/23 due to continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| Quality of health services in public health facilities improved | Incidence of harm managed and reduced | Patient Safety Incident (PSI) case closure rate | # | 66.9% (852/1 274) | 76.5% (1712/2237) | 70% (700/1 000) | 82.6% (981/1 187) | 12.6% | Target achieved because the closure of PSIs increased by 6.1 percentage points from 76.5% during 2021/22 to 82.6% during 2022/23 due to continuity in implementation of the National Guidelines for PSI Reporting and Learning in the Health Sector of South Africa. |
| Leadership and governance in public health facilities enhanced to improve quality of care | Functional governance structures in hospitals | Percentage of Hospitals with functional hospital boards | # | 66.6% (2/3) | 100% (3/3) | 100% (3/3) | 100% (3/3) | 0% | On target. |

Strategies to overcome areas of underperformance

Maternal mortality in facility

There will be an implementation of second trimester TOP services, M&M meetings will be held within 7 days of maternal deaths and a mother and child unit will be built with a labour ward theatre.

Child under 5 years pneumonia case fatality rate

Observation of children on high flow oxygen will be improved, more overtime hours for critical care services will be motivated and a High Care Unit will be opened.

Patients' experience of care satisfaction rate

Conduct support visits during Quarters 1 to 3 of 2023/24 to ensure readiness for PEC survey and personnel during Quarter 1 of 2023/24 in preparation for the PEC survey will be retrained.

Ideal Hospital status obtained rate

QIP monitoring continuing and facilities' Emergency Trolley supplies ordering process will be initiated. There will be re-enforcement training on correct filling of the consent form ongoing and the emergency power supply to be made available to Audiology for continuous operation at Kalafong.

Complaints resolution within 25 working days rate

An investigation of outstanding complaints will be fast-tracked and redress meetings with complainants will be conducted.

Table 4.5.7: Budget Programme 5: Central Hospital Services Expenditure

| CENTRAL HOSPITAL SERVICES | 2021/22 | | | 2022/23 | | |
|--|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| CENTRAL HOSPITALS | 15 880 642 | 14 919 462 | 961 180 | 16 918 512 | 15 803 843 | 1 114 669 |
| PROVINCIAL TERTIARY HOSPITAL SERVICES | 4 828 092 | 5 412 196 | (584 104) | 5 063 372 | 5 681 579 | (618 207) |
| Total | 20 708 734 | 20 331 658 | 377 076 | 21 981 884 | 21 485 422 | 496 462 |

4.6 BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME PURPOSE

Rendering of training and development opportunities for actual and potential employees of the Department of Health through sub-programmes:

- Gauteng College of Nursing (GCON): Training of nurses at undergraduate and post graduate level Target group includes actual and potential employees.
- Emergency medical services: (EMS) training college: Training of rescue and ambulance personnel. Target group includes actual and potential employees.
- Bursaries: Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees.
- Primary Health Care (PHC) training: Provision of PHC related training for personnel, provided by Regional Training Centre; and Nurse training college (Gauteng College of Nursing- GCON)
- Training (other): Provision of skills development interventions for all occupational categories in the Department. Target group includes actual and potential employees.
- Gauteng Nursing College (GCON) has been accredited by Council on Higher Education (CHE) and South African Nursing Council (SANC) to offer new qualifications aligned to Higher Education Qualifications Sub Framework (HEQSF) in accordance with National Qualifications Framework Act, 2008 (Act 67 of 2008), Higher Education Act, 1997 (Act 101 of 1997 as amended) and Nursing Act, 2005 (Act 33 of 2005).
- Implement Districts Regional Training Centres and maintain the accreditation status of Tshwane Centre.

PROGRAMME OUTCOMES:

- Quality of health services in public health facilities improved.
- Leadership and governance in the health sector enhanced to improve quality of care.

TABLE 4.6.1: PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| PLANNING | | | | REPORTING | | | | | |
|--|---|--|----------------------------|-----------|----------------|---------------------------------|------------------------------|---|---|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health facilities improved | Positive Employee experience | Employee satisfaction rate | 54% | 59% | 61.7% (74/120) | 60% (5 565/9 275) | 63% (68/108) | 3% | Target achieved and the employee satisfaction rate increased by 1.3 percentage points from 61.7% during 2021/22 to 63% during 2022/23. Of the 35 job occupation categories, four professional categories namely intern doctors, occupational therapists, pharmacists and paramedics were the least satisfied. |
| Leadership and governance in the health sector enhanced to improve quality of care | Enrolment of students in the new qualifications programme | Undergraduate programme enrolment rate | # | # | 50% (400/800) | 69% (550/800) | 69% (550/800) | 0% | On target; the targeted 550 students were enrolled in the undergraduate nursing programme. |

TABLE 4.6.2: BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING EXPENDITURE

| HEALTH SCIENCES AND TRAINING | 2021/22 | | | 2022/23 | | |
|--------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| NURSE TRAINING COLLEGES | 626 247 | 515 496 | 110 751 | 629 343 | 513 473 | 115 870 |
| EMS TRAINING COLLEGES | 42 435 | 37 357 | 5 078 | 50 301 | 47 675 | 2 626 |
| BURSARIES | 349 390 | 78 178 | 271 212 | 233 870 | 7 989 | 225 881 |
| OTHER TRAINING | 164 528 | 75 837 | 88 691 | 89 896 | 69 080 | 20 816 |
| Total | 1 182 600 | 706 868 | 475 732 | 1 003 410 | 638 217 | 365 193 |

4.7 BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME PURPOSE

The purpose of this programme is to render support services required by the Department to realise its aims through sub-programmes:

- **Laundry services:** Rendering a laundry service to hospitals, care and rehabilitation centres and certain local authorities; and
- **Medical trading account (Medical Supplies Depot):** Managing the supply of pharmaceuticals to hospitals, community health centres and local authorities.

PROGRAMME OUTCOMES:

- Quality of health services in public health facilities improved.

Significant achievements

The Dablapmeds programme is one of the programmes being implemented and scaled up in preparation for the NHI and has continued to exceed targets. Medicine availability was maintained at an average of between 95% and 97% for most of the year.

Challenges

The unit is currently without a Chief Director; the post has been vacant since 2021. The Director is seconded to the Medical Supplies Depot as CEO which creates a further vacancy in the unit.

TABLE 4.7.1: PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

| PLANNING | | | | REPORTING | | | | | |
|---|---|--|----------------------------|------------------|------------------|---------------------------------------|------------------------------------|--|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Quality of health services in public health Facilities improved | Vital medical products, and equipment available at health facilities | Percentage vital medicine availability at health facilities | 95.56% | 97% (428/441) | 96% (424/441) | 96% (424/441) | 97.2% | 1.2% | Target achieved because medicine availability is monitored on a weekly basis and there were periods during the year where institutions ordered more than usual in preparation for double issuing especially during the festive season. |
| Quality of health services in public health facilities improved | Essential medical products, and equipment available at health facilities | Percentage essential medicine availability at health facilities | 95.73% | 95% (528/556) | 96% (424/441) | 96% (534/556) | 95.2% | (0.8%) | Target not achieved due to network challenges experienced which negatively affected reporting; and the wage strike by Unions from December 2022 to March 2023 affected deliveries and staff attendance at institutions. |
| Quality of health services in public health facilities improved | Waiting times in health facilities reduced as Patients voluntarily collect chronic medication at identified pick-up points. | Number of patients enrolled on centralized chronic medicine dispensing and distribution programme (Cumulative) | 721 350 | 1 022 840 | 1 085 232 | 1 100 000 | 1 196 422 | 96 422 | Target achieved because 111 190 clients were enrolled on the CCMDD programme during 2022/23, increasing the enrolment rate by 10.2% from 1 085 232 during 2021/22 to 1 196 422 during 2022/23. |

Strategies to overcome areas of underperformance

Percentage essential medicine availability at health facilities

The programme will continue to create Request for Quotation (RFQ) orders for items not on contract. In addition, the department will implement buy-out of contracts against suppliers not delivering within lead times. Finally, non-performing suppliers will be penalised. It will continue with weekly monitoring of medicines availability and escalation of long-standing out-of-stock items to NDOH. Use of alternatives is encouraged to ensure that patient care is not compromised.

TABLE 4.7.2: BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES EXPENDITURE

| HEALTH CARE SUPPORT SERVICES | 2021/22 | | | 2022/23 | | |
|------------------------------|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| LAUNDRIES | 306 948 | 315 450 | (8 502) | 322 894 | 335 216 | (12 322) |
| FOOD SUPPLY SERVICES | 86 925 | 73 383 | 13 542 | 114 571 | 102 086 | 12 485 |
| MEDICINE TRADING ACCOUNT | 1 | - | 1 | 1 | - | 1 |
| Total | 393 874 | 388 833 | 5 041 | 437 466 | 437 302 | 164 |

4.8 BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME PURPOSE

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities

Community Health Facilities: Construction of new and refurbishment, upgrading and maintenance of existing Community Health Centres, Primary Health Care clinics and facilities.

Emergency Medical Rescue Services: Construction of new and refurbishment, upgrading and maintenance of existing EMS facilities.

District Hospital Services: Construction of new and refurbishment, upgrading and maintenance of existing District Hospitals.

Provincial Hospital Services: Construction of new and refurbishment, upgrading and maintenance of existing Provincial/Regional Hospitals and Specialised Hospitals.

Central Hospital Services: Construction of new and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals.

Other Facilities: Construction of new and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools.

PROGRAMME OUTCOMES:

- Infrastructure maintained and backlog reduced.

TABLE 4.8.1: PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| PLANNING | | | | REPORTING | | | | | |
|--|--|--|----------------------------|-----------|-----------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21-2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Financing and Delivery of Infrastructure projects improved | Refurbished and maintained health facilities | Percentage of Health facilities with completed capital infrastructure projects | # | N/A | 0% (0/32) | 15.6% (5/32) | 0% (0/32) | (15.6%) | Target not achieved because Chris Hani Baragwanath Hospital (CHBAH) emergency repairs to neonatal and labour wards were at 95% construction due to new demands (fire compliance) by the City of Johannesburg (CoJ). JHB Forensic Pathology Laboratory was at 71% because the Professional Service Providers contract was terminated. Helen Joseph Nurses Residence refurbishment was between 51% and 75% because of contractor's lack of access to one of the buildings. The Radiation Oncology Unit at Charlotte Maxeke (CMJAH) and Mental Health wards in CMJAH and CHBAH were completed during 2021/22. |
| | | | # | # | 0 | 5 | 0 | (5) | |

| PLANNING | | REPORTING | | | | | | | |
|--|---------------------------|---|----------------------------|---------|---------|---------------------------------|------------------------------|---|--|
| Outcome (as per SP 2020/21 - 2024/25) | Outputs | Output Indicators | Audited/Actual performance | | | Planned Annual Target 2022/2023 | Actual Achievement 2022/2023 | Deviation from planned target to Actual Achievement 2022/2023 | Reasons for deviations |
| | | | 2019/20 | 2020/21 | 2021/22 | | | | |
| Financing and Delivery of Infrastructure projects improved | Functional PHC facilities | Number of new Primary Health Care Centres completed | # | # | 1 | 10 ³ | 1 ⁴ | (9 ⁵) | Target not achieved. Only Sebokeng Zone 17 was opened during the 2022/23 financial year in addition to the three (Dewagendrift, Greenspark and Kekana Gardens) that were completed during the years up to 2021/22. The six remaining facilities are at various stages of construction as follows: Boikhuitsong CDC is at 96% because of slow delivery of health technology (HT) by contractor; Finetown Clinic is a new build at 99% practical completion because contractor has cashflow challenges which impact on the timely availability of HT at the clinic; Kekanastad is at 95% construction stage because the contractor has cashflow challenges which impact on the timely availability of HT at the clinic; Boitumelo Clinic is at 2% construction stage because the contact has been suspended pending investigation of the award; Mayibuye Clinic is between 25% and 50% construction stage because the contractor has been terminated due to slow progress; Randfontein (Mohlakeng) CHC is between 51% and 75% construction stage because the contractor is experiencing cashflow challenges. |

3 This is a cumulative figure for the four years of the term (from 2019/20 to 2022/23) as per the APP. The actual target for the year 2022/23 was to complete two additional clinics.

4 This is annual performance for 2022/23; the cumulative performance for 2019/20 to 2022/23 is four clinics that were completed. Of the four, three clinics (Dewagendrift, Greenspark and Kekana Gardens) were completed during the years to 2021/22 whilst Sebokeng Zone 17 was completed during 2022/23.

5 This is a variance of the cumulative target of ten clinics and the annual performance of one clinic completed during 2022/23.

Strategies to overcome areas of underperformance

Percentage of health facilities with completed capital infrastructure projects

The projects will be managed accordingly.

Number of new hospitals completed

Follow up with GIFA to be done.

Number of new Primary Health Care Centres completed

- Boikhutsong CDC: GDoH is assisting with the procurement of HT.
- Finetown Clinic: GDoH is assisting with the procurement of HT.
- Kekanastad: GDoH is assisting with the procurement of HT.
- Boitumelo Clinic: GDoH is reviewing the design due to additional needs (Dental Services).
- Mayibuye Clinic: DID has hired new professional service providers (PSPs).
- Randfontein (Mohlakeng) CHC: GDoH to pay suppliers as per contract.

TABLE 4.8.2: BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT EXPENDITURE

| HEALTH FACILITIES MANAGEMENT | 2021/22 | | | 2022/23 | | |
|--|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| COMMUNITY HEALTH FACILITIES | 393 184 | 311 696 | 81 488 | 386 053 | 291 880 | 94 173 |
| EMERGENCY MEDICAL RESCUE SERVICES | 7 940 | 8 561 | (621) | 24 600 | 7 426 | 17 174 |
| DISTRICT HOSPITAL SERVICES | 321 591 | 131 976 | 189 615 | 191 237 | 97 826 | 93 411 |
| PROVINCIAL HOSPITAL SERVICES | 257 988 | 247 403 | 10 585 | 332 058 | 284 268 | 47 790 |
| CENTRAL HOSPITAL SERVICES | 853 939 | 837 714 | 16 225 | 678 289 | 512 981 | 165 308 |
| OTHER FACILITIES | 628 288 | 530 885 | 97 403 | 611 812 | 471 088 | 140 724 |
| Total | 2 462 930 | 2 068 235 | 394 695 | 2 224 049 | 1 665 469 | 558 580 |

4.9 TRANSFER PAYMENTS

Transfer payments to public entities

The table below shows the transfer payments budgeted for in the period 1 April 2022 to 31 March 2023.

TABLE 4.9.1: TRANSFER PAYMENTS TO OTHER PUBLIC ENTITIES, 2022/23

| Name of transferee | Type of organisation | Purpose for which the funds were used | Did the department comply with s38 (1) (j) of the PFMA | Amount transferred (R'000) | Amount spent by the entity | Reasons for the funds unspent by the entity |
|--|---|---------------------------------------|--|----------------------------|----------------------------|--|
| Local Government | Municipalities | Primary Health Care | Yes | 392 611 | 392 611 | |
| Local Government | Municipalities | HIV/AIDS | Yes | 124 553 | 121 966 | The amount of R1 384 000 was offset from the main budget due to unspent funds. An amount of R1 202 000 was also offset due to procured items that were not in line with the intended purpose of the cash subsidy by Sedibeng Municipality. |
| Health Welfare and Sector Training Authority | Departmental Agencies and Accounts | Learnership | Yes | 25 819 | 25 819 | |
| Universities | Higher Education Institutions | Training of Health Professionals | Yes | 4 039 | 1 176 | The underspending is due to a reduced student intake. |
| Mental Health | Non-profit Institutions | Psychiatric Community Based Services | Yes | 236 061 | 199 386 | The NPOs have had fewer users than the subsidised numbers since COVID-19 as not all users returned to the institutions. |
| Nutrition | Non-profit Institutions | Nutrition supplements to crèches | Yes | 80 335 | 79 707 | Underspending due to a number of ECD who didn't qualify for funding |
| HIV/AIDS | Non-profit Institutions | Primary Health Care | Yes | 97 208 | 97 116 | The overspending was due to an increased number of NPO hospice beds for patients. |
| Witkoppen clinic | Primary Health Care | Primary Health Care | Yes | 16 392 | 19 033 | The underspending was due to misallocation; 13 th month journal was passed for corrections. |
| Rehabilitation Services | Non-Profit Institutions | Rehabilitation | Yes | 2 082 | 1 200 | The unspent amount of R882 000.00 was earmarked for wheelchair repairs. Due to the delay in sourcing service providers, the funds were not utilised. |
| Nelson Mandela Children's Hospital | Non-profit Institution | Paediatric services | Yes | 299 000 | 299 000 | |
| Households | Leave gratuities, claims against the state, injury on duty and bursaries to non-employees | Service benefits and households | Yes | 734 949 | 674 262 | A provision was mad at year end to accommodate the increased payment of medico-legal claims. |

Table 4.9.2: Transfer payments budgeted for in the period 1 April 2022 to 31 March 2023 but not made

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

4.10 CONDITIONAL GRANTS

4.10.1 Conditional grants and earmarked funds paid

The tables below describes each of the conditional grants and the earmarked funds paid by the department.

Conditional Grant 1: Human Resources and Training Grant

| | |
|---|---|
| Department/Municipality to which the grant has been transferred | Gauteng 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. To support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform. |
| Expected outputs of the grant | Student supervision to attain required skills and declared independent professional therefore increasing the number competent workforce. Community service professionals contributed towards strengthening district health service and increased competence care at first point of contact |
| Actual outputs achieved | Community service professionals, medical interns and Registrars supervised and complete trainings at end of each year. |
| Amount per amended DORA R'000 | R1 893 534 |
| Amount transferred (R'000) | R1 893 534 |
| Reasons if amount as per DORA not transferred | None |
| Amount spent by the department/municipality (R'000) | R1 850 708 |
| Reasons for the funds unspent by the entity | The spending as at end of the 2022/23 financial year was at 97.8%. Due to delays in SCM processes, machinery and equipment to the value of R28 million could not be delivered and paid on 31 March 2023 A rollover application was submitted to Provincial Treasury. |
| Monitoring mechanism by the transferring department | Monthly and quarterly review of expenditures against the budget. |

Conditional Grant 2: National Tertiary Services Grant

| | | |
|--|---|---|
| Department/ Municipality to which the grant has been transferred | Gauteng Department of Health | |
| Purpose of the grant | <ul style="list-style-type: none"> Ensure the provision of tertiary health services in South Africa. Compensate tertiary facilities for the additional costs associated with provision of these services. | |
| Expected outputs of the grant | NTSG - Service Outputs 2022/23 | Target output as per SLA 2022/23 |
| | Day patient separations - Total | 317,540 |
| | Inpatient days - Total | 2,135,116 |
| | Inpatient separations - Total | 274,719 |
| | Outpatient first attendances - Total | 716,424 |
| | Outpatient follow up attendances - Total | 1,334,356 |
| Actual outputs achieved | NTSG - Service Outputs 2022/23 | Target output as per SLA 2022/23 |
| | Day patient separations - Total | 384,627 |
| | Inpatient days - Total | 2,524,865 |
| | Inpatient separations - Total | 310,879 |
| | Outpatient first attendances - Total | 891,711 |
| | Outpatients follow up attendances - Total | 1,686,455 |
| Amount per amended DORA R'000 | R 5 308 593 | |
| Amount transferred (R'000) | R 5 308 593 | |
| Reasons if amount as per DORA not transferred | None | |
| Amount spent by the department/municipality (R'000) | R 4 789 509 | |

| | |
|--|---|
| Reasons for the funds unspent by the entity | The spending as at the end of the 2022/23 financial year was at 90.2%. Due to delays in SCM processes, machinery and equipment to the value of R516 million could not be delivered and paid on 31 March 2023 A rollover application was submitted to Provincial Treasury. |
| Monitoring mechanism by the transferring department | Monthly and quarterly review of expenditures against the budget. |

Conditional Grant 3: National Health Insurance Grant

| | |
|---|--|
| Department/ Municipality to which the grant has been transferred | Gauteng Department of Health |
| Purpose of the grant | To expand healthcare service benefits through strategic purchasing of services from healthcare providers. |
| Expected outputs of the grant | GP Contracting: Number of HP contracted for PHC, Number of patients seen by contracted GPs, and number of sessions of service provision Reduction of the Forensic Mental Health services backlog in terms of assessments of mentally ill prisoners, forensic observations and processing/reviews of state patients *Mental Health integrated into PHC to ensure management with medication for those with severe mental disorders, early detection, holistic integration and treatment of other minor and intermediate mental disorders, such as substance abuse, depression and anxiety disorders. Provision of counselling by Registered counsellors. |
| Actual outputs achieved | GP Contracting: Number of GPs contracted 52 out of 60, 39 737 patients' seen and 2 076 sessions. Number of Mental Health Practitioners contracted: Registered counsellors - 41 of the 60 Registered counsellors were contracted. The target was not met. Sterkfontein and Weskoppies appointed 5 mental health practitioners during the year. Due to persal challenges and non-payment of overtime, only 1 remained by the end of the financial year. Number of patients seen for ambulatory management of mental health conditions: 86 905 patients seen. Annual target of 50 000 was exceeded Number of forensic mental observations completed: 874. The target of 400 was exceeded |
| Amount per amended DORA R'000 | R 90 538 |
| Amount transferred (R'000) | R 90 538 |
| Reasons if amount as per DORA not transferred | None |
| Amount spent by the department/ municipality (R'000) | R 58 887 |
| Reasons for the funds unspent by the entity | The underspending on the component was due to the inability to attract psychiatrists and psychologists from the private sector; low public sector hourly rates compared to the private sector; and challenges with overtime payments due to PERSAL problems. |
| Monitoring mechanism by the transferring department | Monthly and quarterly review of expenditures against the budget. |

Conditional Grant 4: Comprehensive HIV AIDS Component

| | |
|---|---|
| Department/ Municipality to whom the grant has been transferred | Gauteng Department of Health |
| Purpose of the grant | To enable the health sector to develop and implement an effective response to HIV/AIDS and TB. |
| Expected outputs of the grant | Scale up combination prevention interventions to reduce new infections, including HTS, male medical circumcision and condom distribution. Use of mass media platform and HAST communication messaging strategy; expand PMTCT coverage to pregnant women by ensuring all HIV positive antenatal clients are placed on ARVs and reducing the positivity rate; life expectancy improved through increasing the number of people on ART; TB and HIV combatted through reducing the co-infection burden; and decrease TB morbidity and mortality. |
| Actual outputs achieved | <p>In the year under review the Department conducted 5 312 638 HIV tests, which is an increase of approximately 300 000 more tests done. The HIV Aids positivity rate for individuals aged 15-24 was 1.3% of the population, significantly below the departmental target of 4.5%. The adult viral load suppression rate target was achieved in the year under review and was 90.1%, exceeding the national target of 90%. The Department commemorated 2022 World Aids Day. The event was covered by Tshwane local radio stations and national radio stations. 363 clients tested for HIV with a yield of 8,5% (31/363) positives and 35.</p> <p>On 14 February 2023 the department launched the first Key Population Centre of Excellence at the J Dumane Clinic in Ekurhuleni as part of the STI and Condom week awareness campaign .</p> <p>On the 24th March 2023 the department held the World Stop TB day in Drieziek informal settlement in Orange farm . This was a huge success and had media coverage by local radio stations, national radio stations and local newspapers. The local radio station streamed live for 4 hours and had several live interviews, ncluding Honourable MEC of Health and Wellness , survivors of TB and our developmental partners .</p> |
| Amount per amended DORA | R 5 557 737 |
| Amount transferred (R'000) | R 5 557 737 |
| Reasons if amount as per DORA not transferred | None |
| Amount spent by the department/ municipality (R'000) | R 4 660 883 |
| Reasons for the funds unspent by the entity | The underspending was mainly due to price reductions of antiretroviral drugs from R120.00 to R80.00; non-contracting of general practitioners performing voluntary medical male circumcision (VMMC) and shortage of condoms within the country. |
| Monitoring mechanism by the transferring department | Monthly and quarterly monitoring review of expenditure against the budget. |

Conditional Grant 2: District Health Component

| | |
|---|--|
| Department/ Municipality to whom the grant has been transferred | Gauteng Department of Health |
| Purpose of the grant | <ul style="list-style-type: none"> · Enable the health sector to roll out COVID-19 vaccine · Prevent cervical cancer by making available human papillomavirus vaccination to Grade 5 school-girls. · Improve access to community-based primary care services through ward-based primary health care outreach teams. |
| Expected outputs of the grant | <ul style="list-style-type: none"> · Improve coordination and collaboration in the rollout of COVID-19 vaccine. · Increase access to HPV vaccines. · Improve access to quality primary care services at community level with a focus on preventive and promote care, screening for health conditions and referral for relevant services. |
| Actual outputs achieved | <p>COVID-19</p> <ul style="list-style-type: none"> · The total number of vaccine doses administered for JnJ were 354 572. · The total number of vaccine doses administered for Pfizer were 813 946. <p>HPV</p> <ul style="list-style-type: none"> · During first round all 1 485 (100%) Public Primary and special schools were visited. · 72 458 / 89 973 (80.5%) grade 5 girl leaners were vaccinated with 1st HPV doses in February – March / April 2023 (the campaign had to be extended to April 2023 to cover targeted learners). During this period a total of 7 392 outstanding Grade 5 and 6 girls were vaccinated with HPV 1st catchup doses. · During second round all 1 485 (100%) Public Primary and special schools were visited. · 70 618 / 87 790 (80.4%) grade 5 girl leaners were vaccinated with 2nd HPV doses in September – October 2022. During this period a total of 5 727 outstanding grade 6 girls were vaccinated with HPV 2nd doses. |

| | |
|--|--|
| Amount per amended DORA | R 995 262 |
| Amount transferred (R'000) | R 995 262 |
| Reasons if amount as per DORA not transferred | None |
| Amount spent by the department/ municipality (R'000) | R 1 098 053 |
| Reasons for the funds unspent by the entity | <p>COVID-19</p> <ul style="list-style-type: none"> The late submission and signing of the Business Plan resulted in a delay in procurement process. The underspending under COVID-19 programme is mainly attributed to non-appointment of the 560 professional nurses due to non-creation of posts. Tedious internal bureaucratic processes on the signing of submissions before reaching the Accounting Officer for approval. The request to shift funds from COE towards the procurement of vehicles was not approved by NDoH. |
| Monitoring mechanism by the transferring department | Monthly and quarterly monitoring review of expenditures against the budget. |

Conditional Grant Health Facility Revitalisation Grant

| | |
|--|---|
| Department who transferred the grant | Gauteng Department of Health |
| Purpose of the grant | To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance. To enhance capacity to deliver health infrastructure. |
| Expected outputs of the grant | Funding of maintenance of activities of the Tertiary and Academic hospital as well as projects, which include, construction of clinics, CHC and major refurbishing of hospitals. Main projects include the Johannesburg Forensic Pathology Lab/Services, Chris Hani Baragwanath Emergency Critical repairs and refurbishment, Randfontein CHC among others. |
| Actual outputs achieved | The beneficiary hospitals were maintained, and the projects were implemented towards practical completion |
| Amount per amended DORA | R 1 058 859 |
| Amount received (R'000) | R 1 058 859 |
| Reasons if amount as per DORA was not received | None |
| Amount spent by the department (R'000) | R 671 871 |
| Reasons for the funds unspent by the entity | Capital project slow movement on construction of major projects and delays, including CHBAH Emergency repairs, Randfontein CHC, Johannesburg Forensic Lab, Tshwane Rehab, Hellen Joseph Hospital, Boikhutsong CHC, Kekanastad CHC, Lehae CHC and Phillip Moyo CHC. |
| Reasons for deviations on performance | Unreliable Service Providers. |
| Measures taken to improve performance | Implementing Agent requested to demand catch-up plans from Service Providers. |
| Monitoring mechanism by the receiving department | Monthly reviews with implementing agent and quarterly reviews. |

Conditional Grant EPWP Social Sector Incentives Grant

| | |
|--|---|
| Department who transferred the grant | Gauteng Department of Public Works and Infrastructure. |
| Purpose of the grant | To improve service delivery by strengthening and expanding Social Sector programmes that have employment potential for poverty alleviation. |
| Expected outputs of the grant | Creation of work opportunities, Poverty alleviation, Training of the EPWP Participants and Improve service delivery in the Health Facilities. |
| Actual outputs achieved | 418 EPWP work opportunities were created, 173 EPWP Participants were Trained, and 200 Health Facilities service delivery were improved. |
| Amount per amended DORA | R 17 980 |
| Amount received (R'000) | R 17 980 |
| Reasons if amount as per DORA was not received | None |
| Amount spent by the department (R'000) | R 17 980 |
| Reasons for the funds unspent by the entity | None |
| Reasons for deviations on performance | None |

| | |
|--|---|
| Measures taken to improve performance | None |
| Monitoring mechanism by the receiving department | In Year Monitoring (IYM), Quarterly Non-Financial reports and National Steering Committee Meetings. |

Conditional Grant EPWP Integrated Grant for Province

| | |
|--|---|
| Department who transferred the grant | Gauteng Department of Health |
| Purpose of the grant | To improve service delivery by strengthening and expanding Social Sector programmes that have employment potential for poverty alleviation. |
| Expected outputs of the grant | Creation of employment using the labour-intensive delivery method in compliance with Expanded Work Programme (EPWP) guidelines. |
| Actual outputs achieved | 56 EPWP beneficiaries were employed |
| Amount per amended DORA | R 2 360 |
| Amount received (R'000) | R 2 360 |
| Reasons if amount as per DORA was not received | None |
| Amount spent by the department (R'000) | R 2 156 |
| Reasons for the funds unspent by the entity | There was a delay in the process – a delay in the signing of contract. The delay was from Legal Services as they must vet the contracts. |
| Reasons for deviations on performance | The target of employing 2 100 EPWP beneficiaries is not practical as the stipulated minimum stipend of R3 500 for the given budget yields a maximum of 56 employees |
| Measures taken to improve performance | Expedite the signing of contracts |
| Monitoring mechanism by the receiving department | Monthly and Quarterly reports |

4.11 DONOR FUNDS

Donor Funds Received

During the year under review, the department received donations of R17 million worth of assets from various donors. The donors included but were not limited to the Solidarity Response Fund, Professor Robin Green, RAD-AID, Medhold, Rainbows and Smiles, Tecmed, Nuclear Medicine Research Infrastructure, Peter Salvage (Pty) Ltd., Abela Africa Medical, Randfontein High School, Dr Fiford and Dr Tayob, VODACOM, Sandown High School, ENS/Solidarity Response Fund, Metal Concentrators, Ecomed, Meago, Drager Medical, Stat-Tiakeni Medical (Pty) Ltd., Anova Health Institute, Lesley Davies, World Health Organization (WHO), Professor D. S. Magazi and D. G. Murray Trust (DGMT).

Donor Fund 1

| | |
|---|---|
| Name of donor | Solidarity Response Fund donated vital signs monitors to Steve Biko Academic Hospital. |
| Full amount of the funding | Solidarity Response Fund donated assets (10 x vital signs monitors) to the value of R195 327.50 |
| Period of the commitment | None |
| Purpose of the funding | 10 x vital signs monitor to be used for patients in the hospital |
| Expected outputs | Vital signs monitor to assist patients to achieve better health |
| Actual outputs achieved | Better health for patients |
| Amount received in current period (R'000) | R195 327.5 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 2

| | |
|----------------------------|---|
| Name of donor | Solidarity Response Fund donated weighing scale (adult) to Steve Biko Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (1 x scale - adult) to the value of R5 994.45 |
| Period of the commitment | None |
| Purpose of the funding | 1 x scale (adult) to be used for patient care in the hospital |
| Expected outputs | Scale (adult) to assist patients with better healthcare |
| Actual outputs achieved | Better healthcare for patients |

| | |
|---|---|
| Amount received in current period (R'000) | R5 994.45 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 3

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated ECG machine to Steve Biko Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (1 x ECG machine) to the value of R21 384.25 |
| Period of the commitment | None |
| Purpose of the funding | 1 x ECG machine to be used for patients in the hospital |
| Expected outputs | ECG machine to assist patients to achieve better health |
| Actual outputs achieved | Better health for patients |
| Amount received in current period (R'000) | R21 384.25 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 4

| | |
|---|--|
| Name of donor | Professor Robin Green donated a washing machine to Steve Biko Academic Hospital |
| Full amount of the funding | Professor Robin Green donated assets (1 x washing machine) to the value of R5 999.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x washing machine to be used for patients in the hospital |
| Expected outputs | Washing machine to assist patients to achieve better health |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R5 999.00 worth of assets donated by Professor Robin Green |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 5

| | |
|---|--|
| Name of donor | Professor Robin Green donated a dryer condenser to Steve Biko Academic Hospital |
| Full amount of the funding | Professor Robin Green donated assets (1 x dryer condenser) to the value of R8 500.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x dryer condenser to be used for patients in the hospital |
| Expected outputs | Dryer condenser to assist patients to achieve better health |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R8 500.00 worth of assets donated by Professor Robin Green |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 6

| | |
|---|--|
| Name of donor | RAD-AID donated handheld portable ultrasounds to Steve Biko Academic Hospital |
| Full amount of the funding | RAD-AID donated assets (2 x handheld portable ultrasounds) to the value of R702 650.00 |
| Period of the commitment | None |
| Purpose of the funding | 2 x handheld portable ultrasounds to be used for patients in the hospital |
| Expected outputs | Handheld portable ultrasounds to assist with improved patient care. |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R702 650.00 worth of assets donated by RAD-AID |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 7

| | |
|---|--|
| Name of donor | Rainbows and Smiles donated CPUs to Steve Biko Academic Hospital |
| Full amount of the funding | Rainbows and Smiles donated assets (6 x CPUs) to the value of R34 842.00 |
| Period of the commitment | None |
| Purpose of the funding | 6 x CPUs to be used for patients in the hospital |
| Expected outputs | Improved service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R34 842.00 worth of assets donated by Rainbows and Smiles |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 8

| | |
|---|--|
| Name of donor | Tecmed donated a probe ultrasound to Steve Biko Academic Hospital |
| Full amount of the funding | Tecmed donated assets (1 x probe ultrasound) to the value of R197 667.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x probe ultrasound to be used for patients in the hospital |
| Expected outputs | Probe ultrasound to assist with improved patient care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R197 667.00 worth of assets donated by Tecmed |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 9

| | |
|---|---|
| Name of donor | Nuclear Medicine Research Infrastructure donated a monitor to Steve Biko Academic Hospital |
| Full amount of the funding | Nuclear Medicine Research Infrastructure donated assets (1 x monitor) to the value of R5 807.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x monitor to be used for patients in the hospital |
| Expected outputs | Monitor to assist with improved service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R5 807.00 worth of assets donated by Nuclear Medicine Research Infrastructure |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 10

| | |
|---|---|
| Name of donor | Peter Salvage (Pty) Ltd. donated visitors' chairs to Leratong Hospital |
| Full amount of the funding | Peter Salvage (Pty) Ltd. donated assets (15 x visitors' chairs) to the value of R6 000.00 |
| Period of the commitment | None |
| Purpose of the funding | 15 x visitors' chairs to be used for patients in the hospital |
| Expected outputs | Visitors' chairs to assist patients to achieve better health |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R6 000.00 worth of assets donated by Peter Salvage (Pty) Ltd. |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 11

| | |
|---|---|
| Name of donor | Abela Africa Medical donated a vein viewer to Leratong Hospital |
| Full amount of the funding | Abela Africa Medical donated assets (1 x vein viewer) to the value of R400.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x vein viewer to be used for patient care in the hospital |
| Expected outputs | Vein viewer to assist with improved patient care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R400.00 worth of assets donated by Abela Africa Medical |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 12

| | |
|---|--|
| Name of donor | Randfontein High School donated computer flat screens to Sterkfontein Hospital |
| Full amount of the funding | Randfontein High School donated assets (5x computer flat screens) to the value of R17 500.00 |
| Period of the commitment | None |
| Purpose of the funding | 5 x computer flat screens to be used for improved service delivery |
| Expected outputs | Computer flat screens to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R17 500.00 worth of assets donated by Randfontein High School |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 13

| | |
|---|---|
| Name of donor | Dr Fiford and Dr Tayob |
| Full amount of the funding | Dr Fiford and Dr Tayob donated assets (1x television flat screen) to the value of R1 799.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x television flat screen to be used for patients in the hospital |
| Expected outputs | Television flat screen to assist with patient health |
| Actual outputs achieved | Improved healthcare |
| Amount received in current period (R'000) | R1 799.00 worth of assets donated by Dr Fiford and Dr Tayob |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 14

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated cardiac monitor wall monitors to Leratong Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (4x cardiac monitor wall monitors) to the value of R175 320.00 |
| Period of the commitment | None |
| Purpose of the funding | 4 x cardiac monitor wall monitors to be used for patient care in the hospital |
| Expected outputs | Cardiac monitor wall monitors to assist with improved patient care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R175 320.00 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 15

| | |
|---|---|
| Name of donor | Solidarity Response Fund donated EGG machines to Leratong Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (2x EGG machines) to the value of R122 360.00 |
| Period of the commitment | None |
| Purpose of the funding | 2 x EGG machines to be used for service delivery in the hospital |
| Expected outputs | EGG machines to assist with health service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R122 360.00 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 16

| | |
|---|---|
| Name of donor | Solidarity Response Fund donated Agilia VP-MC infusion pumps to Leratong Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (8 x Agilia VP-MC infusion pumps) to the value of R120 000.00 |
| Period of the commitment | None |
| Purpose of the funding | 8 x Agilia VP-MC infusion pumps to be used for patient care in the hospital |
| Expected outputs | Agilia VP-MC infusion pumps to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R120 000.00 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 17

| | |
|---|---|
| Name of donor | Solidarity Response Fund donated infusion pumps to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (20 x infusion pumps) to the value of R180 608.60 |
| Period of the commitment | None |
| Purpose of the funding | 20 x infusion pumps to be used for patient care in the hospital |
| Expected outputs | Infusion pumps to assist patients with better healthcare |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R180 608.60 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 18

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated syringe pumps to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (36 x syringe pumps) to the value of R322 920.00 |
| Period of the commitment | None |
| Purpose of the funding | 36x syringe pumps to be used for patient care in the hospital |
| Expected outputs | Syringe pumps to assist patients with better health care |
| Actual outputs achieved | Better healthcare for patients |
| Amount received in current period (R'000) | R322 920.00 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 19

| | |
|---|---|
| Name of donor | VODACOM donated a vaccine fridge to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Vodacom SA donated assets (1 x vaccine fridge) to the value of R47 825.73 |
| Period of the commitment | None |
| Purpose of the funding | 1 x vaccine fridge to be used for patient care in the hospital |
| Expected outputs | Vaccine fridge to assist patients with better health care |
| Actual outputs achieved | Better healthcare for patients |
| Amount received in current period (R'000) | R47 825.73 worth of assets donated by Vodacom SA |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 20

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated SONA machine to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (1 x SONA machine) to the value of R452 324.88 |
| Period of the commitment | None |
| Purpose of the funding | 1 x SONA machine to be used for patient care in the hospital |
| Expected outputs | SONA machine to assist patients with better health care |
| Actual outputs achieved | Improved care for patients |
| Amount received in current period (R'000) | R452 324.88 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 21

| | |
|---|---|
| Name of donor | Solidarity Response Fund donated foot pumps to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (12 x foot pumps) to the value of R193 200.00 |
| Period of the commitment | None |
| Purpose of the funding | 12 x foot pumps to be used for patient in the hospital |
| Expected outputs | Foot pumps to assist patients to achieve better health |
| Actual outputs achieved | Improved care for patients |
| Amount received in current period (R'000) | R193 200.00 worth of assets donated by Solidarity Response Fund |

| | |
|--|------|
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 22

| | |
|---|---|
| Name of donor | Sandown High School donated office desks to Tara Hospital |
| Full amount of the funding | Sandown High School donated assets (15 x office desks) to the value of R15 000.00 |
| Period of the commitment | None |
| Purpose of the funding | 15 x office desks to assist with service delivery in the hospital |
| Expected outputs | Office desks to assist staff with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R15 000.00 worth of assets donated by Sandown High School |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 23

| | |
|---|--|
| Name of donor | ENS/Solidarity Response Fund donated VapoTherm precision flows to Tembisa Hospital |
| Full amount of the funding | ENS/Solidarity Response Fund donated assets (10 x VapoTherm precision flows) to the value of R977 500.00 |
| Period of the commitment | None |
| Purpose of the funding | 10 x VapoTherm precision flows to be used for patient care in the hospital |
| Expected outputs | VapoTherm precision flows to assist patients with better healthcare |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R977 500.00 worth of assets donated by ENS/Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 24

| | |
|---|--|
| Name of donor | Metal Concentrators donated baby cot beds to Tembisa Hospital |
| Full amount of the funding | Metal Concentrators donated assets (4x baby cot beds) to the value of R24 072.24 |
| Period of the commitment | None |
| Purpose of the funding | 4 x baby cot beds to be used for patient care in the hospital |
| Expected outputs | Baby cot beds to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R24 072.24 worth of assets donated by Metal Concentrators |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 26

| | |
|---|--|
| Name of donor | Ecomed donated oxygen concentrators to Charlotte Maxeke Academic Hospital |
| Full amount of the funding | Ecomed donated assets (3 x oxygen concentrators) to the value of R327 750.00 |
| Period of the commitment | None |
| Purpose of the funding | 3 x oxygen concentrators to be used for patient care in the hospital |
| Expected outputs | Oxygen concentrators to assist patients with better health care |
| Actual outputs achieved | Improved patient care. |
| Amount received in current period (R'000) | R327 750.00 worth of assets donated by Ecomed |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 27

| | |
|----------------------------|---|
| Name of donor | Meago donated ASUS X 515COREi5s to Charlotte Maxeke Academic Hospital |
| Full amount of the funding | Meago donated assets (1 x ASUS X 515COREi5) to the value of R9 999.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x ASUS X 515COREi5 to assist with service delivery in the hospital |
| Expected outputs | ASUS X 515COREi5 to help improve service delivery |

| | |
|---|--|
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R9 999.00 worth of assets donated by Meago |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 28

| | |
|---|---|
| Name of donor | ENS/Solidarity Response Fund donated ventilators to Tembisa Hospital |
| Full amount of the funding | ENS/Solidarity Response Fund donated assets (5 x ventilators) to the value of R1 290 000.00 |
| Period of the commitment | None |
| Purpose of the funding | 5 x ventilators to be used for patients in the hospital |
| Expected outputs | Ventilators to assist patients to achieve better health |
| Actual outputs achieved | Better health for patient |
| Amount received in current period (R'000) | R1 290 000.00 worth of assets donated by ENS/Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 29

| | |
|---|--|
| Name of donor | ENS/Solidarity Response Fund donated hi-low beds to Tembisa Hospital |
| Full amount of the funding | ENS/Solidarity Response Fund donated assets (50 X hi-low beds) to the value of R945 559.00 |
| Period of the commitment | None |
| Purpose of the funding | 50 x hi-low beds to be used for patient care in the hospital |
| Expected outputs | Hi-low beds to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R945 559.00 worth of assets donated by ENS/Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 30

| | |
|---|--|
| Name of donor | ENS/Solidarity Response Fund donated EGG machines to Tembisa Hospital |
| Full amount of the funding | ENS/Solidarity Response Fund donated assets (5 X EGG machines) to the value of R118 467.65 |
| Period of the commitment | None |
| Purpose of the funding | 5 x EGG machines to be used for patient care in the hospital |
| Expected outputs | EGG machines to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R118 467.65 worth of assets donated by ENS/Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 31

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated suction units: mobile to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (20 x suction units: mobile) to the value of R99 473.80 |
| Period of the commitment | None |
| Purpose of the funding | 20 x suction units: mobile to be used for patient care in the hospital |
| Expected outputs | Suction units: mobile to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R99 473.80 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 32

| | |
|---|---|
| Name of donor | Drager Medical donated an anaesthetic machine to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Drager donated assets (1x anaesthetic machine) to the value of R150 000.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x anaesthetic machine to be used for service delivery in the hospital |
| Expected outputs | Anaesthetic machine to assist with patient care. |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R150 000.00 worth of assets donated by Drager Medical |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 33

| | |
|---|---|
| Name of donor | Stat-Tiakeni Medical (Pty) Ltd donated defibrillators to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Stat-Tiakeni Medical (Pty) Ltd donated assets (20 x defibrillators) to the value of R3 932 303.10 |
| Period of the commitment | None |
| Purpose of the funding | 20 x defibrillators to be used for patient care in the hospital |
| Expected outputs | Defibrillators to assist with improved patient care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R3 932 303.10 worth of assets donated by Stat-Tiakeni Medical (Pty) Ltd |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 34

| | |
|---|--|
| Name of donor | Anova Health Institute donated a Dell laptop to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Anova Health Institute donated assets (1 x laptop) to the value of R19 855.00 |
| Period of the commitment | None |
| Purpose of the funding | 1x laptop to be used for improved service delivery in the hospital |
| Expected outputs | Laptop to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R19 855.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 35

| | |
|---|--|
| Name of donor | Anova Health Institute donated a Dell computer to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Anova Health Institute donated assets (1 x computer) to the value of R16 250.00 |
| Period of the commitment | None |
| Purpose of the funding | 1 x computer to be used for service delivery in the hospital |
| Expected outputs | Computer to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R16 250.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 36

| | |
|----------------------------|--|
| Name of donor | Anova Health Institute donated HP laptop to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Anova Health Institute donated assets (1 x laptop) to the value of R12 550.00 |
| Period of the commitment | None |
| Purpose of the funding | 1x laptop to be used for service delivery in the hospital |
| Expected outputs | Laptop to assist manager with report writing, connecting to meetings and other day to day duties |
| Actual outputs achieved | Improved service delivery |

| | |
|---|--|
| Amount received in current period (R'000) | R12 550.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 37

| | |
|---|--|
| Name of donor | Lesley Davies donated Nintendo Wii to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Lesley Davies donated assets (1 x Nintendo Wii) to the value of R2 500.00 |
| Period of the commitment | None |
| Purpose of the funding | 1x Nintendo Wii to be used for patient care in the hospital |
| Expected outputs | Nintendo Wii to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R2 500.00 worth of assets donated by Lesley Davies |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 38

| | |
|---|--|
| Name of donor | Solidarity Response Fund donated a full lung function system to Chris Hani Baragwanath Academic Hospital |
| Full amount of the funding | Solidarity Response Fund donated assets (1 x full lung function system) to the value of R1 587 387.15 |
| Period of the commitment | None |
| Purpose of the funding | 1x full lung function system to be used for patient care in the hospital |
| Expected outputs | Full lung function system to assist patients with better health care |
| Actual outputs achieved | Improved patient care |
| Amount received in current period (R'000) | R1 587 387.15 worth of assets donated by Solidarity Response Fund |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 39

| | |
|---|--|
| Name of donor | World Health Organisation (WHO) donated Dell computers to Charlotte Maxeke Academic Hospital |
| Full amount of the funding | WHO donated assets (10 x Dell computers) to the value of R196 437.40 |
| Period of the commitment | None |
| Purpose of the funding | 10 x Dell computers to be used for service delivery in the hospital |
| Expected outputs | Dell computers to assist patients with improved service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R196 437.40 worth of assets donated by WHO |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 40

| | |
|---|---|
| Name of donor | Anova Health Institute donated frame desks with modesty panels and two drawers to Johannesburg Hospital |
| Full amount of the funding | Anova Health Institute donated assets (31 x frame desks with modesty panels and two drawers) to the value of R89 714.00 |
| Period of the commitment | None |
| Purpose of the funding | 31 x frame desks with modesty panels and two drawers to be used for service delivery in the hospital |
| Expected outputs | Frame desks with modesty panels and two drawers to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R89 714.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 41

| | |
|---|---|
| Name of donor | Anova Health Institute donated swivel chairs to Johannesburg Health District |
| Full amount of the funding | Anova Health Institute donated assets (31 x swivel chairs) to the value of R60 016.00 |
| Period of the commitment | None |
| Purpose of the funding | 31 x swivel chairs to be used for service delivery in the district |
| Expected outputs | Swivel chairs to assist staff to render service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R60 016.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 42

| | |
|---|--|
| Name of donor | Anova Health Institute donated visitor chairs to Johannesburg Health District |
| Full amount of the funding | Anova Health Institute donated assets (54 x visitor chairs) to the value of R94 338.00 |
| Period of the commitment | None |
| Purpose of the funding | 54 x visitor chairs to be used for service delivery in the district |
| Expected outputs | Visitor chairs to assist with service delivery to patient for better health care |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R94 338.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 43

| | |
|---|---|
| Name of donor | Anova Health Institute donated examination couches to Johannesburg Health District |
| Full amount of the funding | Anova Health Institute donated assets (30 x examination couches) to the value of R77 010.00 |
| Period of the commitment | None |
| Purpose of the funding | 30 x examination couches to be used for patients in the hospital |
| Expected outputs | Examination couches to assist patients with better health |
| Actual outputs achieved | Better health for patients |
| Amount received in current period (R'000) | R77 010.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 44

| | |
|---|--|
| Name of donor | Anova Health Institute donated double foot stools to Johannesburg Health District |
| Full amount of the funding | Anova Health Institute donated assets (30 x double foot stools) to the value of R22 212.00 |
| Period of the commitment | None |
| Purpose of the funding | 30 x double foot stools to be used for patients in the hospital |
| Expected outputs | Double foot stools to assist patients with better health |
| Actual outputs achieved | Better health care for patients |
| Amount received in current period (R'000) | R22 212.00 worth of assets donated by Anova Health Institute |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 45

| | |
|---|---|
| Name of donor | Professor D. S Magazi donated a computer to Dr George Mukhari Academic Hospital |
| Full amount of the funding | Professor D.S Magazi donated assets (1 x computer) to the value of R6 999.00 |
| Period of the commitment | None |
| Purpose of the funding | Computer to be used for service delivery in the hospital |
| Expected outputs | Computer to assist with the administrative and clinical duties that the clinic has to carry out |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R6 999.00 worth of assets donated by Professor D.S Magazi |
| Amount spent by the department (R'000) | None |

| | |
|-----------------------------------|------|
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 46

| | |
|---|--|
| Name of donor | D.G. Murray Trust (DGMT) donated tablets to the Gauteng Department of Health |
| Full amount of the funding | DGMT donated assets (220 x tablets) to the value of R1 187 293.80 |
| Period of the commitment | None |
| Purpose of the funding | 220 x tablets to be used for service delivery in the hospital |
| Expected outputs | Tablets to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R1 187 293.80 worth of assets donated by DGMT |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 47

| | |
|---|--|
| Name of donor | D.G. Murray Trust (DGMT) donated laptops to the Gauteng Department of Health |
| Full amount of the funding | DGMT donated assets (161 x laptops) to the value of R3 256 751.47 |
| Period of the commitment | None |
| Purpose of the funding | 161 x laptops to be used for service delivery in the hospital |
| Expected outputs | Laptops to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R3 256 751.47 worth of assets donated by DGMT |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

Donor Fund 48

| | |
|---|--|
| Name of donor | D.G. Murray Trust (DGMT) donated vaccine fridges to Gauteng Department of Health |
| Full amount of the funding | DGMT donated assets to the value of R1 339 492.40 |
| Period of the commitment | None |
| Purpose of the funding | 19 x vaccine fridges to be used for service delivery in the hospital |
| Expected outputs | Vaccine fridges to assist with service delivery |
| Actual outputs achieved | Improved service delivery |
| Amount received in current period (R'000) | R1 339 492.40 worth of assets donated by DGMT |
| Amount spent by the department (R'000) | None |
| Reasons for the funds unspent | None |
| Monitoring mechanism by the donor | None |

4.12 CAPITAL INVESTMENT

Progress made in implementing capital investment, maintenance and asset management plan

Table 4.12.1: Infrastructure projects completed during the financial year and progress compared with what was planned at the beginning of the year

| Name of Project | Brief description of project | Start Date | End Date | Current Status | Challenges | Requests for Intervention |
|--|--|-----------------|------------------|---|---|--|
| Mandisa Shiceka Clinic - Convert to CDC (NHI) | Convert clinic to CDC | 5 October 2017 | 28 February 2023 | 99% construction 76% to 99% (reached practical completion) | City of Tshwane (CoT) requires an upgrade of the traffic intersection, stormwater and additional parking | CoT is requested to issue Occupation Certificate with conditions that the upgrade work will continue whilst the facility is functional |
| Phillip Moyo CHC | Refurb and additions | 27 May 2014 | 31 March 2022 | Construction 76% to 99% | Delayed issuing of Occupation Certificate from City of Ekurhuleni (CoE) due to non-compliance with fire regulations of the existing buildings | Department of Infrastructure Development (DID) is completing the compliance work |
| Boikhuatsong CDC | New clinic | 1 April 2015 | 30 November 22 | 96% (construction 76% to 99%) | Slow delivery of Health Technology (HT) by contractor | GDoH is assisting with the procurement of HT |
| Finetown Clinic - new build | New clinic | 31 May 2013 | 31 October 2022 | 99% (construction 76% to 99%; reached practical completion) | Contractor has cashflow challenges which impact on timely availability of HT at the clinic | GDoH is assisting with the procurement of HT |
| Kekanastad | New clinic | 1 April 2012 | 28 February 2023 | 95% (Construction 76% to 99%) | Contractor has cashflow challenges which impact on timely availability of HT at the clinic | GDoH is assisting with the procurement of HT |
| Sebokeng Zone 17 Clinic | New clinic | 20 October 2017 | 30 November 2022 | 100% | None. The facility was officially opened on the 3 March 2023. | None |
| Boitumelo Clinic | New clinic | 9 March 2020 | TBC | 2% | The contract has been suspended pending investigation of award | GDoH is reviewing the design due to additional needs (Dental Services) |
| Helen Joseph Hospital Nurses Residence | Upgrading and renovations of nurses' residence | 3 December 2014 | 31 May 2023 | Construction 51% to 75% | Contractor's lack of access to one of the buildings | Reduce the scope due to lack of access to one of the buildings that is still occupied |
| Johannesburg Forensic Pathology Laboratories | New Forensic Pathology Lab | 30 June 2012 | 31 May 2024 | 71% (Construction 51% to 75%) | Professional Service Providers (PSPs) were terminated | New PSPs appointed |

| Name of Project | Brief description of project | Start Date | End Date | Current Status | Challenges | Requests for Intervention |
|---|---|--------------|------------------|-------------------------|---|-------------------------------------|
| Mayibuye Clinic | New clinic | 29 May 2015 | 15 December 2024 | Construction 25% to 50% | Contractor has been terminated due to slow progress | DID has hired new PSPs |
| Randfontein (Mohlakeng) CHC | New CHC | 29 May 2015 | 31 March 2023 | Construction 51% to 75% | The contractor is experiencing cashflow challenges. | GDoH to implement frequent payments |
| Chris Hani Baragwanath | Refurbishment and upgrading of the neonatal and labour ward section, doctors' and nurse's residence and services. | 31 May 2011 | 7 August 2023 | 95% construction to 99% | New demands (fire compliance) by City of Johannesburg (CoJ) | DID addressing the variance |
| Khutsong South Ext2 Clinic New Clinic | Construction of new clinic | 12 June 2015 | 31 August 2023 | Construction 76% to 99% | None | None |
| NEW EERSTERUST CLINIC | Eersterust upgrade and additions buildings and other | 1 April 2012 | 31 August 2024 | Construction 1% to 25% | None | None |

Table 4.12.2: Progress made on the maintenance of infrastructure

| Maintenance category | Final appropriation (R'000) | Expenditure (R'000) | % spent against budget |
|-----------------------|-----------------------------|---------------------|------------------------|
| Maintenance & Repairs | 1 138 463 | 989 238 | 87% |
| Electro-mechanical | 152 217 | 108 563 | 71% |
| EPWP | 2 360 | 2 156 | 91% |
| Total | 1 293 040 | 1 099 957 | 85% |

Maintenance projects, 2022/23

The main maintenance allocation in 2022/23 was R 924 million. This was adjusted upwards to R 1,2 billion, of which R 1.0 billion was spent. The allocation over the 2022/23 MTEF is R 2.9 billion. In 2022/23, 99 facilities were maintained. In 2023/24, 101 facilities are to be maintained. The number of maintenance projects is determined by the number of facilities, with each facility considered as one project. Thus, although many small maintenance projects may be being implemented at a specific facility it is still considered as one project.

Table 4.12.3: Maintenance projects, 2022/23

| DoH Project Number (IRM) | Project Name | 2022/23 | 2022/23 | Actual expenditure to date for this financial year |
|--------------------------|--|-------------|-----------------|--|
| | | Main budget | Adjusted budget | |
| 31011196 | 11 Diagonal Street - Planned, statutory and preventative maintenance | R2 186 000 | R4 372 000 | R0 |
| 31011731 | Alexandra CHC - Maintenance | R444 000 | R444 000 | R0 |
| 81 | Ann Latsky Nursing College - Maintenance - Planned, statutory and preventative maintenance | R2 186 000 | R2 186 000 | R1 254 227 |
| 175 | Auckland Park Medical Supply Depot - Planned, statutory and preventative maintenance | R7 651 000 | R7 651 000 | R4 577 726 |
| 85 | Bertha Gxowa Hospital - Statutory planned preventative maintenance | R7 651 000 | R10 451 000 | R17 853 099 |
| 6793065 | Bheki Mlangeni Hospital - Planned, statutory and preventative maintenance | R7 651 000 | R9 334 000 | R4 408 566 |
| 87 | Bona Lesedi Nursing College Maintenance -Planned, statutory and preventative maintenance | R3 279 000 | R5 459 000 | R2 517 806 |
| 31007928 | Bronkhorstspuit EMS Station - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 30309699 | Bronkhorstspuit Forensic Mortuary-Planned, statutory and preventative maintenance | R547 000 | R547 000 | R929 859 |
| 30309930 | Bronkhorstspuit Hospital - Planned, statutory and preventative maintenance | R7 651 000 | R7 651 000 | R4 986 121 |
| 88 | Carletonville FPS Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R2 410 000 | R452 036 |
| 89 | Carletonville Hospital - Planned, statutory and preventative maintenance | R7 651 000 | R9 055 000 | R6 797 999 |
| 31011730 | CCTV maintenance | R14 500 000 | R14 500 000 | R9 938 747 |
| 30309693 | Charlotte Maxeke EMS - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 93 | Charlotte Maxeke Hospital - Planned, statutory and preventative maintenance | R70 000 000 | R80 000 000 | R78 620 213 |
| 31011729 | Charlotte Maxeke Johannesburg Academic Hospital - Remedial work for fire and occupation compliance | R0 | R0 | R0 |
| 95 | Chris Hani Baragwanath Hospital Maintenance - Planned, statutory and preventative maintenance | R58 112 000 | R68 112 000 | R43 351 132 |
| 97 | Chris Hani Laundry Maintenance - Planned, statutory and preventative maintenance | R2 733 000 | R3 733 000 | R1 039 027 |
| 30309441 | Chris Hani Nursing College - Planned, statutory and preventative maintenance | R3 279 000 | R3 279 000 | R1 659 053 |
| 6792275 | Cullinan Care Rehab - Maintenance | R11 116 000 | R10 116 000 | R3 449 911 |
| 30309695 | Cullinan EMS - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 30309697 | Diepkloof Forensic Mortuary - Planned, statutory and preventative maintenance | R2 733 000 | R2 733 000 | R2 111 503 |

| DoH Project Number (IRM) | Project Name | 2022/23 | 2022/23 | Actual expenditure to date for this financial year |
|--------------------------|--|-------------|-----------------|--|
| | | Main budget | Adjusted budget | |
| 107 | Dr George Mukhari Hospital - Planned, statutory and preventative maintenance | R50 000 000 | R64 000 000 | R38 558 497 |
| 108 | Dr Yusuf Dadoo Hospital - Planned, statutory and preventative maintenance | R7 651 000 | R9 148 000 | R2 775 765 |
| 110 | Dunswart Provincial Laundry - Planned, statutory and preventative maintenance | R2 733 000 | R6 733 000 | R10 248 947 |
| 255 | Edenvale Hospital - Planned, statutory and preventative maintenance | R11 000 000 | R11 000 000 | R10 673 756 |
| 31010596 | Edenvale - Laundry Maintenance | R2 733 000 | R2 733 000 | R0 |
| 114 | Ekurhuleni District CHCs - Planned, statutory and preventative maintenance | R10 930 000 | R10 930 000 | R12 735 399 |
| 117 | Ekurhuleni District Clinics - Planned, statutory and preventative maintenance | R12 395 000 | R20 215 000 | R29 323 302 |
| 178 | Ekurhuleni District EMS - Planned, statutory and preventative maintenance | R0 | R2 500 000 | R0 |
| 121 | Ekurhuleni District Office (inc. Pharmacies & EMS) - Planned, statutory and preventative maintenance | R1 093 000 | R2 593 000 | R3 073 059 |
| 30309931 | Emergency Repairs Maintenance | R20 000 000 | R40 000 000 | R56 697 968 |
| 31011461 | Employee Wellness Centres | R250 000 | R250 000 | R0 |
| 256 | Far East Rand Hospital - Planned, statutory and preventative maintenance | R12 000 000 | R21 000 000 | R21 953 993 |
| 30309694 | Fochville - EMS maintenance | R0 | R0 | R0 |
| 134 | Ga-Rankuwa Forensic Mortuary - Planned, statutory and preventative maintenance | R4 465 000 | R1 000 000 | R1 639 534 |
| 135 | Ga-Rankuwa Nursing College - Planned, statutory and preventative maintenance | R1 093 000 | R1 093 000 | R326 268 |
| 30309698 | Germiston Forensic Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R2 316 000 | R2 525 792 |
| 30309700 | Heidelberg Forensic Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R1 640 000 | R315 871 |
| 147 | Heidelberg Hospital Maintenance - Planned, statutory and preventative maintenance | R12 000 000 | R11 000 000 | R4 800 952 |
| 257 | Helen Joseph Hospital Maintenance - Planned, statutory and preventative maintenance | R25 000 000 | R25 000 000 | R25 674 913 |
| 242 | Horticulture Services - Maintenance | R0 | R0 | R0 |
| 6 | Johannesburg District - EMS Maintenance and repairs | R2 500 000 | R2 500 000 | R483 500 |
| 149 | Johannesburg District CHCs Maintenance - Planned, statutory and preventative maintenance | R24 749 000 | R24 749 000 | R19 268 307 |
| 151 | Johannesburg District Clinics Maintenance - Planned, statutory and preventative maintenance | R25 790 000 | R50 790 000 | R65 397 326 |
| 154 | Johannesburg District Office Maintenance- Planned, statutory and preventative maintenance | R547 000 | R847 000 | R618 891 |
| 30309701 | Johannesburg Forensic Mortuary - Planned, statutory and preventative maintenance | R2 186 000 | R2 186 000 | R1 021 056 |
| 4664 | Johannesburg Provincial Laundry Maintenance - Planned, statutory and preventative maintenance | R3 279 000 | R9 541 000 | R11 236 842 |
| 159 | Jubilee Hospital Maintenance - Planned, statutory and preventative maintenance | R7 651 000 | R12 651 000 | R7 422 178 |
| 258 | Kalafong Hospital Maintenance - Planned, statutory and preventative maintenance | R30 000 000 | R26 923 000 | R10 548 552 |
| 163 | Kopanong Hospital Maintenance - Planned, statutory and preventative maintenance | R16 500 000 | R19 500 000 | R12 788 605 |
| 166 | Lebone College of Emergency Care Maintenance - Planned, statutory and preventative maintenance | R5 465 000 | R3 465 000 | R314 486 |
| 294 | Lebone EMS College - Maintenance | R0 | R0 | R0 |
| 31011450 | Lenasia Hospital - Planned, statutory and preventative maintenance | R3 279 000 | R3 279 000 | R1 118 809 |

| DoH Project Number (IRM) | Project Name | 2022/23 | 2022/23 | Actual expenditure to date for this financial year |
|--------------------------|---|-------------|-----------------|--|
| | | Main budget | Adjusted budget | |
| 259 | Leratong Hospital Maintenance - Planned, statutory and preventative maintenance | R14 500 000 | R22 000 000 | R18 749 667 |
| 31009236 | Life Centre Building (45 Commissioner) - Maintenance and repairs | R4 372 000 | R4 372 000 | R89 853 |
| 240 | Maintenance of HT projects | R0 | R0 | R0 |
| 171 | Masakhane Cookfreeze - Planned statutory and preventative maintenance | R4 372 000 | R3 935 000 | R70 249 |
| 173 | Masakhane Laundry - Planned, statutory and preventative maintenance | R13 116 000 | R13 116 000 | R7 841 969 |
| 241 | Material Inventory | R0 | R0 | R0 |
| 31011462 | Medical Interns Accommodation | R250 000 | R250 000 | R0 |
| 260 | MEDUNSA Oral Health Centre Hospital -Planned, statutory and preventative maintenance | R3 279 000 | R2 279 000 | R837 528 |
| 184 | New Mamelodi Hospital - Planned, statutory and preventative maintenance | R18 325 000 | R18 325 000 | R46 827 095 |
| 186 | Nicolhouse - Planned, statutory and preventative maintenance | R5 465 000 | R4 065 000 | R2 177 926 |
| 243 | Nursing Colleges Accreditation Compliance | R0 | R0 | R0 |
| 188 | Odi Hospital - Planned, statutory and preventative maintenance | R7 651 000 | R13 051 000 | R9 421 842 |
| 190 | Old Germiston Hospital Maintenance - Planned, statutory and preventative maintenance | R1 093 000 | R593 000 | R107 291 |
| 192 | Old Mamelodi Hospital Maintenance - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 266 | Pholosong Hospital Maintenance - Planned, statutory and preventative maintenance | R15 860 000 | R34 000 000 | R39 331 342 |
| 30309702 | Pretoria Forensic Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R1 840 000 | R1 070 318 |
| 31008657 | Pretoria Oral & Dental - Planned, statutory and preventative maintenance | R55 000 | R1 405 000 | R802 186 |
| 199 | Pretoria West Hospital Maintenance - Planned, statutory and preventative maintenance | R7 500 000 | R12 500 000 | -R10 184 325 |
| 201 | Radio Communication System - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 268 | Rahima Moosa Mother and Child Hospital - Planned, statutory and preventative maintenance | R10 000 000 | R10 000 000 | R8 410 226 |
| 101 | Rahima Moosa Nursing College Maintenance - Planned, statutory and preventative maintenance | R3 279 000 | R3 279 000 | R4 038 563 |
| 30309703 | Roodepoort Forensic Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R1 640 000 | R94 597 |
| 300 | S G Lourens Nursing College Maintenance - Planned, statutory and preventative maintenance | R3 279 000 | R4 879 000 | R2 425 452 |
| 30309696 | Sebokeng EMS - Planned, statutory and preventative maintenance | R0 | R0 | R0 |
| 737 | Sebokeng Forensic Mortuary - Planned, statutory and preventative maintenance | R547 000 | R1 047 000 | R604 933 |
| 270 | Sebokeng Hospital - Planned, statutory and preventative maintenance | R15 767 000 | R19 767 000 | R17 143 115 |
| 213 | Sedibeng District CHCs - Planned, statutory and preventative maintenance | R7 500 000 | R7 000 000 | R4 167 600 |
| 215 | Sedibeng District Clinics Maintenance - Planned, statutory and preventative maintenance | R14 000 000 | R14 000 000 | R8 798 238 |
| 7 | Sedibeng District EMS - Maintenance and repairs | R1 640 000 | R2 190 000 | R985 016 |
| 220 | Sedibeng District Office (inc. Pharmacies) -Planned, statutory and preventative maintenance | R547 000 | R1 547 000 | R0 |
| 271 | Sizwe Tropical Diseases Hospital - Planned, statutory and preventative maintenance | R10 930 000 | R10 930 000 | R8 104 543 |

| DoH Project Number (IRM) | Project Name | 2022/23 | 2022/23 | Actual expenditure to date for this financial year |
|--------------------------|--|-------------|-----------------|--|
| | | Main budget | Adjusted budget | |
| 4651 | South Rand Hospital - Planned, statutory and preventative maintenance | R13 116 000 | R13 116 000 | R6 797 478 |
| 30309690 | Springs Forensic Mortuary - Planned, statutory and preventative maintenance | R1 640 000 | R1 140 000 | R698 271 |
| 275 | Sterkfontein Hospital - Planned, statutory and preventative maintenance | R9 000 000 | R9 506 000 | R7 281 090 |
| 229 | Steve Biko Academic Hospital - Planned, statutory and preventative maintenance | R50 000 000 | R68 000 000 | R60 466 046 |
| 277 | Tambo Memorial Hospital - Planned, statutory and preventative maintenance | R13 116 000 | R21 000 000 | R22 997 059 |
| 279 | Tara H Moross Hospital - Planned, statutory and preventative maintenance | R6 500 000 | R6 500 000 | R3 853 548 |
| 281 | Tembisa Hospital - Planned, statutory and preventative maintenance | R40 000 000 | R46 000 000 | R67 250 750 |
| 4640 | Thelle Mogwerane - Planned, statutory and preventative maintenance | R25 790 000 | R29 790 000 | R30 585 447 |
| 234 | TMI boilerhouse - Planned, statutory and preventative maintenance | R219 000 | R219 000 | R20 528 |
| 20 | Tshwane District EMS | R3 102 000 | R3 102 000 | R568 521 |
| 236 | Tshwane District CHCs Maintenance - Planned, statutory and preventative maintenance | R7 500 000 | R8 500 000 | R7 365 835 |
| 238 | Tshwane District Clinics - Planned, statutory and preventative maintenance | R15 329 000 | R20 329 000 | R30 990 929 |
| 4658 | Tshwane District Hospital Maintenance - Planned, statutory and preventative maintenance | R7 651 000 | R10 151 000 | R2 429 189 |
| 243 | Tshwane District Office (Pharmacies & EMS) - Maintenance | R1 319 000 | R3 019 000 | R3 474 811 |
| 6792272 | Tshwane Rehabilitation Centre - Planned, statutory and preventative maintenance | R6 000 000 | R7 000 000 | R3 882 128 |
| 301 | Utilisation of EPWP grant | R2 360 000 | R2 360 000 | R2 156 000 |
| 288 | Weskoppies Hospital - Planned, statutory and preventative maintenance | R10 116 000 | R12 916 000 | R16 098 910 |
| 246 | West Rand District CHCs Maintenance - Planned, statutory and preventative maintenance | R6 000 000 | R7 935 000 | R724 662 |
| 248 | West Rand District Clinics Maintenance - Planned, statutory and preventative maintenance | R17 410 000 | R17 410 000 | R10 973 483 |
| 23 | West Rand District EMS | R10 000 000 | R10 000 000 | R1 521 430 |
| 6793146 | West Rand District Office (Pharmacies & EMS) - Maintenance | R2 186 000 | R3 205 000 | R1 174 348 |

Table 4.12.4: Progress made in addressing maintenance backlogs during the period under review

| Infrastructure projects | 2021/2022 | | | 2022/2023 | | |
|--|---------------------|--------------------|--------------------------|---------------------|--------------------|--------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/Under expenditure | Final Appropriation | Actual Expenditure | (Over)/Under expenditure |
| | R'000 | | R'000 | R'000 | | R'000 |
| New and replacement assets | 842 193 | 419 675 | 422 518 | 490 507 | 275 971 | 214 536 |
| Existing infrastructure assets | 1 505 430 | 1 448 136 | 57 294 | 1 613 930 | 1 278 526 | 335 404 |
| Upgrades and additions | 79 750 | 13 980 | 65 770 | 55 276 | 25 856 | 29 420 |
| Rehabilitation, renovations and refurbishments | 498 739 | 346 141 | 152 598 | 417 831 | 261 276 | 156 555 |
| Maintenance and repairs | 926 941 | 1 088 014 | (161 074) | 1 140 823 | 991 394 | 149 429 |
| Infrastructure transfers | | | | | | |
| Current | 926 941 | 1 088 014 | (161 074) | 1 140 823 | 991 394 | 149 429 |
| Capital | 1 420 682 | 779 796 | 640 886 | 963 614 | 563 103 | 400 511 |
| Total | 2 347 623 | 1 867 811 | 479 812 | 2 104 437 | 1 554 497 | 549 940 |



Part C

Governance

1. Governance

1. INTRODUCTION

Commitment by the department to maintain the highest standards of governance is fundamental to the management of public finances and resources. Users want assurance that the department has good governance structures in place to effectively, efficiently and economically utilise public resources funded by the taxpayer.

2. RISK MANAGEMENT

The department recognises that risk management is a valuable management tool which improves and assists management in minimising any negative impacts and optimising opportunities emanating from its operating environment. The organisation's approach to risk management is based on established governance processes and relies on individual responsibility and on collective oversight supported by comprehensive reporting.

Risk Management Governance

The department has in place an approved Risk Management Framework, Strategy and Risk Management Implementation Plan which guides the risk management process. The organisation's Risk Management Committee (RMC) provides oversight of the organisation's risks and its control environment. In improving its risk management capability, the organisation has in place an independent person as Chairperson of the RMC who advises the Accounting Officer (AO) on measures to ensure that he or she discharges his or her responsibility to provide effective, efficient and transparent systems of fraud and risk management and internal control. The RMC provides the HoD with reports on a quarterly basis, with recommendations for improvement in identified areas.

Risk Assessment

Acknowledging the complex and changing risk environment, continuous risk assessments are conducted to identify any emerging risks that could prevent the organisation from achieving its objectives and outcomes. Risks are prioritised based on their likelihood and impact (inherently and residually) and additional mitigations are agreed upon to reduce risks to acceptable levels. The organisation regularly re-evaluates its risk processes to ensure continuous improvement and to identify new and emerging risks.

Assurance on Risk

During the reporting year, through the RMC and the Audit Committee assurance was provided by the first line of defence which is management in the department. The second line of defence is the Risk and Chief Financial Office and the third line of defence which is AGSA and Gauteng Audit Services. Highlighting key risk areas and the results of the risk assessments enabled the organisation to identify risks which require additional assurance by risk owners. Despite the challenging environment that the organisation finds itself in, it has been able to reduce the residual risk ratings for some of the strategic risks. However, much work still needs to be done to further strengthen the control environment especially with regard to irregular expenditure, accruals and governance in general.

3. FRAUD AND CORRUPTION

The department has in place an approved Fraud Prevention Plan which is monitored on a quarterly basis. Progress is reported to the RMC, also on a quarterly basis. Managers are held accountable for areas of concern. A fraud risk assessment is conducted on an annual basis with assistance from the Office the Premier (OoP). Both the RMC and the Audit Committee perform oversight of implementation of the department's Fraud Prevention Plan.

The table below outlines the Fraud Prevention Action Plan to deal with identified potential conflict of interest matters that have been agreed upon with GPT.

| Conflict of Interest Risk | Action Plan to minimise Conflict of interest |
|--|--|
| SCM procurement processes abuse | Review and implementation of GDoH SCM policy |
| | Initiate the vetting process of CEOs of institutions and SCM officials (Phase 1) |
| | Appoint SCM risk officers at all health facilities |
| Recruitment irregularities including nepotism | Monitor and enforce HRM policies |
| | Advertisement of posts |
| | Pre-employment screening |
| | Vetting of all potential new staff |
| Unauthorised RWOP | Review and implement RWOP policy in line with DPSA guidelines |
| Financial impropriety and doing business with organs of state | Lifestyle audit |
| | Conduct education and awareness on financial disclosures |
| | Capacitate health institutions with dedicated ethics officers |
| Irregular awarding of bursaries | Develop and implement the SOP on bursary awarding informed by national qualifying criteria |
| | Appoint a Bursary Adjudication and Selection Committee |
| Unauthorised access to systems | Conduct user awareness and training on information security policies |
| | Clean up of all inactive users |
| Unauthorised disclosure of privileged and confidential information to third parties | Officials to sign a confidentiality clause during appointment and annually |
| | Develop and implement GDoH Communications policy |
| Submission of inflated claims by service providers | Budget holders to pay all invoices through the electronic invoicing system (e-Invoice) |
| | Develop and implement checklist (signed payment certificate) |
| Duplication of litigation claims | Develop and implement the SOP on litigation claims |
| | Establish a Litigation Committee for assessment and approval of litigation cases |

Whistle blowing: the need for officials to make confidential disclosure about suspected fraud and corruption

- The department does not have its own hotline reporting facility and relies on the National Anti-Corruption Hotline (0800 701 701), the Gauteng Ethics hotline (0800 111 633), SMS call back (49017), gpethics@beonest.co.za and other relevant platforms including internal channels and/or walk-ins.
- The Investigation Unit keeps a register in which all reported cases are confidentially recorded and monitored.
- The province is in the final stage of development of a GPG-wide whistleblowing policy which is just short of ratification by the Gauteng Ethics Advisory Council (GEAC).

How these cases are reported and what action is taken

- Cases are reported through the HoD, the Chief Risk Officer (CRO), the Public Service Commission (PSC), Provincial Forensic Audit and walk-ins.
- Investigations are commissioned by Provincial Forensic Audit if they are received through reports from whistle blowers or third parties.
- Internal investigations are instituted by the HoD.
- Due to the capacity of the unit, complex investigations are referred to and conducted by the Provincial Forensic Audit Investigation Unit while minor cases are dealt with by the Investigations Unit in the department.
- When an investigation is concluded, reports are presented to the HoD for review and further management of the findings and recommendations.
- Recommendations from internal and external stakeholders are reviewed by the HoD for approval for implementation.

Cases reported

During the financial year under review, the department received 14 reported cases of which six were completed and referred to the relevant stakeholders for implementation of recommendations within the department. Three cases were closed at lead stage due to insufficient information and five were referred to the Office of the Premier for further management.

4. MINIMISING CONFLICT OF INTEREST

4.1 Ethics Culture/Risk Assessment

The department is currently conducting an ethics culture/risk assessment the purpose of which is to determine the following:

- **Ethical Behavior Risk:** As observed by the employees
- **Ethics Culture:** The perception of the ethical culture within GDoH
- **Ethics Management Risk:** Whether staff are aware/unaware of management interventions.

The results of the survey will be used as a tool to strengthen ethics awareness, workshops, discussions or talks on ethical behaviour. It will be a guide to employees' expectations regarding organisational ethical behaviour; embrace ethics opportunities; determine ethics standards; and reduce conflicts of interest.

The survey has been conducted online to provide the privacy needed by the survey respondents.

4.2 Premier David Makhura's Ntirhisano Engagement on Ethics and Integrity with Gauteng Department of Health

The department hosted a hybrid meeting with the Premier, Mr. David Makhura, in June and July 2022. This meeting consisted of the following compulsory audience: Extended Top Management; CEOs; Hospital Management Teams; District Management Teams; Colleges; EMS; FPS and MSD Management Teams; representatives of the labour organisations; Directors; Supply Chain Management; and Finance Divisions.

The Premier addressed the ethical culture within the public health care system as well as major structural and systemic problems.

He complimented the department on its strengths especially in the central hospitals which have centres of excellence acknowledged globally. The Premier introduced the reform and renewal agenda which involves decentralising functions and budgets to health institutions and districts.

4.3 Business with organs of state

During 2022/23, the HoD issued a Memorandum to all CEOs to instruct (in writing) all employees registered on the Central Supplier Database with the intention of conducting business with organs of state to deregister themselves immediately.

Letters of Intention to Discipline are issued when GDoH employees are doing business with the state and have not disclosed their financial interests. Employees are then given an opportunity to respond on why they should not be disciplined. Should the finding be confirmed, relevant supporting documents with recommendations for consequence management are referred to Labour Relations for further management. However, much work needs to be done to strengthen the control environment.

4.4 Remunerative Work Outside the Public Service (RWOPS)

Currently, twenty-two health institutions are active on the online RWOPS system. Turnaround time to approve applications for RWOPs has improved and conflicts of interest are quickly identified and addressed.

5. CODE OF CONDUCT

- a. Compliance with the Code of Conduct: A frequent breach of the Code of Conduct in the department is around non-compliance with Chapter 9 and 10 public institutions as defined by the Constitution. In the case of such breaches, serious sanctions are meted out in line with the disciplinary procedure. For violation of AGSA directives, the amended Public Audit Act issues debt certificates against the HoD for implementation 'by the MEC. The department has an AGSA Implementation Plan that tracks the AGSA recommendations and action plan by responsible managers.
- b. Relationship with the public: Non-compliance with the complaints resolution and other stakeholder forums are dealt using the department's Disciplinary Code where there is a clear non-compliance.

- c. Ethical conduct: The department needs to ensure that all health facilities are capacitated with dedicated ethics officers, currently this is an add-on function and does not receive the attention required.
- d. Performance of official duties: Performance contracts and pledges to abide by the Code of Conduct are signed at the beginning of each financial year with all departmental employees to ensure compliance, failing which the disciplinary process is invoked to correct the deviation.
- e. Candidature for election: There has never been a breach; where officials have stood for candidature of political office they have resigned accordingly as has happened with a candidate elected as a municipal councillor in Sedibeng in the recent municipal local elections.

6. HEALTH, SAFETY AND ENVIRONMENTAL ISSUES

Occupational Hygiene Risk Management

The Occupational Health Office is involved with the following activities:

- Supporting the department in complying with the Occupational Health and Safety Act and regulations, international standards and best practices.
- Supporting the department in facilitating the efficient and effective management of occupational hygiene risk management in all GHD facilities aligned with national and provincial legislation, policies, norms and standards and the relevant KPAs of the MEC and HoD based on their respective annual performance agreements.
- Conducting occupational hygiene monitoring in the facilities and making recommendations for controlling environmental stressors to staff in the workplace.

AREAS OF FOCUS

- OHS compliance
- Occupational hygiene surveys
- Hazard identification risk assessment
- Emergency preparedness
- Training
- Support and advisory
- The Occupational Health Office assists the department to improve conditions in all facilities within the framework of quality assurance, the National Core Standards and all related matters in this regard.

Significant achievements

- Occupational Hygiene Surveys on Indoor Air Quality, Illumination, Airflow and Ergonomics conducted
- Asbestos inventory done
- OHS trainings conducted
- Hazard Identification Risk Assessments done
- OHS audits conducted.

Challenges experienced

- Shortage of OHS professionals at facility level to implement the OHS Act (Act No. 85 of 1993)
- Development and drafting of Emergency Preparedness Plans
- No implementation of intervention plans from the OHS audits reports
- No dedicated budget in the facilities to implement the OHS programme
- Appointees or employees not taking accountability regarding OHS.

Effects that health, safety and environmental issues have had on the department

- Financial implications of absenteeism
- Shortage of OHS professionals at facility level hinders the department in complying with the legislation
- Lack of development of approved Emergency Preparedness Plans by municipalities leads to fire incidents.

7. PORTFOLIO COMMITTEES

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|--|---|
| 06 May 2022 | GDOH was presenting on the budget Vote 4 for 2022/23 FY | <p>The Chairperson tabled the item and offered an opportunity to Hon. MEC and her team to Present on the department budget vote 4 report for 2022/23 FY. The presentation highlighted the plans and allocation by the department on the year under review. The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation. The committee made inputs on the presentation and subsequently adopted the report.</p> <p>MOTION: That the Committee note the presentation</p> <p>1. Stakeholder's inputs</p> <p>The Hon. Chairperson of the committee afforded members of the public to make inputs on the presentation by the department. The input included issues of service delivery, infrastructure related issues and service-related issues. The chairperson further advised the members of the public that these inputs will be factored into the report for further responding by the department. Motion: that the committee note and consider the stakeholders inputs</p> |
| 17 May 2022 | <p>The following issues were discussed during the meeting:</p> <p>Infrastructure Matters:</p> <ul style="list-style-type: none"> • Anglo Ashanti Hospital, Kopanong Hospital, Mandisa Shiceka Clinic and New Kekanastad Clinic (Reason for non-occupation, issues regarding water services) Old Kekanastad Clinic (dilapidated, report on stolen computers, what is the plan with regarding this facility), Charlotte Maxeke, Steve Biko Hospital construction of nuclear facility. • Feedback on the committee oversight reports: Odi Hospital, Laudium Clinic, Kgabo Clinic, Eric Ndaleni Clinic, Tembisa Hospital, Chris Hani Baragwanath Hospital • Medico-legal cases • PSC report- findings on Dr Akindipe final report • PP report - findings on the investigation into the administration • Feedback on the CMJAH radiologist salary discrepancies | <p>Presentation by Gauteng Department of Health on Infrastructural Matters</p> <p>The Chairperson tabled the item and offered invited GDID to speak on Infrastructural Matters.</p> <p>The presentation highlighted the following</p> <p>AngloGold Ashanti Hospital</p> <p>The case was investigated by the SIU, and the results were obtained and followed up on. Both DID and GDOH officials have been suspended as a result of this decision. The hearing will take place in May 2022, and the conclusion is yet unknown. The recovery process, as recommended by the SIU is also being implemented. The GDID Acting MEC has met with Anglo Ashanti to explore how the state might benefit from the improved facility. The possibility of donating the building to the province is being considered, although the transfer of the facility is subject to legal requirements. On this condition, the MEC will consult with the provincial treasury.</p> <p>A break-in occurred on May 7th, and agreements were reached with the mine to use their own security guards as a result.</p> <p>Generators are operating and security companies are also working.</p> <p>Kopanong Hospital</p> <p>The SMME's had agreed for GDID to handover the site to the contractor. The repurposing option was presented to GDoH on the 23rd of September 2021. GDID is awaiting approval of the option presented and a comprehensive consultation will commence once approval is granted by GDoH on health planning based on their clinical needs.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|-------------------|--|
| 17 May 2022 | | <p>Contractor has referred the site handover delay to arbitration and a statement of claim is yet to be lodged. A statement of defense by DID will subsequently be lodged. GDOH is reviewing the possibility of repurposing the facility. Delay in handover of the site – GDoH to grant approval based on the repurposing option presented. The feasibility of funding the necessary remedial as highlighted by the second contractor due to lack of build quality (R26.5 m). The resultant number of beds not in line with a District Hospital norm. A feasibility study to justify funding for fixing challenges caused by the first contractor will be undertaken. GDoH to expedite the approval process of the repurposing option.</p> <p>Mandisa Shiceka Clinic: A meeting was held between DID and City of Tshwane on the 26th of April 2022 to address issues affecting the approval of building plans and occupation certificate for Mandisa Shiceka. City of Tshwane informed DID that is not allowed to occupy the facility before the approval of the building plans and DID was instructed by the city to submit the building plans with the following documents, Council resolution; special Power of attorney; draft SG diagram; draft connection points drawing, traffic impact studies, engineers' drawings, connection slips, existing SG diagrams & existing title deed for ERF 356 & 355. DID submitted building plans to COT on the 29th of April 2022. The building plans are currently being scrutinized and DID will make a follow up on the 16th of May 2022. A report will be presented at the next Portfolio Committee quarterly report. DID is currently in a process of appointing a term contractor for the construction of the new additional parking. The construction of the additional parking is estimated at 3 months.</p> <p>New Kekana Stad Clinic: An agreement was reached for the construction of a borehole. The service provider for the sewer treatment plant has been identified, and the contract should be signed by the end of June. Old Kekana Stad Clinic.</p> <p>Charlotte Maxeke</p> <p>The initiative is being implemented by DBSA at Charlotte Maxeke Hospital, and a report will be presented at the next quarterly meeting. National Health's prior estimate of R1.7 billion was erroneous, and this has been communicated to them.</p> <p>The initial estimate was R1.17 billion, however it had to be adjusted due to duplication of effort. The national department of health was then given R905 million. Their first estimate was R700 million, but that figure has subsequently increased to R1.14 billion.</p> <p>Eric Nalleleni Clinic (Roof collapse): The ceiling has now been repaired and the clinic walls painted by Harmony Gold donations.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
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| 17 May 2022 | | <p>The initial estimate was R1.17 billion, however it had to be adjusted due to duplication of effort. The national department of health was then given R905 million. Their first estimate was R700 million, but that figure has subsequently increased to R1.14 billion.</p> <p>Eric Ndleleni Clinic (Roof collapse): The ceiling has now been repaired and the clinic walls painted by Harmony Gold donations.</p> <p>MOTION: That the Committee notes the report and will continue to monitor infrastructure matters. Agreed.</p> <p>Feedback on Committee Oversight Visits.</p> <p>The Chairperson tabled the item and offered an opportunity to the Department of Health to present update on the matter.</p> <p>The GDOH was not prepared with the presentation and requested that the item be rolled over to allow the HOD to examine more closely at the responses offered, which proved to be erroneous and inadequately addressed.</p> <p>Presentation by the Gauteng Department of Health update on Medico Legal cases.</p> <p>The Chairperson tabled the item and offered GDOH an opportunity to present on Medico Legal cases.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • The purpose of presentation • Background • Lack of Budget to pay court orders and legal fees • Litigation Status Report • Letter of Demand • Meditation • Ground-breaking Judgment • Root Cause analysis on Health Facilities • Challenges • Progress with legislative Drafting Progress • Recommendations & Priorities <p>The Committee was dissatisfied with the presentation since it did not provide a clear picture of the progress being achieved in MedicoLegal cases. The GDOH was instructed to rethink the style of the presentation so that it is focused on delivering a clear picture of the state of the medicolegal cases and the interventions in place to guarantee that the situation is being dealt with.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|-------------------|---|
| 17 May 2022 | | <p>MOTION: The Committee takes notice of the report and will continue to monitor it.</p> <p>Agreed.</p> <p>Presentation by the Gauteng Department of Health update on the PSC report</p> <p>Findings on Dr. Akindipe final report</p> <p>The Chairperson tabled the item and offered an opportunity to the GDOH to present on the PSC report – Findings on Dr. Akindipe final report.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • Purpose • Progress Update on recommendations • Response on the Question raised by the Committee • Legal Intervention Required • Progress with legal Interventions <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: The Committee takes notice of the report and will continue to monitor it.</p> <p>Agreed.</p> <p>Presentation by the Gauteng Department of Health update on the PP report Findings on the investigation into the administration, management, and the responsiveness of the Gauteng Hospitals to the Covid19 pandemic.</p> <p>The Chairperson tabled the item and offered an opportunity to GDOH to present the PP report Findings on the investigation into the administration, management, and the responsiveness of the Gauteng Hospitals to the Covid19 pandemic.</p> <p>The presentation highlighted the following:</p> <p>Remedial Action and HOD Responses on the below Hospital</p> <ul style="list-style-type: none"> • Jubilee Hospital • DR George Mukhari Academic Hospital • Steve Biko Academic Hospital • Baragwanath Hospital, • Lillian Ngoyi Community Centre, • Charlotte Maxeke Academic Hospital, <p>MOTION: That the Committee appreciated the report.</p> <p>Agreed.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|-------------------|---|
| 17 May 2022 | | <p>Presentation by Gauteng Department on the CMJH Radiation Therapists salary discrepancies</p> <p>The Chairperson tabled the item and invited GDOH to speak on the CMJAH Radiation Therapists' complaint about salary discrepancies.</p> <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> • Purpose • Background • OSD requirements • Recommendation <p>As per the aforesaid presentation, the chairperson gave the Honourable Members the chance to ask clarifying questions.</p> <p>The Radiologists presented their case before the Portfolio Committee, and it was observed that the task team formed under the Premier's office to examine and provide input on the subject was disbanded and the matter was returned to the HOD on GDOH's list of matters to be dealt with.</p> <p>MOTION: That the HOD in the GDOH will investigate the matter and meet with the radiologists to attempt to resolve the challenges presented. Further, the GDOH will report the progress made in this regard at the next Portfolio Committee Quarterly meeting.</p> <p>Agreed.</p> <p>Presentation by the Gauteng Department of Health Matter of Dr. Lentsoena of Mamelodi Hospital.</p> <p>The Chairperson tabled the item and offered an opportunity to the Department of Health to present on the matter. The following was noted:</p> <ul style="list-style-type: none"> • Dr Lentsoane was initially placed on a precautionary transfer to the Steve Biko Academic Hospital on the 12th of January 2022, following allegations of gross insubordination and undermining the authority of Management. • The initial investigation against Dr Lentsoane was concluded and it was agreed that she would resume her duties back at Mamelodi Regional Hospital on the 1st of April 2022. • On the 28th of March 2022 the Investigating Officer became aware of the fact that Dr Lentsoane was interfering with witnesses and threatened at least one potential witness with dismissal. i.e. a sessional medical officer. • On the 28th of March 2022 the Investigating Officer became aware of the fact that Dr Lentsoane was interfering with witnesses and threatened at least one potential witness with dismissal. i.e. a sessional medical officer. |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|-------------------|--|
| 17 May 2022 | | <ul style="list-style-type: none"> • Dr Lentsoane was then suspended from duty with effect from the 1st of April 2022. • The investigation into the new allegations against Dr Lentsoane commenced and was finalized after a meeting was held with management on the 4th of May 2022. • Dr Lentsoane's suspension is uplifted as from the 16th of May 2022 and she will be placed at Steve Biko Academic Hospital pending the outcome of the disciplinary hearing against her. <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee notes the report.</p> <p>Agreed.</p> <p>Presentation by the Gauteng Department of Health on Procurement of Nursing Personnel through nursing agency – Outstanding payment of R55mil to Allmed Healthcare Professionals.</p> <p>The Chairperson tabled the item and offered an opportunity to the Department of Health to present on the matter.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • That the GDOH is aware of the R55 million overdue amount that still has to be confirmed with the hospitals where the nurses have been assigned. The Department paid R9 723 124.32 in May 2022, and another R11 million is awaiting payment. Transactions that are still in Head Office are being worked on. When Supply Chain Management is completed, a payment of R20 177 890.06 will be processed. • That the committee should note that the payment of nursing agents in the current Financial Year of 2022/23 is not funded from a budget allocation letter point of view. This practically means that institutions will need to re-prioritize spending within their baseline to allow for the appointment of nursing professionals through nursing agencies. The process of nursing recruitment and appointment will evaluate unfilled and funded roles linked to the current structure using the remuneration of workers' budget. <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee notes the report.</p> <p>Agreed.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|--|---|
| 17 May 2022 | | <p>Presentation by the Gauteng Department of Health on prolonged patient waiting time for spectacles and Brule</p> <p>The Chairperson tabled the item and offered an opportunity to the Department of Health to present on the matter.</p> <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> • That a three quotations system currently used in all facilities to order spectacles causes a delay in creating Purchase Orders. Such is due to failure by the Provincial Treasury to advertise the tender in observation of the Constitutional Court decision on the Preferential Procurement Regulation 2017 being invalid. • The Department has requested an exemption by the National Department of Health and Treasury for all tenders to be advertised – a response to the exemption request is being awaited. • A report in this regard will be provided at the next Portfolio Committee quarterly meeting. • The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation. <p>MOTION: That the Committee appreciated the report.</p> <p>Agreed.</p> |
| 19 May 2022 | <ul style="list-style-type: none"> • GDOH presentation on the following regulations: • Revision of the uniform patient fee schedule relating to ambulances, 2022 • Revision of the uniform patient fees relating to hospital mortuaries, 2022 • Revision of the uniform patient fees relating to the classification of and fees payable at Provincial Hospitals (Folateng wards), 2022 | |
| 27 May 2022 | <p>GDOH presentation on the status of the unpaid suppliers and the challenges being faced that lead to non-compliance with the 30 days payment policy</p> | |
| 23 August 2022 | <p>Presentation by the GDOH on the report reached with the DID and Property management addressing the issue of the non-payment of the Kopanong SMMEs by the main contractor</p> | |
| 10 August 2022 | <p>GDoH made a presentation on non-cooperation with the PSC.</p> | |
| 12 August 2022 | <p>Presentation by the GDoH on the status of medical litigations and measures being implemented to remedy medical negligence in Gauteng.</p> | |
| 19 August 2022 | <ul style="list-style-type: none"> • Presentation of the first quarter report of 2022/23 FY performance • COVID-19 incl. vaccination rollout progress • Medico-legal cases | <p>Presentation on the COVID-19 incl. vaccination rollout progress</p> <p>The Chairperson tabled the item and offered an opportunity to the MEC Mokgethi Present on the COVID-19 incl. vaccination rollout progress.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|---|--|
| 19 August 2022 | <ul style="list-style-type: none"> • The matter of Nhlakanipho Buthelezi • Public Protector: implementation of findings • Feedback on the CMJAH Therapy salary discrepancies • Feedback on stakeholder engagement sessions (CHWs & the perception of the integrated Health information System) • Matters from Bronkhorstpruit Hospital • Complaint from Soshanguve CHC <p>Kgabo Clinic – the non-removal or non-collection of refuse for 6 months</p> | <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> • Province Picture • Pandemic cave for Gauteng • COVID cases • Reduced transmission • Clinical care • Admission • Recommendations • The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation. <p>MOTION: That the Committee appreciated the report and will continue to monitor the progress.</p> <p>Agreed.</p> <p>Presentation on the Medico legal cases - Cases of malpractice</p> <p>The Chairperson tabled the item and offered an opportunity to the MEC Mokgethi Present on the Medico legal cases - Cases of malpractice.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • CAJV verified claim against the department Q1 of 2022/23FY • Integrated Forensic Accounting Services (IFAS) • Special Investigating Units and Special Tribunals • Medicolegal Litigations Summary • The reduction of the quantum/costs for the Medico-legal litigation • medico-legal cases in the past 3years • Annexure 1 – 2019/2020 financial year. • Annexure 2 – 2020/2021 financial year; and • Annexure 3 – 2021/2022 financial year <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue to monitor the progress.</p> <p>Agreed.</p> <p>Presentation by the Department of Health on the matter of Nhlakanipho Buthelezi.</p> <p>The Chairperson tabled the item and offered an opportunity to the MEC Mokgethi Present on the matter of Nhlakanipho Buthelezi.</p> <p>The Committee advised the Department to meet provide them with professional help and reach an agreement with the Family.</p> <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|-------------------|--|
| 19 August 2022 | | <p>MOTION: That the Committee appreciated the report and will continue to monitor the progress.</p> <p>Agreed.</p> <p>Presentation on the Public Protector report – Implementation of the findings.</p> <p>The Chairperson tabled the item and offered an opportunity to the MEC Mokgethi Present on the Public Protector report – Implementation of the findings.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • HOD'S response • Jubilee Hospital • Dr George Mukhari Academic Hospital • Steve Biko Academic Hospital • Chris Hani Baragwanath Hospital • Lilian Ngoyi Community Centre • Charlotte Maxeke JHB Academic Hospital • Infrastructure Development. <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue to monitor the implementation of the finding by the Public Protector</p> <p>Agreed.</p> <p>Presentation on the Feedback on the CMJH radiation salary discrepancies</p> <p>The Chairperson tabled the item and offered an opportunity to the MEC Mokgethi Present on the Feedback on the CMJH radiation salary discrepancies.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • Radiation Therapists background • Engagement with the DPSA <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue to monitor the progress.</p> <p>Agreed.</p> |

| Date of meeting | Matters discussed | How matters were addressed |
|-------------------|--|---|
| 01 September 2022 | Presentation by Gauteng Department of Health on the first quarter report | <p>Presentation by Gauteng Department of Health on 2022/23 FY 1st Quarterly Performance Report.</p> <p>The Chairperson tabled the item and offered an opportunity to MEC Nomathemba Mokgethi to Present on 2022/23 FY 1st Quarterly Performance Report.</p> <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> • Purpose • Context • Summary of non-financial performance • Supply Chain Management and GEYODI Prioritization • 30 Days invoice payment • HR: SMS Members AND OHS • Maternal Deaths • Summary of AOPO Audit findings for 2021/22 FY • Government Statures • District Health Services • School Health • HAST • Diseases prevention and Control • Quality assurance • Emergence Medical Services • Health Care Support Services • Conclusion |
| 01 September 2022 | | <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue to monitor the progress and spending of the Department.</p> <p>Agreed.</p> |
| 08 September 2022 | Presentation by GDOH on moral anguish during hospitalisation & illegal abortions. | |
| 09 September 2022 | Presentation on the 1st quarter 22/23 financial performance focusing on 30-day payments. | |
| 10 November 2022 | Department of Health to submit Annual Report for the 2021/22 FY. | <p>Presentation by Gauteng Department of Health on the Annual Report for 2021/22FY.</p> <p>The Chairperson tabled the item and offered an opportunity to MEC Nobantu Railihoko to Present on the Annual Report for 2021/22FY.</p> <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> • Purpose • List of abbreviations • Context • Overview of issues |

| Date of meeting | Matters discussed | How matters were addressed |
|------------------|---|---|
| 10 November 2022 | | <ul style="list-style-type: none"> Performance by Budget Programme Audit performance Financial Performance Conclusion <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue to monitor the department.</p> |
| 25 November 2022 | <p>GDOH's presentation on the Quarter 2 report of 2022/23 FY performance</p> <p>Infrastructure matters:</p> <ul style="list-style-type: none"> Detailed strategy to deal with findings by GDID on the state of infrastructure and equipment in Gauteng health facilities State of all health infrastructure projects in health facilities Anglo Ashanti Hospital upgrade with ICU beds Feedback on the corruption reported in Tembisa Hospital, including a status update report on the ongoing investigation COVID-19 incl. vaccination rollout Medico-legal cases Feedback on the matter of Nhlakamipho Buthelezi, born with cerebral palsy Public Services Commission report – implementation of the findings Public Protector Report – implantation of the findings Feedback on the CMJAH radiation therapy salary discrepancies CHW matters - delays of payment of CHWs in Sedibeng Feedback on the implementation of the integrated Health information System Feedback on the matters raised on Bronkhorspruit Hospital Complaint from Soshanguve CHC Challenges faced by Pretoria North clinic Information on research conducted by the department: <ul style="list-style-type: none"> Apart from interacting with research proposals for approval by the department, are there other projects done for GDOHW? If yes, what are those research projects? How many research proposals were approved in the 2020/21 financial year? If it is low compared to 2018/2019 and 2019/2020 financial year, what is the reason for that? | <p>Agreed.</p> <p>Presentation by Gauteng Department of Health and Wellness on the 2022/23 FY Second Quarterly Performance Report.</p> <p>The Chairperson tabled the item and offered an opportunity the Gauteng Department of Health and Wellness to Present on 2022/23 FY Second Quarterly Performance Report.</p> <p>The presentation highlighted the following</p> <ul style="list-style-type: none"> Purpose Context Summary of non-financial performance Financial performance Overview of issues <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report, and the Committee will continue to monitor the department every quarter.</p> <p>Agreed.</p> <p>Presentation by the Department of Infrastructure Development on the Strategy to deal with findings by GDID on the state of Infrastructure in Gauteng Health Facilities and Equipment.</p> <p>The Chairperson tabled the item and offered an opportunity to the Department of Infrastructure and Development to present on the Strategy to deal with findings by GDID on the state of Infrastructure in Gauteng Health Facilities and Equipment.</p> <p>The Presentation Highlighted the following.</p> <ul style="list-style-type: none"> OHS Programme” to address the findings of the infrastructure assessment. PSPs and Bill of Quantities Budgetary constraints |

| Date of meeting | Matters discussed | How matters were addressed |
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| 25 November 2022 | <ul style="list-style-type: none"> o What is the turnaround time to deal with Masters and PHD protocols submitted to GDOHW? | <ul style="list-style-type: none"> • The assessment highlighted both maintenance lapses as well as OHS compliance shortcomings, as per the OHS Act and regulations. <p>Key Challenges</p> <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report and will continue monitor the progress. Agreed.</p> <p>Presentation by the Gauteng Department of Health and Wellness on update on the COVID-19 and the Vaccination rollout progress.</p> <p>The Chairperson tabled the item and offered an opportunity to Ms Lerutla from the Department of Health to present on the COVID-19 and the Vaccination rollout.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • Gauteng vaccination progress • Public Health Workers • High Population, Low Coverage Wards • Proposed Facility level of integration • Proposed Facility level integration implementation • Key Challenges Threatening Uptake-Drivers of Low Immunity and New Outbreak Risk • Integrated Battlefield Services • Strategies to re-energize Holistic Health Services • Other Facility Based initiatives - Esangweni Clinic Vaccine Status Stamp <p>MOTION: That the Committee appreciate the presentation and will continue to monitor the COVID 19, and the vaccine roll out. Agreed.</p> |
| 10 February 2023 | <p>A brief presentation based on the following major points was given during an oversight visit to Sefako Makgatho Health Sciences University (the dental hospital):</p> <ul style="list-style-type: none"> • Profile of the institution • Achievements of the institution • Key challenges • Processes in place to ensure finalisation of disciplinary hearings. • The mechanism in place to guarantee adherence to Supply Chain regulations and guidelines. | |

| Date of meeting | Matters discussed | How matters were addressed |
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| 14 February 2023 | OCPOL virtual meeting held to address and clarify the issues relating to uneconomical use of resources for the renovation of Anglo Ashanti Hospital | |
| 16 February 2023 | <p>Pre-FIS oversight visits were conducted to acquire data needed by the Health Portfolio Committee</p> <p>The visits were scheduled as follows:</p> <p>Thursday, 16 February 2023: 10h00 – 15h00</p> <p>Facilities:</p> <p>Tshwane Region: Dr George Mukhari, Steve Biko & Mamelodi Hospitals</p> <p>Westrand Region: Carletonville, Dr Yusuf Daddoo & Leratong Hospitals</p> <p>CoJ Region: Baragwanath, Charlotte Maxeke and Helen Joseph Hospitals</p> | |
| 17 February 2023 | <p>The following issues were discussed during the meeting:</p> <ul style="list-style-type: none"> • Infrastructure matters: <ul style="list-style-type: none"> a) Detailed strategy to deal with the findings by DID on the state of infrastructure and equipment in Gauteng health facilities b) State of all health infrastructure projects in health facilities c) Anglo Ashanti Hospital upgrade with ICU beds <ul style="list-style-type: none"> ✓ Progress report on the suspension of employees associated with this project. ✓ Submission of the minutes emanating from the COVID-19 Command Council. The decision to spend more than R500 mil on the hospital was taken at this meeting. Department to kindly provide these minutes. ✓ SIU report released in December on Ashanti Hospital, to have this submitted. | <p>Presentation by Gauteng Department of Health and Gauteng Department of infrastructure and development on infrastructure Matters.</p> <p>The Chairperson tabled the item and offered an opportunity to Gauteng Department of Health and DID.</p> <p>The presentation highlighted the following:</p> <p>Status of all unfinished health infrastructure project naming:</p> <ul style="list-style-type: none"> • Boikutsong CDC • New Mandisa Shiceka CDC • Finetown Clinic • Randfontein CHC • Hellen Joseph Nurses Residence • Chris Hani Baragwanath Emergency • Phillip Moyo Clinic • Boitumelo • New Eesterus • Mayibuye • Khutsong South Clinic • Infrastructure Projects on Construction • Infrastructure Projects on Planning • Challenges and interventions |

| Date of meeting | Matters discussed | How matters were addressed |
|------------------|--|--|
| 17 February 2023 | <ul style="list-style-type: none"> • Feedback on the corruption report at Tembisa Hospital, including a status update report on the ongoing investigation – what is the way forward with the officials involved in the corruption, working in the Procurement Unit of this hospital? • COVID-19 incl. vaccination rollout progress: is the department still encouraging vaccination? Which vaccine is being administered? What is the department's opinion on Pfizer's side effects? • Medico-legal cases • A follow up on Dr Naing Soe, CEO of Mamelodi Hospital; continuation of victimisation of Dr Lentsoe • An update report on Life Esidimeni • Progress on the re-registration of the Psychiatric Unit at Dr George Mukhari Hospital • Public Services Commission report - implementation of the findings • Public Protector report - implementation of the findings • Feedback on the CMJAH radiation therapy salary discrepancies • Feedback on the implementation of the integrated Health Information system • Feedback on the matters raised on Bronkhorstpruit Hospital • Progress on renovations post the fires at Tambo Memorial Hospital • A full report on roof leakages experienced at Chris Hani Baragwanath wards as was circulated on social media | <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the report. Agreed.</p> |
| 9 March 2023 | <p>The following issues were discussed during the meeting:</p> <ul style="list-style-type: none"> • GDOH & W third quarterly report for 2022/23 FY • Committee focused intervention study - assessing factors contributing to procurement of goods over R500 000.00 without competitive bidders. The department must provide an overview of all instances in which R500 00 was spent in 2021/22 FY without inviting competitive bids. • Labour matters brought before the Portfolio Committee. <p>H&W Portfolio Committee focused intervention study visits. Topic of the study: "Assessing factors contributing to procurement of goods of over R500 000.00 without competitive bidders". FIS Oversight Visits scheduled as follows:</p> <p>Date: Tuesday, 14 March 2023 Movement schedule: 10h00-12h00 - Dr George Mukhari Hospital 13h00-14h00 - Steve Biko Hospital</p> | |
| 14 March 2023 | <p>H&W Portfolio Committee focused intervention study visits. Topic of the study: "Assessing factors contributing to procurement of goods of over R500 000.00 without competitive bidders". FIS Oversight Visits scheduled as follows:</p> <p>Date: Tuesday, 14 March 2023 Movement schedule: 10h00-12h00 - Dr George Mukhari Hospital 13h00-14h00 - Steve Biko Hospital</p> | |

| Date of meeting | Matters discussed | How matters were addressed |
|-----------------|--|---|
| 16 March 2023 | GDOH presentation on the third quarter's financial performance for 2022-2023 FY. | <p>Presentation of the Committee Oversight Report on the GDOH's 3rd quarterly report for 2021/22FY.</p> <p>The Chairperson tabled the item and offered Ms Nondumiso August the Committee Coordinator an opportunity to present the report.</p> <p>The presentation highlighted the following:</p> <ul style="list-style-type: none"> • Executive Summary • Introduction • Process Followed |
| 16 March 2023 | | <ul style="list-style-type: none"> • Compliance and Quality • Oversight on the Department Achievement Strategic Priorities • Oversight on the Department Achievement of APP targets • Oversight on the Department Project Management • Oversight on the Department Financial Performance • Oversight on the Department Resolutions and Petition Management • Oversight on the department Public Engagement • Oversight on the international Agreements • Oversight on Department GEYODI Empowerment • Oversight on a Capacitated Public Service • Findings, Recommendations, and implication on Law Making <p>The chairperson afforded the Honourable Members an opportunity to ask clarity seeking questions as per the above presentation.</p> <p>MOTION: That the Committee appreciated the presentation Agreed.</p> |
| 23 March 2023 | Feedback session on the stakeholder engagement on the challenges associated with township entrepreneurs' involvement in manufacturing, procuring pharmaceuticals and medical equipment in Gauteng. | |

8. SCOPE RESOLUTIONS

PRELIMINARY QUESTIONS ON THE REPORT OF THE AUDITOR- GENERAL TO THE GAUTENG PROVINCIAL LEGISLATURE ON THE FINANCIAL STATEMENTS AND PERFORMANCE INFORMATION OF THE DEPARTMENT OF HEALTH FOR THE YEAR ENDED 31 MARCH 2022.

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|--|---|---|-------------------|
| 1 | <p>MATERIAL UNCERTAINTIES RELATING TO LITIGATIONS</p> | <p>The Standing Committee has noted that the AGSA has found that “the department is the defendant in various lawsuits. The ultimate outcome of these matters cannot presently be determined and no provision for any liability that may result was made in the financial statements”.</p> <p>The Committee also notes that this finding is recurring over at least the past four financial years.</p> <p>To the MEC:</p> <p>Provide the following as it relates to lawsuits in the department:</p> <p>1.1 The list and estimated value of the lawsuits which the department was the defendant by 31 March 2022, and progress made by 30 September 2022 in the finalization of each lawsuit.</p> | <p><u>Response:</u> Since their appointment in 2019 under contract NDOH:2018/19, CAJV verified the case registers of all matters listed as medical negligence brought against the Gauteng Department of Health and Wellness (GDoH&W) by physically collecting, capturing, scanning all legal files, analyzing the data and confirming the closing balance for the financial Year 2021/22 at R24b.</p> <p>Further verification of matters was conducted from 1 April 2022 to 31 August 2022 and during this period, 347 matters were found to have been finalized in courts, but not captured as such in the financial records of the GDoH&W. These matters have since been removed from the financial records of the GDoH&W, resulting in a R2,7b reduction in the contingent liability of the GDoH&W.</p> <p>Additional 28 matters were confirmed as finalized by way of court orders served on the GDoH&W in the same period, amounting to a further reduction of R363m.</p> <p>The total reduction in contingent liability for the period 1 April 2022 – 31 August 2022 is therefore reported as R3b:</p> <p>Q1 of FY2022/23: Opening balance: R24 494 229 322,70 New claims verified in Q1: R 250 639 244,03 Sub-Total: R24 744 868 566,73</p> <p>Minus 132 historical court orders verified and 10 additional court orders received: R 105 058 753,15 Closing Balance for Q1 FY2022/23: R23 639 809 813,58</p> <p>CUMULATIVE REPORTING IN: July-Aug of Q2 FY2022/23: Opening balance: R23 639 809 813,58 New claims verified in Q2: R 417 887 428,66 Sub-Total: R24 057 697 242,24 Minus 347 historical court orders verified and 28 additional court orders received: R 3 069 900 442,01 Closing Balance for Q2 FY2022/23: R20 987 796 820,23</p> <p>The adjusted case register of the GDoH&W is attached hereto as an Excel spreadsheet containing two tabs.</p> <p>One tab is marked “M-L Population,” detailing all verified medico legal claims remaining against the GDoH&W after the reductions confirmed above. There were 2 358 verified medico legal claims against the GDoH&W as on 31 August 2022.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|--|---|-------------------|
| | Continued | | <p>The other tab is marked "Matters removed – Court Order," detailing the 347 court orders supporting the removal of matters that were not previously confirmed as finalized.</p> <p>Mediation</p> <p>Mediation remains one of the most successful methods to reduce cases of medical negligence. To this end, the Legal Unit actively applies mediation as a means to reduce the cost of medico-legal litigation.</p> <p>CAJV has been instructed to initiate mediation on behalf of the GDoH&W and to date they have assessed 336 matters received from 1 April 2021 to 31 August 2022 for possible mediation.</p> <p>To this end, CAJV identified 197 matters that have no legal merit. These identified cases will be advanced on the basis of engaging with the claimant's attorneys to inform them that the case has no prospects of success. This is done in an attempt to avoid frivolous and vexatious lawsuits. The aim is to have these claims abandoned, which will greatly reduce the possibility of additions to the contingency liability register, which is what will happen if these matters progress to summons against the GDH&W.</p> <p>Total Reduction in Claim Value targeted by means of the above mediation initiative is an amount of R1 171 856 199-00.</p> | No |
| | | <p>1.2 An indication if the Department has conducted any study or analysis of the main causes of lawsuits against the department, the outcomes thereof, as brief assessment of the effectiveness of such a plan, and the interventions proposed by the Department to minimize lawsuits in the future.</p> | <p>CAJV is currently analysing the data of 3699 matters dating back to 2010 in order to provide the GDoH&W with a detailed Statistical Risk Report of all matters to establish the root cause of medical negligence at institutional level.</p> <p>This will assist the GDoH&W's Clinical Services Unit in implementing proactive measures to mitigate future legal and financial risk.</p> <p>At this point in the verification process, it suffices to mention that the majority of medico legal cases against the GDoH&W stems from Obstetrics and Gynaecology, with the majority of claims being for cerebral palsy.</p> <p>On a monthly basis, the Quality Directorate submits a report of the Serious Adverse Events (SAE's) reported by all institutions. Additionally, the Patient Safety and Medicolegal Committee as well as the Gauteng Health Advisory Committee has made an observation that: <i>"An evaluation of the Public sector challenges include: dominant provider overburdened giving rise to system errors, its functional, ailing and vulnerable, poor image, poorly resourced, inequitable and corrupt."</i></p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------------------------|---|---|-------------------|
| | Continued | 1.3 | <p>Thus, following the analysis of the most recorded errors, a clinical risk register has been developed with the following broad interventions:</p> <ol style="list-style-type: none"> 1. Preserving records: SOP have been drafted and shared with CEOs and Clinical Managers. 2. Legal representation: for the bigger hospitals attorneys on site have been employed to assist the State Attorney. Meeting with State Attorney recently held. 3. Reporting of SAEs timeously according to regulations outlined by the National Department of Health. 4. Training of health personnel in skills that have timeously produced error (particularly in A&E and O&G). 5. Conducting M&M, clinical audits, peer reviews. 6. Consequence management. 7. Addressing health system challenges (infrastructure, HR shortage, equipment etc). <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by the Department by 30 September 2022 in the implementation of these recommendations by AGSA.</p> | No |
| | | <p>1.4 Gauteng Department of Health should review the infrastructure requirements of hospitals in line with the need to store the archived medical records in hospitals. If there is a need for additional infrastructure to store the archived medical records, the department should plan accordingly.</p> | <p>The implementation of the Health Information System (HIS), the Health Information Exchange Layer (HIE), and the Picture Archiving and Communication System (PACS) are the fundamental building blocks to create an integrated ecosystem, unify internal and external information systems. The department has started with the implementation of the above system as a preliminary process to start with the scanning of paper-based records, however additional requirement for physical storage is still a concern that must be mitigated and would have financial implications</p> | No |
| | | <p>1.5 Gauteng Department of Health should review the human resource requirements of the hospitals in line with the volume of medical records that the hospitals deal with. If there is a need for additional human resources to ensure the efficient management of medical records, the department should plan accordingly.</p> | <p>The Gauteng Department of Health has been undergoing a review of the organisational structure for the past three years. As part of the planning for the future organisational plan, all hospitals have submitted their proposed organisational structure based on situational analysis that evaluated their respective catchment populations, service delivery needs and service delivery outputs. The Human Resources Directorate is consolidating the inputs to meet the new human resource needs as per submitted inputs and budget/resource constraints</p> | No |
| 2 | MATERIAL IMPAIRMENTS | <p>The Standing Committee has noted that the AGSA has found that "the accrued departmental revenue has been significantly impaired. The allowance for impairment</p> | <p>Causes: The significant amount for impairment relates to Road Accident Fund (46% of total debt) and foreign patients (38% of the total debt).</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|--|---|-------------------|
| | Continued | <p>amounts to R3 195 452 000 (2020-21: R2 474 952 000), which represents 85% (2020-21: 81.2%) of total accrued department revenue".</p> <p>To the MEC: 2.1 Provide the Committee with details for the Department to have significantly impaired its accrued revenue, including plans to mitigate significant impairment.</p> | <p>Road Accident Fund has rejected huge number of claims:</p> <p>RAF has issued a communique dated 29 July 2021 which stipulate that, the following document should be submitted for each claim lodged:</p> <ul style="list-style-type: none"> • Officer's Accident Report (OAR) – its challenge for passengers because not all passengers report the accident. • Witness statements (not internal) – it will be a challenge to get the witness statements. <p>Foreign Patients not providing reliable contact information which makes it difficult for tracing.</p> <p>Mitigation Plans:</p> <ul style="list-style-type: none"> • Timeous discharge and billing of patients by all hospitals. • Utilizing Revenue Collecting Agencies for the submission of claims to external funders • Aggressive debt collection – Sending of confirmation letters to all departments and provinces; Claims are submitted monthly to debtors; holding of meetings with funders. • Enter into MOU with Provinces. The MOU with Mpumalanga has been signed by both departments, the MOUs with Limpopo and Northwest have been signed by the HOD and awaiting signed copies back from the respective provinces. • Focusing on revenue collection from RAF and Compensation Fund. • Focusing on reducing claims rejections • Patient Information Verification System which is aimed at interfacing with the new HIS will be utilized at frontline to assist with correct classification. <p>The Standing Committee has noted that the AGSA has made the following recommendation to the Department and therefore request a report on progress made by the Department by 30 September 2022 in the implementation of this recommendation by AGSA.</p> <p>The department has implemented the new Health Information System. The system has currently been implemented at 10 District, 5 Regional, 3 Tertiary and 3 Central hospitals.</p> <p>Mitigation Plans:</p> <ul style="list-style-type: none"> • Timeous discharge and billing of patients by all hospitals. • Utilising Revenue Collecting Agencies for the submission of claims to external funders • Aggressive debt collection – Sending of confirmation letters to all departments and provinces; Claims are submitted monthly to debtors; holding of meetings with funders. • Enter into MOU with Provinces. The MOU with Mpumalanga has been signed by both departments, the MOUs with Limpopo and Northwest have been signed by the HOD and awaiting signed copies back from the respective provinces. | No |
| | | <p>2.2 The department should ensure that effective steps are taken to collect all money due.</p> | | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | |
|-------------------------|--|---|---|-------------------|--------------------------|--------------|--------------------|-------|------------------|----------------------|------|----------------|------------------------|------|----------------|-------------------------|------|----------------|--------------------|--------------|-------------------------|----|
| 3. | UNDERSPENDING OF THE VOTE | <p>The Standing Committee has noted that the AGSA has found that "the department materially underspent the budget by R624 477 000 on Programme 2 – district health services".</p> <p>To the MEC: 3.1 Provide the Committee with details for the department to have materially underspent the budget by R624 477 000 on Programme 2 – district health services, including the implications to service delivery.</p> <p>3.2 Provide the Committee with plans to minimise underspending in the future. Where such a plan has been in existence, provide a brief summary of its implication as at 30 September 2022.</p> | <ul style="list-style-type: none"> Focusing on revenue collection from RAF and Compensation Fund. Focusing on reducing claims rejections. Patient Information Verification System which is aimed at interfacing with the new HIS will be utilized at frontline to assist with correct classification. <p>The underspending under this sub-programme was mainly under goods and services items as result of:</p> <ul style="list-style-type: none"> Low initiation of patients on ART programme due to lockdown restrictions as well as a donation of antiretroviral drugs received from National Department of Health. There was a shortage of condom supply in the country however, this matter was escalated to National Department of Health for an intervention but the status remained. The department has applied for a rollover of funds amounting to R257 million and awaiting a reply from Treasury. <p>The HAST provincial team is to embark on a road show to the districts to re-inforce on the implementation plans and develop remedial actions on the root cause of underspending.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendation to the Department and therefore request a report on progress made by 30 September 2022 in the implementation of this recommendation by AGSA.</p> | No | | | | | | | | | | | | | | | | | | |
| | | <p>Improve the monitoring of the budget so that all funds can be spent accordingly for procurement of goods and services as per the budget.</p> | <p>Monitor the spending by compilation of monthly variance report. Evaluate spending based on the demand and procurement plans on a monthly basis. Submission of In-Year-Monitoring (IYM) monthly reports to Provincial Treasury and National Department of Health as per Division of Revenue framework. Attend quarterly performance review meetings as conducted by National Department of Health.</p> | No | | | | | | | | | | | | | | | | | | |
| 4. | PAYABLES WHICH EXCEEDED VOTED FUNDS TO BE SURRENDERED | <p>The Standing Committee has noted that the AGSA has found that "payables of R3 472 708 000 exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount, in turn, exceeded the R2 576 375 000 of voted funds to be surrendered by R896 333 000 as per the statement of financial performance. Therefore, the amount of R896 333 000 would have constituted</p> | <table border="1"> <thead> <tr> <th>Status</th> <th>Count of document number</th> <th>Sum of total</th> </tr> </thead> <tbody> <tr> <td>Paid and disbursed</td> <td>31495</td> <td>2 348 359 630,24</td> </tr> <tr> <td>Awaiting Payment Run</td> <td>1092</td> <td>648 054 208,92</td> </tr> <tr> <td>In Process: Work cycle</td> <td>2796</td> <td>365 516 376,01</td> </tr> <tr> <td>Rejected, out of system</td> <td>1626</td> <td>110 777 942,44</td> </tr> <tr> <td>Grand Total</td> <td>37009</td> <td>3 472 708 157,61</td> </tr> </tbody> </table> | Status | Count of document number | Sum of total | Paid and disbursed | 31495 | 2 348 359 630,24 | Awaiting Payment Run | 1092 | 648 054 208,92 | In Process: Work cycle | 2796 | 365 516 376,01 | Rejected, out of system | 1626 | 110 777 942,44 | Grand Total | 37009 | 3 472 708 157,61 | No |
| Status | Count of document number | Sum of total | | | | | | | | | | | | | | | | | | | | |
| Paid and disbursed | 31495 | 2 348 359 630,24 | | | | | | | | | | | | | | | | | | | | |
| Awaiting Payment Run | 1092 | 648 054 208,92 | | | | | | | | | | | | | | | | | | | | |
| In Process: Work cycle | 2796 | 365 516 376,01 | | | | | | | | | | | | | | | | | | | | |
| Rejected, out of system | 1626 | 110 777 942,44 | | | | | | | | | | | | | | | | | | | | |
| Grand Total | 37009 | 3 472 708 157,61 | | | | | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|---|---|-------------------|
| | Continued | <p>unauthorised expenditure had the amounts due been paid in time".</p> <p>To the MEC: Provide the Committee with:</p> <p>4.1 The details for payables of R3 472 708 000 to have exceeded the payment term of 30 days, as required by treasury regulation 8.2.3.</p> | <p>4.1.1 Of the R3.4 billion, R2.3 billion has already been paid and received by suppliers,</p> <p>1.1.2 R648 million is on Payment Proposal and awaiting Payment Run,</p> <p>4.1.3 R365 million is still in process of being paid, currently working on Exceptions, and,</p> <p>4.1.4 R110 million relates to transactions that, when worked on; they needed to be rejected completely out of our system for various reasons picked up by our system.</p> | No |
| | | <p>4.2 The plans to minimize exceeding the payment term of 30 days, as required by Treasury Regulation 8.2.3., including the status by 30 September 2022.</p> | <p>4.2.1 Workcycle reports are forwarded to health institutions on a weekly basis, as reminders of what each Institution needs to work on (Exceptions to attend to).</p> <p>4.2.2 Weekly Meetings with Institutions to manage the day-to-day movements and reduce ageing on Work Cycle transactions (Exceptions).</p> <p>4.2.3 Expediting Team deployed to do handholding at Institutions, to address Exceptions.</p> <p>4.2.4 Request to Budget to align Monthly Cash Allocation to Invoices posted/ captured at that time (Not just average monthly amounts). Reprioritizing of Budget allocation to match invoices on Payment Proposal at that time.</p> <p>4.2.5 Negotiation of payment terms and payment discounts with Medico Legal claims attorneys and other high value Accrual claims</p> <p>4.2.6 Re-structuring of cash availability in each month by implementing an inclusive payment approach;</p> <p>4.2.7 Establish a register of contracted suppliers for regular and consistent payments within 30 days.</p> <p>4.2.8 Conduct Workshop with suppliers on how to submit invoices, to eliminate problems upfront.</p> <p>4.2.9 Implementation of a strategy to curb recurrence of accruals.</p> | No |
| | | <p>4.3 The details for the Department to have exceeded the R2 576 375 000 of voted funds to be surrendered by R896 333 000 as per the statement of financial performance.</p> | <p>The department did not incur any unauthorised expenditure. The departmental spending was in line with the budget with no over expenditure on the vote.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | |
|----------------|--|--|--|-------------------|------------------------|-------------------|--------|----------------|------------------|------------------|-----|----|
| | Continued | <p>4.4 The plans to minimize exceeding the voted funds in the future, and the assessment of the progress or the situation as by 30 September 2022.</p> | <p>The voted funds were not exceeded. There are controls in place to ensure that the expenditure is in line with the budget. This is evidenced by the fact that the department did not incur any unauthorised expenditure during the 2021/22 financial year.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> | No | | | | | | | | |
| | <p>4.5 The department should ensure that legacy accruals are settled fully so that the issue of payables exceeding voted funds to be surrendered can be addressed accordingly.</p> | <p>4.5 Management should perform trend analysis of the spending patterns of prior years to ensure that the budget takes into account fluctuations in seasonal spending. This will enhance effective cash flow management in the department.</p> | <table border="1" data-bbox="422 286 518 1205"> <thead> <tr> <th data-bbox="422 286 459 645">Institutions</th> <th data-bbox="422 645 459 943">31 March 2022 Accruals</th> <th data-bbox="422 943 459 1205">Accruals Payments</th> <th data-bbox="422 1205 459 1205">Paid %</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 286 480 645">March 31, 2022</td> <td data-bbox="459 645 480 943">6 322 119 332,32</td> <td data-bbox="459 943 480 1205">4 111 153 273,57</td> <td data-bbox="459 1205 480 1205">65%</td> </tr> </tbody> </table> <p>The Department has settled 65% of the legacy accruals and the remaining balance of R 2 210 966 058,75 and look forward to further payments to reduce the remaining balance.</p> | Institutions | 31 March 2022 Accruals | Accruals Payments | Paid % | March 31, 2022 | 6 322 119 332,32 | 4 111 153 273,57 | 65% | No |
| Institutions | 31 March 2022 Accruals | Accruals Payments | Paid % | | | | | | | | | |
| March 31, 2022 | 6 322 119 332,32 | 4 111 153 273,57 | 65% | | | | | | | | | |
| | <p>4.6 Management should improve the effectiveness of controls in place to monitor payments so that suppliers are paid within 30 days of receipt of the invoices as required by TR8.2.3</p> | <p>4.6 Management should perform trend analysis of the spending patterns of prior years to ensure that the budget takes into account fluctuations in seasonal spending. This will enhance effective cash flow management in the department.</p> | <p>A recommendation is noted, however, the challenges that affect cash flows still remain and require additional funding as the current baseline allocation is inadequate to fund the increased medico-legal claims and accrued liabilities.</p> | No | | | | | | | | |
| | <p>4.7 Management should improve the effectiveness of controls in place to monitor payments so that suppliers are paid within 30 days of receipt of the invoices as required by TR8.2.3</p> | <p>4.7 Management should perform trend analysis of the spending patterns of prior years to ensure that the budget takes into account fluctuations in seasonal spending. This will enhance effective cash flow management in the department.</p> | <p>The Department has established the following control measures in place;</p> <p>4.7.1 The GPT Intervention through Technical War-Room to monitor the Departmental 30 days payment Compliance; the monitoring session are held monthly.</p> <p>4.7.2 Established a register of contracted suppliers for regular and consistent payments within 30 days.</p> <p>4.7.3 The Department has developed a Six Months Priority Plan on 30 days payment, which was approved by the Premier. The Plan is currently in implementation.</p> <p>4.7.4 Re-structuring of cash availability in each month by implementing an inclusive payment approach</p> <p>4.7.5 Negotiation of payment terms and payment discounts with Medico Legal claims attorneys and other high value Accrual claims</p> <p>4.7.6 Implementation of a strategy to curb recurrence of accruals</p> | No | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | |
|--|---|---|--|-------------------|-------------------------|--|---|--|---|----|
| 5. | <p>REPORT ON THE AUDIT OF THE ANNUAL PERFORMANCE REPORT, PROGRAMME 2: DISTRICT HEALTH SERVICES</p> | <p>The Standing Committee has noted that the AGSA has reported that they were unable to obtain sufficient appropriate audit evidence for the reported achievements of some of the indicators relating to Programme 2: District Health Services. According to the AGSA, this was due to the lack of accurate and complete records. AGSA further reports that they were unable to confirm the reported achievements by alternative means. Consequently, they were unable to determine whether any adjustments were required to the reported achievements in the annual performance report.</p> <p>5.1 Provide the Committee with details for the Department not keeping accurate and complete records which were to allow the AGSA to obtain sufficient appropriate audit evidence for the reported achievements of some of the indicators relating to Programme 2: District Health Service.</p> | <p>The District Health services inability to provide full records that can be used to audit evidence is largely due to the manual processes and paper-based records that are maintained at health facility levels. This is compounded by a number of challenges namely, patient leaving with their patient records, theft, lack of records management capacity, delays in the digitization of records, infrastructure limitations affecting storage of files amongst other issues. Automation of business processes and digitization of records should reduce this challenge going forward.</p> | No | | | | | | |
| | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>5.2 Management should ensure that controls for management of data and record keeping are adequately implemented.</p> | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>5.2 Management should ensure that controls for management of data and record keeping are adequately implemented.</p> | <table border="1"> <thead> <tr> <th data-bbox="799 994 847 1227">INTERVENTION</th> <th data-bbox="799 315 847 994">PROGRESS BY END OF SEPT</th> </tr> </thead> <tbody> <tr> <td data-bbox="847 994 1209 1227"> <p>Daily Data Capturing (DDC) implemented across all health facilities</p> </td> <td data-bbox="847 315 1209 994"> <ul style="list-style-type: none"> • Training conducted during the month of Sept for all districts to strengthen accelerated implementation of DDC with the support of HISP • The following is the status in terms of daily data capturing of data at health facilities • A total of 289 PHC fixed facilities on DDC <ul style="list-style-type: none"> • COJ - 58 ON DDC (80 NOT ON DDC) • COT - 57 ON DDC (17 NOT ON DDC -16 ARE CITY AND 1 PROVINCE) • COE – 84 (9 NOT ON DDC) • WR – 50 (3NOT ON DDC) • Sedibeng – All PHC on DDC – 40 (1 Hospital in Sedibeng - Sebokeng hospital) </td> </tr> <tr> <td data-bbox="1209 994 1490 1227"> <p>Digitisation of patient records</p> </td> <td data-bbox="1209 315 1490 994"> <ul style="list-style-type: none"> • Hosting platform for digitised records configured and made ready by ICT • Roadshows and formal communication with CEOs and District Managers on the preparations for digitisation held • Benchmark on Scanning of records and equipment required completed • Proposal on scanning of records and temporary capacity required for Bulk Scanning completed and final decision to be taken on the model to be pursued </td> </tr> </tbody> </table> | INTERVENTION | PROGRESS BY END OF SEPT | <p>Daily Data Capturing (DDC) implemented across all health facilities</p> | <ul style="list-style-type: none"> • Training conducted during the month of Sept for all districts to strengthen accelerated implementation of DDC with the support of HISP • The following is the status in terms of daily data capturing of data at health facilities • A total of 289 PHC fixed facilities on DDC <ul style="list-style-type: none"> • COJ - 58 ON DDC (80 NOT ON DDC) • COT - 57 ON DDC (17 NOT ON DDC -16 ARE CITY AND 1 PROVINCE) • COE – 84 (9 NOT ON DDC) • WR – 50 (3NOT ON DDC) • Sedibeng – All PHC on DDC – 40 (1 Hospital in Sedibeng - Sebokeng hospital) | <p>Digitisation of patient records</p> | <ul style="list-style-type: none"> • Hosting platform for digitised records configured and made ready by ICT • Roadshows and formal communication with CEOs and District Managers on the preparations for digitisation held • Benchmark on Scanning of records and equipment required completed • Proposal on scanning of records and temporary capacity required for Bulk Scanning completed and final decision to be taken on the model to be pursued | No |
| INTERVENTION | PROGRESS BY END OF SEPT | | | | | | | | | |
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| No. | Subject | Details | Response by the department | | Resolved (Yes/No) |
|-----|-----------|---------|--|--|-------------------|
| | Continued | | <p>INTERVENTION</p> <ul style="list-style-type: none"> "Mandatory Bi weekly Facility Management Data Validations feedback every 2 weeks - first report on 30 September" Quarterly Data quality audits | <p>PROGRESS BY END OF SEPT</p> <ul style="list-style-type: none"> By end of Sept the sessions had not yet commenced. The plan is now to commence across all district facilities from the 3rd quarter and ensure integration into other forms of data validations (Operation Phutuma) Audits have been conducted to support hospitals and CHC and its on-going. Clean audit drive commenced with data quality audits which have been conducted at all District Hospitals, all Regional Hospitals with the exception of big 7 facilities which had received support during the current year audit preparations. The clean audit drives have now started in CHCs. The following CHCs have been audited stanza Bopape CHC, Bekkersdal CHC, Kwa Thema CHC, Johan Heyns CHC and Zola CHC. | No |
| | | | <ul style="list-style-type: none"> Roll-out of HIS | <ul style="list-style-type: none"> HIS rolled out to 17/33 (52%) of CHCs NDOH provided approval for integration with DHIS Automated Midnight Census integrated onto HIS. | |
| | | | <p>Creation of posts for data and M&E positions using the Special PBC funding by October 2022 as per approved 2021 PBC funding letter</p> | <ul style="list-style-type: none"> Creation of 31 data capturing positions for all big facilities and hospitals to augment capacity for data capturing and review using PBC funding Creation of posts for data scientists, Sub district and District M&E and data scientists not yet concluded following creation of standardised job descriptions and job evaluation | |
| | | | <p>Engagement of patient records management directorate</p> | <ul style="list-style-type: none"> Discussions were held with records management unit to explain and present the findings and to device action plans going forward regarding status of patient records in facilities. | |
| | | | <p>Scanning of patient records</p> | <ul style="list-style-type: none"> There are plans to scan patient records in all facilities Office of the CFO have been engaged to source budget to procure scanners. | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|--|--|-------------------|
| | Continued | <p>5.3 Management should ensure that the performance report is adequately supported by credible underlying records. ,</p> | <p>A detailed proposal on digitisation of records has been developed following benchmarking exercise on digitisation pros and cons which has received management support. District management and CEOs have formal communications and advocacy sessions held with them regarding the need to digitise. The digitisation of records hosting environment is also ready with the support of ICT and awaits the procurement of scanners and appointment for youth that will support bulk scanning of the A-series records as part of the first phase. In the interim some of these records are being provided through the created SharePoint which is in the process of being reconfigured. A tracking matrix and regular reporting on compliance is being carried out in this regard and reported during management sessions. Finally, the instituted bi-weekly validations are to ensure that there is consistency between the data captured in the medical records, registers and the system and that the record can be scanned to ensure consistent availability for validation and or audit purposes.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---------------------------------------|---|---|---------------------------------------|--|---|---------------------------------------|--|---|---------------------------------------|---|--|---------------------------------------|---|--|---------------------------------------|---|---|---------------------------------------|-------------------------------------|--|--|-----------------------------------|--|---------------------------------------|---------------------------|---|---------------------------------------|--|---|--|--|--|----|
| | Continued | <p>The Standing Committee has noted that the AGSA has reported that some supporting evidence provided for the reported achievements in the annual performance report for indicators listed in the report of the AGSA, materially differed from the reported achievement, while in other instances the AGSA was unable to obtain sufficient appropriate audit evidence due to the lack of accurate and complete records.</p> <p>To the MEC</p> <p>5.4 Provide the Committee with details for some supporting evidence provided for the reported achievements in the annual performance report for indicators listed in the report of the AGSA to have materially differed from the reported achievement.</p> | <p>The following table provides instances of where there were misstatements in the provided evidence.</p> <table border="1" data-bbox="277 304 1426 1227"> <thead> <tr> <th data-bbox="277 1032 427 1227">Programme 2 –District Health Services</th> <th data-bbox="277 763 427 1032">Death under 5 years 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| Programme 2 –District Health Services | HIV positive 15-24 years (Excl ANC) rate | The achievements reported in the annual performance report differed materially from the supporting evidence provided for the indicators listed below(COAF 10, 15, 17, 21, 28, 29, 58 and 79). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programme 2 –District Health Services | Maternal mortality in facility ratio (district hospital) | Reported achievement not supported by sufficient appropriate audit evidence(COAF 10D and 79). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programme 2 –District Health Services | Child Under 5 years diarrhoea case fatality rate(district health) | The achievements reported in the annual performance report differed materially from the supporting evidence provided for the indicators listed below(COAF 10D and 79). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Programme 2 –District Health Services | Child under 5 years pneumonia case fatality rate (district hospitals) | The auditee was unable to provide some supporting documents for the reported achievement and where the evidence was provided it further did not agree to the reported achievements(COAF 10D and 79). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Programme 2 –District Health Services | Ideal hospital status obtained rate | Reported achievement not supported by sufficient appropriate audit evidence(COAF 114 and 129). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Programme 2 – District Health Services | Severe acute malnutrition death under 5 years rate | The auditee was unable to provide some supporting documents for the reported achievement and where the evidence was provided it further did not agree to the reported achievements(COAF 17, 21, 28, and 29). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|---|--|-------------------|
| | Continued | <p>The Standing Committee has noted that the AGSA has made the following recommendation to the Department and therefore request a report on progress made by 30 September 2022 in the implementation of this recommendation by AGSA.</p> <p>5.5 Management should ensure that controls for management of data and record keeping are adequately implemented.</p> | <p>The department has started with the implementation of systems earmarked to automate and digitize patient data and records. The implementation has been completed at 32 CHCs and 23 hospitals and the department anticipate completing the first phase of implementation before the end of Q4 22/23</p> <p>Structures have been instituted to support the verification of facility data and validation. The accountability structures sit on a bi-weekly basis to account on data validation efforts. On a quarterly basis, data quality audits are held at selected facilities and formal feedback provided to the facility managers and district teams.</p> <p>A project to digitise records is underway and will enable all the reported achievement to be supported by evidence.</p> | No |
| | | <p>5.6 Management should ensure that the performance report is adequately supported by credible underlying records.</p> | <p>The Department has a POE framework which they have trained various program managers on. It has also created a platform to enable submission of records. These records are assessed on a monthly basis upon submission of performance reports by the M&E team and feedback given to program managers on the correctness and relevance of their submission in order to improve the credibility of the supportive evidence.</p> <p>Benchmark exercises were conducted at big institutions regarding the uploading of records that can be used to support the denominator values. A more secured sharepoint is being created with the support of ICT to ensure privacy.</p> | No |
| | | <p>5.7 Management should ensure that controls for management of data and record keeping are adequately implemented.</p> | <p>Please refer to 5.6 on some of the initiatives taken by the department to improve data quality, accuracy, and record keeping.</p> | No |

| No. | Subject | Details | Response by the department | | | | | | | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|---|----------------|--|--|--|--|--|-------------------|----------|---|------------------|----------|---|--------|--|--------------|---------------|---|---|--|------------------|---------------|---|-------------------------|---|--------------|---------------|---|------------|-------------------------------------|--------------|---------------|---|----------|-------------------------------------|------------------|---------------|---|---------------------|--|--------------|-------------|---|----------------|---|--------------|----------------|----------------|--|--|--|--|----|
| 6 | PROCUREMENT AND CONTRACT MANAGEMENT | <p>The Standing Committee has noted that the AGSA has reported that "some of the goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as required by treasury regulation 16A6.1 and paragraph 3.4.1 of Practice Note 8 of 2007/2008. Similar non-compliance was also reported in the prior year.</p> <p>To the MEC:</p> <p>6.1 Provide the Committee with details for the Department to have procured some of the goods and services of a transaction value above R500 000 without inviting competitive bids, as required by treasury regulation 16A6.1 and paragraph 3.4.1 of Practice Note 8 of 2007/2008.</p> | <p>Table: Non-compliance with competitive bidding processes:</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Supplier</th> <th>Ex-Post facto request/ approval description</th> <th>Procurement Date</th> <th>Contract</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Tecmed</td> <td>Repair Bi-plane catheterization laboratory at SBAH</td> <td>27 July 2021</td> <td>R1 283 696,07</td> </tr> <tr> <td>2</td> <td>University of Pretoria Oral Health Centre</td> <td>Payment owed to various dental laboratories for services rendered to patients from the university of Pretoria Oral Health Centre</td> <td>18 November 2020</td> <td>R2 650 000,00</td> </tr> <tr> <td>3</td> <td>Community Radio Station</td> <td>Appointment of service providers to coordinate radio stations</td> <td>05 July 2021</td> <td>R3 060 000,00</td> </tr> <tr> <td>4</td> <td>Ka-Lethabo</td> <td>Sedibeng Health District-Ka Lethabo</td> <td>03 June 2021</td> <td>R4 821 350,29</td> </tr> <tr> <td>5</td> <td>Phillips</td> <td>Repair of MRI Machine at Steve Biko</td> <td>03 November 2021</td> <td>R1 087 967,17</td> </tr> <tr> <td>6</td> <td>Phillips Healthcare</td> <td>Repair of the Angiography suit at Steve Biko</td> <td>08 July 2021</td> <td>R740 140,92</td> </tr> <tr> <td>7</td> <td>Nursing Agency</td> <td>Request approval to utilize nursing agency staff.</td> <td>09 July 2021</td> <td>R12 954 494,88</td> </tr> <tr> <td colspan="5">R26 902 823,60</td> </tr> </tbody> </table> <p>These were contract extensions and limited bidding referred to DBAC for approval. Management identified and disclosed these transactions as Irregular Expenditure. The department has strengthened the Contract Management unit in ensuring contracts are not extended but renewed timeously.</p> | | | | | | | No. | Supplier | Ex-Post facto request/ approval description | Procurement Date | Contract | 1 | Tecmed | Repair Bi-plane catheterization laboratory at SBAH | 27 July 2021 | R1 283 696,07 | 2 | University of Pretoria Oral Health Centre | Payment owed to various dental laboratories for services rendered to patients from the university of Pretoria Oral Health Centre | 18 November 2020 | R2 650 000,00 | 3 | Community Radio Station | Appointment of service providers to coordinate radio stations | 05 July 2021 | R3 060 000,00 | 4 | Ka-Lethabo | Sedibeng Health District-Ka Lethabo | 03 June 2021 | R4 821 350,29 | 5 | Phillips | Repair of MRI Machine at Steve Biko | 03 November 2021 | R1 087 967,17 | 6 | Phillips Healthcare | Repair of the Angiography suit at Steve Biko | 08 July 2021 | R740 140,92 | 7 | Nursing Agency | Request approval to utilize nursing agency staff. | 09 July 2021 | R12 954 494,88 | R26 902 823,60 | | | | | No |
| No. | Supplier | Ex-Post facto request/ approval description | Procurement Date | Contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Tecmed | Repair Bi-plane catheterization laboratory at SBAH | 27 July 2021 | R1 283 696,07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | University of Pretoria Oral Health Centre | Payment owed to various dental laboratories for services rendered to patients from the university of Pretoria Oral Health Centre | 18 November 2020 | R2 650 000,00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Community Radio Station | Appointment of service providers to coordinate radio stations | 05 July 2021 | R3 060 000,00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Ka-Lethabo | Sedibeng Health District-Ka Lethabo | 03 June 2021 | R4 821 350,29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Phillips | Repair of MRI Machine at Steve Biko | 03 November 2021 | R1 087 967,17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Phillips Healthcare | Repair of the Angiography suit at Steve Biko | 08 July 2021 | R740 140,92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| R26 902 823,60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | |
|----------------------------------|----------------------|--|---|-------------------|-----------|----------------------------------|---------|-----------------|-------|----------------|--------|-------------------------|---------|-------------------------|-----|----------|---------|------------------------|-------|--------------|----------------------|----|
| | Continued | <p>6.2 Provide the Committee with details for the failure of intervention plans which were made in the previous years to deal with this recurring finding, including action taken where wrongdoing was found.</p> | <p>List of Irregular Expenditure Incurred in 2021/22</p> <table border="1" data-bbox="284 309 577 1227"> <tr> <td>Expired Contracts</td> <td>1 895 462</td> </tr> <tr> <td>Procurement process not followed</td> <td>120 902</td> </tr> <tr> <td>Sundry payments</td> <td>6 958</td> </tr> <tr> <td>BAC Deviations</td> <td>17 413</td> </tr> <tr> <td>Mental Health contracts</td> <td>323 223</td> </tr> <tr> <td>PTA Dental Laboratories</td> <td>856</td> </tr> <tr> <td>COVID-19</td> <td>202 082</td> </tr> <tr> <td>Medical Supplies Depot</td> <td>3 931</td> </tr> <tr> <td>Total</td> <td>2 570 827 000</td> </tr> </table> <p>The majority of the irregular expenditure disclosed in the financial statements was caused by not inviting competitive bids due to extension of contracts. Contract Management has identified all contracts which have already expired and those contracts that will be expiring within the next 12 months and SCM has started the SCM process of establishing new contracts. The Contract Management unit has been strengthened in ensuring contracts are not extended but are renewed timeously.</p> | Expired Contracts | 1 895 462 | Procurement process not followed | 120 902 | Sundry payments | 6 958 | BAC Deviations | 17 413 | Mental Health contracts | 323 223 | PTA Dental Laboratories | 856 | COVID-19 | 202 082 | Medical Supplies Depot | 3 931 | Total | 2 570 827 000 | No |
| Expired Contracts | 1 895 462 | | | | | | | | | | | | | | | | | | | | | |
| Procurement process not followed | 120 902 | | | | | | | | | | | | | | | | | | | | | |
| Sundry payments | 6 958 | | | | | | | | | | | | | | | | | | | | | |
| BAC Deviations | 17 413 | | | | | | | | | | | | | | | | | | | | | |
| Mental Health contracts | 323 223 | | | | | | | | | | | | | | | | | | | | | |
| PTA Dental Laboratories | 856 | | | | | | | | | | | | | | | | | | | | | |
| COVID-19 | 202 082 | | | | | | | | | | | | | | | | | | | | | |
| Medical Supplies Depot | 3 931 | | | | | | | | | | | | | | | | | | | | | |
| Total | 2 570 827 000 | | | | | | | | | | | | | | | | | | | | | |
| | | <p>6.3 Provide the Committee with summary of intervention measures to be implemented in the current financial year, and a brief assessment of progress made by 30 September 2022.</p> | <p>The lack of capacity within the SCM unit resulted in the failure of intervention plans which were made in the previous years. The post of Chief Director, Director Acquisition Management and Director Assets Management are vacant.</p> <p>The Internal Control has been capacitated to conduct determination tests where wrongdoings were found.</p> <p>Risk Management has been mandated to conduct investigations and based on the outcome of the investigation, consequent management is implemented.</p> <p>Training on SCM policies and regulations is conducted to SCM and non-SCM officials.</p> | No | | | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | |
|----------------------------------|--|---|---|-------------------|-----------|----------------------------------|---------|-----------------|-------|----------------|--------|-------------------------|---------|-------------------------|-----|------------------------|-------|--------------|----------------------|----|
| 7 | EXPENDITURE MANAGEMENT: IRREGULAR EXPENDITURE | <p>The Standing Committee has noted that the AGSA has reported that “effective and appropriate steps were not taken to prevent irregular expenditure amounting to R2 570 827 000, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure disclosed in the financial statements was caused by not inviting competitive bids”.</p> <p>To the MEC must provide the Committee:</p> <p>7.1 With details for the department not to have taken effective and appropriate steps to prevent irregular expenditure amounting to R2 570 827 000, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.</p> | <p>List of Irregular Expenditure Incurred in 2021/22</p> <table border="1" data-bbox="252 300 564 1227"> <tr> <td>Expired Contracts</td> <td>1 895 462</td> </tr> <tr> <td>Procurement process not followed</td> <td>120 902</td> </tr> <tr> <td>Sundry payments</td> <td>6 958</td> </tr> <tr> <td>BAC Deviations</td> <td>17 413</td> </tr> <tr> <td>Mental Health contracts</td> <td>323 223</td> </tr> <tr> <td>PTA Dental Laboratories</td> <td>856</td> </tr> <tr> <td>Medical Supplies Depot</td> <td>3 931</td> </tr> <tr> <td>Total</td> <td>2 570 827 000</td> </tr> </table> <p>The majority of the irregular expenditure disclosed in the financial statements was caused by not inviting competitive bids due to extension of contracts. Contract Management has identified all contracts which have already expired and those contracts that will be expiring within the next 12 months and SCM has started the SCM process of establishing new contracts. The Contract Management unit has been strengthened in ensuring contracts are not extended but are renewed timeously.</p> | Expired Contracts | 1 895 462 | Procurement process not followed | 120 902 | Sundry payments | 6 958 | BAC Deviations | 17 413 | Mental Health contracts | 323 223 | PTA Dental Laboratories | 856 | Medical Supplies Depot | 3 931 | Total | 2 570 827 000 | No |
| Expired Contracts | 1 895 462 | | | | | | | | | | | | | | | | | | | |
| Procurement process not followed | 120 902 | | | | | | | | | | | | | | | | | | | |
| Sundry payments | 6 958 | | | | | | | | | | | | | | | | | | | |
| BAC Deviations | 17 413 | | | | | | | | | | | | | | | | | | | |
| Mental Health contracts | 323 223 | | | | | | | | | | | | | | | | | | | |
| PTA Dental Laboratories | 856 | | | | | | | | | | | | | | | | | | | |
| Medical Supplies Depot | 3 931 | | | | | | | | | | | | | | | | | | | |
| Total | 2 570 827 000 | | | | | | | | | | | | | | | | | | | |
| | | <p>7.2 With the total amount of irregular expenditure relating to prior years (before 31 March 2021), which the department has not investigated and/or condoned, including details for not investigation and/or condoning such amounts.</p> | <p>Three requests for condonation were submitted to the Provincial Treasury. Two were approved and one Treasury recommended that the department refers it for a Forensic Investigation. The challenge is that the contracts have not yet been put in place making it difficult and no consequence management because most officials have since left the department. There COVID 19 PPE transactions still under the SIU processes. For the reasons mentioned above the department cannot condone the irregular expenditure.</p> | No | | | | | | | | | | | | | | | | |
| | | <p>7.3 With the total amount of irregular expenditure relating to the year under review (2021/22), which the department has not investigated and/or condoned, including details for not investigation and/or condoning such amounts.</p> | <p>Three requests for condonation were submitted to the Provincial Treasury. Two were approved and one Treasury recommended that the department refers it for a Forensic Investigation. The challenge is that the contracts have not yet been put in place making it difficult and no consequence management because most officials have since left the department. There COVID 19 PPE transactions still under the SIU processes. For the reasons mentioned above the department cannot condone the irregular expenditure.</p> | No | | | | | | | | | | | | | | | | |
| | | <p>7.4 With the total amount of irregular expenditure relating to the current financial year (2022/23), which the department has not investigated and/or condoned by 30 September 2022, including details for not investigation and/or condoning such amount.</p> | <p>Three requests for condonation were submitted to the Provincial Treasury. Two were approved and one Treasury recommended that the department refers it for a Forensic Investigation. The challenge is that the contracts have not yet been put in place making it difficult and no consequence management because most officials have since left the department. There COVID 19 PPE transactions still under the SIU processes. For the reasons mentioned above the department cannot condone the irregular expenditure.</p> | No | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|---|---|---|-------------------|
| 8. | EXPENDITURE MANAGEMENT: FRUITLESS AND WASTEFUL EXPENDITURE | <p>The Standing Committee has noted that the AGSA has reported that "effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R17 017 000, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by price overcharging on procurement of personal protective equipment".</p> <p>The MEC must provide the Committee:</p> <p>8.1 With details for the Department not to have taken effective steps to prevent fruitless and wasteful expenditure amounting to R17 017 000, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.</p> <p>8.2 With the total amount of fruitless and wasteful expenditure relating to prior years (before 31 March 2021), which the department has not investigated and/or condoned, including details for such amounts.</p> <p>8.3 With the total amount of fruitless and wasteful expenditure relating to the year under review (2021/22), which the department has not investigated and/or condoned, including details for not investigation and/or condoning such amounts.</p> <p>8.4 With the total amount of fruitless and wasteful expenditure relating to the current financial year (2022/23), which the department has not investigated and/or condoned by 30 September 2022, including details for not investigation and/or condoning such amounts.</p> <p>8.5 The accounting officer should implement consequence management for officials who have contravened the laws and regulations.</p> | <p>The fruitless and wasteful expenditure incurred because of the price over charge on procurement of PPE and late payment of court orders</p> <p>The fruitless and wasteful expenditure incurred because of the price over charge on procurement of PPE and late payment of court orders is under investigation by the SIU and the AG has also raised a material irregularity on both. The department can therefore not write off until those processes are complete.</p> <p>The fruitless and wasteful expenditure incurred because of the price over charge on procurement of PPE and late payment of court orders is under investigation by the SIU and the AG has also raised a material irregularity on both. The department can therefore not write off until those processes are complete.</p> <p>The fruitless and wasteful expenditure incurred because of the price over charge on procurement of PPE and late payment of court orders is under investigation by the SIU and the AG has also raised a material irregularity on both. The department can therefore not write off until those processes are complete.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>The transactions are being analysed (Determination Test) by the Internal Control Unit and the recommendations will be communicated to the line managers i.e. disciplinary action where necessary</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|--------------------------------------|--|---|-------------------|
| | Continued | <p>8.6 Management should ensure adequate review of all procurements made to ensure compliance with Treasury Regulations 16A6.1.</p> | <p>The department has designed and implanted compliance checklists. The checklists are reviewed and updated on a regular basis. Checklist have been compiled for Demand Management Acquisition Management and the Logistics Management. Prior to procuring goods and services, SCM officials utilise the checklists in ensuring compliance to SCM policies and regulations.</p> <p>The department has established Quotation Adjudication Committees in all health institutions in reviewing SCM processes for compliance prior to procuring goods and services.</p> | No |
| | | <p>8.7 Compliance checklists should be designed by management and monitored and reviewed for compliance thereof.</p> | <p>The department designed compliance checklists. The checklists are reviewed and updated on a regular basis. Checklist have been compiled for Demand Management Acquisition Management and the Logistics Management. Prior to procuring goods and services, SCM officials utilise the checklists in ensuring compliance to SCM policies and regulations. In addition to the checklists, Quotation Adjudication Committees have been established at all health institutions in reviewing SCM processes for compliance prior to procuring goods and services.</p> | No |
| 9. | <p>CONSEQUENCE MANAGEMENT</p> | <p>The Standing Committee has noted that the AGSA has reported that “disciplinary steps were not taken against the officials who had permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA”. The AGSA has further recommended that: “The accounting officer should implement consequence management for officials who made or permitted irregular expenditure as required by section 38(1) (h) (iii) of the PFMA” .</p> <p>To the MEC must provide to the Committee:</p> <p>9.1 Details for disciplinary action not to have been taken against the officials who had permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA.</p> | <p>The Internal Control is in the processes of conducting determination test that will be communicated to the CFO Office for Further action.</p> | No |
| | | <p>9.2 A report on progress made by 30 September 2022 in the implementation of this recommendation by AGSA.</p> | <p>The Internal Control is in the processes of conducting determination test that will be communicated to the CFO Office for further action.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|---------------------------|---|--|-------------------|
| 10 | REVENUE MANAGEMENT | <p>The Standing Committee has noted that the AGSA has reported that they were unable to obtain sufficient appropriate audit evidence that effective and appropriate steps were taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.</p> <p>It further noted the AGSA report that "interest was not charged on debts, as required by treasury regulation 11.5.1."</p> <p>To the MEC:</p> <p>10.1 Provide the Committee with details for not providing sufficient appropriate audit evidence that effective and appropriate steps were taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.</p> <p>10.2 Provide the Committee with details for not charging interest on debts, as required by treasury regulation 11.5.1.</p> | <p>The department was unable to provide the required information due to a system that crashed at Dr George Mukhari Academic hospital from 23 January to 10 July 2022 and data was lost as a result.</p> <p>The department's legacy billing system did not have support and was internally supported by ICT unit within the GDoH. The department has implemented a new Health Information System. The system has been implemented at 21 hospitals, i.e. 10 District, 5 Regional; 3 Tertiary and 3 Central hospitals including Dr George Mukhari Academic hospital.</p> <p>The departmental billing system did not have the capability to charge interest on outstanding patient fees debts. Engagement was done with National Department of Health on 06 March 2020 to engage National Treasury to exempt Health Department to charge interest. The GDoH received a Treasury Notice number 2269 published in the Government Gazette on 8 July 2022 to exempt Health Department from charging interest on all classification categories.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>Institutions are required to perform monthly reconciliation on the following reconciliations, and I reviewed by Central Office:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded</p> <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | No |
| | | | <p>The departmental billing system did not have the capability to charge interest on outstanding patient fees debts. Engagement was done with National Department of Health on 06 March 2020 to engage National Treasury to exempt Health Department to charge interest. The GDoH received a Treasury Notice number 2269 published in the Government Gazette on 8 July 2022 to exempt Health Department from charging interest on all classification categories.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>Institutions are required to perform monthly reconciliation on the following reconciliations, and I reviewed by Central Office:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded</p> <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | Yes |
| | | <p>10.3 Management should ensure that there are adequate controls over daily and monthly processing of revenue transactions to ensure that errors are timeously identified and corrected.</p> | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>Institutions are required to perform monthly reconciliation on the following reconciliations, and I reviewed by Central Office:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded</p> <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | Yes |
| | | <p>10.4 Management should ensure proper approval for any write-off of irrecoverable amounts are obtained from the Accounting Officer or delegated official.</p> | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>Institutions are required to perform monthly reconciliation on the following reconciliations, and I reviewed by Central Office:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded</p> <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | Yes |
| | | <p>10.5 Management should ensure compliance with treasury regulations and the Patient Administration Policy.</p> | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>Institutions are required to perform monthly reconciliation on the following reconciliations, and I reviewed by Central Office:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded</p> <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | Yes |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|--------------------------|--|---|-------------------|
| 11. | TRANSFER OF FUNDS | <p>10.6 Management should ensure that the patient billing system is configured in such a way so that interest is charged to all relevant categories of outstanding patient debts.</p> <p>The Standing Committee has noted that the AGSA has reported that they were unable to obtain sufficient appropriate audit evidence that appropriate measures were maintained to ensure that transfers and subsidies to entities were applied for their intended purposes, as required by treasury regulation 8.4.1.</p> <p>To the MEC:</p> <p>11.1 Provide details for not availing sufficient appropriate audit evidence to the AGSA that appropriate measures were maintained to ensure that transfers and subsidies to entities were applied for their intended purposes, as required by treasury regulation 8.4.1.</p> | <p>The department has implemented the new Health Information System. The system has been implemented at 10 District, 5 Regional, 3 Tertiary and 3 Central hospitals.</p> <p>The department has also received Treasury Notice number 2269 published in the Government Gazette on 8 July 2022 to exempt Health department from charging interest on all classification categories.</p> | Yes |
| | | <p>The investigations were carried out by Gauteng Provincial Treasury on Bursaries as they budget within Household items. All the relevant documents were submitted to GPT and were still not returned back to the department during audit phase.</p> <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA</p> | <p>Institutions are required to perform monthly reconciliations and are reviewed by Central Office as follows:</p> <ul style="list-style-type: none"> • Cash collected at the institutions and banked. • Allocation of receipts to Patient and Billing Systems from Medical Aids and other Funders. <p>These reconciliations will ensure that revenue is identified and correctly recorded.</p> | No |
| | | <p>11.2 Management should ensure that there are adequate controls over daily and monthly processing of revenue transactions to ensure that errors are timeously identified and corrected.</p> | <p>Institutions are required to perform the write offs in accordance with the department's policy Circular No 27 of 2020 "Policy Implementation Guidelines on Patient Administration and Revenue Management".</p> | Yes |
| | | <p>11.3 Management should ensure proper approval for any write-off of irrecoverable amounts are obtained from the Accounting Officer or delegated official.</p> <p>11.4 Management should ensure compliance with treasury regulations and the Patient Administration Policy.</p> | <p>Continuous monitoring and training of hospital officials is provided on a monthly basis in line with Policy guidelines on registration of patients and revenue processes.</p> | Yes |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------------|------|-------------|---|--------------------|------------------------------------|---------------------|---------------------------------------|------------|-----------------------------|-------------|------------------------------|-------------------|--|-------------|--|------------|--|-----------------------|--|----------------|--|----------------------------|--|--------------|--|--------------|--|--------------------|--|------------------|--|------------------|--|----------------------|--|---------|--|-------------------|--|---------------------|--|-------------------|--|----------------|--|----------------------|--|-----------|
| 12 | STRATEGIC PLANNING AND PERFORMANCE MANAGEMENT | <p>The Standing Committee has noted that the AGSA has reported 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 public service regulation 25(1)(e)(i) and (iii)”.</p> <p>12.1. Provide the Committee with details for the Department not to have implemented specific information systems to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).</p> | <p>The AGSA was informed about the availability of monitoring systems to monitor performance information. The systems that are available to ensure monitoring of performance are the following: District Health Information system (DHIS), Ideal web monitoring tool, TIER.net.</p> <p>The implementation of the Health Information System (HIS), the Health Information Exchange Layer (HIE), and the Picture Archiving and Communication System (PACS) are the fundamental building blocks to create an integrated ecosystem, unifying internal and external information systems. The department has commenced with the implementation of the above system as a preliminary process to scan paper-based records. The implementation has been completed at 32 CHCs and 23 hospitals depicted in Figure 1 and the department anticipates completing the first phase of implementation before the end of Q4 22/23.</p> | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th data-bbox="592 779 632 1227">Hospitals</th> <th data-bbox="592 282 632 779">CHCs</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 779 655 1227">1. Sebokeng</td> <td data-bbox="632 282 655 779">City of Johannesburg District – 09 CHCs</td> </tr> <tr> <td data-bbox="655 779 679 1227">2. Bhekhi Mlangeni</td> <td data-bbox="655 282 679 779">City of Tshwane District – 07 CHCs</td> </tr> <tr> <td data-bbox="679 779 703 1227">3. Thelle Mogoerane</td> <td data-bbox="679 282 703 779">City of Ekurhuleni District – 08 CHCs</td> </tr> <tr> <td data-bbox="703 779 727 1227">4. Jubilee</td> <td data-bbox="703 282 727 779">Sedibeng District – 04 CHCs</td> </tr> <tr> <td data-bbox="727 779 751 1227">5. Mamelodi</td> <td data-bbox="727 282 751 779">West Rand District – 03 CHCs</td> </tr> <tr> <td data-bbox="751 779 775 1227">6. Tambo Memorial</td> <td></td> </tr> <tr> <td data-bbox="775 779 799 1227">7. Edenvale</td> <td></td> </tr> <tr> <td data-bbox="799 779 823 1227">8. Tembisa</td> <td></td> </tr> <tr> <td data-bbox="823 779 847 1227">9. Dr. George Mukhari</td> <td></td> </tr> <tr> <td data-bbox="847 779 871 1227">10. Heidelberg</td> <td></td> </tr> <tr> <td data-bbox="871 779 895 1227">11. Chris Hani Baragwanath</td> <td></td> </tr> <tr> <td data-bbox="895 779 919 1227">12. Kopanong</td> <td></td> </tr> <tr> <td data-bbox="919 779 943 1227">13. Kalafong</td> <td></td> </tr> <tr> <td data-bbox="943 779 967 1227">14. Dr Yusuf Dadoo</td> <td></td> </tr> <tr> <td data-bbox="967 779 991 1227">15. Bertha Gxowa</td> <td></td> </tr> <tr> <td data-bbox="991 779 1015 1227">16. Helen Joseph</td> <td></td> </tr> <tr> <td data-bbox="1015 779 1038 1227">17. Charlotte Maxeke</td> <td></td> </tr> <tr> <td data-bbox="1038 779 1062 1227">18. Odi</td> <td></td> </tr> <tr> <td data-bbox="1062 779 1086 1227">19. Carletonville</td> <td></td> </tr> <tr> <td data-bbox="1086 779 1110 1227">20. Bronkhorstspuit</td> <td></td> </tr> <tr> <td data-bbox="1110 779 1134 1227">21. Pretoria West</td> <td></td> </tr> <tr> <td data-bbox="1134 779 1158 1227">22. South Rand</td> <td></td> </tr> <tr> <td data-bbox="1158 779 1182 1227">23. Tshwane District</td> <td></td> </tr> </tbody> </table> | Hospitals | CHCs | 1. Sebokeng | City of Johannesburg District – 09 CHCs | 2. Bhekhi Mlangeni | City of Tshwane District – 07 CHCs | 3. Thelle Mogoerane | City of Ekurhuleni District – 08 CHCs | 4. Jubilee | Sedibeng District – 04 CHCs | 5. Mamelodi | West Rand District – 03 CHCs | 6. Tambo Memorial | | 7. Edenvale | | 8. Tembisa | | 9. Dr. George Mukhari | | 10. Heidelberg | | 11. Chris Hani Baragwanath | | 12. Kopanong | | 13. Kalafong | | 14. Dr Yusuf Dadoo | | 15. Bertha Gxowa | | 16. Helen Joseph | | 17. Charlotte Maxeke | | 18. Odi | | 19. Carletonville | | 20. Bronkhorstspuit | | 21. Pretoria West | | 22. South Rand | | 23. Tshwane District | | No |
| Hospitals | CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Sebokeng | City of Johannesburg District – 09 CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Bhekhi Mlangeni | City of Tshwane District – 07 CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Thelle Mogoerane | City of Ekurhuleni District – 08 CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Jubilee | Sedibeng District – 04 CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Mamelodi | West Rand District – 03 CHCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Tambo Memorial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Edenvale | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Tembisa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Dr. George Mukhari | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Heidelberg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Chris Hani Baragwanath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Kopanong | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Kalafong | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Dr Yusuf Dadoo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Bertha Gxowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Helen Joseph | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Charlotte Maxeke | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Odi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Carletonville | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Bronkhorstspuit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Pretoria West | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. South Rand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Tshwane District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Figure 1: List of Hospitals and Community Health Centres on HIS

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|--|--|-------------------|
| | Continued | <p>The Standing Committee has noted that the AGSA has made the following recommendations to the Department and therefore request reports on progress made by 30 September 2022 in the implementation of these recommendations by AGSA.</p> <p>12.2 Management should ensure that the system and daily, monthly and quarterly monitoring processes around performance information are adequately implemented throughout the year to ensure that performance reporting is adequately supported.</p> | <p>The Department manages performance information guided by the DHMIS policy and its associated SOP. Provincial office support the coalface through development of tool, data quality audits, establishment of structures for accountability however, buy in and full accountability by district/subdistrict/ facility management still needs to be strengthened including ensuring that district managers Key Performance Areas addresses management of performance information.</p> <p>The department has started with the implementation of systems earmarked to automate and digitize patient data and records. The implementation has been completed at 32 CHCs and 23 hospitals and the department anticipates completing the first phase of implementation before the end of Q4 22/23</p> | No |
| | | <p>12.3 Management should ensure that controls for management of data and record keeping are adequately implemented.</p> | Please refer to 5.6 for detailed responses on controls | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|--------------------------------------|--|---|-------------------|
| 13. | INTERNAL CONTROL DEFICIENCIES | <p>The Standing Committee has noted that the AGSA has reported as follows,</p> <ul style="list-style-type: none"> The accounting officer did not exercise adequate oversight responsibility over internal controls relating to procurement and contract management and over the preparation of the annual performance report. This resulted in non-compliance with key legislation and material findings on the annual performance report. Senior management did not implement sufficient controls regarding the preparation of accurate and complete annual performance report that is supported by reliable information. This resulted in material findings on the annual performance report. Furthermore, there was a lack of monitoring of controls to ensure compliance with laws and regulations resulting in material findings. | <p>The lack of capacity within the SCM unit resulted in the failure of intervention plans which were made in the previous years. The post of Chief Director, Director Acquisition Management and Director</p> | No |
| | | <p>To the MEC: 13.1 Provide the Committee with details for the accounting officer not to have exercised adequate oversight responsibility over internal controls relating to procurement and contract management and over the preparation of the annual performance report.</p> | <p>Assets Management are vacant. The Internal Control has been capacitated to conduct determination tests where wrongdoings were found.</p> <p>Risk Management has been mandated to conduct investigations and based on the outcome of the investigation, consequent management is implemented. Training on SCM policies and regulations is conducted to SCM and non-SCM officials.</p> | No |
| | | <p>13.2 Provide the Committee with details for the senior management not to have implemented sufficient controls regarding the preparation of accurate and complete annual performance report that is supported by reliable information.</p> | <p>The challenges with the shortage of staff and the lack of filling of vacant posts in the department. Lack of compliance with data governance framework policies and Infrastructure limitations at facility level. Bi weekly data validation meetings, clean audit drives, re-training on data governance framework policies have now been elevated onto the 6months priority intervention plan as key to improving the situation on the ground including strengthening accountability efforts of management.</p> | No |
| | | <p>13.3 Provide the Committee with details for a lack of monitoring of controls to ensure compliance with laws and regulations.</p> | <p>On a quarterly basis management across the health system engages in monthly and quarterly performance reviews as per the framework for managing performance and PFMA requirements of the need for the EA to manage performance. Various controls reflected in the previous responses are being monitored although with limited capacity.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|--------------------------------|---|--|-------------------|
| 14. | MATERIAL IRREGULARITIES | <p>The Committee notes the various material irregularities which were identified and are being followed-up by the AGSA.</p> <p>To the MEC</p> <p>Provide progress made by 30 September 2022 on following-up on the material irregularities identified by the AGSA.</p> | <p>Response: No new material irregularities were identified by the AGSA (Memo) Below is the current status of the prior material irregularities.</p> <p>The following actions have been taken to resolve the material irregularity by the accounting officer:</p> <ul style="list-style-type: none"> The department embarked on a legislative drafting project during 2021 to draft the Gauteng medical litigation and mediation bill. The purpose of the bill is to provide a legislative mechanism for amongst others: <ul style="list-style-type: none"> amending the facility admission forms to include a mandatory provision that when a serious adverse event takes place, the first option before litigation may commence should be mediation; the provision of future medical treatment and related health care requirements at state facilities instead of paying lump sum to plaintiffs.” <p>The AGSA will follow up on the implementation of the committed actions during the next audit.</p> <p>Response: The AGSA determination dated 24 March 2022 indicated that the actions committed to are appropriate, however non-implementation or undue delay may result in the AGSA reconsidering the determination.</p> <p>The matter was escalated to NDoH and it was identified as a nation-wide risk where the medical litigation and mediation bill was drafted and presented for public comments. The bill was conveyed in parliament and final inputs are being processed by the National Department of Health for inclusion and/or debate. It is this unit's opinion that it can be anticipated that this bill will be enacted and published in the Government Gazette during the 2023 calendar year. (Refer annexure D, email correspondence)</p> <p>In lieu of the mandatory provision on admission forms, while awaiting the legislative process, all facilities implemented consent forms coupled with emphasising quality assurance processes for the handling of patient and staff complaints to mitigate to some extent litigation risks.</p> <p>No. 2 / 4: Procurement of V-blocks IT infrastructure without inviting competitive bids</p> <p>“The R538 718 000 contract for V-blocks IT infrastructure was awarded during March 2015 without inviting competitive bids as required by treasury regulation 16A6.1.</p> <p>An investigation that was completed on 28 September 2018 by the accounting officer, concluded that by not following a competitive bidding process the department suffered a financial loss of R148 921 151 as there were cheaper alternatives.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|-----------|---------|---|-------------------|
| | Continued | | <p>The accounting officer was notified of the material irregularity on 24 June 2019.</p> <p>The following actions have been taken to resolve the material irregularity by accounting officer, following the recommendation as per the investigation report:</p> <ul style="list-style-type: none"> • Referred the matter to the National Prosecuting Authority on 24 July 2019 to consider whether criminal charges can be instituted against the implicated officials. • Referred the matter to the State Attorney on 19 July 2019 to consider possible civil claims against the implicated officials. • Took disciplinary actions against two out of the three implicated officials on 3 April 2020 and 19 June 2020, where the officials were cautioned and given verbal warnings. The third official was not found guilty on 20 October 2021.” <p>The AGSA will follow up on the progress of referrals to the National Prosecuting Authority and State Attorney during the next audit.</p> <p>Response: The case was referred by the SIU and the department is awaiting feedback. In a meeting with the Hawks, on 9 September 2022, it was indicated that this matter is still under investigation for compiling the criminal charge sheet. The suppliers were blacklisted for future procurement and payment may not be effected unless ordered by the high court.</p> <p>4 / 4 Procurement of masks at excessive prices</p> | No |
| | | | <p>“The price of masks was higher than the prescribed prices in annexure A of National Treasury instruction note 5 of 2020/21, in contravention of paragraph 4.3 of same instruction note.</p> <p>The non-compliance is likely to result in a material financial loss if not recovered. The amount is disclosed in note 26.1 as a comparative to the 2021-22 annual financial statements.</p> | No |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) |
|-----|---------|---|--|-------------------|
| | | Continued | <p>The accounting officer was notified of the material irregularity on 15 October 2021.</p> <p>An investigation that was conducted by the Special Investigating Unit dated 10 December 2021, concluded that there is possible price overcharge on the procurement of masks. The Special Investigating Unit, after completion of the investigation:</p> <ul style="list-style-type: none"> Referred evidence to the Competition Commission regarding or which points to potential excessive, unfair, unreasonable and /or unjust pricing on 19 April 2021.” <p>The AGSA will follow up on the progress of referral to the Competition Commission during the next audit.</p> <p>Response:</p> <p>The suppliers were blacklisted for future procurement and payment may not be effected unless ordered by the high court.</p> <p>Response:</p> <p>Regarding the contracting of the e-records, it is imperative that the tender be advertised so that we have a clean process to address the challenge. It might take long but with no risks, however another short term process would be to participate in an existing contract for a short period of time while we appoint our own service provider.</p> <p>The process for the e-Record management was put on hold after inputs from our legal department preventing the final approval for the department to participate in a similar contract from another province.</p> <p>The request for tender (RFT) process will need to be followed. Progress will be monitored by SCM: Acquisition.</p> | No |
| 15 | | 15.1 Provide summary of any investigation/s conducted and concluded by the Public Protector in the financial year under review (2021/22). | | No |

| No. | Subject | Details | Response by the department | | | | Resolved (Yes/No) |
|-----|---------|--|---|--|---------------------------------------|--|-------------------|
| | | | SUMMARY/ DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | | PROGRESS MADE IN THE | |
| | | | GDOH | PUBLIC PROTECTOR | | | |
| 1 | | 15.2 For each finalised investigation provide progress made in the implementation of remedial action recommended by the Public Protector | Investigation into allegations of appointments and procurement processes at the Gauteng Department of Health | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |
| 2 | | | Factual report of the public protector's observations regarding inspections at various Hospitals in Gauteng, Mpumalanga, Eastern Cape, Kwazulu natal and Limpopo | Recommendations implemented and report submitted to Public Protector | Completed | Recommendations implemented and report submitted to Public Protector | |
| 3 | | | Investigation into allegation of improper conduct by employees | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |
| 4 | | | Investigation into allegations of poor service delivery regarding shortage of health facilities in ward 2 Finsbury in Randfontein | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |
| 5 | | | Investigation into allegations of maladministration in connection with the affairs of Steve Biko Academic Hospital, Tembisa hospital and Weskoppies hospital and abuse of power and improper conduct by officials in the employ of the GDoH | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |

| No. | Subject | Details | Response by the department | | | | Resolved (Yes/No) |
|-----|-----------|--|---|---------------------------------------|---|----------------------|-------------------|
| | | | SUMMARY/ DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | | PROGRESS MADE IN THE | |
| | | | GDOH | PUBLIC PROTECTOR | | | |
| 6 | Continued | | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 7 | | Allegations of Fraud and corruption in the Gauteng Department of Health | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 8 | | An investigation into allegations of maladministration arising from the negligent treatment and consequent loss of life of a patient by the staff at the Helen Joseph Hospital | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 9 | | Report on an investigation into the administration, management and the responsiveness of the Gauteng hospitals to the COVID-19 pandemic | Recommendations implemented and report submitted to Public Protector (See Annexure A) | Completed | Recommendations implemented and report submitted to Public Protector (See Annexure A) | | |

| No. | Subject | Details | Response by the department | | | | | Resolved (Yes/No) |
|-----|-----------|---------|----------------------------|--|---|---------------------------------------|-----------------------------------|-------------------|
| | | | NO | SUMMARY/ DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | | PROGRESS MADE IN THE | |
| | | | | | GDOH | PUBLIC PROTECTOR | | |
| | Continued | | 10 | Investigation into allegations of maladministration and improper conduct at Gauteng Emergency Medical Services | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |
| | | | 11 | Subpoena in terms of section 7(4) (a) of the Public protector Act- Mandlira enterprises | Report submitted to Public Protector | Completed | Matter closed by Public Protector | |
| | | | 12 | Subpoena in terms of section 7(4) (a) of the Public protector act - Mr Teboho Edward Tsotetsi ref:7/2-005655/21 ('10 babies) | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | |
| | | | 13 | Subpoena in terms of section 7(4) (a) of the Public protector act - Mr Tumelo Sejane against GDoH | Report submitted to Public Protector | Completed | Matter closed by Public Protector | |

| No. | Subject | Details | Response by the department | | | | Resolved (Yes/No) |
|-----|-----------|---------|--|---------------------------------------|----------------------|--|-------------------|
| | | | SUMMARY/ DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | PROGRESS MADE IN THE | | |
| | | | GDOH | PUBLIC PROTECTOR | | | |
| 14 | Continued | | Own initiative investigation into allegations of improper conduct by the employee(s) of South Rand Hospital Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 15 | | | Further information request letter regarding an investigation into allegations of fraud and corruption in the Gauteng Department of Health Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 16 | | | Investigation into allegations of maladministration at Charlotte Maxeke Johannesburg academic Hospital in that the Health care service offered after the fire is sub optimal and access to essential care is limited or severely compromised. Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |
| 17 | | | Complaint lodged against the Gauteng Department of Health for Failure and or undue delay to process and finalise exit documents for the withdrawal of pension benefits. Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | |

| No. | Subject | Details | Response by the department | | | | Resolved (Yes/No) |
|-----|-----------|--|----------------------------|---|---|---------------------------------------|--------------------|
| | | | NO | SUMMARY DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | PROGRESS MADE IN THE | |
| | Continued | 15.3 Provide summary of any investigation/s being conducted by the Public Protector in the current financial year (2022/23). | | | | | No |
| | | | 1 | An Investigation into allegations of the failure by the Pholosoong human resources department to send correct details for an interview. | GDOH Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable |
| | | | 2 | Investigation into allegations of maladministration at Charlotte Maxeke Johannesburg academic Hospital in that the Health care service offered after the fire is sub optimal and access to essential care is limited or severely compromised. Requesting a meeting to assess a way forward and to make determination. | Meeting held with Public Protector | Awaiting report from Public Protector | Not yet applicable |
| | | | 3 | Investigation into allegations that the Z102 retirement form was wrongly captured by Department of Health | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable |
| | | | 4 | An investigation into allegations of a failure by the Charlotte Maxeke Johannesburg Academic Hospital to take responsibility for medical negligence following confirmation of same by a health professional at Steve Biko Academic Hospital on referral by the office of Health Ombud | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable |

| No. | Subject | Details | Response by the department | | | | Resolved (Yes/No) | |
|-----|-----------|---|---|---------------------------------------|---|----------------------|-------------------|--|
| | | | NO | SUMMARY DESCRIPTION OF MATTER | STATUS OF INVESTIGATION | PROGRESS MADE IN THE | | |
| | | | GDOH | PUBLIC PROTECTOR | | | | |
| | Continued | | | | | | | |
| 5 | | | Documents submitted to Public Protector | Awaiting report from Public Protector | Not yet applicable | | | |
| 6 | | Notice in terms of the provisions of section 8(1)(a) of the protected disclosures act, 2000 in connection with a complaint against the Gauteng Department of health regarding allegations of poor state of affairs at Rahima Moosa Child and Mother Hospital. | In progress | In progress | Meeting to be rearranged between GDoH and Public Protector. | | | |
| 7 | | Complaint against the Gauteng Department of Health relating to allegations of improper prejudice regarding an opportunity granted to the complainant to participate in programme of studying medicine in Cuba | In progress | In progress | Documents to be submitted to the Public Protector | | | |
| 8 | | Investigation into allegations of maladministration and improper conduct in the appointment of the Chief Executive Officer of Tembisa hospital by the officials of the Gauteng Provincial Department of Health | In progress | In progress | Documents to be submitted to the Public Protector | | | |
| | | Investigation into allegations of failure by the Gauteng Department of Health to process payment for services rendered for COVID -19 program on 31st March 2022 | In progress | In progress | Documents to be submitted to the Public Protector | | | |

| No. | Subject | Details | Response by the department | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|-------------------|-------------|--------|----|--|---|----|---|------------|----|---|------------|----|---|--|----|---|------------|----|--|------------|----|
| | Continued | <p>15.4 Provide summary of any investigation/s conducted and concluded by the Forensic Unit in the Office of Premier in the financial year under review (2021/2022).</p> | <p>Cases for 2021/2022</p> <table border="1"> <thead> <tr> <th data-bbox="256 595 288 1229">NO</th> <th data-bbox="256 595 288 1229">Allegations</th> <th data-bbox="256 595 288 1229">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="296 595 328 1229">1.</td> <td data-bbox="296 595 328 1229">Maladministration and Nepotism in the appointment of contract COVID 19 workers</td> <td data-bbox="296 595 328 1229">Closed</td> </tr> <tr> <td data-bbox="336 595 368 1229">2.</td> <td data-bbox="336 595 368 1229">Report regarding allegation into money laundering and fraud by funded NPO</td> <td data-bbox="336 595 368 1229">InProgress</td> </tr> <tr> <td data-bbox="376 595 408 1229">3.</td> <td data-bbox="376 595 408 1229">Procurement of conference facilities for the maternal death.</td> <td data-bbox="376 595 408 1229">InProgress</td> </tr> <tr> <td data-bbox="416 595 448 1229">4.</td> <td data-bbox="416 595 448 1229">Request for investigation high theft and loss emanates from robberies</td> <td data-bbox="416 595 448 1229">Matter closed from SAPS referred to Security Unit for further management</td> </tr> <tr> <td data-bbox="456 595 488 1229">5.</td> <td data-bbox="456 595 488 1229">Grievance lodged by the Community Health Care workers</td> <td data-bbox="456 595 488 1229">InProgress</td> </tr> <tr> <td data-bbox="496 595 528 1229">6.</td> <td data-bbox="496 595 528 1229">Allegations of state vehicle and petrol misuse</td> <td data-bbox="496 595 528 1229">InProgress</td> </tr> </tbody> </table> | NO | Allegations | Status | 1. | Maladministration and Nepotism in the appointment of contract COVID 19 workers | Closed | 2. | Report regarding allegation into money laundering and fraud by funded NPO | InProgress | 3. | Procurement of conference facilities for the maternal death. | InProgress | 4. | Request for investigation high theft and loss emanates from robberies | Matter closed from SAPS referred to Security Unit for further management | 5. | Grievance lodged by the Community Health Care workers | InProgress | 6. | Allegations of state vehicle and petrol misuse | InProgress | No |
| NO | Allegations | Status | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Maladministration and Nepotism in the appointment of contract COVID 19 workers | Closed | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Report regarding allegation into money laundering and fraud by funded NPO | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Procurement of conference facilities for the maternal death. | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Request for investigation high theft and loss emanates from robberies | Matter closed from SAPS referred to Security Unit for further management | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Grievance lodged by the Community Health Care workers | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Allegations of state vehicle and petrol misuse | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>15.5 For each concluded investigation, provide progress in the implementation of its recommendations.</p> | See above table 15.4 | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>15.6 Provide summary of any investigation which is being conducted by the Forensic Unit in the Office of the Premier in the current financial year 2022/2023.</p> | <p>Cases for 2022/2023</p> <table border="1"> <thead> <tr> <th data-bbox="820 595 852 1229">NO</th> <th data-bbox="820 595 852 1229">Allegations</th> <th data-bbox="820 595 852 1229">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="860 595 892 1229">1.</td> <td data-bbox="860 595 892 1229">Lead analysis and assessment report into alleged fraud and unfair dismissal</td> <td data-bbox="860 595 892 1229">Lead Analysis report received from OoP referred to HR</td> </tr> <tr> <td data-bbox="900 595 932 1229">2.</td> <td data-bbox="900 595 932 1229">Irregular procurement</td> <td data-bbox="900 595 932 1229">InProgress</td> </tr> <tr> <td data-bbox="940 595 971 1229">3.</td> <td data-bbox="940 595 971 1229">Material irregularities in the appointment of professional service provider (PsPs) in the implementation of OHS maintenance project</td> <td data-bbox="940 595 971 1229">InProgress</td> </tr> <tr> <td data-bbox="979 595 1011 1229">4.</td> <td data-bbox="979 595 1011 1229">Allegations of fire incident</td> <td data-bbox="979 595 1011 1229">Matter closed</td> </tr> <tr> <td data-bbox="1019 595 1051 1229">5.</td> <td data-bbox="1019 595 1051 1229">Lifestyle Audit</td> <td data-bbox="1019 595 1051 1229">InProgress</td> </tr> </tbody> </table> | NO | Allegations | Status | 1. | Lead analysis and assessment report into alleged fraud and unfair dismissal | Lead Analysis report received from OoP referred to HR | 2. | Irregular procurement | InProgress | 3. | Material irregularities in the appointment of professional service provider (PsPs) in the implementation of OHS maintenance project | InProgress | 4. | Allegations of fire incident | Matter closed | 5. | Lifestyle Audit | InProgress | No | | | |
| NO | Allegations | Status | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Lead analysis and assessment report into alleged fraud and unfair dismissal | Lead Analysis report received from OoP referred to HR | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Irregular procurement | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Material irregularities in the appointment of professional service provider (PsPs) in the implementation of OHS maintenance project | InProgress | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Allegations of fire incident | Matter closed | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Lifestyle Audit | InProgress | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Subject | Details | Response by the department | | Resolved (Yes/No) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|--|-------------------|----|-------------|--------|----|---|--|----|-------------------------------|-------------------------------------|----|------------------------------|--|----|-----------------|--|----|------------------------------------|--|----|-----------------------|------------|----|------------------|---------------------------|----|--|---------------------------|----|---|-----------------------|-----|--|----------|----|
| | Continued | <p>15.7 Provide summary of investigations conducted by the Department in the (2021/2022)</p> | <p>Cases for 2021/2022</p> <table border="1"> <thead> <tr> <th data-bbox="240 1144 284 1227">NO</th> <th data-bbox="240 750 284 1144">Allegations</th> <th data-bbox="240 297 284 750">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="284 1144 347 1227">1.</td> <td data-bbox="284 750 347 1144">Alleged unauthorised bank card for fund raising at a clinic</td> <td data-bbox="284 297 347 750">Closed at lead staged insufficient information</td> </tr> <tr> <td data-bbox="347 1144 379 1227">2.</td> <td data-bbox="347 750 379 1144">Alleged bad behaviour at work</td> <td data-bbox="347 297 379 750">Closed: referred to Labour Relation</td> </tr> <tr> <td data-bbox="379 1144 443 1227">3.</td> <td data-bbox="379 750 443 1144">Alleged misconduct and RWOPS</td> <td data-bbox="379 297 443 750">Closed: Letter for RWOPS without approval it was matter referred to LR</td> </tr> <tr> <td data-bbox="443 1144 475 1227">4.</td> <td data-bbox="443 750 475 1144">Alleged selling</td> <td data-bbox="443 297 475 750">Closed due to insufficient information</td> </tr> <tr> <td data-bbox="475 1144 539 1227">5.</td> <td data-bbox="475 750 539 1144">Alleged recruitment irregularities</td> <td data-bbox="475 297 539 750">Case closed at lead stage: waiting for a report from PSC</td> </tr> <tr> <td data-bbox="539 1144 571 1227">6.</td> <td data-bbox="539 750 571 1144">Allege overtime claim</td> <td data-bbox="539 297 571 750">InProgress</td> </tr> <tr> <td data-bbox="571 1144 603 1227">7.</td> <td data-bbox="571 750 603 1144">Allege PPE theft</td> <td data-bbox="571 297 603 750">Case closed at lead stage</td> </tr> <tr> <td data-bbox="603 1144 667 1227">8.</td> <td data-bbox="603 750 667 1144">Allege Irregular appointment HR, Finance</td> <td data-bbox="603 297 667 750">Closed as unsubstantiated</td> </tr> <tr> <td data-bbox="667 1144 730 1227">9.</td> <td data-bbox="667 750 730 1144">Hiring of the Marquee and VIP furniture</td> <td data-bbox="667 297 730 750">Closed referred to LR</td> </tr> <tr> <td data-bbox="730 1144 782 1227">10.</td> <td data-bbox="730 750 782 1144">Lead analysis report fraudulent commute overtime</td> <td data-bbox="730 297 782 750">Complete</td> </tr> </tbody> </table> | | | NO | Allegations | Status | 1. | Alleged unauthorised bank card for fund raising at a clinic | Closed at lead staged insufficient information | 2. | Alleged bad behaviour at work | Closed: referred to Labour Relation | 3. | Alleged misconduct and RWOPS | Closed: Letter for RWOPS without approval it was matter referred to LR | 4. | Alleged selling | Closed due to insufficient information | 5. | Alleged recruitment irregularities | Case closed at lead stage: waiting for a report from PSC | 6. | Allege overtime claim | InProgress | 7. | Allege PPE theft | Case closed at lead stage | 8. | Allege Irregular appointment HR, Finance | Closed as unsubstantiated | 9. | Hiring of the Marquee and VIP furniture | Closed referred to LR | 10. | Lead analysis report fraudulent commute overtime | Complete | No |
| NO | Allegations | Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Alleged unauthorised bank card for fund raising at a clinic | Closed at lead staged insufficient information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Alleged bad behaviour at work | Closed: referred to Labour Relation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Alleged misconduct and RWOPS | Closed: Letter for RWOPS without approval it was matter referred to LR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Alleged selling | Closed due to insufficient information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Alleged recruitment irregularities | Case closed at lead stage: waiting for a report from PSC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Allege overtime claim | InProgress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Allege PPE theft | Case closed at lead stage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Allege Irregular appointment HR, Finance | Closed as unsubstantiated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Hiring of the Marquee and VIP furniture | Closed referred to LR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Lead analysis report fraudulent commute overtime | Complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

9. MODIFICATION TO PRIOR YEAR AUDITED ANNUAL FINANCIAL STATEMENTS

| 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 |

There was no material misstatement emphasis paragraph included for the financial statements on the AGSA report of the previous year.

Emphasis paragraphs included:

Restatement of corresponding figures

As was disclosed in Note 32 to the financial statements, the corresponding figures for 31 March 2021 were restated as a result of errors discovered in the financial statements of the department for the year ended 31 March 2022.

The amount written off in the prior year (2020/21) was deducted from the accrued revenue and had to be corrected. This error resulting in a restatement of accrued revenue was a calculation error and no further restatement was required.

The below is a summary of restated amounts due to the continuous correction and clean-up of data to ensure complete and accurate disclosure by the department.

| Note | Note | Amount before error correction R'000 | Prior period error R'000 | Restated amount R'000 |
|------------------------------------|------|--------------------------------------|--------------------------|-----------------------|
| Contingent Liabilities | 18 | 24 030 018 | (6 487 847) | 17 542 171 |
| Work in Progress | 29.1 | 3 204 728 | (58 882) | 3 145 846 |
| Immovable Assets | 29 | 1 173 312 | (22 551) | 1 150 761 |
| Intangible Assets work in progress | 28 | - | 108 583 | 108 583 |
| Retention | | - | 54 471 | 54 471 |
| Net effect | | 28 408 058 | (6 406 226) | 22 001 832 |

Material uncertainties relating to litigations

With reference to Note 19 to the financial statements, the department is the defendant in various lawsuits. The ultimate outcome of the matters cannot presently be determined and no provision for any liability that may result has been made in the financial statements.

Material losses: trade debtors

As was disclosed in Note 24.2 to the financial statements, material losses of R381 788 000 were incurred as a result of a write-off of irrecoverable patient debts.

Material impairments

As was disclosed in Note 24.3 to the financial statements, the accrued departmental revenue has been significantly impaired. The allowance for impairment amounts to R3 195 452 000 (2020-21: R2 474 952 000), which represents 85% (2020-21: 81.2%) of total accrued department revenue.

Expenditure management

10. INTERNAL CONTROL UNIT

The Internal Control unit facilitated, to the extent possible, that the department maintains an effective, efficient and transparent internal control system through liaison with the Auditor-General who hosted the Audit Steering Committee meetings during the year under review.

The main functions performed by the Internal Control Unit covers the following areas:

- Facilitated the internal and external audit processes.
- Reviewed and monitored the Audit Action Plans of Head Office, branches and health institutions.
- Monitored the performance of key control self-assessments by tertiary and major hospitals.
- Special assessments on processes and control environment.
- Special assessment on the eligibility of payment transactions.
- Lead assessments on matters referred for further investigation.
- Assessment on matters relating to non-compliance with policies and prescripts.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

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

| Name | Qualifications | Internal or external | If internal, position in the department | Date appointed | Date resigned | No. of meetings attended |
|--------------------|--|----------------------|---|-------------------|---------------|--------------------------|
| Stanley Ngobeni | <ul style="list-style-type: none"> • Master of Business Administration • Master of Commerce in International and Domestic Taxation • B. Accounting Science (Hons) • B. Com- Accounting • Higher Diploma in Computer Auditing • Higher Diploma in Computer Auditing | External | - | 01 March 2019 | Current | 05 |
| Lungelwa Songqishe | <ul style="list-style-type: none"> • Bachelor of Accounting Science. • MBA • Certificate in Governance | External | - | 11 August 2020 | Current | 05 |
| Shelmadene Petzer | <ul style="list-style-type: none"> • Chartered Accountant (SA) • Certificate in the Theory of Accountancy • Advanced Executive Programme | External | - | 01 September 2018 | Current | 05 |

12. AUDIT COMMITTEE REPORT

Report of the Audit Committee – Cluster 03

Gauteng Department of Health

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

Audit Committee and Attendance

The Audit Committee consists of the external Members listed hereunder and is required to meet a minimum of at least two times per annum as per the provisions of the Public Finance Management Act, 1999 (Act Number 1 of 1999) (PFMA). In terms of the approved Terms of Reference (GPG Audit Committee Charter).

Five meetings were held during the current year i.e. three meetings to consider the Quarterly Performance Reporting (financial and non-financial) and two meetings to review and discuss the Annual Financial Statements and the Auditor-General of South Africa's (AGSA) Audit and Management Reports.

Non-Executive Members

| Name of Member | Number of Meetings attended |
|-----------------------------------|-----------------------------|
| Mr. Stanley Ngobeni (Chairperson) | 05 |
| Ms. Lungelwa Sonqishe * | 05 |
| Ms. Shelmadene Petzer | 05 |

*Stand in member from another cluster

Executive Members

In terms of the GPG Audit Committee Charter, officials listed hereunder are obliged to attend meetings of the Audit Committee:

| Compulsory Attendees | Number of Meetings attended |
|--|-----------------------------|
| Ms. Nomonde Nolutshungu (Accounting Officer) | 02 |
| Mr. Arnold Malotana (Acting Accounting Officer) | 03 |
| Ms. Lerato Madyo (Chief Financial Officer) | 01 |
| Mr. Masibolekwe Ndima (Acting Chief Financial Officer) | 04 |
| Mr. Canada Matsaneng (Chief Risk Officer) | 05 |
| Mr. Kweyama Velile (Chief Audit Executive) | 05 |

The Audit Committee noted that the different Acting /Accounting Officer/s attended five (05) scheduled Audit Committee meetings. Therefore, the Audit Committee is satisfied that the Department adhered to the provisions of the GPG Audit Committee Charter in relation to ensuring that there is proper representation by the Accounting Officer. Of concern is the number of acting persons at senior management level during the year and it is critical that this be resolved in this key department.

The Members of the Audit Committee met with the Senior Management of the Department and Internal Audit, collectively to address risks and challenges facing the Department. A number of in-committee meetings were held to address internal control weaknesses and deviations within the Department.

Audit Committee Responsibility

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

The effectiveness of internal control and Information and Communication Technology (ICT) Governance

The Audit Committee is concerned with the regression in the internal control environment of the Department. The regression in the internal control environment of the Department mainly relates to the failure to implement prior year recommendations of the AGSA and internal audit, inadequate review of performance information and compliance with laws and regulations in the Supply Chain Management function (SCM).

The Audit Committee was concerned with the high number of employees who have registered businesses on the CIPC and CSD and the slow implementation of consequence management implemented against such employees by the Department.

The Audit Committee also reviewed the progress with respect to the IT Governance in line with the ICT Framework which confirms that the Department maintains adequate IT Governance controls. Some progress was made by the Department to implement and monitor its Disaster Recovery Plan and Business Continuity Processes; however this requires specific attention especially in light of the cause and consequence of the fire at Charlotte Maxeke hospital.

The department continues to incur irregular expenditure as a consequence of poor SCM which has resulted in material irregularities being identified by the AGSA. Whilst certain actions are in process of address these the department is encouraged to take further steps to prevent their recurrence.

The department also continues to experience significant difficulty in collecting debtors. This further exacerbates the financial problems of the department that emanate from the problem of old unpaid accounts payable accumulated in prior years.

Based on the results of the audits performed and the follow up reviews conducted, the overall opinion on the internal control design was Adequate but Ineffective to ensure that the Department objectives will be achieved.

The Department should focus on improving the effectiveness of controls in the following areas inter alia:

- Security services Management
- Occupational Health and Safety
- Pharmaceutical Services at Steve Biko Academic hospital
- Supply Chain Management
- Delivery of Healthcare Services
- Emergency Care and Maternal/New-born Care - Tambo Memorial Hospital

Management should also implement the findings raised by the Auditor-General and Internal Audit on time.

Internal Audit

The Audit Committee is satisfied that the Internal Audit plan represents a clear alignment with the key risks and has adequate information systems coverage. The Audit Committee is satisfied that the internal auditors consulted with Management, Auditor General and the Audit Committee on its Internal Audit Plan and that the plan was completed in full. Internal audit continues to follow-up on previous audit recommendations.

The AGSA and Internal audit are urged to improve their collaboration with the aim of maximizing combined assurance initiatives. The Audit Committee will continue to monitor the capacity and the resources allocated to the Internal Audit function.

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

- **Risk and Compliance Audit**
 - Infection and Prevention Control
 - Follow up on Occupational Health and Safety at Heidelberg hospital
 - Waste Management
 - Management of NGOs
 - Quality of Health Care Services at Sebokeng hospital
 - Internal Audit Review on Conditional Grant (DoRA)

- Supply Chain Management
- Follow up on Auditor General's findings
- Integrity Management
- Pharmaceutical Services at Dr George Mukhari Academic hospital
- **Performance Audit**
 - Review of Draft Annual Performance Report
 - Management of Maternal and New-born healthcare services at Leratong Hospital
 - Follow up on Efficiency and Effectiveness of Emergency Care Services - Delivering Services to Patients at Mamelodi Regional Hospital
 - Performance of the Department against predetermined objectives/Performance Information
 - Follow up on Managing Demand for Ambulance Services (EMS)
- **IT Audits**
 - Payments & Accruals analysis
 - SAP ESS & PERSAL leave reconciliation
 - Data Analysis – ETHICS / FIN / HR (1 Jan 2022 – 30 June 2022)
 - IT governance review
 - 2023-24 IT risk assessment
 - Follow-up on AG Findings
 - Data Analysis – ETHICS / FIN / HR (1 July 2022 – 31 December 2022)

The Audit Committee will continue to monitor the resources and capabilities of the Internal Audit function as this has an impact on the performance, functioning and effectiveness of GAS as an assurance provider.

Risk Management

Progress on the departmental risk management was reported to the Audit Committee on a quarterly basis. The Audit Committee notes the effort made by the Department to improve its risk management processes, however, the risk mitigations and implementation plans are not fully implemented which increases the risk exposure of the department. Management should take full responsibility for the entire Enterprise Risk Management Process and continue to support the Chief Risk Officer to enhance the performance of the Department.

Forensic Investigations and Medico legal claims

Investigations into alleged financial irregularities, financial misconduct and fraud were performed during the year under review. There are still a number of cases which have not yet been investigated and the department should formulate a strategy to deal with this. In addition, the department should ensure that recommendations are implemented timeously, and that progress is monitored as some cases are long outstanding.

The matters given rise to the forensic investigations and medic legal claims result in the significant contingent liabilities of the department. The department is urged to address the root causes of these matters urgently as the financial implications are impacting its ability to function optimally.

The Audit Committee is concerned with inadequate capacity in the Provincial Forensics Services in order to timely investigate and finalise all reported cases, however comfort is drawn from the commitment by the Premier to capacitate the unit.

The quality of quarterly reports submitted in terms of the PFMA and the Division of Revenue Act

The Audit Committee notes the content and quality of financial and non-financial quarterly reports prepared and submitted by the Accounting Officer of the Department during the year under review and emphasise that the Department must improve the quality of its financial, non-financial reports and record management system.

Evaluation of Annual Financial Statements

Following the review by the Audit Committee of the Annual Financial Statements for the year ended 31 March 2023 before and after the audit, the Audit Committee is of the view that, in all material respects, it complied with the relevant provisions of the PFMA and Generally Recognised Accounting Practice (GRAP) and fairly presents the financial position at that date and the results of its operations and cash flows for the year then ended. Furthermore, the Audit Committee agrees with the inclusion of the annual financial statements in the Annual Report.

Evaluation of Annual Performance Report

Following the review by the Audit Committee of the Annual Performance Report for the year ended 31 March 2023 before and after the audit, the Audit Committee is of the view that, in all some respects, the department complied with the relevant provisions of the PFMA and Framework for Managing Programme Performance Information (FMPPi) and fairly presents the performance of the department at that date. Furthermore, the Audit Committee advised management to develop a turnaround plan to address the under achievements contained in the report.

The Audit Committee has also somewhat satisfied itself as to the integrity of the remainder of the annual report.

Final Auditor General's Report

The Audit Committee concurs and accepts the conclusions of the Auditor-General on the Annual Financial Statements, which is the unmodified audit opinion with findings (unqualified audit with emphasis of matters and non-compliance). Consequently, the Audit Committee is of the opinion that the audited annual financial statements and annual performance report be accepted and read together with the report of the Auditor-General.

For having maintained unqualified audit opinion for the financial year, the Audit Committee commend Honourable MEC, HoD and departmental staff for maintaining an unqualified audit opinion.

One-on-One Meeting with the Accounting Officer

The Audit Committee has met with the Accounting Officer for the Department to address unresolved issues.

One-on-One Meetings with the Executive Authority

The Audit Committee met with the Executive Authority for the Department to apprise the MEC on the performance of the Department, the Audit Committee believes that the frequency of these interactions would be more beneficial to the Executive Authority.

Auditor-General of South Africa

The Audit Committee has met with the AGSA to ensure that there are no unresolved issues.



Mr. Stanley Ngobeni

Chairperson of the Audit Committee
31 July 2023

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

The following table has been completed in accordance with the compliance with the B-BBEE requirements of the B-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 |
| Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law? | No | The Department of Economic Development is responsible for enhancing economic activity within the province. |
| Developing and implementing a preferential procurement policy | Yes | Preferential Procurement Policy 2022 compiled and approved |
| Determining qualification criteria for the sale of state-owned enterprises? | No | The Department of Infrastructure Development is responsible for the sale of state-owned enterprises. |
| Developing criteria for entering into partnerships with the private sector? | Yes | The criteria is contained in the SCM Policy. |
| Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment? | No | The Gauteng Enterprise Propellor is responsible for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment in the province. |





Part D

Human Resources Oversight Statistics

Part D: Human Resources Oversight Statistics

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. HUMAN RESOURCES OVERSIGHT STATISTICS

The following tables provide key information on the department's Human Resources for the financial year 2022/2023.

2.1 Personnel related expenditure

The tables below summarises the final audited personnel related expenditure by programme and by salary bands.

Table 2.1.1: Personnel expenditure by programme for the period 1 April 2022 and 31 March 2023

| Programme | Total Expenditure (R'000) | Personnel Expenditure (R'000) | Training Expenditure (R'000) | Professional and Special Services (R'000) | Personnel costs as percent of Total Expenditure | Average Personnel Cost per Employee (R'000) | Employment (b) |
|---------------------------------|---------------------------|-------------------------------|------------------------------|---|---|---|----------------|
| 1. Administration | 1 825 655 | 449 778 | | 244 116 | 25% | 338 | 1 332 |
| 2. District health services | 19 494 303 | 12 129 780 | 5 109 | 83 417 | 62,2% | 420 | 28 901 |
| 3. Emergency medical services | 2 010 941 | 1 005 052 | 143 | | 50,0% | 343 | 2 926 |
| 4. Provincial hospital services | 11 082 431 | 8 123 088 | 1 082 | 349 051 | 73,3% | 355 | 22 899 |
| 5. Central hospital services | 21 485 422 | 14 055 498 | 740 | 71 909 | 65,4% | 728 | 19 301 |
| 6. Health sciences and training | 638 216 | 515 136 | 3 994 | 427 | 80,7% | 224 | 2 297 |
| 7. Health care support services | 437 302 | 221 434 | 1 | | 50,6% | 305 | 726 |
| 8. Health facilities management | 1 665 469 | 42 884 | 252 | | 2,6% | 505 | 85 |
| • HWSETA accounts | - | - | - | - | * | * | |
| MedSAS trading account | - | - | - | - | * | * | |
| Total | 58 639 739 | 36 542 650 | 11 321 | 748 920 | 62,3% | 466 | 78 467 |

Professional and Special Services Consisting of: A&S/O/S: Medical Services, Nursing Staff, Personnel&Labour, Admin&Supprt Staff, CNS:BUS&ADV SER: Human Resource, Organisational, Qualification Verification, Board &Committee Member, Research&Advisory, Financial Management, Accountants&Auditors And Contractors: Medical Services As Per The Standard Chart Of Accounts (SCOA).

Table 2.1.2: Personnel costs by salary band: 1 April 2022 to 31 March 2023

| Salary band | Personnel expenditure (R'000) | % of total personnel cost | No. of employees | Average personnel cost per employee (R'000) |
|--|-------------------------------|---------------------------|------------------|---|
| Lower skilled (Levels 1-2) | 2 670 710 | 10,03% | 16799 | 159 |
| Skilled (level 3-5) | 5 065 264 | 19,02% | 21559 | 235 |
| Highly skilled production (levels 6-8) | 6 333 824 | 23,78% | 18191 | 348 |
| Highly skilled supervision (levels 9-12) | 8 879 767 | 33,34% | 12935 | 686 |
| Senior and Top management (levels 13-16) | 75 973 | 0,29% | 78 | 974 |
| Contract (level 1-2) | 90 174 | 0,34% | 249 | 362 |
| Contract (level 3-5) | 319 576 | 1,20% | 622 | 514 |
| Contract (level 6-8) | 554 849 | 2,08% | 1174 | 473 |
| Contract (level 9-12) | 2 564 365 | 9,63% | 3962 | 647 |

| Salary band | Personnel expenditure (R'000) | % of total personnel cost | No. of employees | Average personnel cost per employee (R'000) |
|-------------------------|-------------------------------|---------------------------|------------------|---|
| Contract (level 13-16) | 28 803 | 0,11% | 24 | 1 200 |
| Periodical Remuneration | 21 914 | 0,08% | 771 | 28 |
| Abnormal Appointment | 26 994 | 0,10% | 2022 | 13 |
| Total | 26 632 213 | 100,00% | 78386 | 340 |

Table 2.1.3: Salaries, Overtime, Home Owner's Allowance and Medical Aid by programme for the period 1 April 2022 and 31 March 2023

| Programme | Salaries (R'000) | Salaries as % of personnel costs | Overtime (R'000) | Overtime as % of Personnel costs | HOA (R'000) | HOA as % of personnel costs | Medical Ass. (R'000) | Medical Ass. as % of personnel costs | Total personnel cost (R'000) |
|------------------------------|-------------------|----------------------------------|------------------|----------------------------------|----------------|-----------------------------|----------------------|--------------------------------------|------------------------------|
| Administration | 417 015 | 1,6% | 1 790 | 0,0% | 10 419 | 0,0% | 31 811 | 0,1% | 461 036 |
| District health services | 7 262 266 | 28,6% | 165 035 | 0,6% | 278 925 | 1,1% | 814 126 | 3,2% | 8 520 352 |
| Emergency medical services | 621 722 | 2,4% | 13 409 | 0,1% | 32 962 | 0,1% | 96 199 | 0,4% | 764 291 |
| Provincial hospital services | 6 709 989 | 26,4% | 498 246 | 2,0% | 229 373 | 0,9% | 541 946 | 2,1% | 7 979 554 |
| Central hospital services | 6 366 149 | 25,1% | 238 820 | 0,9% | 205 682 | 0,8% | 438 949 | 1,7% | 7 249 601 |
| Health sciences and training | 225 899 | 0,9% | 62 | 0,0% | 8 252 | 0,0% | 18 369 | 0,1% | 252 582 |
| Health care support services | 99 125 | 0,4% | 13 178 | 0,1% | 10 304 | 0,0% | 23 595 | 0,1% | 146 202 |
| Health facilities management | 31 814 | 0,1% | 17 | 0,0% | 363 | 0,0% | 2 487 | 0,0% | 34 680 |
| HWSETA accounts | - | - | - | - | - | - | - | - | - |
| Total | 21 733 978 | 85,5% | 930 557 | 3,7% | 776 280 | 3,1% | 1 967 482 | 7,7% | 25 408 297 |

Table 2.1.4: Salaries, Overtime, Home Owner's Allowance and Medical Aid by salary band: 1 April 2022 to 31 March 2023

| Salary band | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|--|-------------------|------------------------------------|------------------|------------------------------------|-----------------------|-------------------------------|------------------|---------------------------------------|
| | Salaries (R'000) | Salaries as a % of personnel costs | Amount (R'000) | Overtime as a % of personnel costs | Amount (R'000) | HOA as a % of personnel costs | Amount (R'000) | Medical aid as a % of personnel costs |
| Lower Skilled (level 1-2) | 1 962 370 | 9,04% | 65 982 | 3,69% | 147 804 | 20,87% | 506 083 | 25,82% |
| Skilled (level 3-5) | 4 097 135 | 18,88% | 265 042 | 14,80% | 249 619 | 35,24% | 620 061 | 31,64% |
| Highly skilled production (levels 6-8) | 5 630 592 | 25,95% | 365 243 | 20,40% | 194 692 | 27,49% | 518 963 | 26,48% |
| Highly skilled supervision (levels 9-12) | 9 908 697 | 45,67% | 1 091 564 | 60,97% | 116 166 | 16,40% | 312 878 | 15,96% |
| Senior and Top management (level 13-16) | 97 193 | 0,45% | 2 625 | 0,15% | 0 | 0,00% | 2 052 | 0,10% |
| Total | 21 695 988 | 100,00% | 1 790 455 | 100,00% | 708 281 | 100,00% | 1 960 037 | 100,00% |

2.2 Employment and Vacancies

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

Table 2.2.1: Employment and vacancies by programme as at 31 March 2023

| Programme | Number of posts on approved establishment | Number of posts filled | Vacancy Rate | Number of employees additional to the establishment |
|-----------------------------------|---|------------------------|---------------|---|
| 01 - Health Administration | 1735 | 1044 | 39,83% | 79 |
| 02 - District Health Services | 31812 | 28709 | 9,75% | 1307 |
| 03 - Emergency Medical Services | 3589 | 2926 | 18,47% | |
| 04 - Provincial Health Services | 24295 | 22347 | 8,02% | 2068 |
| 05 - Academic Health Services | 21940 | 19165 | 12,65% | 1877 |
| 06 - Health Sciences and Training | 1520 | 614 | 59,61% | |
| 07 - Health Care Support Services | 800 | 718 | 10,25% | |
| 08 - Health Facility Management | 103 | 84 | 18,45% | 6 |
| GRAND TOTAL | 85794 | 75607 | 11,87% | 5337 |

Table 2.2.2: Employment and vacancies by salary band as at 31 March 2023

| Salary band Description | Number of posts on approved establishment | Number of posts filled | Vacancy Rate | Number of employees additional to the establishment |
|-----------------------------------|---|------------------------|---------------|---|
| Lower skilled (1-2) | 17627 | 16753 | 4,96% | 279 |
| Skilled (3-5) | 26146 | 22677 | 13,27% | 560 |
| Highly skilled production (6-8) | 23096 | 19853 | 14,04% | 1606 |
| Highly skilled supervision (9-12) | 18768 | 16220 | 13,58% | 2889 |
| Senior management (13-16) | 157 | 104 | 33,76% | 3 |
| Total | 85794 | 75607 | 11,87% | 5337 |

Table 2.2.3: Employment and vacancies by critical occupation as at 31 March 2023

| Critical occupation | Number of posts on approved establishment | Number of posts filled | Vacancy Rate | Number of employees additional to the establishment |
|---------------------------------|---|------------------------|---------------|---|
| 01. Medical Practitioner | 2708 | 2325 | 14,14% | 454 |
| 02. Medical Intern | 1773 | 1652 | 6,82% | 1739 |
| 03. Medical Specialist | 2724 | 2407 | 11,64% | 39 |
| 04. Dental Practitioner | 261 | 230 | 11,88% | 19 |
| 05. Dentists/Specialist | 152 | 129 | 15,13% | 1 |
| 06. Emergency Care Practitioner | 3414 | 2846 | 16,64% | 2 |
| 07. Professional Nurses | 19336 | 16498 | 14,68% | 1230 |
| 08. Staff Nurses | 7521 | 6977 | 7,23% | 175 |
| 09. Nursing Assistant | 7106 | 6743 | 5,11% | 220 |
| 10. Student Nurses | 1405 | 264 | 81,21% | |
| 11. Pharmacist | 612 | 553 | 0,33% | 70 |
| 12. Pharmacist intern | 72 | 70 | 81,94% | 136 |
| GRAND TOTAL | 47084 | 40694 | 13,57% | 4085 |

2.3 Filling of SMS Posts

The tables below 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 2.3.1: SMS post information as at 31 March 2023

| SMS Level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 0 | 0,00% | 1 | 100,00% |
| Salary Level 16 | 1 | 1 | 100,00% | 0 | 0,00% |
| Salary Level 15 | 8 | 5 | 62,50% | 3 | 37,50% |
| Salary Level 14 | 35 | 20 | 57,14% | 15 | 42,86% |
| Salary Level 13 | 112 | 78 | 69,64% | 34 | 30,36% |
| Total | 157 | 104 | 66,24% | 53 | 33,76% |

Table 2.3.2: SMS post information as at 30 September 2022

| SMS Level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100,00% | | 0,00% |
| Salary Level 16 | 1 | 1 | 100,00% | | 0,00% |
| Salary Level 15 | 8 | 7 | 87,50% | 1 | 12,50% |
| Salary Level 14 | 36 | 21 | 58,33% | 15 | 41,67% |
| Salary Level 13 | 111 | 83 | 74,77% | 28 | 25,23% |
| Total | 157 | 113 | 71,97% | 44 | 28,03% |

Table 2.3.3: Advertising and filling of SMS posts: 1 April 2022 to 31 March 2023

| SMS Level | Total number of funded SMS posts | Total number of SMS posts filled | Total number of SMS posts advertised | % of SMS posts filled | Total number of SMS vacant funded posts | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------|---|-----------------------|
| Head of Department | 1 | 1 | 0 | 100% | 1 | 100% |
| Salary Level 16 | 1 | 1 | 0 | 100% | 1 | 100% |
| Salary Level 15 | 8 | 7 | 2 | 88% | 2 | 25% |
| Salary Level 14 | 38 | 21 | 11 | 55% | 13 | 34% |
| Salary Level 13 | 111 | 83 | 21 | 75% | 28 | 25% |
| Total | 159 | 113 | 34 | | 45 | |

Table 2.3.4: Reasons for not having complied with the filling of funded vacant SMS posts advertised within six months and filled within 12 months after becoming vacant: 1 April 2022 to 31 March 2023

| Reasons for vacancies not advertised within six months |
|--|
| SMS posts were advertised within six months after being vacant |

| Reasons for vacancies not filled within six months |
|--|
| The posts were re-advertised |

Table 2.3.5: Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2022 and 31 March 2023

| The prescribed timeframe for filling within twelve months |
|---|
| None |

| Reasons for vacancies not filled within twelve months |
|---|
| The posts were re-advertised |

2.4 Job Evaluation

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 2.4.1: Job evaluation by salary band: 1 April 2022 to 31 March 2023

| Salary band | Number of posts on approved | Number of jobs evaluated | % of posts evaluated by salary band | Posts upgraded | | Posts downgraded | |
|--|-----------------------------|--------------------------|-------------------------------------|----------------|----------------------|------------------|----------------------|
| | | | | Number | % of posts evaluated | Number | % of posts evaluated |
| Lower skilled (Levels 1-2) | 17381 | 0 | 0 | 0 | 0 | 0 | 0 |
| Skilled (Levels 3-5) | 25513 | 0 | 0 | 0 | 0 | 0 | 0 |
| Highly skilled production (Levels 6-8) | 21995 | 0 | 0 | 0 | 0 | 0 | 0 |
| Highly skilled supervision (Levels 9-12) | 14760 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior Management Service Band A | 98 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior Management Service Band B | 28 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior Management Service Band C | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior Management Service Band D | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Level 1-2) | 246 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Level 3 -5) | 633 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Level 6-8) | 1101 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Level 9-12) | 4008 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract Band A | 14 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract Band B | 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract Band C | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract Band D | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 85794 | 0 | | | | 0 | |

Table 2.4.2: Profile of employees whose positions were upgraded due to their posts being upgraded, 1 April 2022 to 31 March 2023

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

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

Table 2.4.3: Employees with salary levels higher than those determined by job evaluation by occupation, 1 April 2022 to 31 March 2023

| Number of employees | Job evaluation level | Remuneration level | Reason for deviation |
|--|----------------------|--------------------|----------------------|
| 0 | 0 | 0 | N/A |
| Total number of employees whose salaries exceeded the level determined by job evaluation | | | |
| Percentage of total employed | | | N/A |

Table 2.4.4: Profile of employees whose salary levels were higher than those determined by job evaluation, 1 April 2022 to 31 March 2023

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

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

2.5 Employment Changes

The tables below provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the department.

Table 2.5.1: Annual turnover rates by salary band for the period 1 April 2022 to 31 March 2023

| Salary band | Number of employees at beginning of period - 1 April 2022 | Appointments and transfers into the department | Terminations and transfers out of the department | Turnover rate |
|--|---|--|--|---------------|
| Lower skilled (Levels 0-2) | 20443 | 6309 | 7285 | 35,64% |
| Skilled (Levels3-5) | 21833 | 1187 | 749 | 3,43% |
| Highly skilled production (Levels 6-8) | 17835 | 1333 | 1431 | 8,02% |
| Highly skilled supervision (Levels 9-12) | 13106 | 1046 | 1363 | 10,40% |
| Senior Management Service Bands A | 74 | 1 | 12 | 16,22% |
| Senior Management Service Bands B | 12 | | | 0,00% |
| Senior Management Service Bands C | 1 | | | 0,00% |
| Senior Management Service Bands D | 1 | | 1 | 100,00% |
| Contracts | 6898 | 5488 | 7443 | 107,90% |
| Total | 80203 | 15364 | 18284 | 22,80% |

Table 2.5.2: Annual turnover rates by critical occupation for the period 1 April 2022 to 31 March 2023

| Critical occupation | Number of employees at beginning of period - April 2022 | Appointments and transfers into the department | Terminations and transfers out of the department | Turnover rate |
|---------------------------------|---|--|--|---------------|
| 01. Medical Practitioner | 2895 | 1554 | 1724 | 59,55% |
| 02. Medical Intern | 1497 | 803 | 654 | 43,69% |
| 03. Medical Specialist | 2634 | 614 | 696 | 26,42% |
| 04. Dental Practitioner | 310 | 126 | 113 | 36,45% |
| 05. Dentists / Specialist | 154 | 25 | 26 | 16,88% |
| 06. Emergency Care Practitioner | 2837 | 151 | 75 | 2,64% |
| 07. Professional Nurses | 16817 | 2400 | 3392 | 20,17% |
| 08. Staff Nurses | 7214 | 730 | 882 | 12,23% |
| 09. Nursing Assistant | 6731 | 571 | 779 | 11,57% |
| 10. Student Nurses | 40 | 534 | 23 | 57,50% |
| 11. Pharmacist | 572 | 170 | 166 | 29,02% |
| 12. Pharmacist intern | 68 | 77 | 67 | 98,53% |
| GRAND TOTAL | 41769 | 7755 | 8597 | 20,58% |

Table 2.5.3: Reasons why staff left the department, 1 April 2022 to 31 March 2023

| Termination Type | Number | % of Total Resignations |
|---|--------------|-------------------------|
| Death | 318 | 1,74% |
| Resignation | 3465 | 18,95% |
| Expiry of contract | 13226 | 72,34% |
| Dismissal – operational changes | 1 | 0,01% |
| Dismissal – misconduct | 176 | 0,96% |
| Dismissal – inefficiency | 1 | 0,01% |
| Discharged due to ill-health | 35 | 0,19% |
| Retirement | 1051 | 5,75% |
| Transfer to other Public Service Departments | 11 | 0,06% |
| Other | | 0,00% |
| Total | 18284 | 100,00% |
| Total number of employees who left as a % of total employment | | 23,43% |

Table 2.5.4: Promotions by critical occupation for the period 1 April 2022 to 31 March 2023

| Occupation | Number of employees 1 April 2022 | Promotions to another salary level | Salary level promotions as a % of employees | Progressions to another notch within a salary level | Notch progression as a % of employees by occupation |
|------------------------------|----------------------------------|------------------------------------|---|---|---|
| Dental Practitioner | 310 | 4 | 1,29% | | 0,00% |
| Dental Specialist | 154 | | 0,00% | 12 | 7,79% |
| Medical Practitioner | 2895 | 30 | 1,04% | 32 | 1,11% |
| Medical Intern | 1497 | | 0,00% | | 0,00% |
| Medical Specialist | 2634 | 16 | 0,61% | 94 | 3,57% |
| Emergency Care Practitioner | 2837 | 30 | 1,06% | | 0,00% |
| Pharmacist | 572 | 4 | 0,70% | 16 | 2,80% |
| Pharmacist (Intern) | 68 | | 0,00% | | 0,00% |
| Professional Nurses | 16817 | 611 | 3,63% | 115 | 0,68% |
| Staff Nurses | 7214 | 327 | 4,53% | 7 | 0,10% |
| Nursing Assistant | 6731 | 263 | 3,91% | 45 | 0,67% |
| Professional Nurse (Student) | 40 | | 0,00% | | 0,00% |
| Total | 41 769 | 1 285 | 3,08% | 321 | 0,77% |

Table 2.5.5: Promotions by salary band for the period 1 April 2022 to 31 March 2023

| Salary Band | Employees 1 April 2022 | Promotions to another salary level | Salary bands promotions as a % of employees by salary level | Progressions to another notch within a salary level | Notch progression as a % of employees by salary bands |
|--|------------------------|------------------------------------|---|---|---|
| Lower skilled (Levels 0-2) | 20972 | | 0,00% | 2 | 0,01% |
| Skilled (Levels3-5) | 22767 | 549 | 2,41% | 69 | 0,30% |
| Highly skilled production (Levels 6-8) | 19284 | 906 | 4,70% | 51 | 0,26% |
| Highly skilled supervision (Levels 9-12) | 17065 | 352 | 2,06% | 298 | 1,75% |
| Senior Management (Level 13-16) | 115 | 4 | 3,48% | | 0,00% |
| Total | 80203 | 1811 | 2,26% | 420 | 0,52% |

2.6 Employment Equity

Table 2.6.1: Total number of employees (including employees with disabilities) in occupational categories as at 31 March 2023

| Occupational category | Male | | | | Female | | | | Total |
|--|--------------|------------|------------|------------|--------------|------------|------------|-------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Legislators, senior officials and managers | 95 | 4 | 1 | 4 | 85 | 3 | 6 | 6 | 204 |
| Professionals | 2141 | 70 | 494 | 605 | 2709 | 118 | 565 | 845 | 7547 |
| Technicians and associate professionals | 2840 | 49 | 65 | 93 | 17352 | 408 | 352 | 703 | 21862 |
| Clerks | 2722 | 40 | 14 | 31 | 6384 | 98 | 17 | 168 | 9474 |
| Service and sales workers | 735 | 9 | | | 7252 | 87 | | 5 | 8088 |
| Skilled agriculture and fishery workers | | | | | | | | | 0 |
| Craft and related trades workers | 3280 | 24 | 22 | 49 | 14524 | 69 | 14 | 85 | 18067 |
| Plant and machine operators and assemblers | 405 | 6 | 1 | 7 | 32 | | | | 451 |
| Elementary occupations | 4005 | 69 | 6 | 41 | 7214 | 145 | 2 | 44 | 11526 |
| Total | 16223 | 271 | 603 | 830 | 55552 | 928 | 956 | 1856 | 77219 |
| Employees with disabilities | 262 | 7 | 4 | 25 | 853 | 24 | 12 | 61 | 1248 |

Table 2.6.2: Total number of employees (including employees with disabilities) in occupational bands as at 31 March 2023

| Occupational band | Male | | | | Female | | | | Total |
|---|--------------|------------|------------|------------|--------------|------------|------------|-------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management | 1 | | | | 5 | | | | 6 |
| Senior Management | 44 | 3 | 1 | 3 | 32 | 1 | 1 | 4 | 89 |
| Professionally qualified and experienced specialists and mid-management | 3235 | 95 | 512 | 594 | 10000 | 328 | 732 | 1186 | 16682 |
| Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents | 3021 | 42 | 31 | 79 | 15042 | 240 | 160 | 475 | 19090 |
| Semi-skilled and discretionary decision making | 5686 | 57 | 16 | 47 | 15797 | 116 | 8 | 74 | 21801 |
| Unskilled and defined decision making | 4236 | 74 | 43 | 107 | 14676 | 243 | 55 | 117 | 19551 |
| Total | 16223 | 271 | 603 | 830 | 55552 | 928 | 956 | 1856 | 77219 |
| Employees with disabilities | 262 | 7 | 4 | 25 | 853 | 24 | 12 | 61 | 1248 |

Table 2.6.3: Recruitment for the period 1 April 2022 to 31 March 2023

| Occupational band | Male | | | | Female | | | | Total |
|---|-------------|-----------|------------|------------|--------------|------------|------------|------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management | | | | | 2 | | | | 2 |
| Senior Management | 4 | | | | 2 | | | | 6 |
| Professionally qualified and experienced specialists and mid-management | 729 | 29 | 205 | 232 | 1505 | 67 | 253 | 341 | 3361 |
| Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents | 381 | 10 | 7 | 8 | 1946 | 50 | 61 | 141 | 2604 |
| Semi-skilled and discretionary decision making | 598 | 6 | 1 | 2 | 2029 | 13 | 4 | 18 | 2671 |
| Unskilled and defined decision making | 1836 | 20 | 33 | 57 | 4560 | 66 | 55 | 80 | 6707 |
| Total | 3548 | 65 | 246 | 299 | 10044 | 196 | 373 | 580 | 15351 |
| Employees with disabilities | 2 | | | | 11 | | | | 13 |

Table 2.6.4: Promotions for the period 1 April 2022 to 31 March 2023

| Occupational band | Male | | | | Female | | | | Total |
|---|------------|----------|-----------|-----------|-------------|-----------|-----------|-----------|-------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management | | | | | | | | | 0 |
| Senior Management | 2 | | | | 2 | | | | 4 |
| Professionally qualified and experienced specialists and mid-management | 126 | 4 | 13 | 15 | 417 | 12 | 28 | 29 | 644 |
| Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents | 152 | | 1 | 4 | 769 | 5 | 4 | 10 | 945 |
| Semi-skilled and discretionary decision making | 121 | | | | 475 | 2 | | | 598 |
| Unskilled and defined decision making | | | | | 2 | | | | 2 |
| Total | 401 | 4 | 14 | 19 | 1665 | 19 | 32 | 39 | 2193 |
| Employees with disabilities | 10 | | | 2 | 27 | | 1 | | 40 |

Table 2.6.5: Terminations for the period 1 April 2022 to 31 March 2023

| Occupational band | Male | | | | Female | | | | Total |
|---|-------------|-----------|------------|------------|--------------|------------|------------|------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management | 2 | | | | 2 | | | | 4 |
| Senior Management | 9 | 1 | 1 | | 6 | | | | 17 |
| Professionally qualified and experienced specialists and mid-management | 691 | 30 | 175 | 288 | 1691 | 85 | 281 | 448 | 3689 |
| Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents | 570 | 4 | 6 | 23 | 2781 | 88 | 72 | 199 | 3743 |
| Semi-skilled and discretionary decision making | 539 | 6 | 1 | 8 | 1990 | 12 | 2 | 5 | 2563 |
| Unskilled and defined decision making | 2238 | 26 | 43 | 72 | 5575 | 70 | 56 | 89 | 8169 |
| Total | 4049 | 67 | 226 | 391 | 12045 | 255 | 411 | 741 | 18185 |
| Employees with Disabilities | 21 | 1 | | 4 | 69 | | | 4 | 99 |

Table 2.6.6: Disciplinary action for the period 1 April 2022 to 31 March 2023

| Disciplinary action | Male | | | | Female | | | | Total |
|---------------------|---------|----------|--------|-------|---------|----------|--------|-------|-------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| | 406 | 6 | 3 | 12 | 686 | 13 | 7 | 10 | 1143 |

Table 2.6.7: Skills development for the period 1 April 2022 to 31 March 2023

| Occupational category | Male | | | | Female | | | | Total |
|--|-------------|------------|------------|------------|-------------|------------|------------|-------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Legislators, senior officials and managers | 13 | 0 | 0 | 1 | 9 | 0 | 0 | 0 | 23 |
| Professionals | 1611 | 87 | 261 | 222 | 1109 | 82 | 259 | 292 | 3923 |
| Technicians and associate professionals | 1997 | 59 | 90 | 322 | 2241 | 74 | 72 | 817 | 5672 |
| Clerks | 1002 | 39 | 22 | 57 | 1012 | 88 | 26 | 60 | 2306 |
| Service and sales workers | 76 | 8 | 0 | 4 | 118 | 21 | 0 | 0 | 227 |
| Skilled agriculture and fishery workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Craft and related trades workers | 3 | 1 | 0 | 0 | 6 | 0 | 0 | 0 | 10 |
| Plant and machine operators and assemblers | 6 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 10 |
| Elementary occupations | 481 | 38 | 16 | 18 | 886 | 51 | 80 | 31 | 1601 |
| Total | 5189 | 233 | 389 | 625 | 5383 | 316 | 437 | 1200 | 13772 |
| Employees with disabilities | 11 | 1 | 0 | 0 | 16 | 3 | 2 | 1 | 34 |

2.7 Signing of Performance Agreements by SMS Members

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 below.

Table 2.7.1: Signing of Performance Agreements by SMS members as on 31 March 2023

| SMS Level | Total number of funded SMS posts | Total number of SMS members | Total number of signed performance agreements | Signed performance agreements as % of total number of SMS members | Reason for not having concluded performance agreement |
|---|----------------------------------|-----------------------------|---|---|---|
| Director-General/ Head of Department | 1 | 0 | | | |
| Salary Level 16 | 1 | 0 | 0 | N/A | Non-compliance to performance management and development policy |
| Salary Level 15 | 8 | 5 | 4 | 80% | |
| Salary Level 14 | 35 | 20 | 11 | 55% | |
| Salary Level 13 | 112 | 76 | 49 | 64% | |
| Total | 157 | 101 | 64 | 63% | |

Table 2.7.2: Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2023

| Reasons |
|--|
| Precautionary suspensions, disputes and generally non-compliance with policy on performance management and development |

Table 2.7.3: Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 March 2023

| Reasons |
|---|
| Follow ups made with all senior managers who have their performance agreements outstanding. |

2.8 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.

Table 2.8.1: Performance Rewards by race, gender and disability for the period 1 April 2022 to 31 March 2023

| Race and Gender | Beneficiary Profile | | | Cost | |
|-----------------|-------------------------|---------------------|-------------------------|--------------|---------------------------|
| | Number of beneficiaries | Number of employees | % of total within group | Cost (R'000) | Average cost per employee |
| African | - | - | - | - | - |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| Asian | - | - | - | - | - |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| Coloured | - | - | - | - | - |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| White | - | - | - | - | - |
| Male | - | - | - | - | - |
| Female | - | - | - | - | - |
| Total | 0 | 0 | 0 | - | - |

No performance bonuses paid for 2022/2023 performance cycle as the public service is no longer paying performance bonuses

Table 2.8.2: Performance rewards by salary band for personnel below Senior Management Service for the period 1 April 2022 to 31 March 2023

| Salary band | Beneficiary profile | | | Cost | | Total cost as a % of the total personnel expenditure |
|---|-------------------------|---------------------|--------------------------------|--------------------|---------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within salary bands | Total cost (R'000) | Average cost per employee | |
| Lower skilled (Levels 1-2) | - | - | - | - | - | - |
| Skilled (level 3-5) | - | - | - | - | - | - |
| Highly skilled production (level 6-8) | - | - | - | - | - | - |
| Highly skilled supervision (level 9-12) | - | - | - | - | - | - |
| Periodic remuneration | - | - | N/A | N/A | N/A | N/A |
| Abnormal appointment | - | - | N/A | N/A | N/A | N/A |
| Total | 0 | 0 | 0 | 0 | 0 | 0,00% |

No performance bonuses paid for 2022/2023 performance cycle as the public service is no longer paying performance bonuses.

Table 2.8.3: Performance rewards by critical occupation for the period 1 April 2022 to 31 March 2023

| Salary Band | Number of beneficiaries | Total employment | % of total within occupation | Total cost (R'000) | Average cost per beneficiary |
|--------------------|-------------------------|------------------|------------------------------|--------------------|------------------------------|
| Nursing | - | - | - | - | - |
| Medical | - | - | - | - | - |
| Pharmacists | - | - | - | - | - |
| Allied | - | - | - | - | - |
| Total | 0 | 0 | 0 | 0 | 0 |

No performance bonuses paid for 2022/2023 performance cycle as the public service is no longer paying performance bonuses.

Table 2.8.4: Performance related rewards (cash bonus) by salary band for Senior Management Service for the period 1 April 2022 to 31 March 2023

| Salary band | Beneficiary Profile | | | Cost | | Total cost as a % of the total personnel expenditure |
|--------------|-------------------------|-------------------------|--------------------------------|--------------------|---------------------------|--|
| | Number of beneficiaries | Number of beneficiaries | % of total within salary bands | Total cost (R'000) | Average cost per employee | |
| Band A | - | - | - | - | - | - |
| Band B | - | - | - | - | - | - |
| Band C | - | - | - | - | - | - |
| Band D | - | - | - | - | - | - |
| Total | - | - | - | - | - | - |

No performance bonuses paid for 2022/2023 performance cycle as the public service is no longer paying performance bonuses.

2.9 Foreign Workers

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

Table 2.9.1: Foreign workers by salary band for the period 1 April 2022 to 31 March 2023

| Salary band | 01-Apr-22 | | 31-Mar-23 | | Change | |
|--|------------|----------------|------------|----------------|-----------|----------------|
| | Number | % of total | Number | % of total | Number | % Change |
| Lower skilled (Levels 0-5) | 41 | 6,50% | 38 | 6,74% | 3 | 4,48% |
| Highly skilled production (Levels. 6-8) | 37 | 5,86% | 38 | 6,74% | -1 | -1,49% |
| Highly skilled supervision (Levels 9-12) | 337 | 53,41% | 284 | 50,35% | 53 | 79,10% |
| Senior Management (Levels 13-16) | 1 | 0,16% | 0 | 0,00% | 1 | 1,49% |
| Contract (Levels. 9-12) | 215 | 34,07% | 204 | 36,17% | 11 | 16,42% |
| Contract (Levels 13-16) | 0 | 0,00% | 0 | 0,00% | 0 | 0,00% |
| GRAND TOTAL | 631 | 100,00% | 564 | 100,00% | 67 | 100,00% |

Table 2.9.2: Foreign workers by major occupation for the period 1 April 2022 to 31 March 2023

| Major occupation | 01-Apr-22 | | 31-Mar-23 | | Change | |
|--|------------|----------------|------------|----------------|------------|----------------|
| | Number | % of total | Number | % of total | Number | % Change |
| 1. Professionals | 505 | 80,03% | 447 | 79,26% | -58 | 86,57% |
| 2. Technicians and Associate Professionals | 114 | 18,07% | 109 | 19,33% | -5 | 7,46% |
| 3. Clerks | 4 | 0,63% | 1 | 0,18% | -3 | 4,48% |
| 4. Service Workers | 2 | 0,32% | 2 | 0,35% | 0 | 0,00% |
| 5. Service Workers and Shop and Market Sales Workers | 4 | 0,63% | 3 | 0,53% | -1 | 1,49% |
| 6. Plant and Machine Operators and Assemblers | 1 | 0,16% | 1 | 0,18% | 0 | 0,00% |
| 7. Elementary Occupations | 1 | 0,16% | 1 | 0,18% | 0 | 0,00% |
| GRAND TOTAL | 631 | 100,00% | 564 | 100,00% | -67 | 100,00% |

2.10 Leave Utilisation

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 2.10.1: Sick leave for the period 1 January 2022 to 31 December 2022

| Salary Band | Total days | % days with Medical Certification | Number of employees using Sick Leave | % of total employees using Sick Leave | Average days per employee | Estimated cost (R'000) | Total number of employees using Sick Leave | Total number of days with medical certification |
|--|-------------------|-----------------------------------|--------------------------------------|---------------------------------------|---------------------------|------------------------|--|---|
| Contract (Levels 1-2) | 2 684,50 | 84,70 | 623,00 | 1,00 | 4,00 | 1 476,00 | 62 304,00 | 2 274,00 |
| Contract (Levels 3-5) | 6 628,00 | 83,50 | 1 505,00 | 2,40 | 4,00 | 5 561,00 | 62 304,00 | 5 532,00 |
| Contract (Levels 6-8) | 9 600,50 | 80,10 | 2 024,00 | 3,20 | 5,00 | 12 608,00 | 62 304,00 | 7 692,00 |
| Contract (Levels 9-12) | 10 782,50 | 79,70 | 2 250,00 | 3,60 | 5,00 | 28 123,00 | 62 304,00 | 8 595,00 |
| Contract (Levels 13-16) | 65,00 | 76,90 | 13,00 | 0,00 | 5,00 | 351,00 | 62 304,00 | 50,00 |
| Contract Other | 19,00 | 94,70 | 3,00 | 0,00 | 6,00 | 17,00 | 62 304,00 | 18,00 |
| Lower skilled (Levels 1-2) | 107 855,50 | 92,10 | 12 505,00 | 20,10 | 9,00 | 61 458,00 | 62 304,00 | 99 377,00 |
| Skilled (Levels 3-5) | 150 500,00 | 89,00 | 17 547,00 | 28,20 | 9,00 | 133 477,00 | 62 304,00 | 133 989,00 |
| Highly skilled production (Levels 6-8) | 133 165,50 | 87,20 | 15 502,00 | 24,90 | 9,00 | 188 476,00 | 62 304,00 | 116 146,00 |
| Highly skilled supervision (Levels 9-12) | 88 785,50 | 86,30 | 10 274,00 | 16,50 | 9,00 | 252 867,00 | 62 304,00 | 76 580,00 |
| Senior management (Levels 13-16) | 441,00 | 86,20 | 57,00 | 0,10 | 8,00 | 1 985,00 | 62 304,00 | 380,00 |
| Other | 8,00 | 50,00 | 1,00 | 0,00 | 8,00 | 7,00 | 62 304,00 | 4,00 |
| TOTAL | 510 535,00 | 88,30 | 62 304,00 | 100,00 | 8,00 | 686 405,00 | 62 304,00 | 450 637,00 |

Table 2.10.2: Disability leave (temporary and permanent) for the period 1 January 2022 to 31 December 2022

| Salary Band | Total days | % days with Medical Certification | Number of employees using Disability Leave | % of total employees using Disability Leave | Average days per employee | Estimated cost (R'000) | Total number of days with Medical Certification | Total number of employees using Disability Leave |
|--|------------------|-----------------------------------|--|---|---------------------------|------------------------|---|--|
| Contract (Levels 1-2) | 89,00 | 100,00 | 5,00 | 0,90 | 18,00 | 49,00 | 89,00 | 536,00 |
| Contract (Levels 3-5) | 87,00 | 100,00 | 11,00 | 2,10 | 8,00 | 72,00 | 87,00 | 536,00 |
| Contract (Levels 6-8) | 241,00 | 100,00 | 23,00 | 4,30 | 10,00 | 323,00 | 241,00 | 536,00 |
| Contract (Levels 9-12) | 482,00 | 100,00 | 16,00 | 3,00 | 30,00 | 1 226,00 | 482,00 | 536,00 |
| Lower skilled (Levels 1-2) | 2 652,00 | 100,00 | 80,00 | 14,90 | 33,00 | 1 575,00 | 2 652,00 | 536,00 |
| Skilled (Levels 3-5) | 6 987,00 | 99,90 | 150,00 | 28,00 | 47,00 | 6 146,00 | 6 981,00 | 536,00 |
| Highly skilled production (Levels 6-8) | 5 886,00 | 100,00 | 143,00 | 26,70 | 41,00 | 8 239,00 | 5 886,00 | 536,00 |
| Highly skilled supervision (Levels 9-12) | 5 079,00 | 98,30 | 108,00 | 20,10 | 47,00 | 15 064,00 | 4 992,00 | 536,00 |
| TOTAL | 21 503,00 | 99,60 | 536,00 | 100,00 | 40,00 | 32 694,00 | 21 410,00 | 536,00 |

Table 2.10.3 Annual Leave for the period 1 January 2022 to 31 December 2022

| Salary Band | Total days taken | Average per employee | Number of employees using Annual Leave |
|--|---------------------|----------------------|--|
| Contract (Levels 1-2) | 18 557,12 | 15,00 | 1 267,00 |
| Contract (Levels 13-16) | 384,00 | 15,00 | 25,00 |
| Contract (Levels 3-5) | 38 923,76 | 14,00 | 2 777,00 |
| Contract (Levels 6-8) | 39 701,60 | 14,00 | 2 872,00 |
| Contract (Levels 9-12) | 63 862,52 | 15,00 | 4 270,00 |
| Contract Other | 72,00 | 10,00 | 7,00 |
| Highly skilled production (Levels 6-8) | 436 091,61 | 23,00 | 18 716,00 |
| Highly skilled supervision (Levels 9-12) | 319 385,06 | 24,00 | 13 486,00 |
| Lower skilled (Levels 1-2) | 322 043,91 | 20,00 | 16 461,00 |
| Other | 36,00 | 36,00 | 1,00 |
| Senior management (Levels 13-16) | 2 028,00 | 24,00 | 85,00 |
| Skilled (Levels 3-5) | 497 393,42 | 23,00 | 21 946,00 |
| TOTAL | 1 738 479,00 | 21,00 | 81 913,00 |

Table 2.10.4 Capped leave for the period 1 January 2022 to 31 December 2022

| Salary Band | Total days of Capped Leave taken | Average number of days taken per employee | Average Capped Leave per employee as at end of period | Number of employees using Capped Leave | Total number of Capped Leave available at end of period | Number of employees as at end of period |
|--|----------------------------------|---|---|--|---|---|
| Contract (Levels 1-2) | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 |
| Contract (Levels 13-16) | 0,00 | 0,00 | 25,00 | 0,00 | 49,14 | 2,00 |
| Contract (Levels 3-5) | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 |
| Contract (Levels 6-8) | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 |
| Contract (Levels 9-12) | 0,00 | 0,00 | 2,00 | 0,00 | 4,66 | 2,00 |
| Contract Other | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 |
| Highly skilled production (Levels 6-8) | 229,25 | 4,00 | 25,00 | 63,00 | 47 054,34 | 1 895,00 |
| Highly skilled supervision (Levels 9-12) | 479,00 | 5,00 | 28,00 | 96,00 | 57 007,28 | 2 011,00 |
| Lower skilled (Levels 1-2) | 0,00 | 0,00 | 19,00 | 0,00 | 207,18 | 11,00 |
| Other | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 | 0,00 |
| Senior management (Levels 13-16) | 120,00 | 40,00 | 48,00 | 3,00 | 1 194,27 | 25,00 |
| Skilled (Levels 3-5) | 167,75 | 3,00 | 22,00 | 51,00 | 37 542,48 | 1 683,00 |
| TOTAL | 996,00 | 5,00 | 25,00 | 213,00 | 143 059,35 | 5 629,00 |

Table 2.10.5 Leave payouts for the period 1 April 2022 and 31 March 2023

| Reason | Total estimated amount (R'000) | Number of employees | Estimated average per employee (R) |
|---|--------------------------------|---------------------|------------------------------------|
| Annual - Discounting With Resignation (Work Days) | 36 586 | 1 467 | 24 939 |
| Annual - Discounting: Contract Expiry (Work Days) | 418 | 14 | 29 857 |
| Annual - Discounting: Unused Vac Credits (Suspension) | 20 | 1 | 20 000 |
| Annual - Gratuity: Death/Retirement/Medical Retirement(Work | 43 439 | 1 138 | 38 171 |
| Capped - Gratuity: Death/Retirement/Medical Retirement(Work | 32 588 | 669 | 48 712 |
| TOTAL | 113 051 | | |

Leave Payouts (Actual) Allowance Codes - 0060, 0168, 0625, 0422, 0567, 0698, 0699, 0701, 112 941,00
2 630,00

2.11 HIV/AIDS & Health Promotion Programmes

Table 2.11.1 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 |
|--|---|
| <ul style="list-style-type: none"> Health Care Workers through clinical work – hazards are cuts, needle stick pricks, splashes including assaults such as bites Health workers that handle laundry Paramedics Forensics - Mortuary workers | <ul style="list-style-type: none"> Post-exposure prophylaxis (PEP) – Protocols Report cases to the Department of Employment & Labour Workplace incident investigations Medical waste management protocols in place HepB vaccination – Protocols Hazard Identification Risk Assessments done in work areas. Health & Safety Committees to issue that controls are in place. |

Table 2.11.2 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 | | Dr S Senabe |
| | | | Chief Director: HRD& EHWP |
| 2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose. | YES | | Staff establishment in the Employee Wellness Unit is 25. Budget, unknown -awaiting budget letters. |
| 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 | | <p>Services that are rendered by the Employee Assistance Programme are: Psychosocial services, Stress Management, Financial Wellness, Pre-retirement preparation, Supervisory Training & Managerial Consultations, Spiritual Wellness & Bereavement, Staff Satisfaction Survey, Substance Abuse Programme, HIV, TB and STIs Management Prevention programme</p> <ul style="list-style-type: none"> Peer education programme Capacity building (training) Condom education and distribution HIV Testing Services and TB screening; men's health programme; implementation of health calendar activities <p>Treatment care and support:</p> <ul style="list-style-type: none"> Support group programme Adherence and psychosocial counselling on ART. |
| | | | <ul style="list-style-type: none"> The department has a provincial Integrated Employee Health and Wellness Committee. The three sub-units (Wellness Management, HIV, TB & STI Management and OHS) have committees. |
| 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 | | National HIV, TB & STI Strategic Plan 2017-2022, New NSP 2023-2028 |
| | | | EHWP Strategic Framework - DPSA HIV, TB & STI Policy |
| | | | Internal Departmental Policy (HIV, TB and STI Management) |
| | | | HR Recruitment Policy and Medical Surveillance Policy |
| | | | Provider Initiated HIV counselling and testing (PICT) |
| | | | Adult Primary Care, Primary Care Management of Adults (HIV/ AIDS, ATSHMA/STIs), |
| Infection Prevention and Control, Sexually Transmitted Infections Management Guidelines 2015, National Testing Services Policy 2016 Adherence Guidelines for HIV, TB and NCDs | | | |

| Question | Yes | No | Details, if yes |
|---|------------|----|--|
| 6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures. | YES | | <ul style="list-style-type: none"> • Peer education programme • Capacity building (training) on Greater Involvement of People Living with HIV (GIPA) and management of disclosure • HIV Testing Services • Support group programme • Adherence and psychosocial counselling and support on ART. |
| 7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved. | YES | | <ul style="list-style-type: none"> • During Wellness Days, Medical Surveillance, Health Calendar activities such as STI & Condom Week, World TB Day, Men's Health Awareness Day, World Aids Day • 1916 - HIV Testing (3933 females & 375 males) • 2703 – TB screening |
| | | | Operational Plan available |
| | | | MPAT report available |
| | | | Monthly report, Quarterly report, Annual report available |
| | | | • Number of IEC materials distributed |
| | | | • Number of condom education & distribution |
| | | | • Number of Wellness Days conducted |
| | | | • Number of people reached during health calendar activities |
| | | | • Number of employees tested (male and female) |
| | | | • Number of employees tested positive |
| | | | • Number of eligible employees initiated on ART |
| | | | • Number of employees who underwent TB screening |
| | | | • Number of employees put on PEP |
| | | | • Number of existing support groups |
| | | | • Number of employees attending the men's health workshops |
| | | | • Number of employees (men) attending the men's health event |
| | | | • Number of employees reached through peer education programmes |
| | | | • Number of employees reached through capacity building workshops |
| | | | • Number of employees reached through TB screening |
| | | | • Number of employees who have been referred for TB |

2.12 Labour Relations

Table 2.12.1 Collective agreements for the period 1 April 2022 to 31 March 2023

| Subject matter | Date |
|--|------------|
| PSCBC Resolution 1 of 2022: Resolution on adoption of the declaration on the Public Service Co-ordinating Bargaining Council | 22/06/2022 |
| PSCBC Resolution 1 of 2023: Agreement on the transfer and integration of staff into the Border Management Authority. | 23/03/2023 |
| PSCBC Resolution 2 of 2023: Agreement on the payment of a public service salary adjustment for the financial years 2023/2024 & 2024/2025 & 2025/2026 | 31/03/2023 |
| PHSDSBC Resolution 3 of 2022: Extension of Resolution 01 of 2021; Agreement on standardisation of remuneration of community health workers in the Department of Health | 22/07/2022 |

Table 2.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2022 to 31 March 2023

| Outcomes of disciplinary hearings | Number | % of total |
|-----------------------------------|------------|-------------|
| Correctional counselling | 2 | 0,2% |
| Verbal warning | 9 | 1,1% |
| Written warning | 271 | 31,9% |
| Final written warning | 532 | 62,6% |
| Suspended without pay | 5 | 0,6% |
| Fine | 0 | 0,0% |
| Demotion | 0 | 0,0% |
| Dismissal | 27 | 3,2% |
| Not guilty | 0 | 0,0% |
| Case withdrawn | 4 | 0,5% |
| Total | 850 | 100% |

Table 2.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2022 to 31 March 2023

| Type of misconduct | Number | % of total |
|--|-------------|-------------|
| Absenteeism | 198 | 17% |
| Assault | 13 | 1% |
| Dereliction of duties | 4 | 0% |
| Desertion of post | 74 | 6% |
| Fraud and corruption | 37 | 3% |
| Insubordination | 501 | 44% |
| misuse of state vehicle | 20 | 2% |
| Money lending | 0 | 0% |
| Negligence | 35 | 3% |
| Poor performance | 0 | 0% |
| Theft | 77 | 7% |
| Unlawful industrial action | 0 | 0% |
| While on duty conduct himself in an improper, disgraceful and unacceptable manner | 0 | 0% |
| Others include failure to comply with an Act, RWOPS, late coming, failure to comply with legislation | 184 | 16% |
| Total | 1143 | 100% |

Table 2.12.4 Grievances logged for the period 1 April 2022 to 31 March 2023

| Grievances | Number | % of Total |
|--|------------|------------|
| Number of grievances resolved | 481 | 90% |
| Number of grievances not resolved | 50 | 10% |
| Total number of grievances lodged | 531 | |

NOTES:

- 301 of 481 were resolved within 30 days
- 180 of 4481 were resolved outside the 30 days

NATURE OF GRIEVANCES LODGED

- Unfair treatment
- Filling of post
- Salary problem
- Unfair labour practice
- Performance assessment
- Disciplinary matter
- Application for approval
- Undermining authority

Table 2.12.5 Disputes logged with Councils for the period 1 April 2022 to 31 March 2023

| Disputes | Number | % of total |
|--|------------|-------------|
| Number of disputes finalised | 63 | 62% |
| Number of disputes pending | 40 | 38% |
| Total number of disputes lodged | 103 | 100% |

NOTES:

- Finalised: 64 cases
- 11 of 64 in favour of the Department
- 9 of 64 in favour of applicant
- 5 of 64 is settled
- 16 of 64 Dismissed
- 22 of 64 is withdrawn

NOTES:

- Pending: 40 cases
- 40 arbitrations in progress

Table 2.12.6 Strike action for the period 1 April 2022 to 31 March 2023

| | |
|--|-------------|
| Total number of person working days lost | 189 |
| Total costs: working days lost | R67 847 |
| Amount recovered as a result of no work no pay (R'000) | R 67 846.86 |

Table 2.12.7 Precautionary suspensions for the period 1 April 2022 to 31 March 2023

| | |
|--|-----------------------|
| Number of people suspended | 19 |
| Number of people whose suspension exceeded 30 days | 18 |
| Average number of days suspended | 56 |
| Cost of suspension (R'000) | R 1 049 915,76 |

Noted: Suspension is 60 days instead of 30 days as per Resolution One of 2003

2.13 Skills development

The efforts of the department with regard to skills development are highlighted below.

Table 2.13.1 Training needs identified for the period 1 April 2022 to 31 March 2023

| Occupational category | Gender | Number of employees as at 1 April 2022 | 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 | 118 | | 20 | | 20 |
| | Male | 110 | | 20 | | 20 |
| Professionals | Female | 4309 | | 1000 | 100 | 1100 |
| | Male | 3381 | | 800 | 70 | 870 |
| Technicians and associated professionals | Female | 19116 | | 6000 | 300 | 6300 |
| | Male | 3063 | | 1000 | 178 | 1178 |
| Clerks | Female | 6937 | 700 | 1500 | | 2200 |
| | Male | 2956 | 300 | 600 | | 900 |
| Service and sales workers | Female | 7655 | | 500 | | 500 |
| | Male | 801 | | 500 | | 500 |
| Craft and related trades workers | Female | 15204 | | 3000 | | 3000 |
| | Male | 3435 | | 1014 | | 1014 |
| Plant and machine operators and assemblers | Female | 31 | | 5 | | 5 |
| | Male | 420 | | 20 | | 20 |
| Elementary occupations | Female | 8211 | | 1500 | | 1500 |
| | Male | 4456 | | 800 | | 800 |
| Total | | 80203 | 1000 | 18279 | 648 | 19927 |

Table 2.13.2 Training provided for the period 1 April 2022 and 31 March 2023

| Occupational category | Gender | Number of employees as at 1 April 2022 | Training provided within the reporting period | | | |
|--|--------|--|---|---|-------------------------|-------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Legislators, senior officials and managers | Female | 118 | 0 | 9 | 0 | 9 |
| | Male | 110 | 0 | 14 | 0 | 14 |
| Professionals | Female | 4309 | 0 | 1698 | 5 | 1703 |
| | Male | 3381 | | 2073 | 8 | 2081 |
| Technicians and associate professionals | Female | 19116 | | 3200 | 4 | 3204 |
| | Male | 3063 | | 2466 | 2 | 2468 |
| Clerks | Female | 6937 | | 1093 | 93 | 1186 |
| | Male | 2956 | | 1057 | 63 | 1120 |

| Occupational category | Gender | Number of employees as at 1 April 2022 | Training provided within the reporting period | | | |
|--|--------|--|---|---|-------------------------|--------------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Service and sales workers | Female | 7655 | | 276 | 2 | 278 |
| | Male | 801 | | 87 | 1 | 88 |
| Craft and related trades workers | Female | 15204 | | 6 | 0 | 6 |
| | Male | 3435 | | 4 | 0 | 4 |
| Plant and machine operators and assemblers | Female | 31 | | 3 | | 3 |
| | Male | 420 | | 7 | | 7 |
| Elementary occupations | Female | 8211 | | 998 | 50 | 1048 |
| | Male | 4456 | | 515 | 38 | 553 |
| Total | | 80203 | 0 | 13506 | 266 | 13772 |

2.14 Injury on duty

The following tables provide basic information on injury on duty.

Table 2.14.1 Injury on duty for the period 1 April 2021 and 31 March 2022

| Nature of injury on duty | Number | % of total |
|---------------------------------------|----------|-------------|
| Required basic medical attention only | 3 | 100% |
| Temporary Total Disablement | 0 | 0.00% |
| Permanent Disablement | 0 | 0.00% |
| Fatal | 0 | 0.00% |
| Total | 3 | 100% |

Source: Gauteng Department of Finance
Period: 1 April 2022 and 31 March 2023



Part E

PFMA Compliance Report

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 | 2022/23 | 2021/22 |
|---|-------------------|-------------------|
| | R'000 | R'000 |
| Opening balance | 22 312 799 | 19 791 433 |
| Add: Irregular expenditure confirmed | 2 264 505 | 2 570 827 |
| Less: Irregular expenditure condoned | - | (49 461) |
| Less: Irregular expenditure not condoned and removed | - | - |
| Less: Irregular expenditure recoverable | - | - |
| Less: Irregular expenditure not recovered and written off | - | - |
| Closing balance | 24 577 304 | 22 312 799 |

None.

Reconciling notes

| Description | 2022/23 | 2021/22 |
|--|------------------|-------------------|
| | R'000 | R'000 |
| Irregular expenditure that was under assessment in | - | - |
| Irregular expenditure that relates to previous year and identified in current year | - | - |
| Irregular expenditure for the current year | 2 264 505 | 2 570 827 |
| Total | 2 264 505 | 2 2570 827 |

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

| Description ¹ | 2022/23 | 2021/22 |
|---|----------------|---------|
| | R'000 | R'000 |
| Irregular expenditure under assessment | - | - |
| Irregular expenditure under determination | 442 894 | - |
| Irregular expenditure under investigation | - | - |
| Total ² | 442 894 | |

None.

c) Details of current and previous year's irregular expenditure condoned

| Description | 2022/23 | 2021/22 |
|--------------------------------|----------|---------------|
| | R'000 | R'000 |
| Irregular expenditure condoned | - | 49 461 |
| Total | - | 49 461 |

None.

¹ Group similar items

² Total unconfirmed irregular expenditure (assessment), losses (determination), and criminal conduct (investigation)

d) Details of current and previous year's irregular expenditure removed (not condoned)

| Description | 2022/23 | 2021/22 |
|--|---------|---------|
| | R'000 | R'000 |
| Irregular expenditure NOT condoned and removed | - | - |
| Total | - | - |

None.

e) Details of current and previous year's irregular expenditure recovered

| Description | 2022/23 | 2021/22 |
|---------------------------------|---------|---------|
| | R'000 | R'000 |
| Irregular expenditure recovered | - | - |
| Total | - | - |

f) Details of current and previous year's irregular expenditure written off (irrecoverable)

| Description | 2022/23 | 2021/22 |
|-----------------------------------|---------|---------|
| | R'000 | R'000 |
| Irregular expenditure written off | - | - |
| Total | - | - |

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 |
|--------------|
| - |
| Total |

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

| Description | 2022/23 | 2021/22 |
|--------------|---------|---------|
| | R'000 | R'000 |
| | - | - |
| Total | - | - |

None.

i) Details of current and previous year disciplinary or criminal steps taken as a result of irregular expenditure

| Disciplinary steps taken |
|--------------------------|
| - |

1.2 Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

| Description | 2022/23 | 2021/22 |
|--|----------------|----------------|
| | R'000 | R'000 |
| Opening balance | 250 968 | 233 951 |
| Add: Fruitless and wasteful expenditure confirmed | 15 046 | 17 017 |
| Less: Fruitless and wasteful expenditure written off | - | - |
| Less: Fruitless and wasteful expenditure recoverable | - | - |
| Closing balance | 266 014 | 250 968 |

Reconciling notes

| Description | 2022/23 | 2021/22 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure that was under assessment in 2021/22 | - | - |
| Fruitless and wasteful expenditure that relates to previous and identified in current year | - | - |
| Fruitless and wasteful expenditure for the current year | 15 046 | 17 017 |
| Total | 15 046 | 17 017 |

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

| Description | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure under assessment | - | - |
| Fruitless and wasteful expenditure under determination | - | - |
| Fruitless and wasteful expenditure under investigation | - | - |
| Total | - | - |

c) Details of current and previous year fruitless and wasteful expenditure recovered

| Description | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure recovered | - | - |
| Total | - | - |

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

| Description | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure written off | - | - |
| Total | - | - |

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

| Disciplinary steps taken |
|--------------------------|
| - |
| Total |

1.3 Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

| Description | 2022/23 | 2021/22 |
|---|---------------|---------------|
| | R'000 | R'000 |
| Opening balance | 10 758 | 10 758 |
| Add: unauthorised expenditure confirmed | - | - |
| Less: unauthorised expenditure approved with funding | - | - |
| Less: unauthorised expenditure approved without funding | - | - |
| Less: unauthorised expenditure recoverable | - | - |
| Less: unauthorised not recovered and written off | - | - |
| Closing balance | 10 758 | 10 758 |

Reconciling notes

| Description | 2022/23 | 2021/22 |
|---|----------|----------|
| | R'000 | R'000 |
| Unauthorised expenditure that was under assessment in 2021/22 | - | - |
| Unauthorised expenditure that relates to previous and identified in current | - | - |
| Unauthorised expenditure for the current year | - | - |
| Total | - | - |

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

| Description | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| Unauthorised expenditure under assessment | - | - |
| Unauthorised expenditure under determination | - | - |
| Unauthorised expenditure under investigation | - | - |
| Total | - | - |

1.4 Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)

a) Details of current and previous year material losses through criminal conduct

| Material losses through criminal conduct | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| Theft | - | - |
| Other material losses | - | - |
| Less: Recovered | - | - |
| Less: Not recovered and written off | - | - |
| Total | - | - |

b) Details of other material losses

| Nature of other material losses | 2022/23 | 2021/22 |
|--|----------|----------|
| | R'000 | R'000 |
| <i>(Group major categories, but list material items)</i> | - | - |
| Total | - | - |

c) Other material losses recovered

| Nature of losses | 2022/23 | 2021/22 |
|--|---------|---------|
| | R'000 | R'000 |
| <i>(Group major categories, but list material items)</i> | - | - |
| Total | - | - |

Include discussion here where deemed relevant.

d) Other material losses written off

| Nature of losses | 2022/23 | 2021/22 |
|--|---------|---------|
| | R'000 | R'000 |
| <i>(Group major categories, but list material items)</i> | - | - |
| Total | - | - |

Include discussion here where deemed relevant.

2. Late and/or Non-Payment Of Suppliers

| Description | Number of invoices | Consolidated value |
|--|--------------------|--------------------|
| | | R'000 |
| Valid invoices received | 154 076 | 18 352 226 |
| Invoices paid within 30 days or agreed period | 53 850 | 7 742 074 |
| Invoices paid after 30 days or agreed period | 80 849 | 7 983 118 |
| Invoices older than 30 days or agreed period (unpaid and without dispute) | 26 293 | 2 490 339 |
| Invoices older than 30 days or agreed period (unpaid and in dispute) | 7 595 | 676 508 |

Due to cash shortages because of medico-legal payments and settlement of old accruals, over-commitment on goods and services procured as well as delays in clearing of web-cycle transactions.

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 |
|--|------------------|------------------------------------|-----------------|-------------------------|
| For appointing TAT I-Chain to provide urgent assets management license for eight (8) months and support services for three (3) months. | TAT I-Chain | Deviation | | R 1 377 |
| For appointing TAT I-Chain to provide urgent assets management license for Twelve (12) months and support services for three (3) months. | TAT I-Chain | Deviation | | R 2 064 |

3.2 Contract variations and expansions

| Project description | Name of supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|---|--------------------------------|---|-----------------|-------------------------|---|--|
| | | | | R'000 | R'000 | R'000 |
| Extension of lease agreement for EMS Head Office 112 Emergency communication centre | Dimension Data and NTT Company | Expansion | 4251102488 | R 38 807 | N/A | R 21 988 |
| Extension of CAJV Ccontract on a month-to-month basis not exceeding six months | CAJV (Pty) Ltd. | Expansion | | R 267 146 | N/A | R 144 000 |
| Extension of a contract for cleaning services | Various suppliers | Expansion | GT/GDH/163/2017 | R 3 139 | 29 700 | R 139 |
| Provision of Mental Health Care Facilities | Clinix Health Group Limited | Extension | GT/GDH/036/2017 | R27 000 | 187 541 | R653 797 |
| | Life Esidimeni | | | R27 000 | 413 645 | R1 094 534 |
| Health Care Risk Waste Management | Various suppliers | Extension | GT/GDH/168/2013 | R428 982 | 103 233 | R25 356 |
| | Buhle Waste | | | | 101 511 | R76 416 |
| Security Service | Various Security Suppliers | Extension | GT/GDH/030/2014 | R1 304 171 | 663 425 | R346 398 |





PART F

Financial Information

Auditor General Report

Report of the auditor-general to Gauteng Provincial Legislature on vote no. 4: Gauteng Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Gauteng Department of Health set out on pages 250 to 320, which comprise the appropriation statement, statement of financial position as at 31 March 2023, the 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 Gauteng Department of Health as at 31 March 2023, and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa Act 1 of 1999 (PFMA) and the Division of Revenue Act of South Africa 5 of 2022 (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 matters

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

Restatement of corresponding figures

7. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2022 were restated as a result of errors in the financial statements of the department at, and for the year ended, 31 March 2023.

Material uncertainties relating to litigations

8. With reference to note 18 to the financial statements, the department is the defendant in various lawsuits. The ultimate outcome of these matters cannot presently be determined and no provision for any liability that may result was made in the financial statements.

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Material losses - accrued departmental revenue

9. As disclosed in note 23.2 to the financial statements, material losses of R3 088 243 00 was incurred as a result of a write-off of irrecoverable accrued departmental revenue.

Material impairments - accrued departmental revenue

10. As disclosed in note 23.3 to the financial statements, material losses of R1 862 272 000 was incurred as a result of impairment of accrued departmental revenue.

Underspending of the vote

11. As disclosed in the appropriation statement, the department materially underspent the budget by R1 227 988 000 on programme 2: District health services.

Payables which exceeded voted funds to be surrendered

12. As disclosed in note 20.2 to the financial statements, payables of R4 204 934 000 exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount, in turn, exceeded the R2 711 816 000 of voted funds to be surrendered by R1 493 118 000 as per the statement of financial performance. Therefore, the amount of R1 493 118 000 would have constituted unauthorised expenditure had the amounts due been paid in time.

Other matters

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

Unaudited irregular expenditure and fruitless and wasteful expenditure (UIFW expenditure)

14. On 23 December 2022 National Treasury issued Instruction Note No. 4: PFMA Compliance and Reporting Framework of 2022-23 in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA, which came into effect on 3 January 2023. The PFMA Compliance and Reporting Framework also addresses the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure. Among the effects of this framework is that irregular and fruitless and wasteful expenditure incurred in previous financial years and not addressed is no longer disclosed in the disclosure notes of the annual financial statements, only the current year and prior year figures are disclosed in note 24 to the financial statements. The movements in respect of irregular expenditure and fruitless and wasteful expenditure are no longer disclosed in the notes to the annual financial statements of the Gauteng Department of Health. The disclosure of these movements (e.g. condoned, recoverable, removed, written off, under assessment, under determination and under investigation) are now required to be included as part of other information in the annual report of the auditees. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report.

Unaudited supplementary schedules

15. The supplementary information set out on pages 321 to 333 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

16. 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.

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17. 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

18. 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.
19. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

20. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
21. I selected the following programmes presented in the annual performance report for the year ended 31 March 2023 for auditing. I selected programmes that measures the department's performance on its primary mandated functions and that are of significant national, community or public interest.

| Programmes | Page | Purpose |
|------------------------------|------|--|
| District health services | 52 | Render primary healthcare services and district hospital services. |
| Provincial hospital services | 80 | Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialised rehabilitation service, as well as a platform for training health professionals and research. |
| Health facilities management | 119 | Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities. |

22. 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.
23. I performed procedures to test whether:
- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives.
 - the indicators are well defined and verifiable to ensure that they are easy to understand and apply consistently and that I can confirm the methods and processes to be used for measuring achievements.
 - the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance, as well as how performance will be evaluated.
 - the indicators and targets reported on in the annual performance report are the same as what was committed

Report of the Auditor General

to the Gauteng Provincial Legislature on Vote no. 4: Gauteng Department of Health

to in the approved initial or revised planning documents.

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

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

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

District health services

Various indicators

26. Some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported, and were not reliable for determining if the targets had been achieved.

| Indicator | Target | Reported achievement |
|--|--------|----------------------|
| Child under 5 years diarrhoea case fatality rate – (district hospital) | 2,20% | 1,30% |
| Child under 5 years severe acute malnutrition case fatality rate – (district hospital) | 30% | 6,90% |
| Death in facility under 5 years against live birth rate – (district hospital) | 0,70% | 0,80% |
| Couple year protection rate | 42% | 28,60% |
| Neonatal (<28 days) death in facility rate | 12 | 13,2 |
| Child under 5 years diarrhoea case fatality rate | 2,50% | 1,90% |
| Child under 5 years pneumonia case fatality rate | 2,20% | 1,50% |
| Child under 5 years severe acute malnutrition case fatality rate | 7% | 6,60% |
| Death under 5 years against live birth rate | 1,60% | 1,90% |

Various indicators

27. Based on audit evidence, the actual achievements for three (3) indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially less. Consequently, the targets were not achieved; the under achievements on the targets were more than reported; and the achievements against the targets were lower than reported.

| Indicator | Target | Reported achievement |
|--|--------|----------------------|
| Child under 5 years pneumonia case fatality rate – (district hospital) | 1,30% | 0,60% |
| Immunisation under 1 year coverage | 90% | 83,20% |
| Measles 2nd dose coverage | 88% | 84% |

Various indicators

28. Based on audit evidence, the actual achievements for (2) indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially more. The targets were still achieved.

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| Indicator | Target | Reported achievement |
|--|--------|----------------------|
| HIV positive 15-24 years (excl ANC) rate | 4,5% | 1,3% |
| Antenatal 1st visit before 20 weeks rate | 68% | 69,2% |

ART Adult remain in care rate (12 Months)

29. An achievement of 63,7% was reported against a target of 90%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Infant PCR test positive around 10 weeks rate

30. An achievement of 0,51% was reported against a target of 0,75%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the target was not achieved.

Provincial hospital services

Various indicators

31. Some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported, and were not reliable for determining if the targets had been achieved.

| Indicator | Target | Reported achievement |
|--|--------|----------------------|
| Child under 5 years diarrhoea case fatality rate | 2,4% | 1,8% |
| Child under 5 years pneumonia case fatality rate | 2,3% | 1,4% |
| Child under 5 years severe acute malnutrition case fatality rate | 12% | 6,2% |

Maternal mortality in facility ratio

32. An achievement of 99 was reported against a target of 100. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the target was still achieved.

Death in facility under 5 years against live birth rate

33. An achievement of 1 478 was reported against a target of 1 460. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the target was still not achieved.

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Other matters

34. I draw attention to the matters below.

Achievement of planned targets

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

36. The department plays a key role in delivering services to South Africans. The annual performance report includes the following service delivery achievements against planned targets:

| Key service delivery indicators not achieved | Planned target | Reported achievement |
|--|----------------|----------------------|
| District health services | | |
| <i>Targets achieved: 49%</i> | | |
| <i>Budget spent 94%</i> | | |
| Death under 5 years against live birth rate (district hospital) | 0,7% | 0,8% |
| ART adults remain in care rate (12 months) | 90% | 63,7% |
| ART children remain in care rate (12 months) | 90% | 58,9% |
| Couple year protection rate | 42% | 28,6% |
| Neonatal death in facility rate | 12% | 13,2% |
| Immunisation under 1 year coverage | 90% | 83,2% |
| Measles 2nd dose coverage | 88% | 84% |
| Death under 5 years against live birth rate | 1,6% | 1,9% |
| Provincial hospital services | | |
| <i>Targets achieved: 71%</i> | | |
| <i>Budget spent 100%</i> | | |
| Death under 5 years against live birth | 1 460 | 1 478 |
| Health facilities management | | |
| <i>Targets achieved: 0%</i> | | |
| <i>Budget spent 74,9%</i> | | |
| Percentage of Health facilities with completed capital infrastructure projects | 15,6% | 9,4% |
| Number of New Hospitals Completed | 5 | 0 |
| Number of new Primary Health Care Centres completed | 10 | 4 |

37. Reasons for the underachievement of targets are included in the annual performance report on pages 52 to 122.

Material misstatements

38. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information of district health service, provincial hospital services and health facilities management. Management subsequently corrected all the misstatements under health facilities management and I did not include any material findings in this report. Management did not correct all of the misstatements under district health service and provincial hospital services, and I reported material findings in this regard.

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Report on compliance with legislation

39. 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.
40. 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.
41. 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 for 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.
42. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual financial statements

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

Procurement and contract management

44. Some of the goods and services of a transaction value above R1 000 000 were procured without inviting competitive bids, as required by Treasury Regulation 16A6.1 and paragraph 3.3.1 of NTI 02 of 2021/22. Similar non-compliance was also reported in the prior year.
45. Procurement by other means was not provided for in the department's SCM policy or did not cover at least the minimum requirements as required by PFMA Instruction Note 3 of 2021/22 paragraphs 4.3 and 4.4.
46. Some of the deviations and procurement by other means are not provided for in the SCM policy and are not in line with the circumstances provided for in the SCM policy under which the procurement can occur, as required by PFMA instruction note no. 3 of 2021/22 paragraphs 4.3 and 4.4(c).
47. Some of the deviation processes followed in respect of identifying prospective suppliers are not in line with the processes prescribed in the institution's the SCM policy, as required by PFMA instruction note no. 3 of 2021/22 paragraph 4.4(d).
48. Invitations to tender for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 Procurement Regulation 8(2).
49. Commodities designated for local content and production, were procured from suppliers who did not submit a declaration on local production and content in accordance with paragraph 3.4 of National Treasury Instruction Note 4 of 2015/2016.
50. Commodities designated for local content and production were procured from suppliers who did not meet the prescribed minimum threshold for local production and content, as required by the 2017 Preferential Procurement Regulation 8(5).

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51. Some of the quotations were not awarded in an economical manner and the prices of the goods or services were not reasonable, as required by PFMA 38(1)(b) and PFMA 45(b).
52. Some of the contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of PPPFA and Preferential Procurement Regulation 2017.
53. Some of the goods and services were procured without obtaining at least three written price quotations in accordance with Treasury Regulation 16A6.1, paragraph 3.3.1 of Practice Note 8 of 2007/08 and paragraph 3.2.1 of SCM Instruction Note 2 of 2021/22.
54. Some of the goods and services of a transaction value of R2 000 but not exceeding R1 000 000 were procured without following quotation process and deviations were not approved by the accounting officer and it was practical to follow quotation process, as required by Treasury Regulation 16A6.1 and paragraph 3.2.1 of NTI 02 of 2021/22 and TR 16A6.4.

Expenditure management

55. Effective and appropriate steps were not taken to prevent irregular expenditure, as disclosed in note 24 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure disclosed in the financial statements was caused by the department's failure to invite competitive bids.
56. Effective steps were not taken to prevent fruitless and wasteful expenditure, as disclosed in note 24 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on late settlement of invoices.
57. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Consequence management

58. Disciplinary steps were not taken against the officials who had permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA.

Revenue management

59. I was unable to obtain sufficient appropriate audit evidence that effective and appropriate steps were taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.
60. I was unable to obtain sufficient appropriate audit evidence that reasonable steps were taken to recover debts before writing them off, as required by treasury regulation 11.4.1.

Transfer of funds

61. I was unable to obtain sufficient appropriate audit evidence that appropriate measures were maintained to ensure that transfers and subsidies to entities were applied for their intended purposes, as required by treasury regulation 8.4.1.

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Strategic planning and performance management

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

Asset management

63. Proper control systems were not in place at the department to ensure the safeguarding of assets, as required by treasury regulation 10.1.1(a).

Other information in the annual report

64. 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.
65. 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.
66. 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.
67. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, and if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

68. 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.
69. 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.
70. The accounting officer did not exercise adequate oversight of internal controls relating to procurement and contract management and the preparation of the annual financial statements and annual performance report. This resulted in non-compliance with key legislation and material findings on the annual financial statements and annual performance report.
71. Senior management did not implement sufficient controls over the preparation of accurate and complete annual financial statements and annual performance report that are supported by reliable information. This resulted in material findings on the annual financial statements and the annual performance report. Furthermore, there was a lack of monitoring of controls to ensure compliance with laws and regulations, including procurement and contract management and expenditure management.

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Material irregularities

72. 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

73. I identified other material irregularities during the audit and notified the accounting officer of these, as required by material irregularity regulation 3(2). By the date of this auditor's report, the response of the accounting officer was not yet due, while I had not yet completed the process of evaluating the response for the remainder. These material irregularities will be included in next year's auditor's report.

Status of previously reported material irregularities

Procurement of V-blocks IT infrastructure without inviting competitive bids

74. The R538 718 000 contract for V-blocks IT infrastructure was awarded during March 2015 without inviting competitive bids, as required by treasury regulation 16A6.1.

75. An investigation that was completed on 28 September 2018 by the accounting officer, concluded that by not following a competitive bidding process, the department suffered a financial loss of R148 921 151 as there were cheaper alternatives.

76. The accounting officer was notified of the material irregularity on 24 June 2019.

77. The following actions have been taken by the accounting officer to resolve the material irregularity, following the recommendation as per the investigation report:

- Referred the matter to the National Prosecuting Authority on 24 July 2019 to consider whether criminal charges can be instituted against the implicated officials.
- Referred the matter to the State Attorney on 19 July 2019 to consider possible civil claims against the implicated officials. The senior legal counsel who was handling the matter has been appointed as a judge of the high court and the State Attorney is in the process of appointing another senior counsel to finalise the matter.
- Took disciplinary actions against two out of the three implicated officials on 3 April 2020 and 19 June 2020, where the officials were cautioned and given verbal warnings. The third official was found not guilty on 20 October 2021.

78. I will follow up on the progress of referrals to the National Prosecuting Authority and State Attorney during my next audit.

Procurement of sanitisers at excessive prices

79. The price of sanitisers was higher than the prescribed prices in annexure A of National Treasury instruction note 8 of 2019-20, in contravention of paragraph 3.7.6 of the same instruction note.

80. The non-compliance is likely to result in a material financial loss if the amount is not recovered. The amount is disclosed in note 26.1 as a comparative to the 2021-22 annual financial statements.

81. The accounting officer was notified of the material irregularity on 15 October 2021.

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82. An investigation that was conducted by the Special Investigating Unit (SIU) dated 10 December 2021, concluded that there was possibly a price overcharge on the procurement of sanitisers. The SIU, after completion of the investigation:
- Referred evidence to the National Prosecuting Authority on 26 July 2021 for possible criminal charges against the implicated official.
 - Referred evidence to the Competition Commission on 19 April 2021 which points to potential excessive, unfair, unreasonable and/or unjust pricing. On 19 July 2022, the Competition Commission concluded that the prices charged were not materially excessive in line with its methodology.
83. The accounting officer has taken the following actions to address the material irregularity:
- Dismissed an official on 1 July 2021 after being found guilty of contravention of supply chain management prescripts.
 - Established a quotation adjudication committee at each health facility to oversee adherence to supply chain management prescripts. In addition, all requests for quotations and deviations are assessed by the bid adjudication committee before appointment of service providers.
 - Developed a compliance checklist for all competitive bids in the 2022-23 financial year.
 - The supply chain management unit at Gauteng Provincial Treasury reviews all competitive bids before appointment of service providers.
84. I will follow up on the progress of the referral to the National Prosecuting Authority during my next audit.

Procurement of masks at excessive prices

85. The price of masks was higher than the prescribed prices in annexure A of National Treasury instruction note 5 of 2020-21, in contravention of paragraph 4.3 of the same instruction note.
86. The non-compliance is likely to result in a material financial loss if the amount is not recovered. The amount is disclosed in note 26.1 as a comparative to the 2021-22 annual financial statements.
87. The accounting officer was notified of the material irregularity on 15 October 2021.
88. An investigation that was conducted by the SIU dated 10 December 2021, concluded that there was possibly a price overcharge on the procurement of masks. The SIU indicated the following in the investigation report:
- Referred evidence to the Competition Commission on 16 November 2021 which points to potential excessive, unfair, unreasonable and/or unjust pricing. Due to the civil case, the SIU reassessed the referral and is in the process of submitting a formal referral to the Competition Commission.
89. The accounting officer has taken the following actions to address the material irregularity:
- Dismissed an official on 1 July 2021 after being found guilty of contravention of supply chain management prescripts.
 - Established a quotation adjudication committee at each health facility to oversee adherence to supply chain management prescripts. In addition, all requests for quotations and deviations are assessed by the bid adjudication committee before appointment of service providers.
 - Developed a compliance checklist for all competitive bids in the 2022-23 financial year.
 - The supply chain management unit at Gauteng Provincial Treasury reviews all competitive bids before appointment of service providers.
90. I will follow up on the progress of referral to the Competition Commission during my next audit.

Report of the Auditor General

to the Gauteng Provincial Legislature on Vote no. 4:
Gauteng Department of Health

Interest on late payments of court orders

91. The department failed to settle court orders within 30 days from the date of the court judgement during the financial year ended 31 March 2020, as required by treasury regulation 8.2.3.
92. The non-compliance has resulted in a material financial loss of R1 526 799,86 by 31 March 2020 and is likely to result in further material financial losses for the department. The amount is disclosed in note 26.1 as a comparative to the 2020-21 annual financial statements.
93. The accounting officer was notified of the material irregularity on 31 August 2021.
94. The accounting officer had initiated the following actions to resolve the material irregularity:
 - Embarked on a legislative drafting project during 2021 to draft the Gauteng medical litigation and mediation Bill. The purpose of the Bill was to provide a legislative mechanism for, among others:
 - Amending the facility admission forms to include a mandatory provision that when a serious adverse event takes place, the first option before litigation commence should be mediation;
 - Providing future medical treatment and related healthcare requirements at state facilities instead of paying lump sums to plaintiffs.
95. The National Department of Health has undertaken the process to develop a policy and legal framework to manage medico legal claims in South Africa on behalf of all the Provincial Departments of Health. The South African Law Reform Commission is in the process of finalising the draft discussion paper. The Bill is expected to be taken through the Parliamentary processes during the 2025-26 financial year.
96. The accounting officer continues to monitor the implementation of internal control relating to the tracking of claims received, processed and settled which was confirmed to be a contributing factor to the accumulation of interest.
97. The material irregularity is resolved.

Other reports

98. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
99. Various investigations, based on the allegations of procurement irregularities, fraud, theft and negligence dating back to prior periods, are being performed by the department. Some of these investigations had been finalised while others were still in progress at the date of this auditor's report.

Auditor - General

Johannesburg
31 July 2023



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Report of the Auditor General

to the Gauteng Provincial Legislature on Vote no. 4:
Gauteng Department of Health

Annexure to the auditor's report

The annexure includes the following:

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

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

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

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

Communication with those charged with governance.

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

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

Report of the Auditor General

to the Gauteng Provincial Legislature on Vote no. 4:
Gauteng Department of Health

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

| Legislation | Sections or regulations |
|--|--|
| Public Finance Management Act 1 of 1999 (PFMA) | Sections 38(1)(b); 38(1)(c)(ii); Sections 38(1)(d); 38(1)(h)(iii); 39(1)(a); 39(2)(a); Sections 40(1)(a) and (b); 40(1)(c)(i); Sections 43(4); 44; 45(b); 57(b) |
| Treasury Regulations (TR) | TR 4.1.1; 4.1.3; 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); TR 5.3.1; 6.3.1(a) - (d); 6.4.1(b) TR 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1; 9.1.1; 9.1.4; TR 10.1.1(a); 10.1.2; TR 12.5.1; 15.10.1.2(c); TR 16A3.2 (fairness); 16A3.2(a); 16A6.1; TR 16A6.2(a) and (b); 16A6.3(a) - (c); 16A6.3(a)(i); TR 16A6.3(e) TR 16A6.4; 16A6.5; 16A6.6; 16A7.1 TR 16A8.3; 16A8.4; TR 16A9.1; 16A9.1(d)-(f); 16A9.2(a)(ii); TR 17.1.1; 18.2; 19.8.4 |
| Division of Revenue Act (Dora) | Sections 11(6)(a); 12(5) Sections 16(1); 16(3) / 16(3)(a)(i) |
| Construction Industry Development Board Act 38 of 2000 (CIDB) | Section 18(1) |
| CIDB regulations | Regulations 17; 25(7A) |
| Preferential Procurement Policy Framework Act 5 of 2000 (PPPFA) | Sections 2.1(a),(b) and (f) |
| Preferential Procurement Regulations (PPR), 2011 | Regulation 8.2 Regulation 9.1 |
| Preferential Procurement Regulations (PPR), 2017 under functionality | Regulations 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; Regulation 6.8; Regulation 7.8; Regulations 8.2; 8.5; 9.1; 10.1; 10.2; 11.1 |
| Preferential Procurement Regulations (PPR), 2022 | Regulation 4.4 |
| State Information Technology Agency Act 88 of 1998 (SITA) | Section 7(3) |
| NT SCM Instruction Note 04 of 2015/16 | Par 3.4 |
| NT SCM Instruction Note 4A of 2016/17 | Par 6 |
| NT SCM Instruction Note 07 of 2017/18 | Par 4.3 |
| NT SCM Instruction Note 05 of 2020/21 | Par 4.8; 4.9; 5.3 |
| Erratum NT SCM Instruction Note 05 of 2020/21 | Par 1; 2 |
| Second Amendment to NT SCM Instruction Note 05 of 2020/21 | Par 1 |
| NT Instruction Note 11 of 2020/21 | Par 3.1; 3.4(b); 3.9 |
| PFMA Instruction Note 01 of 2021-22 | Par 4.1 |
| NT SCM Instruction Note 02 of 2021/22 | Par 3.2.1; 3.2.4; 3.2.4(b); 3.3.1 |
| PFMA SCM Instruction Note 03 of 2021/22 | Par 4.1; 4.2 (b); 4.3; 4.4; |
| PFMA instruction note no.3 of 2021/22 | Par 4.2 (b) |
| Public Service regulations (PSR), 2016 | PSR 25(1)(e)(i) and (iii) PSR 18(1) (2) |
| Practice Note 5 of 2009-10 par. 3.3 | Par 3.3 |
| PRECCA 34(1) | |
| SBD 6.2 issued in 2015-16 | |

Appropriation Statement

for the period ended 31 March 2023

| Appropriation per programme | 2022/23 | | | | | | | 2021/22 | | |
|--|-------------------|-------------------|----------|-------------------|--------------------|------------------|----------------------------------|-------------------|--------------------|-------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 | R'000 |
| Voted funds and Direct charges | | | | | | | | | | |
| Programme | | | | | | | | | | |
| 1 ADMINISTRATION | 1 456 146 | - | 370 253 | 1 826 399 | 1 825 656 | 743 | 100,0% | 2 341 848 | 2 173 192 | |
| # DISTRICT HEALTH SERVICES | 21 087 290 | - | 365 000 | 20 722 290 | 19 494 302 | 1 227 988 | 94,1% | 19 875 921 | 19 251 444 | |
| # EMERGENCY MEDICAL SERVICES | 1 795 100 | - | 216 000 | 2 011 100 | 2 010 941 | 159 | 100,0% | 1 577 705 | 1 431 692 | |
| # PROVINCIAL HOSPITAL SERVICES | 11 286 458 | - | 141 500 | 11 144 958 | 11 082 431 | 62 527 | 98,4% | 11 081 898 | 10 697 214 | |
| # CENTRAL HOSPITAL SERVICES | 21 978 884 | - | 3 000 | 21 981 884 | 21 485 422 | 496 462 | 97,7% | 20 708 734 | 20 331 657 | |
| # HEALTH SCIENCES AND TRAINING | 1 090 663 | - | 87 253 | 1 003 410 | 638 217 | 365 193 | 63,6% | 1 182 600 | 706 868 | |
| # HEALTH CARE SUPPORT SERVICES | 432 966 | - | 4 500 | 437 466 | 437 302 | 164 | 100,0% | 393 874 | 388 833 | |
| # HEALTH FACILITIES MANAGEMENT | 2 224 049 | - | - | 2 224 049 | 1 665 469 | 558 580 | 74,9% | 2 462 930 | 2 068 235 | |
| Programme sub total | 61 351 556 | - | - | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% | 59 625 510 | 57 049 135 | |
| Statutory Appropriation | - | - | - | - | - | - | - | - | - | |
| | - | - | - | - | - | - | - | - | - | |
| | - | - | - | - | - | - | - | - | - | |
| TOTAL | 61 351 556 | - | - | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% | 59 625 510 | 57 049 135 | |
| Departmental receipts | | | | 508 109 | | | | 502 552 | | |
| Actual amounts per Statement of Financial Performance (Total) | | | | 61 859 665 | | | | 60 128 062 | | |
| Actual amounts per Statement of Financial Performance Expenditure | | | | | 58 639 740 | | | | 57 049 135 | |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|---|-------------------|-------------------|----------------|-------------------|--------------------|------------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 56 830 110 | 7 832 | 443 000 | 56 394 942 | 54 838 087 | 1 556 855 | 97,2% | 54 538 144 | 53 337 344 |
| Compensation of employees | 36 750 830 | - | 86 000 | 36 664 830 | 36 542 650 | 122 180 | 99,7% | 35 560 828 | 35 463 853 |
| Salaries and wages | 32 510 298 | - | 86 000 | 32 424 298 | 32 099 273 | 325 025 | 99,0% | 31 273 556 | 31 283 945 |
| Social contributions | 4 240 532 | - | - | 4 240 532 | 4 443 377 | 202 845 | 104,8% | 4 287 272 | 4 179 908 |
| Goods and services | 20 079 280 | 7 832 | 357 000 | 19 730 112 | 18 291 596 | 1 438 516 | 92,7% | 18 976 168 | 17 872 343 |
| Administrative fees | 24 925 | - | - | 24 925 | 7 781 | 17 144 | 31,2% | 22 093 | 21 023 |
| Advertising | 26 561 | - | - | 26 561 | 7 483 | 19 078 | 28,2% | 21 636 | 5 663 |
| Minor assets | 101 700 | 1 000 | - | 100 700 | 24 811 | 75 889 | 24,6% | 84 370 | 28 838 |
| Audit costs: External | 29 206 | - | - | 29 206 | 30 186 | 980 | 103,4% | 27 868 | 25 786 |
| Bursaries: Employees | 12 758 | - | - | 12 758 | 3 181 | 9 577 | 24,9% | 11 742 | 6 377 |
| Catering: Departmental activities | 11 315 | - | - | 11 315 | 4 404 | 6 911 | 61,1% | 12 244 | 4 497 |
| Communication (G&S) | 104 648 | - | - | 104 648 | 80 578 | 24 070 | 77,0% | 110 727 | 93 340 |
| Computer services | 233 444 | - | - | 233 444 | 93 394 | 140 050 | 40,0% | 254 799 | 244 566 |
| Consultants: Business and advisory services | 702 493 | - | 134 000 | 568 493 | 354 585 | 213 908 | 62,4% | 605 538 | 314 629 |
| Laboratory services | 2 869 544 | 342 282 | 33 000 | 3 178 826 | 2 925 246 | 253 580 | 92,0% | 2 599 910 | 2 326 076 |
| Legal services | 21 914 | - | - | 21 914 | 129 053 | 107 139 | 589,9% | 134 002 | 143 921 |
| Contractors | 644 936 | 220 900 | - | 424 036 | 358 396 | 65 640 | 84,5% | 483 048 | 400 362 |
| Agency and support / outsourced services | 284 724 | - | - | 284 724 | 457 498 | 172 774 | 160,7% | 344 149 | 322 976 |
| Fleet services (including government motor transport) | 269 780 | - | - | 269 780 | 209 578 | 60 202 | 77,7% | 236 265 | 186 380 |
| Inventory: Clothing material and accessories | - | - | - | - | 1 358 | 1 358 | - | - | 3 909 |
| Inventory: Food and food supplies | 477 050 | - | 21 000 | 456 050 | 435 481 | 20 569 | 95,5% | 430 486 | 391 862 |
| Inventory: Fuel, oil and gas | 304 380 | - | - | 304 380 | 290 974 | 13 406 | 95,6% | 301 262 | 283 017 |
| Inventory: Learner and teacher support material | 1 720 | - | - | 1 720 | 1 119 | 601 | 65,1% | 830 | 581 |
| Inventory: Materials and supplies | 76 515 | 400 | - | 76 115 | 64 376 | 11 739 | 84,6% | 54 800 | 43 995 |
| Inventory: Medical supplies | 3 587 433 | 109 382 | - | 3 448 051 | 4 395 303 | 947 252 | 127,5% | 3 548 447 | 4 171 370 |
| Inventory: Medicine | 5 402 280 | 10 504 | 127 500 | 5 285 284 | 4 163 001 | 1 122 283 | 78,8% | 4 979 852 | 4 324 149 |
| Inventory: Other supplies | 141 363 | - | - | 141 363 | 158 353 | 16 990 | 112,0% | 127 449 | 100 790 |
| Consumable supplies | 1 217 884 | 2 272 | 11 500 | 1 204 112 | 925 302 | 278 810 | 76,8% | 1 546 957 | 1 164 365 |
| Consumable: Stationery, printing and office supplies | 293 423 | - | - | 293 423 | 169 914 | 123 509 | 57,9% | 177 586 | 162 583 |
| Operating leases | 336 403 | 11 000 | - | 325 403 | 266 174 | 59 229 | 81,8% | 267 377 | 345 056 |
| Property payments | 2 767 165 | - | 30 000 | 2 737 165 | 2 658 958 | 78 207 | 97,1% | 2 416 119 | 2 680 534 |
| Transport provided: Departmental activity | 6 295 | - | - | 6 295 | 373 | 5 922 | 5,9% | 5 752 | 320 |
| Travel and subsistence | 35 931 | - | - | 35 931 | 21 897 | 14 034 | 60,9% | 35 236 | 18 974 |
| Training and development | 73 668 | - | - | 73 668 | 11 322 | 62 346 | 15,4% | 69 451 | 11 567 |

Appropriation Statement

for the period ended 31 March 2023

| Appropriation per economic classification | 2022/23 | | | | | 2021/22 | | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Operating payments | 11 823 | - | - | 11 823 | 11 683 | 140 | 98,8% | 12 583 | 5 660 |
| Venues and facilities | 6 473 | - | - | 6 473 | 3 163 | 3 310 | 48,9% | 5 197 | 2 133 |
| Rental and hiring | 31 526 | - | - | 31 526 | 24 164 | 7 362 | 76,6% | 38 393 | 37 044 |
| Interest and rent on land | - | - | - | - | 3 841 | - | - | 1 148 | 1 148 |
| Interest (incl. interest on unitary payments (PPP)) | - | - | - | - | 3 841 | - | - | - | - |
| Rent on land | - | - | - | - | - | - | - | 1 148 | 1 148 |
| Transfers and subsidies | 1 727 049 | 3 000 | 283 000 | 2 013 049 | 1 911 276 | 101 773 | 94,9% | 1 877 575 | 1 687 029 |
| Provinces and municipalities | 517 164 | - | - | 517 164 | 514 577 | 2 587 | 99,5% | 470 568 | 441 595 |
| Municipalities | 517 164 | - | - | 517 164 | 514 577 | 2 587 | 99,5% | 470 568 | 441 595 |
| Municipal bank accounts | 517 164 | - | - | 517 164 | 514 577 | 2 587 | 99,5% | - | - |
| Municipal agencies and funds | - | - | - | - | - | - | - | 470 568 | 441 595 |
| Departmental agencies and accounts | 25 819 | - | - | 25 819 | 25 819 | - | 100,0% | 24 636 | 24 636 |
| Departmental agencies | 25 819 | - | - | 25 819 | 25 819 | - | 100,0% | 24 636 | 24 636 |
| Higher education institutions | 4 039 | - | - | 4 039 | 1 176 | 2 863 | 29,1% | 16 309 | 7 867 |
| Non-profit institutions | 728 078 | 3 000 | - | 731 078 | 695 442 | 35 636 | 95,1% | 660 868 | 630 704 |
| Households | 451 949 | - | - | 451 949 | 674 262 | 60 687 | 91,7% | 705 194 | 582 227 |
| Social benefits | 106 970 | - | - | 106 970 | 130 526 | 23 556 | 122,0% | 104 813 | 118 995 |
| Other transfers to households | 344 979 | - | - | 344 979 | 543 736 | 84 243 | 86,6% | 600 381 | 463 232 |
| Payments for capital assets | 2 794 397 | 10 832 | 160 000 | 2 943 565 | 1 877 868 | 1 065 697 | 63,8% | 3 209 791 | 2 023 129 |
| Buildings and other fixed structures | 928 934 | - | - | 928 934 | 434 910 | 494 024 | 46,8% | 1 178 433 | 735 593 |
| Buildings | 936 434 | - | - | 936 434 | 434 910 | 501 524 | 46,4% | 1 178 433 | 735 593 |
| Other fixed structures | 7 500 | - | - | 7 500 | - | 7 500 | - | - | - |
| Machinery and equipment | 1 865 463 | - | 160 000 | 2 014 631 | 1 442 958 | 571 673 | 71,6% | 2 031 358 | 1 287 090 |
| Transport equipment | 294 847 | - | 216 000 | 510 847 | 591 735 | 80 888 | 115,8% | 362 185 | 302 387 |
| Other machinery and equipment | 1 570 616 | - | 56 000 | 1 503 784 | 851 223 | 652 561 | 56,6% | 1 669 173 | 984 703 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 446 |
| Payment for financial assets | - | - | - | - | 12 509 | 12 509 | - | - | 1 633 |
| | 61 351 556 | - | - | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% | 59 625 510 | 57 049 135 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | 2021/22 | | | | |
|---|------------------|-------------------|----------------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 OFFICE OF THE MEC | 24 693 | - | - | 24 693 | 16 125 | 8 568 | 65,3% | 25 528 | 16 392 |
| 2 MANAGEMENT | 1 431 453 | - | 370 253 | 1 801 706 | 1 809 531 | 7 825 | 100,4% | 2 316 320 | 2 156 800 |
| | 1 456 146 | - | 370 253 | 1 826 399 | 1 825 656 | 743 | 100,0% | 2 341 848 | 2 173 192 |
| Economic classification | | | | | | | | | |
| Current payments | 1 431 053 | - | - | 1 431 053 | 1 290 127 | 140 926 | 90,2% | 1 891 356 | 1 649 055 |
| Compensation of employees | 559 963 | - | - | 559 963 | 449 778 | 110 185 | 80,3% | 563 309 | 463 885 |
| Salaries and wages | 496 865 | - | - | 496 865 | 389 091 | 107 774 | 78,3% | 503 101 | 405 068 |
| Social contributions | 63 098 | - | - | 63 098 | 60 687 | 2 411 | 96,2% | 60 208 | 58 817 |
| Goods and services | 871 090 | - | - | 871 090 | 836 508 | 34 582 | 96,0% | 1 326 949 | 1 184 072 |
| Administrative fees | 4 846 | - | - | 4 846 | 3 183 | 1 663 | 65,7% | 4 617 | 6 253 |
| Advertising | 4 837 | - | - | 4 837 | 3 480 | 1 357 | 71,9% | 5 602 | 1 507 |
| Minor assets | 275 | - | - | 275 | 1 122 | 847 | 408,0% | 262 | 585 |
| Audit costs: External | 29 206 | - | - | 29 206 | 29 875 | 669 | 102,3% | 27 868 | 25 744 |
| Catering: Departmental activities | 781 | - | - | 781 | 321 | 460 | 41,1% | 750 | 117 |
| Communication (G&S) | 21 220 | - | - | 21 220 | 34 688 | 13 468 | 163,5% | 58 356 | 57 840 |
| Computer services | 204 345 | - | - | 204 345 | 86 575 | 117 770 | 42,4% | 232 373 | 239 579 |
| Consultants: Business and advisory services | 109 295 | - | - | 109 295 | 24 393 | 84 902 | 22,3% | 98 805 | 26 181 |
| Laboratory services | - | - | - | - | 39 | 39 | - | 36 839 | 1 |
| Legal services | 21 914 | - | - | 21 914 | 119 988 | 98 074 | 547,5% | 134 002 | 139 046 |
| Contractors | 3 181 | - | - | 3 181 | 40 | 3 141 | 1,3% | 12 073 | 254 |
| Agency and support / outsourced services | 4 000 | - | - | 4 000 | 219 724 | 215 724 | 5493,1% | 88 449 | 75 430 |
| Fleet services (including government motor transport) | 3 338 | - | - | 3 338 | 4 978 | 1 640 | 149,1% | 3 185 | 4 822 |
| Inventory: Food and food supplies | 37 | - | - | 37 | 12 | 25 | 32,4% | 35 | - |
| Inventory: Materials and supplies | 23 | - | - | 23 | 542 | 519 | 2356,5% | 422 | 379 |
| Inventory: Medical supplies | - | - | - | - | 122 | 122 | - | - | 2 991 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Inventory: Medicine | - | - | - | - | - | - | - | - | - |
| Inventory: Other supplies | - | - | - | - | 6 | 6 | - | - | 148 |
| Consumable supplies | 400 819 | - | - | 400 819 | 251 648 | 149 171 | 62,8% | 555 683 | 523 817 |
| Consumable: Stationery, printing and office supplies | 6 185 | - | - | 6 185 | 1 763 | 4 422 | 28,5% | 4 880 | 628 |
| Operating leases | 10 588 | - | - | 10 588 | 17 072 | 6 484 | 161,2% | 11 395 | 21 961 |
| Property payments | 7 623 | - | - | 7 623 | 9 507 | 1 884 | 124,7% | 7 274 | 17 260 |
| Travel and subsistence | 7 774 | - | - | 7 774 | 3 439 | 4 335 | 44,2% | 5 896 | 2 352 |
| Training and development | 4 | - | - | 4 | - | 4 | - | - | 497 |
| Operating payments | - | - | - | - | - | - | - | - | 18 |
| Venues and facilities | 1 573 | - | - | 1 573 | 249 | 1 324 | 15,8% | 901 | - |
| Rental and hiring | 29 226 | - | - | 29 226 | 23 742 | 5 484 | 81,2% | 37 282 | 36 663 |
| Interest and rent on land | - | - | - | - | 3 841 | 3 841 | - | 1 098 | 1 098 |
| Interest (incl. interest on unitary payments (PPP)) | - | - | - | - | 3 841 | 3 841 | - | - | - |
| Rent on land | - | - | - | - | - | - | - | 1 098 | 1 098 |
| Transfers and subsidies | 3 595 | - | 370 253 | 373 848 | 516 909 | 143 061 | 138,3% | 228 227 | 371 718 |
| Households | 3 595 | - | 370 253 | 373 848 | 516 909 | 143 061 | 138,3% | 228 227 | 371 718 |
| Social benefits | 1 900 | - | - | 1 900 | 9 822 | 7 922 | 516,9% | 1 810 | 2 536 |
| Other transfers to households | 1 695 | - | 370 253 | 371 948 | 507 087 | 135 139 | 136,3% | 226 417 | 369 182 |
| Payments for capital assets | 21 498 | - | - | 21 498 | 18 503 | 2 995 | 86,1% | 222 265 | 152 410 |
| Machinery and equipment | 21 498 | - | - | 21 498 | 18 503 | 2 995 | 86,1% | 222 265 | 152 410 |
| Transport equipment | - | - | - | - | - | - | - | 175 | - |
| Other machinery and equipment | 21 498 | - | - | 21 498 | 18 503 | 2 995 | 86,1% | 222 090 | 152 410 |
| Payment for financial assets | - | - | - | - | 117 | 117 | - | - | 9 |
| | 1 456 146 | - | 370 253 | 1 826 399 | 1 825 656 | 743 | 100,0% | 2 341 848 | 2 173 192 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|------------------------------------|---------------------------------|----------------------------|-------------------|------------------------------|-----------------------------|-------------------|--|------------------------------|-----------------------------|
| | Adjusted Appropriation R'000 | Shifting of Funds R'000 | Virement R'000 | Final Appropriation R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final appropriation % | Final Appropriation R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 23 933 | - | - | 23 933 | 15 874 | 8 059 | 66,3% | 24 805 | 16 392 |
| Compensation of employees | 17 889 | - | - | 17 889 | 7 905 | 9 984 | 44,2% | 19 037 | 9 876 |
| Goods and services | 6 044 | - | - | 6 044 | 7 969 | 1 925 | 131,8% | 5 768 | 6 516 |
| Transfers and subsidies | 577 | - | - | 577 | 245 | 332 | 42,5% | 548 | - |
| Households | 577 | - | - | 577 | 245 | 332 | 42,5% | 548 | - |
| Payments for capital assets | 183 | - | - | 183 | 6 | 177 | 3,3% | 175 | - |
| Machinery and equipment | 183 | - | - | 183 | 6 | 177 | 3,3% | 175 | - |
| Total | 24 693 | - | - | 24 693 | 16 125 | 8 568 | 65,3% | 25 528 | 16 392 |

| | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 1 407 120 | - | - | 1 407 120 | 1 274 253 | 132 867 | 90,6% | 1 866 551 | 1 632 663 |
| Compensation of employees | 542 074 | - | - | 542 074 | 441 873 | 100 201 | 81,5% | 544 272 | 454 009 |
| Goods and services | 865 046 | - | - | 865 046 | 828 539 | 36 507 | 95,8% | 1 321 181 | 1 177 556 |
| Interest and rent on land | - | - | - | - | 3 841 | 3 841 | - | 1 098 | 1 098 |
| Transfers and subsidies | 3 018 | - | 370 253 | 373 271 | 516 664 | 143 393 | 138,4% | 227 679 | 371 718 |
| Households | 3 018 | - | 370 253 | 373 271 | 516 664 | 143 393 | 138,4% | 227 679 | 371 718 |
| Payments for capital assets | 21 315 | - | - | 21 315 | 18 497 | 2 818 | 86,8% | 222 090 | 152 410 |
| Machinery and equipment | 21 315 | - | - | 21 315 | 18 497 | 2 818 | 86,8% | 222 090 | 152 410 |
| Payment for financial assets | - | - | - | - | 117 | 117 | - | - | 9 |
| Total | 1 431 453 | - | 370 253 | 1 801 706 | 1 809 531 | 7 825 | 100,4% | 2 316 320 | 2 156 800 |

Appropriation Statement

for the period ended 31 March 2023

Programme 2: DISTRICT HEALTH SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|----------------------------|-------------------|-------------------|----------------|-------------------|--------------------|------------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 HIV, AIDS AND TB | 6 886 474 | - | - | 6 886 474 | 6 056 337 | 830 137 | 87,9% | 1 336 801 | 1 226 765 |
| 2 DISTRICT MANAGEMENT | 1 055 024 | - | 25 000 | 1 030 024 | 997 438 | 32 586 | 96,8% | 2 583 233 | 2 559 621 |
| 3 COMMUNITY HEALTH CLINICS | 2 856 426 | - | 100 000 | 2 756 426 | 2 615 480 | 140 946 | 94,9% | 2 273 948 | 2 211 791 |
| 4 COMMUNITY HEALTH CENTRES | 2 479 863 | - | 103 000 | 2 376 863 | 2 301 619 | 75 244 | 96,8% | 2 581 138 | 2 583 098 |
| 5 COMMUNITY BASED SERVICES | 2 742 671 | - | - | 2 742 671 | 2 808 748 | 66 077 | 102,4% | 6 230 575 | 5 995 932 |
| 6 HIV, AIDS | - | - | - | - | - | - | - | 58 814 | 49 495 |
| 7 NUTRITION | 80 335 | - | - | 80 335 | 79 720 | 615 | 99,2% | 359 872 | 274 106 |
| 8 CORONER SERVICES | 335 720 | - | - | 335 720 | 305 201 | 30 519 | 90,9% | 4 451 540 | 4 350 636 |
| 9 DISTRICT HOSPITALS | 4 650 777 | - | 137 000 | 4 513 777 | 4 329 759 | 184 018 | 95,9% | - | - |
| | 21 087 290 | - | 365 000 | 20 722 290 | 19 494 302 | 1 227 988 | 94,1% | 19 875 921 | 19 251 444 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|---|-------------------|-------------------|------------------|-------------------|--------------------|------------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 19 792 373 | - 3 000 | - 309 000 | 19 480 373 | 18 401 372 | 1 079 001 | 94,5% | 18 796 646 | 18 266 704 |
| Compensation of employees | 11 691 633 | - | - 86 000 | 11 605 633 | 12 129 780 | - 524 147 | 104,5% | 11 196 729 | 11 938 291 |
| Salaries and wages | 10 156 820 | - | - 86 000 | 10 070 820 | 10 394 381 | - 323 561 | 103,2% | 9 812 632 | 10 344 124 |
| Social contributions | 1 534 813 | - | - | 1 534 813 | 1 735 399 | - 200 586 | 113,1% | 1 384 097 | 1 594 167 |
| Goods and services | 8 100 740 | - 3 000 | - 223 000 | 7 874 740 | 6 271 592 | 1 603 148 | 79,6% | 7 599 917 | 6 328 413 |
| Administrative fees | 2 393 | - | - | 2 393 | 2 084 | 309 | 87,1% | 2 144 | 1 333 |
| Advertising | 16 604 | - | - | 16 604 | 3 682 | 12 922 | 22,2% | 13 377 | 3 127 |
| Minor assets | 41 209 | - | - | 41 209 | 8 305 | 32 904 | 20,2% | 33 695 | 13 240 |
| Audit costs: External | - | - | - | - | 311 | - 311 | - | - | - |
| Catering: Departmental activities | 8 696 | - | - | 8 696 | 5 653 | 3 043 | 65,0% | 9 336 | 3 781 |
| Communication (G&S) | 48 257 | - | - | 48 257 | 22 759 | 25 498 | 47,2% | 20 587 | 12 185 |
| Computer services | - | - | - | - | 66 | - 66 | - | - | 29 |
| Consultants: Business and advisory services | 654 | - | - | 654 | 112 | 542 | 17,1% | 387 | 197 |
| Laboratory services | 1 303 571 | 336 452 | - 33 000 | 1 607 023 | 1 515 855 | 91 168 | 94,3% | 1 224 919 | 1 263 374 |
| Legal services | - | - | - | - | 68 | - 68 | - | - | 384 |
| Contractors | 331 834 | - 203 000 | - | 128 834 | 105 477 | 23 357 | 81,9% | 135 923 | 159 328 |
| Agency and support / outsourced services | 50 215 | - | - | 50 215 | 36 186 | 14 029 | 72,1% | 44 561 | 25 784 |
| Fleet services (including government motor transport) | 39 515 | - | - | 39 515 | 40 123 | - 608 | 101,5% | 38 407 | 33 694 |
| Inventory: Clothing material and accessories | - | - | - | - | 1 091 | - 1 091 | - | - | 2 957 |
| Inventory: Food and food supplies | 105 955 | - | - 21 000 | 84 955 | 66 762 | 18 193 | 78,6% | 91 209 | 57 214 |
| Inventory: Fuel, oil and gas | 101 581 | - | - | 101 581 | 84 279 | 17 302 | 83,0% | 96 823 | 78 225 |
| Inventory: Learner and teacher support material | - | - | - | - | 78 | - 78 | - | - | - |
| Inventory: Materials and supplies | 27 065 | - | - | 27 065 | 19 452 | 7 613 | 71,9% | 22 845 | 14 359 |
| Inventory: Medical supplies | 912 655 | - 131 180 | - | 781 475 | 571 818 | 209 657 | 73,2% | 849 454 | 604 036 |
| Inventory: Medicine | 3 869 577 | - 3 000 | - 123 000 | 3 743 577 | 2 931 926 | 811 651 | 78,3% | 3 691 280 | 3 224 821 |
| Inventory: Other supplies | 38 071 | - | - | 38 071 | 36 730 | 1 341 | 96,5% | 35 596 | 22 087 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--|-----------------------|-------------------------|----------------|--------------------|--------------------------|------------------|------------------------------------|--------------------|--------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Consumable supplies | 252 479 | - | 16 000 | 234 207 | 125 464 | 108 743 | 53,6% | 461 177 | 120 670 |
| Consumable: Stationery, printing and office supplies | 185 041 | - | - | 185 041 | 58 981 | 126 060 | 31,9% | 81 979 | 45 170 |
| Operating leases | 62 373 | - | - | 62 373 | 60 374 | 1 999 | 96,8% | 58 090 | 79 357 |
| Property payments | 638 006 | - | 30 000 | 608 006 | 557 133 | 50 873 | 91,6% | 608 977 | 549 113 |
| Transport provided: Departmental activity | 1 104 | - | - | 1 104 | 247 | 857 | 22,4% | 3 034 | 40 |
| Travel and subsistence | 8 137 | - | - | 8 137 | 8 435 | 298 | 103,7% | 15 621 | 5 855 |
| Training and development | 48 843 | - | - | 48 843 | 5 109 | 43 734 | 10,5% | 53 195 | 5 157 |
| Operating payments | 1 305 | - | - | 1 305 | 746 | 559 | 57,2% | 2 394 | 669 |
| Venues and facilities | 3 500 | - | - | 3 500 | 2 151 | 1 349 | 61,5% | 3 796 | 2 133 |
| Rental and hiring | 2 100 | - | - | 2 100 | 135 | 1 965 | 6,4% | 1 111 | 94 |
| Transfers and subsidies | 977 187 | 3 000 | - | 980 187 | 951 953 | 28 234 | 97,1% | 882 550 | 821 714 |
| Provinces and municipalities | 517 164 | - | - | 517 164 | 514 577 | 2 587 | 99,5% | 470 568 | 441 595 |
| Municipalities | 517 164 | - | - | 517 164 | 514 577 | 2 587 | 99,5% | 470 568 | 441 595 |
| Municipal bank accounts | - | - | - | - | - | 2 587 | 99,5% | - | - |
| Municipal agencies and funds | - | - | - | - | - | - | - | 470 568 | 441 595 |
| Non-profit institutions | 429 078 | 3 000 | - | 432 078 | 396 442 | 35 636 | 91,8% | 378 868 | 348 704 |
| Households | 30 945 | - | - | 30 945 | 40 934 | 9 989 | 132,3% | 33 114 | 31 415 |
| Social benefits | 30 945 | - | - | 30 945 | 36 547 | 5 602 | 118,1% | 33 114 | 31 415 |
| Other transfers to households | - | - | - | - | 4 387 | 4 387 | - | - | - |
| Payments for capital assets | 317 730 | - | 56 000 | 261 730 | 135 573 | 126 157 | 51,8% | 196 725 | 162 386 |
| Machinery and equipment | 317 730 | - | 56 000 | 261 730 | 135 573 | 126 157 | 51,8% | 196 725 | 162 347 |
| Transport equipment | 85 516 | - | - | 85 516 | 47 389 | 38 127 | 55,4% | 77 694 | 60 560 |
| Other machinery and equipment | 232 214 | - | 56 000 | 176 214 | 88 184 | 88 030 | 50,0% | 119 031 | 101 787 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 39 |
| Payment for financial assets | - | - | - | - | 5 404 | 5 404 | - | - | 640 |
| | 21 087 290 | - | 365 000 | 20 722 290 | 19 494 302 | 1 227 988 | 94,1% | 19 875 921 | 19 251 444 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|------------------|-------------------|--------------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 6 580 260 | - | 3 000 | 6 577 260 | 5 831 393 | 745 867 | 88,7% | 1 285 433 | 1 176 259 |
| Compensation of employees | 2 171 118 | - | - | 2 171 118 | 2 724 470 | 553 352 | 125,5% | 1 146 376 | 974 582 |
| Goods and services | 4 409 142 | - | 3 000 | 4 406 142 | 3 106 923 | 1 299 219 | 70,5% | 139 057 | 201 677 |
| Transfers and subsidies | 220 582 | - | 3 000 | 223 582 | 222 852 | 730 | 99,7% | 2 414 | 2 793 |
| Provinces and municipalities | 124 553 | - | - | 124 553 | 121 966 | 2 587 | 97,9% | - | - |
| Non-profit institutions | 94 208 | - | 3 000 | 97 208 | 97 116 | 92 | 99,9% | - | - |
| Households | 1 821 | - | - | 1 821 | 3 770 | 1 949 | 207,0% | 2 414 | 2 793 |
| Payments for capital assets | 85 632 | - | - | 85 632 | 2 057 | 83 575 | 2,4% | 48 954 | 47 526 |
| Machinery and equipment | 85 632 | - | - | 85 632 | 2 057 | 83 575 | 2,4% | 48 954 | 47 526 |
| Payment for financial assets | - | - | - | - | 35 | - | - | - | 187 |
| Total | 6 886 474 | - | - | 6 886 474 | 6 056 337 | 830 137 | 87,9% | 1 336 801 | 1 226 765 |

| | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|------------------|-------------------|---------------|------------------|--------------------|---------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 996 619 | - | 25 000 | 971 619 | 940 901 | 30 718 | 96,8% | 2 158 902 | 2 137 499 |
| Compensation of employees | 849 573 | - | 25 000 | 824 573 | 752 084 | 72 489 | 91,2% | 1 343 592 | 1 397 296 |
| Goods and services | 147 046 | - | - | 147 046 | 188 817 | 41 771 | 128,4% | 815 310 | 740 203 |
| Transfers and subsidies | 2 699 | - | - | 2 699 | 3 101 | 402 | 114,9% | 399 339 | 403 649 |
| Provinces and municipalities | - | - | - | - | - | - | - | 377 148 | 377 148 |
| Non-profit institutions | - | - | - | - | - | - | - | 15 641 | 19 574 |
| Households | 2 699 | - | - | 2 699 | 3 101 | 402 | 114,9% | 6 550 | 6 927 |
| Payments for capital assets | 55 706 | - | - | 55 706 | 51 470 | 4 236 | 92,4% | 24 992 | 18 395 |
| Machinery and equipment | 55 706 | - | - | 55 706 | 51 470 | 4 236 | 92,4% | 24 992 | 18 395 |
| Payment for financial assets | - | - | - | - | 1 966 | - | - | - | 78 |
| Total | 1 055 024 | - | 25 000 | 1 030 024 | 997 438 | 32 586 | 96,8% | 2 583 233 | 2 559 621 |

Appropriation Statement

for the period ended 31 March 2023

Subprogramme: 2.3: COMMUNITY HEALTH CLINICS

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 2 417 882 | - | 100 000 | 2 317 882 | 2 179 329 | 138 553 | 94,0% | 2 228 428 | 2 174 017 |
| Compensation of employees | 1 460 189 | - | - | 1 460 189 | 1 477 966 | 17 777 | 101,2% | 1 627 805 | 1 627 733 |
| Goods and services | 957 693 | - | 100 000 | 857 693 | 701 363 | 156 330 | 81,8% | 600 623 | 546 284 |
| Transfers and subsidies | 414 266 | - | - | 414 266 | 420 339 | 6 073 | 101,5% | 8 483 | 8 073 |
| Provinces and municipalities | 392 611 | - | - | 392 611 | 392 611 | - | 100,0% | - | - |
| Non-profit institutions | 16 392 | - | - | 16 392 | 19 033 | 2 641 | 116,1% | - | - |
| Households | 5 263 | - | - | 5 263 | 8 695 | 3 432 | 165,2% | 8 483 | 8 073 |
| Payments for capital assets | 24 278 | - | - | 24 278 | 14 837 | 9 441 | 61,1% | 37 037 | 29 580 |
| Machinery and equipment | 24 278 | - | - | 24 278 | 14 837 | 9 441 | 61,1% | 37 037 | 29 580 |
| Payment for financial assets | | | | | 975 | 975 | - | - | 121 |
| Total | 2 856 426 | - | 100 000 | 2 756 426 | 2 615 480 | 140 946 | 94,9% | 2 273 948 | 2 211 791 |

Subprogramme: 2.4: COMMUNITY HEALTH CENTRES

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 2 414 700 | - | 66 000 | 2 348 700 | 2 277 914 | 70 786 | 97,0% | 2 365 598 | 2 379 183 |
| Compensation of employees | 1 751 488 | - | - | 1 751 488 | 1 758 554 | 7 066 | 100,4% | 1 758 519 | 1 711 472 |
| Goods and services | 663 212 | - | 66 000 | 597 212 | 519 360 | 77 852 | 87,0% | 607 079 | 667 711 |
| Transfers and subsidies | 8 812 | - | - | 8 812 | 7 294 | 1 518 | 82,8% | 196 490 | 196 800 |
| Non-profit institutions | | | | | | | | 193 984 | 193 693 |
| Households | 8 812 | - | - | 8 812 | 7 294 | 1 518 | 82,8% | 2 506 | 3 107 |
| Payments for capital assets | 56 351 | - | 37 000 | 19 351 | 15 727 | 3 624 | 81,3% | 19 050 | 7 115 |
| Machinery and equipment | 56 351 | - | 37 000 | 19 351 | 15 727 | 3 624 | 81,3% | 19 050 | 7 115 |
| Payment for financial assets | | | | | 684 | 684 | - | - | - |
| Total | 2 479 863 | - | 103 000 | 2 376 863 | 2 301 619 | 75 244 | 96,8% | 2 581 138 | 2 583 098 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 2.5: COMMUNITY BASED SERVICES | 2022/23 | | | | 2021/22 | | | | |
|---|-----------------|-------------------|----------|--------------|--------------------|-----------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 2 473 397 | - | - | 2 473 397 | 2 589 462 | - 116 065 | 104,7% | 6 018 545 | 5 833 638 |
| Compensation of employees | 1 828 156 | - | - | 1 828 156 | 1 890 780 | - 62 624 | 103,4% | 1 666 790 | 2 584 217 |
| Goods and services | 645 241 | - | - | 645 241 | 698 682 | - 53 441 | 108,3% | 4 351 755 | 3 249 421 |
| Transfers and subsidies | 241 162 | - | - | 241 162 | 204 601 | 36 561 | 84,8% | 205 670 | 151 574 |
| Provinces and municipalities | - | - | - | - | - | - | - | 93 420 | 64 447 |
| Non-profit institutions | 238 143 | - | - | 238 143 | 200 586 | 37 557 | 84,2% | 110 429 | 85 942 |
| Households | 3 019 | - | - | 3 019 | 4 015 | - 996 | 133,0% | 1 821 | 1 185 |
| Payments for capital assets | 28 112 | - | - | 28 112 | 14 433 | 13 679 | 51,3% | 6 360 | 10 720 |
| Machinery and equipment | 28 112 | - | - | 28 112 | 14 433 | 13 679 | 51,3% | 6 360 | 10 681 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 39 |
| Payment for financial assets | - | - | - | - | 252 | - 252 | - | - | - |
| Total | 2 742 671 | - | - | 2 742 671 | 2 808 748 | - 66 077 | 102,4% | 6 230 575 | 5 995 932 |

| Subprogramme: 2.6: HIV, AIDS | 2022/23 | | | | 2021/22 | | | | |
|--------------------------------|-----------------|-------------------|----------|--------------|--------------------|----------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Transfers and subsidies | - | - | - | - | - | - | - | 58 814 | 49 495 |
| Non-profit institutions | - | - | - | - | - | - | - | 58 814 | 49 495 |
| Total | - | - | - | - | - | - | - | 58 814 | 49 495 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 2.7: NUTRITION | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|-----------------|-------------------|----------|--------------|--------------------|----------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | - | - | - | - | 10 | 10 | - | 344 773 | 267 961 |
| Compensation of employees | - | - | - | - | - | - | - | 278 604 | 234 796 |
| Goods and services | - | - | - | - | 10 | 10 | - | 66 169 | 33 165 |
| Transfers and subsidies | 80 335 | - | - | 80 335 | 79 710 | 625 | 99,2% | 1 112 | 451 |
| Non-profit institutions | 80 335 | - | - | 80 335 | 79 707 | 628 | 99,2% | - | - |
| Households | - | - | - | - | 3 | 3 | - | 1 112 | 451 |
| Payments for capital assets | - | - | - | - | - | - | - | 13 987 | 5 682 |
| Machinery and equipment | - | - | - | - | - | - | - | 13 987 | 5 682 |
| Payment for financial assets | - | - | - | - | - | - | - | - | 12 |
| Total | 80 335 | - | - | 80 335 | 79 720 | 615 | 99,2% | 359 872 | 274 106 |

| Subprogramme: 2.8: CORONER SERVICES | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|-----------------|-------------------|----------|--------------|--------------------|----------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 323 802 | - | - | 323 802 | 301 974 | 21 828 | 93,3% | 4 394 967 | 4 298 147 |
| Compensation of employees | 248 989 | - | - | 248 989 | 247 578 | 1 411 | 99,4% | 3 375 043 | 3 408 195 |
| Goods and services | 74 813 | - | - | 74 813 | 54 396 | 20 417 | 72,7% | 1 019 924 | 889 952 |
| Transfers and subsidies | 1 087 | - | - | 1 087 | 1 502 | 415 | 138,2% | 10 228 | 8 879 |
| Households | 1 087 | - | - | 1 087 | 1 502 | 415 | 138,2% | 10 228 | 8 879 |
| Payments for capital assets | 10 831 | - | - | 10 831 | 1 666 | 9 165 | 15,4% | 46 345 | 43 368 |
| Machinery and equipment | 10 831 | - | - | 10 831 | 1 666 | 9 165 | 15,4% | 46 345 | 43 368 |
| Payment for financial assets | - | - | - | - | 59 | 59 | - | - | 242 |
| Total | 335 720 | - | - | 335 720 | 305 201 | 30 519 | 90,9% | 4 451 540 | 4 350 636 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 2.9: DISTRICT HOSPITALS | 2022/23 | | | | | | 2021/22 | | |
|---------------------------------------|------------------|-------------------|----------------|------------------|--------------------|----------------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 4 585 713 | - | 118 000 | 4 467 713 | 4 280 389 | 187 324 | 95,8% | - | - |
| Compensation of employees | 3 382 120 | - | 61 000 | 3 321 120 | 3 278 348 | 42 772 | 98,7% | - | - |
| Goods and services | 1 203 593 | - | 57 000 | 1 146 593 | 1 002 041 | 144 552 | 87,4% | - | - |
| Transfers and subsidies | 8 244 | - | - | 8 244 | 12 554 | - 4 310 | 152,3% | - | - |
| Households | 8 244 | - | - | 8 244 | 12 554 | - 4 310 | 152,3% | - | - |
| Payments for capital assets | 56 820 | - | 19 000 | 37 820 | 35 383 | 2 437 | 93,6% | - | - |
| Machinery and equipment | 56 820 | - | 19 000 | 37 820 | 35 383 | 2 437 | 93,6% | - | - |
| Payment for financial assets | 4 650 777 | - | 137 000 | 4 513 777 | 4 329 759 | 184 018 | 95,9% | - | - |
| Total | 4 650 777 | - | 137 000 | 4 513 777 | 4 329 759 | 184 018 | 95,9% | - | - |

| Programme 3: EMERGENCY MEDICAL SERVICES | 2022/23 | | | | | | 2021/22 | | |
|---|------------------|-------------------|----------------|------------------|--------------------|------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| Sub programme | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| 1 EMERGENCY TRANSPORT | 1 501 919 | - | 216 000 | 1 717 919 | 1 792 978 | - 75 059 | 104,4% | 1 330 803 | 1 151 059 |
| 2 PLANNED PATIENT TRANSPORT | 293 181 | - | - | 293 181 | 217 963 | 75 218 | 74,3% | 246 902 | 280 633 |
| Total | 1 795 100 | - | 216 000 | 2 011 100 | 2 010 941 | 159 | 100,0% | 1 577 705 | 1 431 692 |

Appropriation Statement

for the period ended 31 March 2023

| Programme 3: EMERGENCY MEDICAL SERVICES | 2022/23 | | | | 2021/22 | | | | |
|---|------------------|-------------------|----------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 1 501 354 | - | - | 1 501 354 | 1 330 004 | 171 350 | 88,6% | 1 234 957 | 1 135 041 |
| Compensation of employees | 1 003 544 | - | - | 1 003 544 | 1 005 052 | 1 508 | 100,2% | 943 183 | 899 602 |
| Salaries and wages | 752 878 | - | - | 752 878 | 827 960 | 75 082 | 110,0% | 838 696 | 745 743 |
| Social contributions | 250 666 | - | - | 250 666 | 177 092 | 73 574 | 70,6% | 104 487 | 153 859 |
| Goods and services | 497 810 | - | - | 497 810 | 324 952 | 172 858 | 65,3% | 291 724 | 235 389 |
| Administrative fees | 15 000 | - | - | 15 000 | - | 15 000 | - | 12 000 | 11 981 |
| Advertising | 3 500 | - | - | 3 500 | 41 | 3 459 | 1,2% | 1 450 | 879 |
| Minor assets | 12 500 | - | - | 12 500 | 271 | 12 229 | 2,2% | 4 500 | 872 |
| Catering: Departmental activities | 980 | - | - | 980 | 419 | 561 | 42,8% | 980 | 370 |
| Communication (G&S) | 8 200 | - | - | 8 200 | 2 771 | 5 429 | 33,8% | 4 200 | 3 000 |
| Computer services | 1 820 | - | - | 1 820 | - | 1 820 | - | 820 | - |
| Consultants: Business and advisory services | - | - | - | - | - | - | - | - | 27 |
| Legal services | - | - | - | - | - | - | - | - | 50 |
| Contractors | 14 697 | - | - | 14 697 | 12 369 | 2 328 | 84,2% | 4 697 | 2 956 |
| Agency and support / outsourced services | 1 678 | - | - | 1 678 | 236 | 1 442 | 14,1% | 1 678 | 177 |
| Fleet services (including government motor transport) | 205 224 | - | - | 205 224 | 149 646 | 55 578 | 72,9% | 171 817 | 132 792 |
| Inventory: Food and food supplies | 25 | - | - | 25 | 2 | 23 | 8,0% | - | 6 |
| Inventory: Fuel, oil and gas | 3 500 | - | - | 3 500 | 748 | 2 752 | 21,4% | 1 500 | 415 |
| Inventory: Materials and supplies | 5 274 | - | - | 5 274 | 3 925 | 1 349 | 74,4% | 2 274 | 490 |
| Inventory: Medical supplies | 26 994 | - | - | 26 994 | 39 861 | 12 867 | 147,7% | 19 994 | 30 262 |
| Inventory: Medicine | 1 150 | - | - | 1 150 | 973 | 177 | 84,6% | 1 150 | 890 |
| Inventory: Other supplies | 6 415 | - | - | 6 415 | 574 | 5 841 | 8,9% | 1 415 | 455 |
| Consumable supplies | 36 866 | - | - | 36 866 | 22 444 | 14 422 | 60,9% | 19 555 | 10 609 |
| Consumable: Stationery, printing and office supplies | 14 903 | - | - | 14 903 | 6 834 | 8 069 | 45,9% | 4 003 | 3 937 |
| Operating leases | 78 911 | - | - | 78 911 | 30 257 | 48 654 | 38,3% | 25 491 | 25 483 |
| Property payments | 46 481 | - | - | 46 481 | 53 367 | 6 886 | 114,8% | 10 000 | 9 615 |
| Transport provided: Departmental activity | 4 692 | - | - | 4 692 | - | 4 692 | - | 2 200 | - |
| Travel and subsistence | 1 500 | - | - | 1 500 | 71 | 1 429 | 4,7% | 500 | 44 |
| Training and development | 7 500 | - | - | 7 500 | 143 | 7 357 | 1,9% | 1 500 | 17 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Operating payments | - | - | - | - | - | - | - | - | 62 |
| Interest and rent on land | - | - | - | - | - | - | - | 50 | 50 |
| Rent on land | - | - | - | - | - | - | - | 50 | 50 |
| Transfers and subsidies | 3 805 | - | - | 3 805 | 3 604 | 201 | 94,7% | 3 307 | 1 515 |
| Households | 3 805 | - | - | 3 805 | 3 604 | 201 | 94,7% | 3 307 | 1 515 |
| Social benefits | 3 805 | - | - | 3 805 | 3 604 | 201 | 94,7% | 3 307 | 1 515 |
| Payments for capital assets | 289 941 | - | 216 000 | 505 941 | 676 987 | 171 046 | 133,8% | 339 441 | 295 113 |
| Buildings and other fixed structures | - | - | - | - | - | - | - | - | - |
| Machinery and equipment | 289 941 | - | 216 000 | 505 941 | 676 987 | 171 046 | 133,8% | 339 441 | 295 113 |
| Transport equipment | 194 108 | - | 216 000 | 410 108 | 540 026 | 129 918 | 131,7% | 272 562 | 237 085 |
| Other machinery and equipment | 95 833 | - | - | 95 833 | 136 961 | 41 128 | 142,9% | 66 879 | 58 028 |
| Payment for financial assets | - | - | - | - | 346 | 346 | - | - | 23 |
| | 1 795 100 | - | 216 000 | 2 011 100 | 2 010 941 | 159 | 100,0% | 1 577 705 | 1 431 692 |

| | 2022/23 | | | | | | 2021/22 | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Subprogramme. 3.1: EMERGENCY TRANSPORT | | | | | | | | | |
| Economic classification | | | | | | | | | |
| Current payments | 1 209 568 | - | - | 1 209 568 | 1 113 588 | 95 980 | 92,1% | 988 952 | 854 680 |
| Compensation of employees | 803 363 | - | - | 803 363 | 810 691 | 7 328 | 100,9% | 787 648 | 637 547 |
| Goods and services | 406 205 | - | - | 406 205 | 302 897 | 103 308 | 74,6% | 201 254 | 217 083 |
| Interest and rent on land | - | - | - | - | - | - | - | 50 | 50 |
| Transfers and subsidies | 2 410 | - | - | 2 410 | 2 057 | 353 | 85,4% | 2 410 | 1 243 |
| Households | 2 410 | - | - | 2 410 | 2 057 | 353 | 85,4% | 2 410 | 1 243 |
| Payments for capital assets | 289 941 | - | 216 000 | 505 941 | 676 987 | 171 046 | 133,8% | 339 441 | 295 113 |
| Machinery and equipment | 289 941 | - | 216 000 | 505 941 | 676 987 | 171 046 | 133,8% | 339 441 | 295 113 |
| Payment for financial assets | - | - | - | - | 346 | 346 | - | - | 23 |
| Total | 1 501 919 | - | 216 000 | 1 717 919 | 1 792 978 | 75 059 | 104,4% | 1 330 803 | 1 151 059 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 3.2: PLANNED PATIENT TRANSPORT | 2022/23 | | | | | 2021/22 | | | |
|--|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 291 786 | - | - | 291 786 | 216 416 | 75 370 | 74,2% | 246 005 | 280 361 |
| Compensation of employees | 200 181 | - | - | 200 181 | 194 361 | 5 820 | 97,1% | 155 535 | 262 055 |
| Goods and services | 91 605 | - | - | 91 605 | 22 055 | 69 550 | 24,1% | 90 470 | 18 306 |
| Transfers and subsidies | 1 395 | - | - | 1 395 | 1 547 | 152 | 110,9% | 897 | 272 |
| Households | 1 395 | - | - | 1 395 | 1 547 | 152 | 110,9% | 897 | 272 |
| Total | 293 181 | - | - | 293 181 | 217 963 | 75 218 | 74,3% | 246 902 | 280 633 |

| Programme 4: PROVINCIAL HOSPITAL SERVICES | 2022/23 | | | | | 2021/22 | | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Sub programme | | | | | | | | | |
| 1 GENERAL HOSPITALS | 8 105 370 | - | 3 000 | 8 102 370 | 8 211 161 | 108 791 | 101,3% | 7 978 352 | 7 988 877 |
| 2 TUBERCULOSIS HOSPITALS | 372 086 | - | 4 500 | 367 586 | 354 099 | 13 487 | 96,3% | 365 146 | 321 495 |
| 3 PSYCHIATRIC/MENTAL HOSPITAL | 2 020 517 | - | 134 000 | 1 886 517 | 1 768 460 | 118 057 | 93,7% | 1 953 808 | 1 669 528 |
| 4 DENTAL TRAINING HOSPITALS | 676 651 | - | - | 676 651 | 636 212 | 40 439 | 94,0% | 672 891 | 603 093 |
| 5 OTHER SPECIALISED HOSPITALS | 111 834 | - | - | 111 834 | 112 499 | 665 | 100,6% | 111 701 | 104 221 |
| Total | 11 286 458 | - | 141 500 | 11 144 958 | 11 082 431 | 62 527 | 99,4% | 11 081 898 | 10 697 214 |

Appropriation Statement

for the period ended 31 March 2023

Programme 4: PROVINCIAL HOSPITAL SERVICES

| | 2022/23 | | | | 2021/22 | | | | |
|---|-------------------|-------------------|----------------|-------------------|--------------------|---------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 11 099 919 | - | 138 500 | 10 961 419 | 10 941 764 | 19 655 | 99,8% | 10 916 999 | 10 536 389 |
| Compensation of employees | 8 187 238 | - | - | 8 187 238 | 8 123 089 | 64 149 | 99,2% | 8 053 422 | 7 914 479 |
| Salaries and wages | 7 232 556 | - | - | 7 232 556 | 7 180 103 | 52 453 | 99,3% | 7 096 327 | 7 026 796 |
| Social contributions | 954 682 | - | - | 954 682 | 942 986 | 11 696 | 98,8% | 957 095 | 887 683 |
| Goods and services | 2 912 681 | - | 138 500 | 2 774 181 | 2 818 675 | 44 494 | 101,6% | 2 863 577 | 2 621 910 |
| Administrative fees | 1 106 | - | - | 1 106 | 1 141 | 35 | 103,2% | 512 | 587 |
| Advertising | 80 | - | - | 80 | 3 | 77 | 3,8% | 10 | 4 |
| Minor assets | 15 132 | - | - | 15 132 | 6 945 | 8 187 | 45,9% | 13 199 | 7 073 |
| Catering: Departmental activities | 110 | - | - | 110 | 77 | 33 | 70,0% | 120 | 16 |
| Communication (G&S) | 8 174 | - | - | 8 174 | 3 940 | 4 234 | 48,2% | 10 012 | 4 827 |
| Computer services | 2 100 | - | - | 2 100 | 1 825 | 275 | 86,9% | 1 100 | 1 023 |
| Consultants: Business and advisory services | 589 769 | - | 134 000 | 455 769 | 329 597 | 126 172 | 72,3% | 505 409 | 288 104 |
| Laboratory services | 395 820 | - | - | 395 820 | 312 995 | 82 825 | 79,1% | 377 598 | 240 528 |
| Legal services | - | - | - | - | - | - | - | - | 1 529 |
| Contractors | 50 587 | - | - | 50 587 | 64 231 | 13 644 | 127,0% | 37 464 | 53 840 |
| Agency and support / outsourced services | 75 403 | - | - | 75 403 | 70 550 | 4 853 | 93,6% | 68 468 | 93 227 |
| Fleet services (including government motor transport) | 7 367 | - | - | 7 367 | 5 329 | 2 038 | 72,3% | 9 146 | 5 029 |
| Inventory: Clothing material and accessories | - | - | - | - | 267 | 267 | - | - | 952 |
| Inventory: Food and food supplies | 158 151 | - | - | 158 151 | 175 203 | 17 052 | 110,8% | 143 918 | 151 006 |
| Inventory: Fuel, oil and gas | 88 337 | - | - | 88 337 | 97 217 | 8 880 | 110,1% | 72 733 | 109 115 |
| Inventory: Learner and teacher support material | - | - | - | - | 104 | 104 | - | - | - |
| Inventory: Materials and supplies | 10 848 | 400 | - | 10 448 | 19 363 | 8 915 | 185,3% | 11 153 | 10 737 |
| Inventory: Medical supplies | 625 971 | 400 | - | 625 771 | 836 460 | 210 689 | 133,7% | 774 408 | 775 129 |
| Inventory: Medicine | 388 838 | - | 4 500 | 384 338 | 344 977 | 39 361 | 89,8% | 366 674 | 318 140 |
| Inventory: Other supplies | 34 854 | - | - | 34 854 | 47 597 | 12 743 | 136,6% | 27 496 | 33 909 |
| Consumable supplies | 99 752 | - | - | 99 752 | 112 572 | 12 827 | 112,9% | 88 170 | 107 582 |
| Consumable: Stationery, printing and office supplies | 25 111 | - | - | 25 111 | 23 959 | 1 152 | 95,4% | 22 441 | 18 913 |
| Operating leases | 28 820 | - | - | 28 820 | 27 406 | 1 414 | 95,1% | 31 748 | 30 367 |

Appropriation Statement

for the period ended 31 March 2023

Programme 4: PROVINCIAL HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Property payments | 295 564 | - | - | 295 564 | 327 925 | - | 110,9% | 295 316 | 359 742 |
| Transport provided: Departmental activity | 168 | - | - | 168 | 38 | 130 | 22,6% | 258 | 107 |
| Travel and subsistence | 6 798 | - | - | 6 798 | 6 632 | 166 | 97,6% | 934 | 8 287 |
| Training and development | 3 288 | - | - | 3 288 | 1 083 | 2 205 | 32,9% | 3 135 | 954 |
| Operating payments | 1 133 | - | - | 1 133 | 945 | 188 | 83,4% | 2 155 | 896 |
| Rental and hiring | - | - | - | - | 287 | - | - | - | 287 |
| Transfers and subsidies | 17 864 | - | - | 17 864 | 29 667 | - | 166,1% | 18 080 | 26 171 |
| Households | 17 864 | - | - | 17 864 | 29 667 | - | 166,1% | 18 080 | 26 171 |
| Social benefits | 17 864 | - | - | 17 864 | 28 938 | - | 162,0% | 18 080 | 25 968 |
| Other transfers to households | - | - | - | - | 729 | - | - | - | 203 |
| Payments for capital assets | 168 675 | - | 3 000 | 165 675 | 108 006 | 57 669 | 65,2% | 146 819 | 134 144 |
| Machinery and equipment | 168 675 | - | 3 000 | 165 675 | 108 006 | 57 669 | 65,2% | 146 819 | 133 737 |
| Transport equipment | 6 973 | - | - | 6 973 | 3 313 | 3 660 | 47,5% | 6 623 | 2 794 |
| Other machinery and equipment | 161 702 | - | 3 000 | 158 702 | 104 693 | 54 009 | 66,0% | 140 196 | 130 943 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 407 |
| Payment for financial assets | - | - | - | - | 2 994 | - | - | - | 510 |
| Total | 11 286 458 | - | 141 500 | 11 144 958 | 11 082 431 | 62 527 | 99,4% | 11 081 898 | 10 697 214 |

Subprogramme: 4.1: GENERAL HOSPITALS

| | 2022/23 | | | | | 2021/22 | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | 7 969 151 | - | - | 7 969 151 | 8 102 280 | - | 101,7% | 7 862 990 | 7 867 850 |
| Current payments | 5 985 667 | - | - | 5 985 667 | 5 967 070 | 18 597 | 99,7% | 5 832 962 | 5 835 978 |
| Compensation of employees | 1 983 484 | - | - | 1 983 484 | 2 135 210 | - | 107,6% | 2 030 028 | 2 031 872 |
| Goods and services | 13 139 | - | - | 13 139 | 22 231 | - | 169,2% | 12 949 | 17 613 |
| Transfers and subsidies | 13 139 | - | - | 13 139 | 22 231 | - | 169,2% | 12 949 | 17 613 |
| Households | 123 080 | - | 3 000 | 120 080 | 84 244 | 35 836 | 70,2% | 102 413 | 112 976 |
| Payments for capital assets | 123 080 | - | 3 000 | 120 080 | 84 244 | 35 836 | 70,2% | 102 413 | 112 569 |
| Machinery and equipment | 123 080 | - | 3 000 | 120 080 | 84 244 | 35 836 | 70,2% | 102 413 | 112 569 |
| Software and other intangible assets | - | - | - | - | - | - | - | - | 407 |
| Payment for financial assets | - | - | - | - | 2 406 | - | - | - | 438 |
| Total | 8 105 370 | - | 3 000 | 8 102 370 | 8 211 161 | 108 791 | 101,3% | 7 978 352 | 7 998 877 |

Appropriation Statement

for the period ended 31 March 2023

| | Subprogramme: 4.2: TUBERCULOSIS HOSPITALS | | | | | | | | | |
|-------------------------------------|---|-------------------|--------------|----------------|--------------------|---------------|----------------------------------|----------------|--------------------|--|
| | 2022/23 | | | | | 2021/22 | | | | |
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure | |
| R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 | | |
| Economic classification | | | | | | | | | | |
| Current payments | 368 384 | - | 4 500 | 363 884 | 350 474 | 13 410 | 96,3% | 360 922 | 318 819 | |
| Compensation of employees | 303 831 | - | - | 303 831 | 279 791 | 24 040 | 92,1% | 301 957 | 272 870 | |
| Goods and services | 64 553 | - | 4 500 | 60 053 | 70 683 | - | 117,7% | 58 965 | 45 949 | |
| Transfers and subsidies | 385 | - | - | 385 | 705 | - | 183,1% | 487 | 733 | |
| Households | 385 | - | - | 385 | 705 | - | 183,1% | 487 | 733 | |
| Payments for capital assets | 3 317 | - | - | 3 317 | 2 756 | 561 | 83,1% | 3 737 | 1 926 | |
| Machinery and equipment | 3 317 | - | - | 3 317 | 2 756 | 561 | 83,1% | 3 737 | 1 926 | |
| Payment for financial assets | | | | | 164 | - | | | 17 | |
| Total | 372 086 | - | 4 500 | 367 586 | 354 099 | 13 487 | 96,3% | 365 146 | 321 495 | |

| | Subprogramme: 4.3: PSYCHIATRIC/MENTAL HOSPITAL | | | | | | | | | |
|-------------------------------------|--|-------------------|----------------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|--|
| | 2022/23 | | | | | 2021/22 | | | | |
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure | |
| R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 | | |
| Economic classification | | | | | | | | | | |
| Current payments | 2 005 243 | - | 134 000 | 1 871 243 | 1 756 995 | 114 248 | 93,9% | 1 940 413 | 1 658 909 | |
| Compensation of employees | 1 234 921 | - | - | 1 234 921 | 1 223 137 | 11 784 | 99,0% | 1 245 455 | 1 176 387 | |
| Goods and services | 770 322 | - | 134 000 | 636 322 | 533 858 | 102 464 | 83,9% | 694 958 | 482 522 | |
| Transfers and subsidies | 2 896 | - | - | 2 896 | 4 776 | 1 880 | 164,9% | 3 008 | 4 717 | |
| Households | 2 896 | - | - | 2 896 | 4 776 | 1 880 | 164,9% | 3 008 | 4 717 | |
| Payments for capital assets | 12 378 | - | - | 12 378 | 6 387 | 5 991 | 51,6% | 10 387 | 5 855 | |
| Machinery and equipment | 12 378 | - | - | 12 378 | 6 387 | 5 991 | 51,6% | 10 387 | 5 855 | |
| Payment for financial assets | | | | | 302 | - | | | 47 | |
| Total | 2 020 517 | - | 134 000 | 1 886 517 | 1 768 460 | 118 057 | 93,7% | 1 953 808 | 1 669 528 | |

Appropriation Statement

for the period ended 31 March 2023

Subprogramme : 4.4: DENTAL TRAINING HOSPITALS

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 647 257 | - | - | 647 257 | 621 062 | 26 195 | 96,0% | 642 315 | 587 391 |
| Compensation of employees | 567 504 | - | - | 567 504 | 557 080 | 10 424 | 98,2% | 576 058 | 538 438 |
| Goods and services | 79 753 | - | - | 79 753 | 63 982 | 15 771 | 80,2% | 66 257 | 48 953 |
| Transfers and subsidies | 1 294 | - | - | 1 294 | 1 514 | - | 117,0% | 1 457 | 2 953 |
| Households | 1 294 | - | - | 1 294 | 1 514 | - | 117,0% | 1 457 | 2 953 |
| Payments for capital assets | 28 100 | - | - | 28 100 | 13 530 | 14 570 | 48,1% | 29 119 | 12 745 |
| Machinery and equipment | 28 100 | - | - | 28 100 | 13 530 | 14 570 | 48,1% | 29 119 | 12 745 |
| Payment for financial assets | - | - | - | - | 106 | - | - | - | 4 |
| Total | 676 651 | - | - | 676 651 | 636 212 | 40 439 | 94,0% | 672 891 | 603 093 |

Subprogramme : 4.5: OTHER SPECIALISED HOSPITALS

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 109 884 | - | - | 109 884 | 110 953 | - | 101,0% | 110 359 | 103 420 |
| Compensation of employees | 95 315 | - | - | 95 315 | 96 011 | - | 100,7% | 96 990 | 90 806 |
| Goods and services | 14 569 | - | - | 14 569 | 14 942 | - | 102,6% | 13 369 | 12 614 |
| Transfers and subsidies | 150 | - | - | 150 | 441 | - | 294,0% | 179 | 155 |
| Households | 150 | - | - | 150 | 441 | - | 294,0% | 179 | 155 |
| Payments for capital assets | 1 800 | - | - | 1 800 | 1 089 | 711 | 60,5% | 1 163 | 642 |
| Machinery and equipment | 1 800 | - | - | 1 800 | 1 089 | 711 | 60,5% | 1 163 | 642 |
| Payment for financial assets | - | - | - | - | 16 | - | - | - | 4 |
| Total | 111 834 | - | - | 111 834 | 112 499 | - | 100,6% | 111 701 | 104 221 |

Appropriation Statement

for the period ended 31 March 2023

Programme 5: CENTRAL HOSPITAL SERVICES

| | 2022/23 | | | | 2021/22 | | | | |
|---|-------------------|-------------------|----------|-------------------|--------------------|-----------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 20 586 198 | 10 832 | - | 20 597 030 | 20 640 105 | - 43 075 | 100,2% | 19 483 189 | 19 505 923 |
| Compensation of employees | 14 408 721 | - | - | 14 408 721 | 14 055 497 | 353 224 | 97,5% | 13 925 418 | 13 476 463 |
| Salaries and wages | 13 087 360 | - | - | 13 087 360 | 12 637 125 | 450 235 | 96,6% | 12 251 955 | 12 095 632 |
| Social contributions | 1 321 361 | - | - | 1 321 361 | 1 418 372 | - 97 011 | 107,3% | 1 673 463 | 1 380 831 |
| Goods and services | 6 177 477 | 10 832 | - | 6 188 309 | 6 584 608 | - 396 299 | 106,4% | 5 557 771 | 6 029 460 |
| Administrative fees | 1 563 | - | - | 1 563 | 1 373 | 190 | 87,8% | 1 207 | 868 |
| Advertising | 761 | - | - | 761 | 210 | 551 | 27,6% | 604 | 144 |
| Minor assets | 31 044 | 1 000 | - | 30 044 | 7 062 | 22 982 | 23,5% | 31 763 | 6 401 |
| Audit costs: External | - | - | - | - | - | - | - | - | 42 |
| Catering: Departmental activities | 80 | - | - | 80 | 50 | 30 | 62,5% | 77 | 34 |
| Communication (G&S) | 17 070 | - | - | 17 070 | 15 640 | 1 430 | 91,6% | 15 941 | 14 638 |
| Computer services | 21 179 | - | - | 21 179 | 4 720 | 16 459 | 22,3% | 20 100 | 3 854 |
| Consultants: Business and advisory services | 330 | - | - | 330 | 56 | 274 | 17,0% | 329 | 120 |
| Laboratory services | 1 169 994 | 5 830 | - | 1 175 824 | 1 088 380 | 87 444 | 92,6% | 960 498 | 821 134 |
| Legal services | - | - | - | - | 8 997 | - 8 997 | - | - | 2 912 |
| Contractors | 239 936 | 17 900 | - | 222 036 | 173 054 | 48 982 | 77,9% | 224 741 | 180 525 |
| Agency and support / outsourced services | 152 409 | - | - | 152 409 | 130 760 | 21 649 | 85,8% | 139 742 | 127 851 |
| Fleet services (including government motor transport) | 7 200 | - | - | 7 200 | 4 837 | 2 363 | 67,2% | 6 800 | 4 955 |
| Inventory: Food and food supplies | 183 300 | - | - | 183 300 | 169 246 | 14 054 | 92,3% | 169 789 | 166 536 |
| Inventory: Fuel, oil and gas | 71 260 | - | - | 71 260 | 73 697 | - 2 437 | 103,4% | 102 962 | 70 546 |
| Inventory: Materials and supplies | 31 437 | - | - | 31 437 | 19 791 | 11 646 | 63,0% | 16 676 | 16 159 |
| Inventory: Medical supplies | 1 988 801 | 21 398 | - | 2 010 199 | 2 943 000 | - 932 801 | 146,4% | 1 900 484 | 2 754 725 |
| Inventory: Medicine | 1 142 159 | 13 504 | - | 1 155 663 | 884 671 | 270 992 | 76,6% | 920 148 | 779 551 |
| Inventory: Other supplies | 56 977 | - | - | 56 977 | 67 892 | - 10 915 | 119,2% | 57 237 | 37 479 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--|-------------------|-------------------|--------------|-------------------|--------------------|----------------|----------------------------------|-------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Consumable supplies | 344 856 | - | - | 344 856 | 312 660 | 32 196 | 90,7% | 351 618 | 319 083 |
| Consumable: Stationery, printing and office supplies | 57 141 | - | - | 57 141 | 74 460 | - 17 319 | 130,3% | 59 490 | 90 767 |
| Operating leases | 62 100 | 11 000 | - | 51 100 | 33 330 | 17 770 | 65,2% | 50 396 | 45 351 |
| Property payments | 583 874 | - | - | 583 874 | 559 457 | 24 417 | 95,8% | 516 284 | 580 562 |
| Transport provided: Departmental activity | 331 | - | - | 331 | 88 | 243 | 26,6% | 260 | 173 |
| Travel and subsistence | 1 675 | - | - | 1 675 | 1 081 | 594 | 64,5% | 1 315 | 788 |
| Training and development | 4 050 | - | - | 4 050 | 740 | 3 310 | 18,3% | 2 510 | 386 |
| Operating payments | 7 750 | - | - | 7 750 | 9 156 | - 1 406 | 118,1% | 6 800 | 3 876 |
| Venues and facilities | 200 | - | - | 200 | 200 | - | 100,0% | - | - |
| Transfers and subsidies | 349 344 | - | - | 349 344 | 347 347 | 1 997 | 99,4% | 329 245 | 335 981 |
| Non-profit institutions | 299 000 | - | - | 299 000 | 299 000 | - | 100,0% | 282 000 | 282 000 |
| Households | 50 344 | - | - | 50 344 | 48 347 | 1 997 | 96,0% | 47 245 | 53 981 |
| Social benefits | 50 344 | - | - | 50 344 | 48 347 | 1 997 | 96,0% | 47 245 | 53 669 |
| Other transfers to households | - | - | - | - | - | - | - | - | 312 |
| Payments for capital assets | 1 043 342 | 10 832 | 3 000 | 1 035 510 | 495 199 | 540 311 | 47,8% | 896 300 | 489 321 |
| Machinery and equipment | 1 043 342 | 10 832 | 3 000 | 1 035 510 | 495 199 | 540 311 | 47,8% | 896 300 | 489 321 |
| Transport equipment | 7 000 | - | - | 7 000 | 811 | 6 189 | 11,6% | 3 500 | 986 |
| Other machinery and equipment | 1 036 342 | 10 832 | 3 000 | 1 028 510 | 494 388 | 534 122 | 48,1% | 892 800 | 488 335 |
| Payment for financial assets | - | - | - | - | 2 771 | - 2 771 | - | - | 432 |
| | 21 978 884 | - | 3 000 | 21 981 884 | 21 485 422 | 496 462 | 97,7% | 20 708 734 | 20 331 657 |

Appropriation Statement

for the period ended 31 March 2023

Subprogramme : 5.1: CENTRAL HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 15 718 444 | 2 504 | - | 15 720 948 | 15 066 150 | 654 798 | 95,8% | 14 844 226 | 14 186 560 |
| Compensation of employees | 10 915 696 | - | - | 10 915 696 | 10 695 225 | 220 471 | 98,0% | 10 649 598 | 10 251 661 |
| Goods and services | 4 802 748 | 2 504 | - | 4 805 252 | 4 370 925 | 434 327 | 91,0% | 4 194 628 | 3 934 899 |
| Transfers and subsidies | 339 732 | - | - | 339 732 | 339 664 | 68 | 100,0% | 321 856 | 324 726 |
| Non-profit institutions | 299 000 | - | - | 299 000 | 299 000 | - | 100,0% | 282 000 | 282 000 |
| Households | 40 732 | - | - | 40 732 | 40 664 | 68 | 99,8% | 39 856 | 42 726 |
| Payments for capital assets | 844 826 | 10 006 | 3 000 | 857 832 | 395 309 | 462 523 | 46,1% | 714 560 | 407 743 |
| Machinery and equipment | 844 826 | 10 006 | 3 000 | 857 832 | 395 309 | 462 523 | 46,1% | 714 560 | 407 743 |
| Payment for financial assets | | | | | 2 720 | 2 720 | - | - | 432 |
| Total | 16 903 002 | 12 510 | 3 000 | 16 918 512 | 15 803 843 | 1 114 669 | 93,4% | 15 880 642 | 14 919 461 |

Subprogramme : 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 4 867 754 | 8 328 | - | 4 876 082 | 5 573 955 | 697 873 | 114,3% | 4 638 963 | 5 319 363 |
| Compensation of employees | 3 493 025 | - | - | 3 493 025 | 3 360 272 | 132 753 | 96,2% | 3 275 820 | 3 224 802 |
| Goods and services | 1 374 729 | 8 328 | - | 1 383 057 | 2 213 683 | 830 626 | 160,1% | 1 363 143 | 2 094 561 |
| Transfers and subsidies | 9 612 | - | - | 9 612 | 7 683 | 1 929 | 79,9% | 7 389 | 11 255 |
| Households | 9 612 | - | - | 9 612 | 7 683 | 1 929 | 79,9% | 7 389 | 11 255 |
| Payments for capital assets | 198 516 | 20 838 | - | 177 678 | 99 890 | 77 788 | 56,2% | 181 740 | 81 578 |
| Machinery and equipment | 198 516 | 20 838 | - | 177 678 | 99 890 | 77 788 | 56,2% | 181 740 | 81 578 |
| Payment for financial assets | | | | | 51 | 51 | - | - | - |
| Total | 5 075 882 | 12 510 | - | 5 063 372 | 5 681 579 | 618 207 | 112,2% | 4 828 092 | 5 412 196 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|---|------------------|-------------------|---------------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Programme 6: HEALTH SCIENCES AND TRAINING | | | | | | | | | |
| Sub programme | | | | | | | | | |
| 1 NURSE TRAINING COLLEGES | 629 343 | - | - | 629 343 | 513 473 | 115 870 | 81,6% | 626 247 | 515 496 |
| 2 EMS TRAINING COLLEGES | 50 301 | - | - | 50 301 | 47 675 | 2 626 | 94,8% | 42 435 | 37 357 |
| 3 BURSARIES | 321 123 | - | 87 253 | 233 870 | 7 989 | 225 881 | 3,4% | 349 390 | 78 178 |
| 4 OTHER TRAINING | 89 896 | - | - | 89 896 | 69 080 | 20 816 | 76,8% | 164 528 | 75 837 |
| | 1 090 663 | - | 87 253 | 1 003 410 | 638 217 | 365 193 | 63,6% | 1 182 600 | 706 868 |
| Economic classification | | | | | | | | | |
| Current payments | 704 640 | - | - | 704 640 | 571 320 | 133 320 | 81,1% | 759 155 | 573 526 |
| Compensation of employees | 616 298 | - | - | 616 298 | 515 135 | 101 163 | 83,6% | 603 827 | 521 237 |
| Salaries and wages | 542 427 | - | - | 542 427 | 455 601 | 86 826 | 84,0% | 540 401 | 462 749 |
| Social contributions | 73 871 | - | - | 73 871 | 59 534 | 14 337 | 80,6% | 63 426 | 58 488 |
| Goods and services | 88 342 | - | - | 88 342 | 56 185 | 32 157 | 63,6% | 155 328 | 52 289 |
| Administrative fees | 17 | - | - | 17 | - | 17 | - | 1 613 | 1 |
| Advertising | 132 | - | - | 132 | 67 | 65 | 50,8% | 210 | 2 |
| Minor assets | 1 156 | - | - | 1 156 | 1 024 | 132 | 88,6% | 698 | 86 |
| Bursaries: Employees | 12 758 | - | - | 12 758 | 3 181 | 9 577 | 24,9% | 11 742 | 6 377 |
| Catering: Departmental activities | 527 | - | - | 527 | 375 | 152 | 71,2% | 950 | 176 |
| Communication (G&S) | 1 017 | - | - | 1 017 | 439 | 578 | 43,2% | 1 068 | 513 |
| Computer services | 4 000 | - | - | 4 000 | 208 | 3 792 | 5,2% | 406 | 81 |
| Consultants: Business and advisory services | 445 | - | - | 445 | 427 | 18 | 96,0% | 608 | - |
| Laboratory services | 159 | - | - | 159 | 83 | 76 | 52,2% | 56 | - |
| Contractors | 2 025 | - | - | 2 025 | 1 047 | 978 | 51,7% | 75 584 | 1 229 |
| Agency and support / outsourced services | 993 | - | - | 993 | 7 | 986 | 0,7% | 1 233 | 482 |
| Fleet services (including government motor transport) | 2 454 | - | - | 2 454 | 1 684 | 770 | 68,6% | 2 180 | 1 577 |
| Inventory: Food and food supplies | 323 | - | - | 323 | 157 | 166 | 48,6% | 276 | 149 |
| Inventory: Fuel, oil and gas | 81 | - | - | 81 | 241 | - | 297,5% | 254 | 250 |
| Inventory: Learner and teacher support material | 1 720 | - | - | 1 720 | 937 | 783 | 54,5% | 830 | 581 |
| Inventory: Materials and supplies | 1 564 | - | - | 1 564 | 1 207 | 357 | 77,2% | 1 294 | 1 626 |
| Inventory: Medical supplies | 911 | - | - | 911 | 678 | 233 | 74,4% | 872 | 1 089 |
| Inventory: Medicine | 556 | - | - | 556 | 454 | 102 | 81,7% | 600 | 748 |
| Inventory: Other supplies | 390 | - | - | 390 | 342 | 48 | 87,7% | 480 | 213 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--|------------------|-------------------|---------------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Consumable supplies | 4 100 | - | - | 4 100 | 3 113 | 987 | 75,9% | 4 100 | 3 412 |
| Consumable: Stationery, printing and office supplies | 3 877 | - | - | 3 877 | 3 061 | 816 | 79,0% | 4 136 | 2 644 |
| Operating leases | 7 048 | - | - | 7 048 | 6 048 | 1 000 | 85,8% | 6 531 | 7 443 |
| Property payments | 22 117 | - | - | 22 117 | 25 063 | - 2 946 | 113,3% | 20 026 | 17 633 |
| Travel and subsistence | 9 068 | - | - | 9 068 | 1 800 | 7 268 | 19,9% | 10 504 | 1 327 |
| Training and development | 9 269 | - | - | 9 269 | 3 994 | 5 275 | 43,1% | 8 243 | 4 511 |
| Operating payments | 235 | - | - | 235 | 15 | 250 | (6,4%) | 334 | 139 |
| Venues and facilities | 1 200 | - | - | 1 200 | 563 | 637 | 46,9% | 500 | - |
| Rental and hiring | 200 | - | - | 200 | - | 200 | - | - | - |
| Transfers and subsidies | 374 673 | - | 87 253 | 287 420 | 61 243 | 226 177 | 21,3% | 415 651 | 129 212 |
| Departmental agencies and accounts | 25 819 | - | - | 25 819 | 25 819 | - | 100,0% | 24 636 | 24 636 |
| Departmental agencies | 25 819 | - | - | 25 819 | 25 819 | - | 100,0% | 24 636 | 24 636 |
| Higher education institutions | 4 039 | - | - | 4 039 | 1 176 | 2 863 | 29,1% | 16 309 | 7 867 |
| Households | 344 815 | - | - | 257 562 | 34 248 | 223 314 | 13,3% | 374 706 | 96 709 |
| Social benefits | 1 531 | - | - | 1 531 | 2 715 | - 1 184 | 177,3% | 742 | 3 174 |
| Other transfers to households | 343 284 | - | - | 256 031 | 31 533 | 224 498 | 12,3% | 373 964 | 93 535 |
| Payments for capital assets | 11 350 | - | - | 11 350 | 4 881 | 6 469 | 43,0% | 7 794 | 4 128 |
| Machinery and equipment | 11 350 | - | - | 11 350 | 4 881 | 6 469 | 43,0% | 7 794 | 4 128 |
| Transport equipment | 200 | - | - | 200 | 101 | 99 | 50,5% | 1 631 | 741 |
| Other machinery and equipment | 11 150 | - | - | 11 150 | 4 780 | 6 370 | 42,9% | 6 163 | 3 387 |
| Payment for financial assets | - | - | - | - | 773 | - 773 | - | - | 2 |
| | 1 090 663 | - | 87 253 | 1 003 410 | 638 217 | 365 193 | 63,6% | 1 182 600 | 706 868 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Subprogramme: 6.1: NURSE TRAINING COLLEGES | | | | | | | | | |
| Economic classification | | | | | | | | | |
| Current payments | 585 268 | - | - | 585 268 | 481 300 | 103 968 | 82,2% | 569 726 | 482 909 |
| Compensation of employees | 544 422 | - | - | 544 422 | 448 137 | 96 285 | 82,3% | 536 972 | 455 659 |
| Goods and services | 40 846 | - | - | 40 846 | 33 163 | 7 683 | 81,2% | 32 754 | 27 250 |
| Transfers and subsidies | 38 946 | - | - | 38 946 | 29 182 | 9 764 | 74,9% | 52 325 | 31 545 |
| Higher education institutions | 4 039 | - | - | 4 039 | 1 176 | 2 863 | 29,1% | 16 309 | 7 867 |
| Households | 34 907 | - | - | 34 907 | 28 006 | 6 901 | 80,2% | 36 016 | 23 678 |
| Payments for capital assets | 5 129 | - | - | 5 129 | 2 309 | 2 820 | 45,0% | 4 196 | 1 042 |
| Machinery and equipment | 5 129 | - | - | 5 129 | 2 309 | 2 820 | 45,0% | 4 196 | 1 042 |
| Payment for financial assets | | | | | 682 | | | | |
| Total | 629 343 | - | - | 629 343 | 513 473 | 115 870 | 81,6% | 626 247 | 515 496 |

| | 2022/23 | | | | | | 2021/22 | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Subprogramme: 6.2: EMS TRAINING COLLEGES | | | | | | | | | |
| Economic classification | | | | | | | | | |
| Current payments | 46 677 | - | - | 46 677 | 44 942 | 1 735 | 96,3% | 39 608 | 34 210 |
| Compensation of employees | 30 322 | - | - | 30 322 | 29 971 | 351 | 98,8% | 23 487 | 21 016 |
| Goods and services | 16 355 | - | - | 16 355 | 14 971 | 1 384 | 91,5% | 16 121 | 13 194 |
| Transfers and subsidies | 43 | - | - | 43 | 75 | 32 | 174,4% | 42 | 59 |
| Households | 43 | - | - | 43 | 75 | 32 | 174,4% | 42 | 59 |
| Payments for capital assets | 3 581 | - | - | 3 581 | 2 572 | 1 009 | 71,8% | 2 785 | 3 086 |
| Machinery and equipment | 3 581 | - | - | 3 581 | 2 572 | 1 009 | 71,8% | 2 785 | 3 086 |
| Payment for financial assets | | | | | 86 | | | | |
| Total | 50 301 | - | - | 50 301 | 47 675 | 2 626 | 94,8% | 42 435 | 37 357 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 6.3: BURSARIES | 2022/23 | | | | | | 2021/22 | | |
|--------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 11 258 | - | - | 11 258 | 1 843 | 9 415 | 16,4% | 10 742 | 5 300 |
| Goods and services | 11 258 | - | - | 11 258 | 1 843 | 9 415 | 16,4% | 10 742 | 5 300 |
| Transfers and subsidies | 309 865 | - | - | 222 612 | 6 146 | 216 466 | 2,8% | 338 648 | 72 878 |
| Households | 309 865 | - | - | 222 612 | 6 146 | 216 466 | 2,8% | 338 648 | 72 878 |
| Total | 321 123 | - | - | 233 870 | 7 989 | 225 881 | 3,4% | 349 390 | 78 178 |

| Subprogramme: 6.4: OTHER TRAINING | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 61 437 | - | - | 61 437 | 43 235 | 18 202 | 70,4% | 139 079 | 51 107 |
| Compensation of employees | 41 554 | - | - | 41 554 | 37 027 | 4 527 | 89,1% | 43 368 | 44 562 |
| Goods and services | 19 883 | - | - | 19 883 | 6 208 | 13 675 | 31,2% | 95 711 | 6 545 |
| Transfers and subsidies | 25 819 | - | - | 25 819 | 25 840 | - | 100,1% | 24 636 | 24 730 |
| Departmental agencies and accounts | 25 819 | - | - | 25 819 | 25 819 | - | 100,0% | 24 636 | 24 636 |
| Households | - | - | - | - | 21 | 21 | - | - | 94 |
| Payments for capital assets | 2 640 | - | - | 2 640 | - | 2 640 | - | 813 | - |
| Machinery and equipment | 2 640 | - | - | 2 640 | - | 2 640 | - | 813 | - |
| Payment for financial assets | - | - | - | - | 5 | - | - | - | - |
| Total | 89 896 | - | - | 89 896 | 69 080 | 20 816 | 76,8% | 164 528 | 75 837 |

Appropriation Statement

for the period ended 31 March 2023

Programme 7: HEALTH CARE SUPPORT SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|----------------------------|-----------------|-------------------|--------------|----------------|--------------------|------------|----------------------------------|----------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 LAUNDRIES | 318 394 | - | 4 500 | 322 894 | 335 216 | - | 103,8% | 306 948 | 315 450 |
| 2 FOOD SUPPLY SERVICES | 114 571 | - | - | 114 571 | 102 086 | 12 485 | 89,1% | 86 925 | 73 383 |
| 3 MEDICINE TRADING ACCOUNT | 1 | - | - | 1 | - | 1 | - | - | - |
| | 432 966 | - | 4 500 | 437 466 | 437 302 | 164 | 100,0% | 393 874 | 388 833 |

| Economic classification | | | | | | | | | | |
|---|-----------------|-------------------|--------------|----------------|--------------------|----------|----------------------------------|----------------|--------------------|--|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 | |
| Current payments | 429 458 | - | 4 500 | 433 958 | 435 362 | - | 100,3% | 390 430 | 386 858 | |
| Compensation of employees | 223 420 | - | - | 223 420 | 221 435 | 1 985 | 99,1% | 214 594 | 209 814 | |
| Salaries and wages | 186 267 | - | - | 186 267 | 177 949 | 8 318 | 95,5% | 175 412 | 169 188 | |
| Social contributions | 37 153 | - | - | 37 153 | 43 486 | - | 117,0% | 39 182 | 40 626 | |
| Goods and services | 206 038 | - | 4 500 | 210 538 | 213 927 | - | 101,6% | 175 836 | 177 044 | |
| Minor assets | 184 | - | - | 184 | 49 | 135 | 26,6% | 174 | 231 | |
| Catering: Departmental activities | 10 | - | - | 10 | - | 10 | - | - | - | |
| Communication (G&S) | 503 | - | - | 503 | 341 | 162 | 67,8% | 463 | 337 | |
| Laboratory services | - | - | - | - | 7 890 | - | - | - | - | |
| Contractors | 316 | - | - | 316 | 15 | 301 | 4,7% | 348 | 171 | |
| Agency and support / outsourced services | 26 | - | - | 26 | 35 | - | 134,6% | 18 | 25 | |
| Fleet services (including government motor transport) | 4 482 | - | - | 4 482 | 2 981 | 1 501 | 66,5% | 4 680 | 3 511 | |
| Inventory: Food and food supplies | 29 259 | - | - | 29 259 | 22 933 | 6 326 | 78,4% | 25 259 | 16 951 | |
| Inventory: Fuel, oil and gas | 39 621 | - | - | 39 621 | 34 792 | 4 829 | 87,8% | 26 990 | 24 466 | |
| Inventory: Materials and supplies | 304 | - | - | 304 | 39 | 265 | 12,8% | 136 | 108 | |
| Inventory: Medical supplies | 2 701 | - | - | 2 701 | 2 253 | 448 | 83,4% | 3 235 | 2 630 | |
| Inventory: Other supplies | 4 656 | - | - | 4 656 | 5 212 | - | 111,9% | 5 225 | 6 498 | |
| Consumable supplies | 77 512 | - | 4 500 | 82 012 | 96 704 | - | 117,9% | 65 354 | 78 938 | |
| Consumable: Stationery, printing and office supplies | 765 | - | - | 765 | 790 | - | 103,3% | 485 | 523 | |

Appropriation Statement

for the period ended 31 March 2023

Programme 7: HEALTH CARE SUPPORT SERVICES

| | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|-----------------|-------------------|--------------|----------------|--------------------|--------------|----------------------------------|----------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Operating leases | 9 529 | - | - | 9 529 | 7 725 | 1 804 | 81,1% | 8 855 | 8 954 |
| Property payments | 35 037 | - | - | 35 037 | 31 386 | 3 651 | 89,6% | 33 519 | 33 700 |
| Travel and subsistence | 19 | - | - | 19 | 1 | 18 | 5,3% | 18 | 1 |
| Training and development | 214 | - | - | 214 | 1 | 213 | 0,5% | 227 | - |
| Operating payments | 900 | - | - | 900 | 780 | 120 | 86,7% | 850 | - |
| Transfers and subsidies | 581 | - | - | 581 | 531 | 50 | 91,4% | 479 | 682 |
| Households | 581 | - | - | 581 | 531 | 50 | 91,4% | 479 | 682 |
| Social benefits | 581 | - | - | 581 | 531 | 50 | 91,4% | 479 | 682 |
| Payments for capital assets | 2 927 | - | - | 2 927 | 1 305 | 1 622 | 44,6% | 2 965 | 1 289 |
| Machinery and equipment | 2 927 | - | - | 2 927 | 1 305 | 1 622 | 44,6% | 2 965 | 1 289 |
| Transport equipment | 1 050 | - | - | 1 050 | 95 | 955 | 9,0% | - | 221 |
| Other machinery and equipment | 1 877 | - | - | 1 877 | 1 210 | 667 | 64,5% | 2 965 | 1 068 |
| Payment for financial assets | - | - | - | - | 104 | 104 | - | - | 4 |
| Total | 432 966 | - | 4 500 | 437 466 | 437 302 | 164 | 100,0% | 393 874 | 388 833 |

Subprogramme: 7.1: LAUNDRIES

| | 2022/23 | | | | | | 2021/22 | | |
|-------------------------------------|-----------------|-------------------|--------------|----------------|--------------------|---------------|----------------------------------|----------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 316 036 | - | 4 500 | 320 536 | 333 411 | 12 875 | 104,0% | 305 104 | 313 700 |
| Compensation of employees | 190 896 | - | - | 190 896 | 189 799 | 1 097 | 99,4% | 185 026 | 181 934 |
| Goods and services | 125 140 | - | 4 500 | 129 640 | 143 612 | 13 972 | 110,8% | 120 078 | 131 766 |
| Transfers and subsidies | 431 | - | - | 431 | 491 | 60 | 113,9% | 379 | 475 |
| Households | 431 | - | - | 431 | 491 | 60 | 113,9% | 379 | 475 |
| Payments for capital assets | 1 927 | - | - | 1 927 | 1 210 | 717 | 62,8% | 1 465 | 1 271 |
| Machinery and equipment | 1 927 | - | - | 1 927 | 1 210 | 717 | 62,8% | 1 465 | 1 271 |
| Payment for financial assets | - | - | - | - | 104 | 104 | - | - | 4 |
| Total | 318 394 | - | 4 500 | 322 894 | 335 216 | 12 322 | 103,8% | 306 948 | 315 450 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 7.2: FOOD SUPPLY SERVICES | 2022/23 | | | | | 2021/22 | | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 113 421 | - | - | 113 421 | 101 951 | 11 470 | 89,9% | 85 325 | 73 158 |
| Compensation of employees | 32 524 | - | - | 32 524 | 31 636 | 888 | 97,3% | 29 568 | 27 880 |
| Goods and services | 80 897 | - | - | 80 897 | 70 315 | 10 582 | 86,9% | 55 757 | 45 278 |
| Transfers and subsidies | 150 | - | - | 150 | 40 | 110 | 26,7% | 100 | 207 |
| Households | 150 | - | - | 150 | 40 | 110 | 26,7% | 100 | 207 |
| Payments for capital assets | 1 000 | - | - | 1 000 | 95 | 905 | 9,5% | 1 500 | 18 |
| Machinery and equipment | 1 000 | - | - | 1 000 | 95 | 905 | 9,5% | 1 500 | 18 |
| Total | 114 571 | - | - | 114 571 | 102 086 | 12 485 | 89,1% | 86 925 | 73 383 |

| Subprogramme: 7.3: MEDICINE TRADING ACCOUNT | 2022/23 | | | | | 2021/22 | | | |
|---|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Goods and services | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Total | 1 | - | - | 1 | - | 1 | - | 1 | - |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|--|------------------|-------------------|----------|------------------|--------------------|----------------|----------------------------------|------------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Programme 8: HEALTH FACILITIES MANAGEMENT | | | | | | | | | |
| Sub programme | | | | | | | | | |
| 1 COMMUNITY HEALTH FACILITIES | 386 053 | - | - | 386 053 | 291 880 | 94 173 | 75,6% | 393 184 | 311 696 |
| 2 EMERGENCY MEDICAL RESCUE SERVICES | 24 600 | - | - | 24 600 | 7 426 | 17 174 | 30,2% | 7 940 | 8 561 |
| 3 DISTRICT HOSPITAL SERVICES | 191 237 | - | - | 191 237 | 97 826 | 93 411 | 51,2% | 321 591 | 131 976 |
| 4 PROVINCIAL HOSPITAL SERVICES | 332 058 | - | - | 332 058 | 284 268 | 47 790 | 85,6% | 257 988 | 247 403 |
| 5 CENTRAL HOSPITAL SERVICES | 678 289 | - | - | 678 289 | 512 981 | 165 308 | 75,6% | 853 939 | 837 714 |
| 6 OTHER FACILITIES | 611 812 | - | - | 611 812 | 471 088 | 140 724 | 77,0% | 628 288 | 530 885 |
| | 2 224 049 | - | - | 2 224 049 | 1 665 469 | 558 580 | 74,9% | 2 462 930 | 2 068 235 |

Appropriation Statement

for the period ended 31 March 2023

| Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES | 2022/23 | | | | 2021/22 | | | | |
|---|-----------------------|-------------------------|----------------|--------------------|--------------------------|----------------|------------------------------------|--------------------|--------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 141 480 | - | - | 141 480 | 90 057 | 51 423 | 63,7% | 95 768 | 100 530 |
| Goods and services | 141 480 | - | - | 141 480 | 90 057 | 51 423 | 63,7% | 95 768 | 100 530 |
| Payments for capital assets | 49 757 | - | - | 49 757 | 7 769 | 41 988 | 15,6% | 225 823 | 31 446 |
| Buildings and other fixed structures | 49 757 | - | - | 49 757 | 7 769 | 41 988 | 15,6% | 130 374 | 31 446 |
| Machinery and equipment | - | - | - | - | - | - | - | 95 449 | - |
| Total | 191 237 | - | - | 191 237 | 97 826 | 93 411 | 51,2% | 321 591 | 131 976 |

| Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES | 2022/23 | | | | 2021/22 | | | | |
|---|-----------------------|-------------------------|----------------|--------------------|--------------------------|----------------|------------------------------------|--------------------|--------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 247 534 | - | - | 247 534 | 242 650 | 4 884 | 98,0% | 201 670 | 247 403 |
| Goods and services | 247 534 | - | - | 247 534 | 242 650 | 4 884 | 98,0% | 201 670 | 247 403 |
| Payments for capital assets | 84 524 | - | - | 84 524 | 41 618 | 42 906 | 49,2% | 56 318 | - |
| Buildings and other fixed structures | 84 524 | - | - | 84 524 | 41 618 | 42 906 | 49,2% | 56 318 | - |
| Total | 332 058 | - | - | 332 058 | 284 268 | 47 790 | 85,6% | 257 988 | 247 403 |
| Payments for capital assets | 938 934 | - | - | 938 934 | 437 414 | 501 520 | 46,6% | 1 397 482 | 784 338 |
| Buildings and other fixed structures | 928 934 | - | - | 928 934 | 434 910 | 494 024 | 46,8% | 1 178 433 | 735 593 |
| Buildings | 936 434 | - | - | 936 434 | 434 910 | 501 524 | 46,4% | 1 178 433 | 735 593 |
| Other fixed structures | 7 500 | - | - | 7 500 | - | 7 500 | - | - | - |
| Machinery and equipment | 10 000 | - | - | 10 000 | 2 504 | 7 496 | 25,0% | 219 049 | 48 745 |
| Other machinery and equipment | 10 000 | - | - | 10 000 | 2 504 | 7 496 | 25,0% | 219 049 | 48 745 |
| Payment for financial assets | - | - | - | - | - | - | - | - | 13 |
| Total | 2 224 049 | - | - | 2 224 049 | 1 665 469 | 558 580 | 74,9% | 2 462 930 | 2 068 235 |

Appropriation Statement

for the period ended 31 March 2023

| | 2022/23 | | | | | | 2021/22 | | |
|---|-----------------|-------------------|----------|----------------|--------------------|---------------|----------------------------------|----------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES | | | | | | | | | |
| Economic classification | | | | | | | | | |
| Current payments | 182 521 | - | - | 182 521 | 233 921 | - | 128,2% | 174 144 | 191 233 |
| Goods and services | 182 521 | - | - | 182 521 | 233 921 | - | 128,2% | 174 144 | 191 233 |
| Payments for capital assets | 203 532 | - | - | 203 532 | 57 959 | 145 573 | 28,5% | 219 040 | 120 463 |
| Buildings and other fixed structures | 194 532 | - | - | 194 532 | 56 808 | 137 724 | 29,2% | 219 040 | 120 463 |
| Machinery and equipment | 9 000 | - | - | 9 000 | 1 151 | 7 849 | 12,8% | - | - |
| Total | 386 053 | - | - | 386 053 | 291 880 | 94 173 | 75,6% | 393 184 | 311 696 |

| | 2022/23 | | | | | | 2021/22 | | |
|---|-----------------|-------------------|----------|---------------|--------------------|---------------|----------------------------------|--------------|--------------------|
| | Adjusted Budget | Shifting of Funds | Virement | Final Budget | Actual Expenditure | Variance | Expenditure as % of final budget | Final Budget | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE SERVICES | | | | | | | | | |
| Economic classification | | | | | | | | | |
| Current payments | 20 292 | - | - | 20 292 | 3 141 | 17 151 | 15,5% | 4 940 | 8 561 |
| Goods and services | 20 292 | - | - | 20 292 | 3 141 | 17 151 | 15,5% | 4 940 | 8 561 |
| Payments for capital assets | 4 308 | - | - | 4 308 | 4 285 | 23 | 99,5% | 3 000 | - |
| Buildings and other fixed structures | 4 308 | - | - | 4 308 | 4 285 | 23 | 99,5% | 3 000 | - |
| Total | 24 600 | - | - | 24 600 | 7 426 | 17 174 | 30,2% | 7 940 | 8 561 |

Appropriation Statement

for the period ended 31 March 2023

Subprogramme: 8.3: DISTRICT HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 141 480 | - | - | 141 480 | 90 057 | 51 423 | 63,7% | 95 768 | 100 530 |
| Goods and services | 141 480 | - | - | 141 480 | 90 057 | 51 423 | 63,7% | 95 768 | 100 530 |
| Payments for capital assets | 49 757 | - | - | 49 757 | 7 769 | 41 988 | 15,6% | 225 823 | 31 446 |
| Buildings and other fixed structures | 49 757 | - | - | 49 757 | 7 769 | 41 988 | 15,6% | 130 374 | 31 446 |
| Machinery and equipment | - | - | - | - | - | - | - | 95 449 | - |
| Total | 191 237 | - | - | 191 237 | 97 826 | 93 411 | 51,2% | 321 591 | 131 976 |

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|---------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 247 534 | - | - | 247 534 | 242 650 | 4 884 | 98,0% | 201 670 | 247 403 |
| Goods and services | 247 534 | - | - | 247 534 | 242 650 | 4 884 | 98,0% | 201 670 | 247 403 |
| Payments for capital assets | 84 524 | - | - | 84 524 | 41 618 | 42 906 | 49,2% | 56 318 | - |
| Buildings and other fixed structures | 84 524 | - | - | 84 524 | 41 618 | 42 906 | 49,2% | 56 318 | - |
| Total | 332 058 | - | - | 332 058 | 284 268 | 47 790 | 85,6% | 257 988 | 247 403 |

Appropriation Statement

for the period ended 31 March 2023

Subprogramme : 8.5: CENTRAL HOSPITAL SERVICES

| | 2022/23 | | | | | 2021/22 | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 378 035 | - | - | 378 035 | 316 802 | 61 233 | 83,8% | 322 100 | 462 310 |
| Goods and services | 378 035 | - | - | 378 035 | 316 802 | 61 233 | 83,8% | 322 100 | 462 310 |
| Payments for capital assets | 300 254 | - | - | 300 254 | 196 179 | 104 075 | 65,3% | 531 839 | 375 404 |
| Buildings and other fixed structures | 300 254 | - | - | 300 254 | 196 179 | 104 075 | 65,3% | 455 239 | 327 919 |
| Machinery and equipment | - | - | - | - | - | - | - | 76 600 | 47 485 |
| Total | 678 289 | - | - | 678 289 | 512 981 | 165 308 | 75,6% | 853 939 | 837 714 |

Subprogramme : 8.6: OTHER FACILITIES

| | 2022/23 | | | | | 2021/22 | | | |
|--------------------------------------|--------------------------|----------------------------|-------------------|-----------------------|-----------------------------|-------------------|------------------------------------|-----------------------|-----------------------------|
| | Adjusted Budget R'000 | Shifting of Funds R'000 | Virement R'000 | Final Budget R'000 | Actual Expenditure R'000 | Variance R'000 | Expenditure as % of final budget % | Final Budget R'000 | Actual Expenditure R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 315 253 | - | - | 315 253 | 341 462 | 26 209 | 108,3% | 266 790 | 273 811 |
| Compensation of employees | 60 013 | - | - | 60 013 | 42 884 | 17 129 | 71,5% | 60 346 | 40 082 |
| Goods and services | 255 240 | - | - | 255 240 | 298 578 | 43 338 | 117,0% | 206 444 | 233 729 |
| Transfers and subsidies | - | - | - | - | 22 | 22 | - | 36 | 36 |
| Households | - | - | - | - | 22 | 22 | - | 36 | 36 |
| Payments for capital assets | 296 559 | - | - | 296 559 | 129 604 | 166 955 | 43,7% | 361 462 | 257 025 |
| Buildings and other fixed structures | 296 559 | - | - | 296 559 | 128 251 | 167 308 | 43,4% | 314 462 | 255 765 |
| Machinery and equipment | 1 000 | - | - | 1 000 | 1 353 | 353 | 135,3% | 47 000 | 1 260 |
| Payment for financial assets | - | - | - | - | - | - | - | - | 13 |
| Total | 611 812 | - | - | 611 812 | 471 088 | 140 724 | 77,0% | 628 288 | 530 885 |

Notes to the Appropriation Statement

As at 31 March 2023

Transfers and subsidies as per Appropriation Act after Virements:

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-7) to the Annual Financial Statements.

1. Detail of specifically and exclusively appropriated amounts voted after Virements:

Detail of these transactions can be viewed in note 1 Annual Appropriation to the Annual Financial Statements.

2. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

3. Explanations of material variances from Amounts Voted after Virements:

| 3.1 Per programme | Final Appropriation R'000 | Actual Expenditure R'000 | Variance R'000 | Variance as a % of Final Appropriation % |
|------------------------------|------------------------------|-----------------------------|-------------------|---|
| Administration | 1 826 399 | 1 825 656 | 743 | 100% |
| District Health Services | 20 722 290 | 19 494 302 | 1 227 988 | 94% |
| Emergency Medical Services | 2 011 100 | 2 010 941 | 159 | 100% |
| Provincial Hospital Services | 11 144 958 | 11 082 431 | 62 527 | 99% |
| Central Hospital Services | 21 981 884 | 21 485 422 | 496 462 | 98% |
| Health Sciences and Training | 1 003 410 | 638 217 | 365 197 | 64% |
| Health Care Support Services | 437 466 | 437 302 | 164 | 100% |
| Health facilities Management | 2 224 049 | 1 665 469 | 558 580 | 75% |
| TOTAL | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% |

Underspending is due to delays in SCM processes e.g. probity audits, contract finalisation and tender processes under machinery, equipment and minor assets. There was also slow construction progress and some contractors abandoning construction sites which led to slow spending under Health Facilities Management programme. The Department also did not receive claims for South African Cuban Doctors' programme from National Department of Health which also led to the underspending on programme 6.

Notes to the Appropriation Statement

As at 31 March 2023

| 3.2 Per economic classification | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--|----------------------------|---------------------------|------------------|---|
| | R'000 | R'000 | R'000 | % |
| Current payments | | | | |
| Compensation of employees | 36 664 830 | 36 542 650 | 122 180 | 100% |
| Goods and services | 19 730 112 | 18 291 599 | 1 438 513 | 93% |
| Interest and rent on land | | 3 841 | (3 841) | |
| Transfers and subsidies | | | | |
| Provinces and municipalities | 517 164 | 514 577 | 2 587 | 99% |
| Departmental agencies and accounts | 25 819 | 25 819 | - | 100% |
| Higher education institutions | 4 039 | 1 175 | 2 864 | 29% |
| Non-profit institutions | 731 078 | 695 442 | 35 636 | 95% |
| Households | 734 949 | 674 262 | 60 687 | 92% |
| Payments for capital assets | | | | |
| Buildings and other fixed structures | 928 934 | 434 910 | 449 024 | 53% |
| Machinery and equipment | 2 014 631 | 1 442 956 | 571 675 | 72% |
| Software and other intangible assets | | | | |
| Payments for financial assets | - | 12 509 | (12 509) | |
| TOTAL | 61 351 556 | 58 639 740 | 2 711 816 | 95,6% |

| 3.3 Per conditional grant | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--------------------------------------|----------------------------|---------------------------|------------------|---|
| | R'000 | R'000 | R'000 | % |
| Comprehensive HIV, AIDS Component | 5 557 737 | 4 660 883 | 896 854 | 84% |
| District Health Component | 995 262 | 1 098 053 | (102 791) | 110% |
| Statutory HR component | 867 139 | 867 220 | (81) | 100% |
| HR & Training Component | 1 026 395 | 983 488 | 42 907 | 96% |
| Health Facility Revitalisation Grant | 1 058 859 | 671 871 | 386 988 | 64% |
| National Tertiary Service | 5 308 593 | 4 789 509 | 519 084 | 90% |
| National Health Insurance | 90 538 | 58 887 | 31 651 | 95% |
| EPWP Social Sector Incentives Grants | 17 980 | 17 980 | - | 100% |
| EPWP Integrated Grant for Prov | 2 360 | 2 156 | 204 | 91% |
| Total | 14 924 863 | 13 150 047 | 1 774 816 | 88% |

Statement of Financial Performance

for the period ended 31 March 2023

| | Note | 2022/23 R'000 | 2021/2022 R'000 |
|---|------|-------------------|--------------------|
| REVENUE | | | |
| Annual appropriation | 1 | 61 351 556 | 59 625 510 |
| Departmental revenue | 2 | 508 109 | 502 552 |
| TOTAL REVENUE | | 61 859 665 | 60 128 062 |
| EXPENDITURE | | | |
| Current expenditure | | | |
| Compensation of employees | 4 | 36 542 650 | 35 463 852 |
| Goods and services | 5 | 18 291 599 | 17 872 341 |
| Interest and rent on land | 6 | 3 841 | 1 147 |
| Total current expenditure | | 54 838 090 | 53 337 340 |
| Transfers and subsidies | | | |
| Transfers and subsidies | 8 | 1 911 275 | 1 687 030 |
| Total transfers and subsidies | | 1 911 275 | 1 687 030 |
| Expenditure for capital assets | | | |
| Tangible assets | 9 | 1 877 866 | 2 022 686 |
| Intangible assets | | - | 407 |
| Total expenditure for capital assets | | 1 877 866 | 2 023 093 |
| Payments for financial assets | 7 | 12 509 | 1 672 |
| TOTAL EXPENDITURE | | 58 639 740 | 57 049 135 |
| SURPLUS FOR THE YEAR | | 3 219 925 | 3 078 927 |
| Reconciliation of Net Surplus for the year | | | |
| Voted funds | | 2 711 816 | 2 576 375 |
| Annual appropriation | | 937 000 | 877 331 |
| Conditional grants | | 1 774 816 | 1 699 044 |
| Departmental revenue | | 508 109 | 502 552 |
| SURPLUS FOR THE YEAR | | 3 219 925 | 3 078 927 |

Statement of Financial Position

as at 31 March 2023

| | <i>Note</i> | 2022/23 R'000 | 2021/2022 R'000 |
|--|-------------|------------------|--------------------|
| ASSETS | | | |
| Current assets | | 2 882 922 | 3 019 692 |
| Cash and cash equivalents | <u>10</u> | 2 858 054 | 2 981 127 |
| Receivables | <u>11</u> | 24 868 | 38 565 |
| Non-current assets | | 246 988 | 218 683 |
| Investments | <u>12</u> | 54 000 | 54 000 |
| Receivables | <u>11</u> | 192 988 | 164 683 |
| TOTAL ASSETS | | 3 129 910 | 3 238 375 |
| LIABILITIES | | | |
| Current liabilities | | 2 945 093 | 3 064 062 |
| Voted funds to be surrendered to the Revenue Fund | <u>13</u> | 2 731 038 | 2 595 592 |
| Departmental revenue to be surrendered to the Revenue Fund | <u>14</u> | 53 394 | 67 407 |
| Payables | <u>15</u> | 160 661 | 401 063 |
| TOTAL LIABILITIES | | 2 945 093 | 3 064 062 |
| NET ASSETS | | 184 817 | 174 313 |
| Represented by: | | | |
| Capitalisation reserve | | 54 000 | 54 000 |
| Recoverable revenue | | 141 575 | 131 071 |
| Unauthorised Expenditure | | (10 758) | (10 758) |
| TOTAL | | 184 817 | 174 313 |

Statement of Changes in Net Assets

as at 31 March 2023

| | 2022/23 R'000 | 2021/2022 R'000 |
|---------------------------------|------------------------|------------------------|
| Capitalisation Reserves | | |
| Opening balance | 54 000 | 54 000 |
| Closing balance | <u>54 000</u> | <u>54 000</u> |
| Recoverable revenue | | |
| Opening balance | 131 071 | 118 300 |
| Transfers: | 10 504 | 12 771 |
| Debts recovered | 2 656 | (2 496) |
| Debts raised | 7 848 | 15 267 |
| Closing balance | <u>141 575</u> | <u>131 071</u> |
| Unauthorised expenditure | | |
| Opening balance | (10 758) | (10 758) |
| Closing Balance | <u>(10 758)</u> | <u>(10 758)</u> |
| TOTAL | <u>184 817</u> | <u>174 313</u> |

Cash Flow Statement

for the period ended 31 March 2023

| | <i>Note</i> | 2022/23 R'000 | 2021/2022 R'000 |
|--|-------------|-------------------------|---------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts | | 61 844 347 | 60 118 851 |
| Annual appropriated funds received | <u>1.1</u> | 61 351 556 | 59 625 510 |
| Departmental revenue received | <u>2</u> | 492 080 | 493 036 |
| Interest received | <u>2.3</u> | 711 | 305 |
| Net (increase)/decrease in working capital | | (226 705) | 163 124 |
| Surrendered to Revenue Fund | | (3 098 492) | (1 643 840) |
| Current payments | | (54 834 249) | (53 336 193) |
| Interest paid | <u>6</u> | (3 841) | (1 147) |
| Payments for financial assets | | (12 509) | (1 672) |
| Transfers and subsidies paid | | (1 911 275) | (1 687 030) |
| Net cash flow available from operating activities | <u>16</u> | 1 757 276 | 3 612 093 |
| Payments for capital assets | <u>9</u> | (1 877 866) | (2 023 093) |
| Proceeds from sale of capital assets | | 15 318 | 9 211 |
| Increase in non-current receivables | | (28 305) | (17 048) |
| Net cash flows from investing activities | | (1 890 853) | (2 030 930) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Increase in net assets | | 10 504 | 12 771 |
| Net cash flows from financing activities | | 10 504 | 12 771 |
| Net increase/(decrease) in cash and cash equivalents | | (123 073) | 1 593 934 |
| Cash and cash equivalents at beginning of period | | 2 981 127 | 1 387 193 |
| Cash and cash equivalents at end of period | <u>17</u> | 2 858 054 | 2 981 127 |

Policies to the Annual Financial Statements

for the period ended 31 March 2023

Summary of significant accounting policies

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

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

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

1 Basis of preparation

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

2 Going concern

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

3 Presentation currency

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

4 Rounding

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

5 Foreign currency translation

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

6 Comparative information

6.1 Prior period comparative information

Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

6.2 Current year comparison with budget

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

7 Revenue

7.1 Appropriated funds

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

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

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.

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

7.3 Accrued departmental revenue

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

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

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

Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off policy.

The Department determines impairment according to the recoverability of debtors.

8 Expenditure

8.1 Compensation of employees

8.1.1 Salaries and wages

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

8.1.2 Social contributions

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

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

8.2 Other expenditure

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

8.3 Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the financial statements at cost 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 financial statements.

Operating lease payments received are recognised as departmental revenue.

8.4.2 Finance leases

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

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

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

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

Finance lease payments received are recognised as departmental revenue.

9 Cash and cash equivalents

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

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

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

10 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.

11 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.

The Department determines impairment according to the recoverability of debtors.

12 Investments

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

13 Financial assets

13.1 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.

13.2 Impairment of financial assets

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

14 Payables

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

15 Capital Assets

15.1 Immovable capital assets

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

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

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

15.2 Movable capital assets

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

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

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

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

15.3 Intangible assets

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

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

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

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

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

15.4 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.

16 Provisions and Contingents

16.1 Provisions

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

16.2 Contingent liabilities

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

16.3 Contingent assets

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

16.4 Capital commitments

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

17 Unauthorised expenditure

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

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

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

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

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

18 Fruitless and wasteful expenditure

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

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

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

19 Irregular expenditure

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

Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and 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.

20 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.

21 Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

22. Principal-Agent arrangements

The department is party to a principal-agent arrangement repairs to Charlotte Maxeke Academic Hospital]. In terms of the arrangement the department is the principal and Development bank of Southern Africa is responsible for repairs as an implementing 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 financial statements where appropriate.

22 Capitalisation reserve

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

Policies to the Annual Financial Statements

for the period ended 31 March 2023

23 Recoverable revenue

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

24 Related party transactions

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

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

25 Inventories

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

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

26 Public-Private Partnerships

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

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

27 Employee benefits

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

Notes to the Annual Financial Statements

For the period ended 31 March 2023

1.1 Annual Appropriation

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

| PROGRAMME | 2022/23 | | 2021/2022 | |
|---------------------------------|---------------------|-----------------------|---------------------|------------------------|
| | Final Appropriation | Actual Funds Received | Final Appropriation | Appropriation received |
| | R'000 | R'000 | R'000 | R'000 |
| 1. Administration | 1 826 399 | 1 826 399 | 2 341 848 | 2 341 848 |
| 2. District Health Services | 20 722 290 | 20 722 290 | 19 875 921 | 19 875 921 |
| 3. Emergency Medical Services | 2 011 100 | 2 011 100 | 1 577 705 | 1 577 705 |
| 4. Provincial Hospital Services | 11 144 958 | 11 144 958 | 11 081 898 | 11 081 898 |
| 5. Central Hospitals | 21 981 884 | 21 981 884 | 20 708 734 | 20 708 734 |
| 6. Health Science and Training | 1 003 410 | 1 003 410 | 1 182 600 | 1 182 600 |
| 7. HealthCare Support Services | 437 466 | 437 466 | 393 874 | 393 874 |
| 8. Health Facilities Management | 2 224 049 | 2 224 049 | 2 462 930 | 2 462 930 |
| Total | 61 351 556 | 61 351 556 | 59 625 510 | 59 625 510 |

1.2 Conditional grants

| | 2022/23 | 2021/2022 |
|-----------------------|-------------------|-------------------|
| | R'000 | R'000 |
| Total grants received | 14 924 863 | 13 745 793 |
| Total | 14 924 863 | 13 745 793 |

2. Departmental Revenue

| | Note | 2022/23 | 2021/2022 |
|---|------|----------------|----------------|
| | | R'000 | R'000 |
| Sales of goods and services other than capital assets | 2.1 | 408 559 | 443 705 |
| Fines, penalties and forfeits | 2.2 | 39 | 26 |
| Interest, dividends and rent on land | 2.3 | 711 | 305 |
| Sales of capital assets | 2.4 | 15 318 | 9 211 |
| Transactions in financial assets and liabilities | 2.5 | 82 673 | 49 290 |
| Transfer received | 2.6 | 809 | 15 |
| Departmental revenue collected | | 508 109 | 502 552 |

2.1 Sales of goods and services other than capital assets

| | 2022/23 | 2021/2022 |
|---|----------------|----------------|
| | R'000 | R'000 |
| Sales of goods and services produced by the Department | 407 811 | 442 359 |
| Sales by market establishment | 39 362 | 37 950 |
| Administrative fees | 6 317 | 5 444 |
| Other sales | 362 132 | 398 965 |
| Sales of scrap, waste and other used current goods | 748 | 1 346 |
| Total | 408 559 | 443 705 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

2.2 Fines, penalties and forfeits

| | 2022/23 | 2021/2022 |
|--------------|-----------|-----------|
| | R'000 | R'000 |
| Fines | 35 | 25 |
| Forfeits | 4 | 1 |
| Total | 39 | 26 |

2.3 Interest, dividends and rent on land

| | 2022/23 | 2021/2022 |
|------------------|------------|------------|
| | R'000 | R'000 |
| Interest Charged | 711 | 305 |
| Total | 711 | 305 |

2.4 Sale of Capital assets

| | 2022/23 | 2021/2022 |
|-------------------------|---------------|--------------|
| | R'000 | R'000 |
| Machinery and equipment | 15 318 | 9 211 |
| Total | 15 318 | 9 211 |

2.5 Transactions in financial assets and liabilities

| | 2022/23 | 2021/2022 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Receivables | 13 107 | 12 210 |
| Other Receipts including Recoverable Revenue | 69 566 | 37 080 |
| Total | 82 673 | 49 290 |

2.6 Transfers received

| | 2022/23 | 2021/2022 |
|---|------------|-----------|
| | R'000 | R'000 |
| Other governmental units | 802 | 15 |
| Public corporations and private enterprises | 7 | - |
| Total | 809 | 15 |

3. Donations received in kind

| | 2022/23 | 2021/2022 |
|-------------------------|----------------|----------------|
| | R'000 | R'000 |
| PPE items | - | 107 450 |
| Computer equipment | 19 837 | 39 122 |
| Pharmaceutical supplies | 64 358 | 95 444 |
| Charlotte Maxeke | 206 160 | - |
| Total | 290 355 | 242 016 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

4. Compensation of Employees

4.1 Salaries and Wages

| | 2022/23 | 2021/2022 |
|----------------------------------|-------------------|-------------------|
| | R'000 | R'000 |
| Basic salary | 21 739 409 | 21 205 789 |
| Performance award | 177 238 | 128 173 |
| Service Based | 88 530 | 23 252 |
| Compensative/circumstantial | 3 918 448 | 3 838 201 |
| Periodic payments | 479 375 | 420 291 |
| Other non-pensionable allowances | 5 696 274 | 5 668 243 |
| Total | 32 099 274 | 31 283 949 |

4.2 Social Contributions

| | 2022/23 | 2021/2022 |
|-------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Employer contributions | | |
| Pension | 2 474 802 | 2 399 377 |
| Medical | 1 961 008 | 1 773 212 |
| UIF | 1 455 | 1 108 |
| Bargaining council | 6 092 | 6 186 |
| Insurance | 19 | 20 |
| Total | 4 443 376 | 4 179 903 |

| | | |
|--|-------------------|-------------------|
| Total compensation of employees | 36 542 650 | 35 463 852 |
| Average number of employees | 83 658 | 86 183 |

5. Goods and services

| | Note | 2022/23 | 2021/2022 |
|---|------|-----------|-----------|
| | | R'000 | R'000 |
| Administrative fees | | 7 779 | 21 024 |
| Advertising | | 7 482 | 5 662 |
| Minor assets | 5.1 | 24 798 | 28 840 |
| Bursaries (employees) | | 3 181 | 6 377 |
| Catering | | 6 911 | 4 496 |
| Communication | | 80 576 | 93 338 |
| Computer services | 5.2 | 93 394 | 244 566 |
| Consultants: Business and advisory services | | 354 584 | 314 630 |
| Laboratory services | | 2 925 248 | 2 326 077 |
| Legal services | | 129 054 | 143 921 |
| Contractors | | 358 393 | 400 364 |
| Agency and support / outsourced services | | 457 500 | 322 978 |
| Audit cost – external | 5.3 | 30 186 | 25 786 |
| Fleet services | | 209 578 | 186 377 |
| Inventory | 5.4 | 9 509 981 | 9 319 669 |
| Consumables | 5.5 | 1 095 215 | 1 326 949 |
| Operating leases | | 266 175 | 345 056 |
| Property payments | 5.6 | 2 658 959 | 2 680 535 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

| | Note | 2022/23 | 2021/2022 |
|---|------|-------------------|-------------------|
| | | R'000 | R'000 |
| Rental and hiring | | 24 164 | 37 044 |
| Transport provided as part of the Departmental activities | | 374 | 319 |
| Travel and subsistence | 5.7 | 21 898 | 18 973 |
| Venues and facilities | | 3 164 | 2 133 |
| Training and development | | 11 321 | 11 568 |
| Other operating expenditure | 5.8 | 11 684 | 5 659 |
| Total | | 18 291 599 | 17 872 341 |

Other operating expenditure: Relates to courier and laundry services.

Property Payments: Relates to the maintenance and utility payments for health facilities.

Inventory: Relates to purchases of medication and medical supplies.

Consumables: Relates to payments for laboratory consumables.

Agency and support / outsourced services: Relates to payments, amongst others, for medical waste removal, payments to nursing agencies and security services.

Legal Services represent legal costs paid to the State Attorney.

5.1 Minor assets

| | 2022/23 | 2021/2022 |
|-------------------------|---------------|---------------|
| | R'000 | R'000 |
| Tangible assets | | |
| Machinery and equipment | 24 798 | 28 840 |
| Total | 24 798 | 28 840 |

5.2 Computer services

| | 2022/23 | 2021/2022 |
|-------------------------------------|---------------|----------------|
| | R'000 | R'000 |
| External computer service providers | 93 394 | 244 566 |
| Total | 93 394 | 244 566 |

5.3 Audit cost – External

| | 2022/23 | 2021/2022 |
|-------------------|---------------|---------------|
| | R'000 | R'000 |
| Regularity audits | 30 186 | 25 786 |
| Total | 30 186 | 25 786 |

5.4 Inventories

| | 2022/23 | 2021/2022 |
|---|------------------|------------------|
| | R'000 | R'000 |
| Clothing material and accessories | 1 357 | 3 912 |
| Food and food supplies | 435 482 | 391 859 |
| Fuel, oil and gas | 290 974 | 283 015 |
| Learning, teaching and support material | 1 119 | 581 |
| Materials and supplies | 64 657 | 43 993 |
| Medical supplies | 4 395 305 | 4 171 373 |
| Medicine | 4 162 996 | 4 324 148 |
| Other supplies | 158 091 | 100 788 |
| Total | 9 509 981 | 9 319 669 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

Other supplies consist of toiletries, plastics, paper and related items.

5.5 Consumables

| | 2022/23 | 2021/2022 |
|--|------------------|------------------|
| | R'000 | R'000 |
| Consumable supplies | 925 301 | 1 164 366 |
| Uniform and clothing | 287 490 | 13 091 |
| Household supplies | 440 258 | - |
| Building material and supplies | 19 258 | 11 793 |
| Communication accessories | 262 | - |
| IT consumables | 12 534 | 11 889 |
| Other consumables | 165 499 | 1 127 593 |
| Stationery, printing and office supplies | 169 914 | 162 583 |
| Total | 1 095 215 | 1 326 949 |

Household supplies: Includes linen, groceries and cleaning detergents.

Other consumables: Includes fuel supplies, gas supplies, laboratory consumables and medical kits

5.6 Property payments

| | 2022/23 | 2021/2022 |
|----------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Municipal services | 814 220 | 820 129 |
| Property maintenance and repairs | 1 144 879 | 1 157 137 |
| Other | 699 860 | 703 269 |
| Total | 2 658 959 | 2 680 535 |

The amount disclosed under other includes security services, cleaning and payments of laundry services.

5.7 Travel and subsistence

| | 2022/23 | 2021/2022 |
|--------------|---------------|---------------|
| | R'000 | R'000 |
| Local | 20 722 | 17 915 |
| Foreign | 1 176 | 1 058 |
| Total | 21 898 | 18 973 |

5.8 Other operating expenditure

| | 2022/23 | 2021/2022 |
|---|---------------|--------------|
| | R'000 | R'000 |
| Professional bodies, membership and subscription fees | 485 | 268 |
| Resettlement costs | 411 | 486 |
| Other | 10 788 | 4 905 |
| Total | 11 684 | 5 659 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

6. Interest and rent on land

| | 2022/23 | 2021/2022 |
|---------------|--------------|--------------|
| | R'000 | R'000 |
| Interest paid | 3 841 | 1 147 |
| Total | 3 841 | 1 147 |

7. Payments for financial assets

| | 2022/23 | 2021/2022 |
|-------------------|---------------|--------------|
| | R'000 | R'000 |
| Debts written off | 12 509 | 1 672 |
| Total | 12 509 | 1 672 |

7.1 Debts written off

| | 2022/23 | 2021/2022 |
|--|---------------|--------------|
| | R'000 | R'000 |
| Nature of debts written off | | |
| Ex- employees and supplier debts written off | 12 509 | 1 672 |
| Total debt written off | 12 509 | 1 672 |

This amount represents staff and supplier debts that was written off during the year. Debts were written off in accordance with the Department's policy and the Prescription Act. All possible measures were taken to ensure that all debt due to the Department is recovered.

8. Transfers and Subsidies

| | Note | 2022/23 | 2021/2022 |
|------------------------------------|----------|------------------|------------------|
| | | R'000 | R'000 |
| Provinces and municipalities | 32 | 514 577 | 441 595 |
| Departmental agencies and accounts | Annex 1B | 25 819 | 24 636 |
| Higher education institutions | Annex 1C | 1 175 | 7 867 |
| Non-profit institutions | Annex 1F | 695 442 | 630 704 |
| Households | Annex 1E | 674 262 | 582 228 |
| Total | | 1 911 275 | 1 687 030 |

9. Expenditure for Capital Assets

| | Note | 2022/23 | 2021/2022 |
|--------------------------------------|------|------------------|------------------|
| | | R'000 | R'000 |
| Tangible assets | | 1 877 866 | 2 022 686 |
| Buildings and other fixed structures | 30 | 434 910 | 735 592 |
| Machinery and equipment | 28 | 1 442 956 | 1 287 094 |
| Intangible assets | | | |
| Software | | - | 407 |
| Total | | 1 877 866 | 2 023 093 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

9.1 Analysis of funds utilised to acquire capital assets – 2022/23

| | Voted funds | Total |
|--------------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Tangible assets | 1 877 866 | 1 877 866 |
| Buildings and other fixed structures | 434 910 | 434 910 |
| Machinery and equipment | 1 442 956 | 1 442 956 |
| Total | 1 877 866 | 1 877 866 |

9.2 Analysis of funds utilised to acquire capital assets – 2021/2022

| | Voted funds | Total |
|--------------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Tangible assets | 2 022 686 | 2 022 686 |
| Buildings and other fixed structures | 735 592 | 735 592 |
| Machinery and equipment | 1 287 094 | 1 287 094 |
| Intangible Capital Assets | 407 | 407 |
| Total | 2 023 093 | 2 023 093 |

9.3 Finance Lease expenditure included in Expenditure for Capital Assets

| | 2022/23 | 2021/2022 |
|-------------------------|---------------|---------------|
| | R'000 | R'000 |
| Tangible assets | | |
| Machinery and equipment | 51 515 | 47 512 |
| Total | 51 515 | 47 512 |

10. Cash and cash equivalents

| | 2022/23 | 2021/2022 |
|--|------------------|------------------|
| | R'000 | R'000 |
| Consolidated Paymaster General Account | 2 887 868 | 2 993 787 |
| Cash receipts | 783 | 550 |
| Disbursements | (31 170) | (14 027) |
| Cash on hand | 573 | 817 |
| Total | 2 858 054 | 2 981 127 |

11. Receivables

| | Note | 2022/23 | | | 2021/2022 | | |
|-------------------------|------|---------------|----------------|----------------|---------------|----------------|----------------|
| | | Current | Non-current | Total | current | Non-current | Total |
| | | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Claims recoverable | 11.1 | 2 983 | - | 2 983 | 2 309 | - | 2 309 |
| Recoverable expenditure | 11.2 | 1 003 | - | 1 003 | 1 002 | - | 1 002 |
| Staff debt | 11.3 | 15 542 | 192 988 | 208 530 | 28 628 | 164 683 | 193 311 |
| Other debtors | 11.4 | 5 340 | - | 5 340 | 6 626 | - | 6 626 |
| Total | | 24 868 | 192 988 | 217 856 | 38 565 | 164 683 | 203 248 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

11.1 Claims recoverable

| | 2022/23 | 2021/2022 |
|------------------------|--------------|--------------|
| | R'000 | R'000 |
| Provincial Departments | 2 983 | 2 309 |
| Total | 2 983 | 2 309 |

11.2 Recoverable expenditure (disallowance accounts)

| | 2022/23 | 2021/2022 |
|-------------------------------|--------------|--------------|
| | R'000 | R'000 |
| Disallowance Damages & Losses | 1 003 | 1 002 |
| Total | 1 003 | 1 002 |

11.3 Staff Debt

| | 2022/23 | 2021/2022 |
|--------------------|----------------|----------------|
| | R'000 | R'000 |
| Breach of Contract | 101 436 | 94 611 |
| Employees | 18 998 | 18 177 |
| Ex-employees | 76 737 | 69 826 |
| Suppliers | 11 046 | 10 387 |
| Fraud | (5) | 8 |
| Other | 318 | 302 |
| Total | 208 530 | 193 311 |

11.4 Other Receivables

| | 2022/23 | 2021/2022 |
|--------------------------------|--------------|--------------|
| | R'000 | R'000 |
| Private Telephone | | 57 |
| Salary: Disallowance Account | 23 | 23 |
| Salary: Deduction Disallowance | 48 | 48 |
| Salary: Reversal Account | 5 028 | 6 401 |
| Salary Tax Debt | 117 | - |
| Salary: Medical | | 13 |
| Sal:Gehs refund control acc | | 84 |
| Other Receivables | 124 | - |
| Total | 5 340 | 6 626 |

11.5 Impairment of receivables

| | 2022/23 | 2021/2022 |
|---------------------------------------|----------------|----------------|
| | R'000 | R'000 |
| Estimate of impairment of receivables | 157 783 | 111 541 |
| Total | 157 783 | 111 541 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

12. Investments

| | 2022/23 | 2021/2022 |
|--------------------------------------|---------------|---------------|
| | R'000 | R'000 |
| Non-Current | 54 000 | 54 000 |
| Shares and other equity | | |
| Investment in Medical Supplies Depot | 54 000 | 54 000 |
| Total | 54 000 | 54 000 |

The investments amount represents the initial investment in Medical Supplies Depot, no further investment was made during the period.

13. Voted funds to be surrendered to the Revenue Fund

| | 2022/23 | 2021/2022 |
|--|------------------|------------------|
| | R'000 | R'000 |
| Opening balance | 2 595 592 | 1 139 525 |
| Transfer from statement of financial performance | 2 711 816 | 2 576 375 |
| Voted Funds not received/ not requested | | - |
| Conditional Grants surrendered by the department | - | - |
| Paid during the year | (2 576 370) | (1 120 308) |
| Closing balance | 2 731 038 | 2 595 592 |

13.1 Reconciliation of unspent conditional grants

| | | |
|--|------------------|------------------|
| Total conditional grants received | 14 924 863 | 13 745 793 |
| Total conditional grants spent | (13 150 798) | (12 046 749) |
| Unspent conditional grants to be surrendered | 1 774 065 | 1 699 044 |
| Due by the Provincial Revenue Fund | 1 774 065 | 1 699 044 |

14. Departmental revenue to be surrendered to the Revenue Fund

| | 2022/23 | 2021/2022 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Opening balance | 67 407 | 88 387 |
| Transfer from Statement of Financial Performance | 508 109 | 502 552 |
| Paid during the year | (522 122) | (523 532) |
| Closing balance | 53 394 | 67 407 |

15. Payables – current

| | Note | 2022/23 | 2021/2022 |
|--|------|----------------|----------------|
| | | R'000 | R'000 |
| Amounts owing to other entities (Medical Supplies Depot) | | 143 054 | 177 688 |
| Other payables | 15.1 | 17 607 | 223 375 |
| Total | | 160 661 | 401 063 |

15.1 Other payables

Notes to the Annual Financial Statements

For the period ended 31 March 2023

| | 2022/23 | 2021/2022 |
|---------------------------------|---------------|----------------|
| | R'000 | R'000 |
| Salary: ACB Recalls | 1 324 | 202 336 |
| Sal: Finance Other Institutions | 504 | 420 |
| Others | 4 441 | 1 679 |
| Salary :Income Tax | 10 862 | 6 598 |
| Salary: Pension Fund | 440 | 328 |
| Housing loan Guarantees | 28 | 1 |
| Sal: Bargaining Council | 8 | 10 |
| Sal: Housing | - | 12 003 |
| Total | 17 607 | 223 375 |

16. Net cash flow available from operating activities

| | 2022/23 | 2021/2022 |
|---|------------------|------------------|
| | R'000 | R'000 |
| Net surplus/(deficit) as per Statement of Financial Performance | 3 219 925 | 3 078 927 |
| Add back noncash/cash movements not deemed operating activities | (1 462 649) | 533 166 |
| Increase in receivables | 13 697 | (17 493) |
| (Increase)/decrease in Payables – Current | (240 402) | 180 617 |
| Proceeds from sale of capital assets | (15 318) | (9 211) |
| Expenditure on capital assets | 1 877 866 | 2 023 093 |
| Surrenders to Revenue Fund | (3 098 492) | (1 643 840) |
| Surrenders to Revenue Fund | - | - |
| Net cash flow generated by operating activities | 1 757 276 | 3 612 093 |

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

| | 2022/23 | 2021/2022 |
|--|------------------|------------------|
| | R'000 | R'000 |
| Consolidated Paymaster General account | 2 887 868 | 2 993 787 |
| Cash receipts | 783 | 550 |
| Disbursement | (31 170) | (14 027) |
| Cash on hand | 573 | 817 |
| Total | 2 858 054 | 2 981 127 |

18. Contingent liabilities

| | Note | 2022/23 | 2021/2022 |
|---|----------|-------------------|-------------------|
| | | R'000 | R'000 |
| Liable to | | | |
| Claims against the Department | Annex 3B | 18 152 738 | 17 542 171 |
| Intergovernmental payables (unconfirmed balances) | Annex 5 | 475 289 | 404 985 |
| Total | | 18 628 027 | 17 947 156 |

Uncertainties exist on outflow, value and timing on the contingent liabilities balance likely depended on the court judgements.

Notes to the Annual Financial Statements

For the period ended 31 March 2023

19. Commitments

| | 2022/23 | 2021/2022 |
|------------------------------------|------------------|----------------|
| | R'000 | R'000 |
| Capital commitments | | |
| Building and Other Fixed structure | 569 930 | 657 857 |
| Machinery and Equipment | 714 405 | 318 899 |
| Total | 1 284 335 | 976 756 |

20. Accruals and Payables not recognised

20.1 Accruals

| | 30 Days | 30+ Days | 2022/23 | 2021/2022 |
|--|---------------|----------------|----------------|----------------|
| | | | R'000 | R'000 |
| Listed by economic classification | | | Total | Total |
| Goods and services | 57 943 | 572 312 | 630 255 | 714 087 |
| Capital assets | 2 881 | 53 344 | 56 225 | 73 700 |
| Total | 60 824 | 625 656 | 686 480 | 787 787 |

| | 2022/23 | 2021/2022 |
|----------------------------------|----------------|----------------|
| | R'000 | R'000 |
| Listed by programme level | | |
| Administration | 266 963 | 429 616 |
| District Health Services | 99 883 | 37 173 |
| Emergency Medical Services | 27 318 | 552 |
| Provincial Hospital Services | 95 432 | 220 442 |
| Central Hospital Services | 164 280 | 84 137 |
| Health Training and Sciences | 3 059 | 2 713 |
| Health Care Support Services | 10 000 | 3 051 |
| Health Facilities Management | 19 545 | 10 103 |
| Total | 686 480 | 787 787 |

20.2 Payables not recognised

| | 30 Days | 30+ Days | 2022/23 | 2021/2022 |
|--|------------------|------------------|------------------|------------------|
| | | | R'000 | R'000 |
| Listed by economic classification | | | | |
| Goods and services | 1 918 465 | 3 950 779 | 5 912 332 | 5 182 898 |
| Capital assets | 61 081 | 211 067 | 272 148 | 351 433 |
| Total | 1 979 546 | 4 204 934 | 6 141 392 | 5 534 331 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

| Listed by programme level | 2022/23 | 2021/2022 |
|------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Administration | 3 411 394 | 2 733 720 |
| District Health Services | 549 971 | 476 486 |
| Emergency Medical Services | 249 633 | 139 613 |
| Provincial Hospital Services | 561 496 | 1 208 094 |
| Central Hospital Services | 1 164 881 | 719 094 |
| Health Training and Sciences | 4 430 | 5 795 |
| Health Care Support Services | 41 907 | 32 710 |
| Health Facilities Management | 157 680 | 218 819 |
| Total | 6 141 392 | 5 534 331 |

| | | |
|---|------------------|------------------|
| Confirmed balances with other Departments | 211 084 | 172 885 |
| Confirmed balances with other government entities | 1 173 065 | 982 048 |
| Total | 1 384 149 | 1 154 933 |

21. Employee benefits

| | 2022/23 | 2021/2022 |
|--------------------------|------------------|------------------|
| | R'000 | R'000 |
| Leave entitlement | 1 371 801 | 1 377 304 |
| Service bonus | 774 512 | 750 608 |
| Performance awards | 88 902 | 157 836 |
| Capped leave commitments | 213 962 | 243 135 |
| Long Service Award | 16 886 | 47 547 |
| Total | 2 466 063 | 2 576 430 |

22. Lease commitments

22.1 Operating leases

| | Buildings and other fixed structures | Machinery and equipment | Total |
|--|--------------------------------------|-------------------------|----------------|
| 2022/23 | R'000 | R'000 | R'000 |
| Not later than 1 year | 56 167 | 77 122 | 133 289 |
| Later than 1 year and not later than 5 years | - | 52 728 | 52 728 |
| later than 5 years | - | - | - |
| Total lease commitments | 56 167 | 129 850 | 186 017 |

| | Buildings and other fixed structures | Machinery and equipment | Total |
|--|--------------------------------------|-------------------------|----------------|
| 2021/2022 | R'000 | R'000 | R'000 |
| Not later than 1 year | 48 154 | 91 216 | 139 370 |
| Later than 1 year and not later than 5 years | 52 006 | 93 611 | 145 617 |
| later than 5 years | - | 1 108 | 1 108 |
| Total lease commitments | 100 160 | 185 935 | 286 095 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

22.2 Finance leases

| | Machinery and equipment | Total |
|--|-------------------------|---------------|
| | R'000 | R'000 |
| 2022/23 | | |
| Not later than 1 year | 11 709 | 11 709 |
| Later than 1 year and not later than 5 years | 7 696 | 7 696 |
| Later than five years | 1 146 | 1 146 |
| Total lease commitments | 20 551 | 20 551 |

| | Machinery and equipment | Total |
|--|-------------------------|---------------|
| | R'000 | R'000 |
| 2021/2022 | | |
| Not later than 1 year | 20 165 | 20 165 |
| Later than 1 year and not later than 5 years | 8 276 | 8 276 |
| Later than five years | - | - |
| Total lease commitments | 28 441 | 28 441 |

23. Accrued Departmental revenue

| | 2022/23 | 2021/2022 |
|---|------------------|------------------|
| | R'000 | R'000 |
| Sales of goods and services other than capital assets | 1 919 868 | 3 758 656 |
| Total | 1 919 868 | 3 758 656 |

23.1 Analysis of Accrued Departmental revenue

| | 2022/23 | 2021/2022 |
|---|------------------|------------------|
| | R'000 | R'000 |
| Opening balance | 3 758 656 | 3 046 285 |
| Less: amounts received | (197 896) | (347 273) |
| Add: amounts recorded | 1 447 351 | 1 441 432 |
| Less: amounts written-off/reversed as irrecoverable | (3 088 243) | (381 788) |
| Closing balance | 1 919 868 | 3 758 656 |

23.2 Accrued Department revenue written off

| Nature of losses | 2022/23 | 2021/2022 |
|---------------------------|------------------|----------------|
| | | |
| Patient Debts written off | 3 088 243 | 381 788 |
| Total | 3 088 243 | 381 788 |

23.3 Impairment of accrued departmental revenue.

| | | |
|--|------------------|------------------|
| Estimate of impairment of accrued Departmental revenue | 1 862 272 | 3 195 452 |
| Total | 1 862 272 | 3 195 452 |

The department has almost completed with the implementation of a Health Information System (HIS) during the financial year to replace different legacy systems and it is anticipated this will reduce report consolidation efforts.

Notes to the Annual Financial Statements

For the period ended 31 March 2023

24. Unauthorised, Irregular and Fruitless and wasteful expenditure

| | 2022/23 | 2021/2022 |
|------------------------------------|------------------|------------------|
| | R'000 | R'000 |
| Unauthorised expenditure | - | - |
| Irregular expenditure | 2 264 505 | 2 570 827 |
| Fruitless and wasteful expenditure | 15 046 | 17 017 |
| Total | 2 279 551 | 2 587 844 |

Due to Accounting General prescripts and changes on the Modified Cash Standard refer to Part E of the Annual Report for more details.

25. Related party transactions

| | 2022/23 | 2021/2022 |
|----------------------|------------------|------------------|
| | R'000 | R'000 |
| Payments made | | |
| Goods and services | 4 394 826 | 4 519 254 |
| Total | 4 394 826 | 4 519 254 |

| Year end balances arising from payments | | |
|--|------------------|----------------|
| Payables to related parties | 1 101 482 | 933 585 |
| Total | 1 101 482 | 933 585 |

Medical Supplies Depot is a related party to the Department, falling under the control of one MEC with the Department. MSD supplies medicine to the Department.

26. Key Management Personnel

| | 2022/23 | 2021/2022 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Political Office Bearers (MEC) | 2 121 | 2 000 |
| Level 15 to 16 | 16 536 | 12 991 |
| Level 14 | 31 370 | 35 389 |
| Family members of key management personnel | 5 140 | 762 |
| Total | 55 167 | 51 142 |

Key management include all staff members who drive the strategy of the department. The CFO was seconded from Department of E Government and was paid by the E Gov department.

27. Provisions

| | | 2022/23 | 2021/2022 |
|-------------------------------|------|---------------|---------------|
| | Note | R'000 | R'000 |
| Retention on Capital Projects | | 54 471 | 54 471 |
| Total | | 54 471 | 54 471 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

27.1 Reconciliation of movement in provisions - Current year

| 2022/23 | | | | |
|------------------------|---------------|-------------|-------------|------------------|
| | Provision 1 | Provision 2 | Provision 3 | Total provisions |
| | R'000 | R'000 | R'000 | R'000 |
| Opening balance | 54 471 | | | 54 471 |
| Closing balance | 54 471 | | | 54 471 |

Reconciliation of movement in provisions - Prior year

| 2021/22 | | | | |
|------------------------|---------------|-------------|-------------|------------------|
| | Provision 1 | Provision 2 | Provision 3 | Total provisions |
| | R'000 | R'000 | R'000 | R'000 |
| Opening balance | | | | |
| Increase in provision | 54 471 | | | 54 471 |
| Closing balance | 54 471 | | | 54 471 |

28. MOVABLE TANGIBLE CAPITAL ASSETS

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 MARCH 2023

| | Opening balance | Additions | Disposals | Closing Balance |
|--------------------------------|-------------------|------------------|------------------|-------------------|
| | R'000 | R'000 | R'000 | R'000 |
| MACHINERY AND EQUIPMENT | 11 408 120 | 1 362 715 | (105 739) | 12 665 096 |
| Transport assets | 1 554 645 | 548 584 | (14 241) | 2 088 988 |
| Computer equipment | 391 053 | 49 129 | (7 851) | 432 331 |
| Furniture and office equipment | 208 921 | 18 109 | (1 439) | 225 591 |
| Other machinery and equipment | 9 253 501 | 746 893 | (82 208) | 9 918 186 |
| TOTAL MOVABLE TANGIBLE | 11 408 120 | 1 362 715 | (105 739) | 12 665 096 |

MOVABLE ASSETS UNDER INVESTIGATION

| | | R'000 |
|-------------------------|---------|-----------|
| Machinery and equipment | 216 342 | 4 044 734 |

Included in the assets under investigation is asset that could not be verified during the 2022/23 asset verification. The department will investigate these assets during the 2023/24 asset verification

Notes to the Annual Financial Statements

For the period ended 31 March 2023

28.1 MOVEMENT FOR 2021/2022

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 MARCH 2022

| | Opening balance | Prior Period Error | Additions | Disposals | Closing Balance |
|--|-------------------|--------------------|------------------|------------------|-------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| MACHINERY AND EQUIPMENT | 10 010 807 | 288 227 | 1 209 105 | (100 019) | 11 408 120 |
| Transport assets | 1 368 534 | (59 108) | 247 907 | (2 688) | 1 554 645 |
| Computer equipment | 312 351 | 24 055 | 58 934 | (4 287) | 391 053 |
| Furniture and office equipment | 180 090 | 11 365 | 18 745 | (1 279) | 208 921 |
| Other machinery and equipment | 8 149 832 | 311 915 | 883 519 | (91 765) | 9 253 501 |
| TOTAL MOVABLE TANGIBLE CAPITAL ASSETS | 10 010 807 | 288 227 | 1 209 105 | (100 019) | 11 408 120 |

Prior Period Error

| | R'000 |
|-----------------------------------|---------|
| Correction of the opening balance | 288 227 |

28.2 MINOR ASSETS

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE PERIOD ENDED AS AT 31 MARCH 2023

| | Machinery and equipment | Total |
|---------------------------|-------------------------|----------------|
| | R'000 | R'000 |
| Opening balance | 768 588 | 768 588 |
| Additions | 29 162 | 29 162 |
| Disposals | (6 904) | (6 904) |
| TOTAL MINOR ASSETS | 790 846 | 790 846 |

| | Machinery and equipment | Total |
|--------------------------------|-------------------------|----------------|
| | R'000 | R'000 |
| Number of minor assets at cost | 598 615 | 598 615 |
| TOTAL MINOR ASSETS | 598 615 | 598 615 |

Minor Capital Assets under investigation

| Included in the above total of the minor capital assets per the asset register are assets that are under investigation: | Number | R'000 |
|---|--------|--------|
| Machinery and equipment | 16 981 | 23 112 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

| MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE PERIOD ENDED AS AT 31 MARCH 2022 | | |
|--|-------------------------|----------------|
| | Machinery and equipment | Total |
| | R'000 | R'000 |
| Opening balance | 760 803 | 760 803 |
| Prior year error | (11) | (11) |
| Additions | 23 388 | 23 388 |
| Disposals | (15 592) | (15 592) |
| TOTAL MINOR ASSETS | 768 588 | 768 588 |

| | Machinery and equipment | Total |
|--------------------------------|-------------------------|----------------|
| | R'000 | R'000 |
| Number of minor assets at cost | 592 998 | 592 998 |
| TOTAL MINOR ASSETS | 592 998 | 592 998 |

PRIOR YEAR

| Nature of prior period error | | Total |
|------------------------------|-------------|-------------|
| | | R'000 |
| | (11) | (11) |
| Total | (11) | (11) |

MOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023

| | Machinery and equipment | Total |
|-----------------------------|-------------------------|---------------|
| | R'000 | R'000 |
| Assets written off | 80 398 | 80 398 |
| TOTAL MOVABLE ASSETS | 80 398 | 80 398 |

MOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2022

| | Machinery and equipment | Total |
|-----------------------------|-------------------------|------------|
| | R'000 | R'000 |
| Assets written off | 124 | 124 |
| TOTAL MOVABLE ASSETS | 124 | 124 |

28.4 Movable tangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

| | | Opening balance 1 April 2022 | Current Year WIP | Ready for use (Assets to the AR) / Contracts terminated | Closing balance 31 March 2023 |
|-------------------------|------|---------------------------------|---------------------|--|-------------------------------------|
| | Note | R'000 | R'000 | R'000 | R'000 |
| Machinery and equipment | | 124 800 | - | - | 124 800 |
| Total | | 124 800 | - | - | 124 800 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

| | Opening balance 1 April 2022 | Prior period Error | Current Year WIP | Ready for use (Assets to the AR) / Contracts terminated | Closing balance 31 March 2023 |
|-------------------------|---------------------------------|-----------------------|---------------------|--|-------------------------------------|
| | R'000 | | R'000 | R'000 | R'000 |
| Machinery and equipment | - | 124 800 | - | - | 124 800 |
| Total | - | 124 800 | - | - | 124 800 |

Prior Period Error

| Nature of prior period error | R'000 |
|---|----------------|
| Correcting Accounting of the Linear Accelerator | 124 800 |
| Total | 124 800 |

29. INTANGIBLE CAPITAL ASSETS

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 MARCH 2023

| | Opening balance | Additions | Disposals | Closing Balance |
|--|--------------------|-----------|-----------|--------------------|
| | R'000 | R'000 | R'000 | R'000 |
| SOFTWARE | 54 661 | - | - | 54 661 |
| TOTAL INTANGIBLE CAPITAL ASSETS | 54 661 | - | - | 54 661 |

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 March 2022

| | Opening balance | Additions | Disposals | Closing Balance |
|--|--------------------|------------|-----------|--------------------|
| | R'000 | | - | R'000 |
| SOFTWARE | 54 254 | 407 | | 54 661 |
| TOTAL INTANGIBLE CAPITAL ASSETS | 54 254 | 407 | - | 54 661 |

WORK IN PROGRESS- INTANGIBLE ASSETS

| | Opening Balance | Current Year WIP | Closing Balance |
|----------|--------------------|---------------------|--------------------|
| Software | 108 583 | - | 108 583 |

PRIOR PERIOD ERROR 2021/2022

| | Opening Balance | Prior Period error | Current Year WIP | Closing Balance |
|----------|--------------------|-----------------------|---------------------|--------------------|
| Software | - | 74 411 | 34 172 | 108 583 |

PRIOR PERIOD ERROR

| Nature of prior period error | R'000 |
|--|----------------|
| Accounting for the Work In Progress of HIS software. | 108 583 |
| Total | 108 583 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

30. IMMOVABLE TANGIBLE CAPITAL ASSETS

MOVEMENT IN THE IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 MARCH 2023

| | Opening balance | Additions | Disposals | Closing Balance |
|--|------------------|----------------|-----------|------------------|
| | R'000 | R'000 | R'000 | R'000 |
| BUILDINGS AND OTHER FIXED STRUCTURES | 2 490 950 | 104 454 | - | 2 595 404 |
| Other fixed structures | 2 490 950 | 104 454 | - | 2 595 404 |
| Total Immovable Tangible Capital Assets | 2 490 950 | 104 454 | - | 2 595 404 |

MOVEMENT IN THE IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE PERIOD ENDED 31 MARCH 2022

| | Opening balance | Prior period error | Additions | Disposals | Closing Balance |
|--|------------------|--------------------|------------------|-----------|------------------|
| | R'000 | | R'000 | R'000 | R'000 |
| BUILDINGS AND OTHER FIXED STRUCTURES | 1 173 312 | 33 551 | 1 284 087 | - | 2 490 950 |
| Other fixed structures | 1 173 312 | 33 551 | 1 284 087 | - | 2 490 950 |
| Total immovable tangible capital assets | 1 173 312 | 33 551 | 1 284 087 | - | 2 490 950 |

PRIOR PERIOD ERROR

| Nature of prior period error | 2021/22 |
|---|---------|
| | R'000 |
| Correction of misclassification of maintenance as capital expenditure | 33 551 |

30.1 CAPITAL WORK-IN-PROGRESS

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2023

| | Opening balance | Current Year | Ready for use/ | Closing balance |
|--------------------------------------|------------------|----------------|--|------------------|
| | 1 April 2022 | WIP | (Assets to the AR)/ Contracts terminated | 31 March 2023 |
| | R'000 | R'000 | R'000 | R'000 |
| Buildings and other fixed structures | 2 098 343 | 394 575 | (64 119) | 2 428 799 |
| TOTAL | 2 098 343 | 394 575 | (64 119) | 2 428 799 |

PAYABLES NOT RECOGNISED RELATING TO CAPITAL WIP

| | 2022/23 | 2021/2022 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress | 22 052 | 41 067 |
| TOTAL | 22 052 | 41 067 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2022

| | Opening balance 1 April 2021 | PriorPeriod Error | Current Year WIP | Ready for use (Assets to the AR) | Closing balance 31 March 2022 |
|--------------------------------------|---------------------------------|----------------------|---------------------|--|--|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Buildings and other fixed structures | 3 204 728 | (58 882) | 719 935 | (1 767 438) | 2 098 343 |
| TOTAL | 3 204 728 | (58 882) | 719 935 | (1 767 438) | 2 098 343 |

31. Principal-agent arrangements

| | 2022/23 | 2021/22 |
|-------------------------------------|---------------|----------|
| | R'000 | R'000 |
| Development Bank of Southern Africa | 37 175 | - |
| Total | 37 175 | - |

The department entered into with DBSA as an implementing agent for the repair of Charlotte Maxeke Hospital after the fire

32. PRIOR PERIOD ERRORS

| | Note | Amount before error correction | Prior period error | Restated amount |
|------------------------------------|------|-----------------------------------|-----------------------|--------------------|
| | | R'000 | R'000 | R'000 |
| Contingent Liabilities | 18 | 24 030 018 | (6 487 847) | 17 542 171 |
| Work in Progress | 29.1 | 3 204 728 | (58 882) | 3 145 846 |
| Immovable Assets | 29 | 1 173 312 | (22 551) | 1 150 761 |
| Intangible Assets work in progress | 28 | - | 108 583 | 108 583 |
| Retention | | - | 54 471 | 54 471 |
| Net effect | | 28 408 058 | (6 406 226) | 22 001 832 |

33. Covid 19 Response Expenditure

| | 2022/23 | 2021/2022 |
|--------------------------------|------------------|------------------|
| | R'000 | R'000 |
| COVID 19 Response Expenditure | | |
| Compensation of employees | 1 084 813 | 1 987 330 |
| Goods and services | 533 335 | 750 948 |
| Transfers and subsidies | 551 | 500 |
| Expenditure for capital assets | 40 573 | 529 359 |
| Total | 1 659 272 | 3 268 137 |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

34. STATEMENT OF CONDITIONAL GRANTS RECEIVED

| NAME OF DEPARTMENT | GRANT ALLOCATION | | | | Total Available | SPENT | | | | 2021/2022 | |
|--------------------------------------|--|----------------|------------|-------------------------------|-------------------|----------------------------|------------------------|--|-------------------------|----------------------------|-------|
| | Division of Revenue Act/ Provincial Grants | Roll Overs | DORA | Amount received by Department | | Amount spent by Department | Under / (Overspending) | % of available funds spent by Department | Division of Revenue Act | Amount spent by Department | |
| | R'000 | R'000 | R'000 | | | | | | | | R'000 |
| Comprehensive HIV, AIDS Component | 5 300 707 | 257 030 | | 5 557 737 | 4 660 883 | 896 854 | 84% | 4 977 332 | 4 261 810 | | |
| District Health Component | | | | 995 262 | 1 098 053 | (102 791) | 110% | - | - | | |
| Statutory HR component | 995 262 | - | | | | | | | | | |
| HR & Training Component | 867 139 | - | | 867 139 | 867 220 | (81) | 100% | - | - | | |
| Health Facility Revitalisation Grant | 1 005 090 | 21 305 | | 1 026 395 | 983 488 | 42 907 | 96% | - | - | | |
| National Tertiary Service | 1 058 859 | - | | 1 058 859 | 671 871 | 386 988 | 63% | 965 871 | 954 347 | | |
| National Health Insurance | 5 083 886 | 224 707 | | 5 308 593 | 4 789 509 | 519 087 | 90% | 49 859 | 46 235 | | |
| EPWP Social Sector Incentives Grants | 90 399 | - | 139 | 90 538 | 58 887 | 31 651 | 65% | 5 234 423 | 4 673 691 | | |
| EPWP Integrated Grant for Prov | 17 980 | - | | 17 980 | 17 980 | - | 100% | | | | |
| COVID-19 COMPONENT | 2 360 | - | | 2 360 | 2 156 | 204 | 91% | 2 218 | 2 059 | | |
| TUBERCULOSIS COMPONENT | | | | | | | | 353 002 | 39 229 | | |
| COMMUNITY OUTREACH SERVICE COMP | | | | | | | | 88 771 | 81 825 | | |
| HUMAN PAPILVIRUS VACC COMPONENT | | | | | | | | 485 867 | 503 398 | | |
| MENTAL HEALTH SERVICE COMPONENT | | | | | | | | 30 077 | 16 057 | | |
| COVID-19 DISASTER RESPONSE GRANT | | | | | | | | 32 306 | 2 119 | | |
| SOC SEC EPWP INCEN GRNT FOR PROV | | | | | | | | 25 005 | 24 783 | | |
| HEALTH PROF TRAIN&DEV COMPONENT | | | | | | | | 1 027 554 | 991 227 | | |
| Total | 14 421 682 | 503 042 | 139 | 14 924 863 | 13 150 047 | 1 774 816 | | 13 745 793 | 12 046 749 | | |

Notes to the Annual Financial Statements

For the period ended 31 March 2023

35. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

| | 2022/23 | | | | 2021/2022 | |
|----------------------------|--------------------------|---------------|-----------------|-----------------|-------------------------|-----------------|
| | GRANT ALLOCATION | | | | Division of Revenue Act | Actual Transfer |
| NAME OF MUNICIPALITY | DoRA and other transfers | Roll Overs | Total Available | Actual Transfer | R'000 | R'000 |
| City of Johannesburg Metro | 189 331 | | 189 331 | 189 331 | 181 633 | 181,633 |
| City of Tshwane Metro | 86 870 | 24 392 | 111 262 | 111 262 | 58 845 | 58,845 |
| Ekurhuleni Metro | 190 355 | | 190 355 | 190 355 | 182 880 | 182,880 |
| West Rand District Council | 11 932 | | 11 932 | 11 932 | 11 364 | 11,364 |
| Sedibeng District Council | 12 027 | 2 257 | 14 284 | 11 697 | 6 872 | 6,872 |
| TOTAL | 490 515 | 26 649 | 517 164 | 514 577 | 441 594 | 441 594 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 1A STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES (Unaudited Annexure)

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | | TRANSFER | | | SPENT | | | 2021/2022 | |
|----------------------------|--------------------------------|------------------|-----------------------|-----------------------|-------------|------|--------------------------|-----------------------|---------------------|------|-------------------------------|-----------------------|
| | DoRA and other transfers R'000 | Roll Overs R'000 | Total Available R'000 | Actual Transfer R'000 | Funds R'000 | Re-% | Amount received by R'000 | Amount spent by R'000 | Unspent funds R'000 | % of | Division of Revenue Act R'000 | Actual transfer R'000 |
| Primary Health Care | | | | | | | | | | | | |
| Category A | | | | | | | | | | | | |
| City of Johannesburg Metro | 159 898 | | 159 898 | 159 898 | | | | | | | 153 601 | 153 601 |
| City of Tshwane Metro | 61 258 | | 61 258 | 61 258 | | | | | | | 58 845 | 58 845 |
| Ekurhuleni Metro | 171 455 | | 171 455 | 171 455 | | | | | | | 164 702 | 164 702 |
| HIV AND AIDS | | | | | | | | | | | | |
| Category A | | | | | | | | | | | | |
| City of Johannesburg Metro | 29 433 | | 29 433 | 29 433 | | | | | | | 28 032 | 28 032 |
| City of Tshwane Metro | 25 612 | 24 392 | 50 004 | 50 004 | | | | | | | 24 392 | - |
| Ekurhuleni Metro | 18 900 | | 18 900 | 18 900 | | | | | | | 18 178 | 18 178 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

| NAME OF MUNICIPALITY | GRANT ALLOCATION | | | TRANSFER | | | SPENT | | | | 2021/2022 | |
|----------------------------|--------------------------------|------------------|-----------------------|-----------------------|-------------|------|--------------------------|-----------------------|---------------------|------|-------------------------------|-----------------------|
| | DoRA and other transfers R'000 | Roll Overs R'000 | Total Available R'000 | Actual Transfer R'000 | Funds R'000 | Re-% | Amount received by R'000 | Amount spent by R'000 | Unspent funds R'000 | % of | Division of Revenue Act R'000 | Actual transfer R'000 |
| Category B | | | | | | | | | | | | |
| West Rand District Council | 11 932 | - | 11 932 | 11 932 | | | | | | | 11 364 | 11 364 |
| Sedibeng District Council | 12 027 | 2 257 | 14 284 | 11 697 | | | | | | | 11 454 | 6 872 |
| City of Johannesburg Metro | | | | | | | | | | | | |
| City of Tshwane Metro | | | | | | | | | | | | |
| Ekurhuleni Metro | | | | | | | | | | | | |
| Category C | | | | | | | | | | | | |
| City of Ekurhuleni Metro | | | | | | | | | | | | |
| TOTAL | 490 515 | 26 649 | 517 164 | 514 577 | | | | | | | 470 568 | 441 594 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 1B STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

| DEPARTMENTAL AGENCY/ ACCOUNT Health and Welfare Seta (HW-SETA) | TRANSFER ALLOCATION | | | | TRANSFER | | 2021/2022 Final Appropriation R'000 |
|---|------------------------------------|------------------------|----------------------|-----------------------------|-----------------------------|---|--|
| | Adjusted Appropriation R'000 | Roll Overs R'000 | Adjustments R'000 | Total Available R'000 | Actual Transfer R'000 | % of Available funds Transferred | |
| | 25 819 | | | 25 819 | 25 819 | 100 % | |
| Total | 25 819 | | | 25 819 | 25 819 | 100% | 24 636 |

ANNEXURE 1C STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

| NAME OF HIGHER EDUCATION INSTITUTION University of Witwatersrand | TRANSFER ALLOCATION | | | | TRANSFER | | | 2021/2022 Final Appropriation R'000 |
|---|------------------------------------|------------------------|----------------------|-----------------------------|-----------------------------|------------------------------------|----------------------------|--|
| | Adjusted Appropriation R'000 | Roll Overs R'000 | Adjustments R'000 | Total Available R'000 | Actual Transfer R'000 | Amount not transferred R'000 | % of Available funds | |
| | 1 276 | | | 1 276 | 427 | 849 | 199% | |
| University of Johannesburg | 850 | | | 850 | 321 | 529 | 165% | 6 096 |
| Sefako Makgatho Health Science University | 1 170 | | | 1 170 | 320 | 850 | 266% | 3 405 |
| University of Pretoria | 743 | | | 743 | 107 | 636 | 594% | 4 892 |
| TOTAL | 4 039 | | | 4 039 | 1 175 | 2 864 | | 16 309 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 1D STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

| | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2020/2021 Final Appropriation R'000 |
|----------------------------------|---|---------------------|----------------------|-----------------------------|-----------------------------|-----------------------------------|--|
| | Adjusted Appropriation Act R'000 | Roll overs R'000 | Adjustments R'000 | Total Available R'000 | Actual Transfer R'000 | % of funds transferred % | |
| | | | | | | | |
| NON-PROFIT INSTITUTIONS | | | | | | | |
| Transfers | | | | | | | |
| Mental Health NPI | 236 061 | | - | 236 061 | 199 386 | 84% | 226 997 |
| HIV/AIDS NPI | 94 208 | | 3 000 | 97 208 | 97 116 | 100% | 110 429 |
| Nutrition | 72 117 | 8 218 | | 80 335 | 79 707 | 99% | 68 814 |
| Witkoppen Clinic | 16 392 | | | 16 392 | 19 033 | 116% | 15 641 |
| Specialised Services NPI | 2 082 | | | 2 082 | 1 200 | 58% | 1 987 |
| Nelson Mandela Children Hospital | 299 000 | | | 299 000 | 299 000 | 100% | 282 000 |
| Total | 719 860 | 8 218 | 3 000 | 731 078 | 695 442 | | 705 868 |

ANNEXURE 1E STATEMENT OF TRANSFERS TO HOUSEHOLDS

| | TRANSFER ALLOCATION | | | | EXPENDITURE | | 2021/2022 Final R'000 |
|---|---|------------------------|----------------------|-----------------------------|-----------------------------|-----------------------------------|-----------------------------|
| | Adjusted Appropriation Act R'000 | Roll Overs R'000 | Adjustments R'000 | Total Available R'000 | Actual Transfer R'000 | % of funds Transferred % | |
| | | | | | | | |
| HOUSEHOLDS | | | | | | | |
| Transfers | | | | | | | |
| Household Employee Benefit: Injury on Duty | 6 955 | | 182 | 7 137 | 7 590 | 106% | 8 274 |
| Household Employee Benefit: Leave Gratuity | 99 815 | | 774 | 100 589 | 122 936 | 122% | 98 156 |
| Household Employee Benefit: Post-retirement benefit | | | | | | | |
| Household: Other Transfers(Cash) | | | | | | | |
| Household Bursaries: (non-employee) | 345 181 | | (89 906) | 255 275 | 31 533 | 12% | 476 764 |
| Household Claims against State (Cash) | 1 695 | | 370 253 | 371 948 | 512 203 | 138% | |
| H/H Donations & Gifts (Cash) | | | | | | | |
| TOTAL | 453 646 | - | 281 303 | 734 949 | 674 262 | | 583 194 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 1 F STATEMENT OF GIFTS DONATIONS AND SPONSORSHIPS RECEIVED

| NAME OF THE DONOR | NATURE OF GIFT DONATION OR SPONSORSHIP | 2022/23 | 2021/2022 |
|---------------------------|--|----------------|----------------|
| | | R'000 | R'000 |
| Received in Cash | | | |
| Various Donors | | | |
| Received in Kind | | | |
| Various Donors | Various Items | | 107 450 |
| | Computer Equipment | 19 837 | 39 122 |
| | Pharmaceuticals | 64 358 | 95 444 |
| Charlotte Maxeke Hospital | Refurbishments | 206 160 | |
| TOTAL | | 290 355 | 242 016 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 3B STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2023

| Nature of Liability | Opening Balance 1 April 2022 R'000 | Liabilities incurred during the year R'000 | Liabilities paid/ cancelled/reduced during the year R'000 | Closing Balance 31 March 2023 R'000 |
|--------------------------------------|---------------------------------------|---|---|--|
| Claims against the Department | | | | |
| Medico – Legal matters | 16 601 935 | 1 281 351 | 738 555 | 17 144 731 |
| Civil Claims | 925 912 | 65 599 | - | 991 511 |
| Vehicle Liability | 14 324 | 2 172 | | 16 496 |
| TOTAL | 17 542 171 | 1 349 122 | 738 555 | 18 152 738 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 4 CLAIMS RECOVERABLE

| GOVERNMENT ENTITY | Confirmed outstanding | | Unconfirmed balance outstanding | | Total | |
|---|-----------------------|---------------------|---------------------------------|---------------------|---------------------|---------------------|
| | 31/03/2023 R'000 | 31/03/2022 R'000 | 31/03/2023 R'000 | 31/03/2022 R'000 | 31/03/2023 R'000 | 31/03/2022 R'000 |
| DEPARTMENTS | | | | | | |
| Mpumalanga: Department of Health (C5) | | | 305 | 336 | 305 | 336 |
| Western Cape: Department of Health (U3) | - | - | 342 | 342 | 342 | 342 |
| Eastern Cape: Department of Health (D2) | | | 24 | 24 | 24 | 24 |
| Free State Department of Health (V5) | - | - | 16 | 252 | 16 | 252 |
| Northwest Health (3Y) | - | - | 1 401 | 1 007 | 1 401 | 1 007 |
| Gauteng Department of Agriculture and Rural Development(G4) | 28 | | | | 28 | |
| KZN Department of Health (3K) | - | - | 87 | 249 | 87 | 249 |
| National Department of labour (33) | | | 99 | | 99 | |
| Limpopo Province Education (P8) | - | - | 26 | 26 | 26 | 26 |
| Department of High Education and Training (63) | | 46 | | | | 46 |
| KZN PROV GOV Education (2K) | | | 34 | 34 | 34 | 34 |
| Mpumalanga Department of Health & Social Services(Patient fees) | | | 1 185 | 1 647 | 1 185 | 1 647 |
| Eastern Cape | - | - | | 43 | | 43 |
| Gauteng Social Development (5G) | | | 15 | - | 15 | |
| Department of Correctional Services (Patient fees) | - | - | 30 688 | 25 417 | 30 688 | 25 417 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

| GOVERNMENT ENTITY | Confirmed outstanding | | Unconfirmed outstanding | | Total | |
|--|-----------------------|---------------------|-------------------------|---------------------|---------------------|---------------------|
| | 31/03/2023 R'000 | 31/03/2022 R'000 | 31/03/2023 R'000 | 31/03/2022 R'000 | 31/03/2023 R'000 | 31/03/2022 R'000 |
| South African Police Services (Patient fees) | - | - | 31 232 | 28 875 | 31 232 | 28 875 |
| Limpopo Department of Health and Social Development (Patient fees) | - | - | 101 | 68 | 101 | 68 |
| Northwest Department of Health and Social Development (Patient fees) | | | 19 040 | 18 240 | 19 040 | 18 240 |
| SA National Defence Force (Patient fees) | - | - | 2 068 | 2 199 | 2 068 | 2 199 |
| National Department of Justice (Patient Fees) | | | 14 029 | 16 943 | 14 029 | 16 943 |
| Special event fees | 25 | 22 | 727 | 432 | 752 | 454 |
| Gauteng department of Finance | | | | | | |
| National department of Art and culture | | | 27 | | 27 | |
| Gauteng E-Gov | 17 | | | | 17 | |
| Eastern Cape: Department of Health (D2) | | - | | | | |
| Gauteng Infrastructure Development (1G) | | - | | | | |
| Limpopo Department of Health and Social Development (P4) | | - | 131 | 23 | 131 | 23 |
| Office of the Chief Justice (82) | | - | 22 | 22 | 22 | 22 |
| South African Police Services (90) | | | 21 | | 21 | |
| Total | 53 | 68 | 101 637 | 96 179 | 101 690 | 96 247 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 5 INTER-GOVERNMENT PAYABLES

| GOVERNMENT ENTITY | Confirmed balance outstanding | | Unconfirmed outstanding | balance | | Total |
|--|-------------------------------|------------|-------------------------|------------|------------|---------|
| | 31/03/2023 | 31/03/2022 | | 31/03/2022 | 31/03/2023 | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | |
| DEPARTMENTS | | | | | | |
| Current | | | | | | |
| Gauteng Office of the Premier (G6) | 948 | 1 569 | - | - | 948 | 1 569 |
| National treasury | | 3 | - | - | | 3 |
| e- Government | 32 451 | 32 017 | - | - | 32 451 | 32 017 |
| Gauteng Office of the Premier (G6) Department communication and information system | | | - | - | | |
| Gauteng Treasury | 40 | | - | - | 40 | |
| Department of Justice Legal Claims | 150 414 | 104 016 | 413 491 | 374 767 | 563 905 | 478 783 |
| Department of Justice Salary Claims | 4 | 21 | - | - | 4 | 21 |
| Statistics S.A | | | - | - | | |
| National Department of Public Works | | 14 426 | 1 144 | - | 1 144 | 14 426 |
| Department of education | 75 | 124 | - | - | 75 | 124 |
| Eastern Cape Department of Health (D2) | 88 | 19 | | | 88 | 19 |
| Department of Infrastructure | 4 026 | 17 813 | - | - | 36 478 | 17 813 |
| North West Department of Health | 104 | 522 | | | 104 | 522 |
| Western Cape Department of Health | | 185 | | | | 185 |
| Limpopo Department of Health (Q7) | 449 | 122 | | | 449 | 122 |
| Department of Water & Sanitation | 54 | | | | 54 | |
| Department of Higher Education | | 87 | | | | 87 |
| KwaZulu Natal Department of Health | 11 | 918 | | | 11 | 918 |
| Office of the Chief Justice | | 4 | | | | 4 |
| Mpumalanga Department of Health | 6 | | | | 6 | |
| Mpumalanga Department of Education | | 210 | | | | 210 |
| National Department of Defence Force | 117 | | | | 117 | |
| National Department of Health | 21 503 | 95 | | | 21 503 | 95 |
| National Sports, Arts and culture | 40 | | | | 40 | |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

| | Confirmed balance outstanding | | Unconfirmed outstanding | | balance | | Total | |
|---|-------------------------------|----------------|-------------------------|----------------|------------------|------------------|------------------|------------------|
| | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 | 31/03/2023 | 31/03/2022 |
| GOVERNMENT ENTITY | | | | | | | | |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Eastern Cape Social Development | 40 | 40 | | | | 40 | 40 | 40 |
| Department of Public Works & Roads North West | 65 | 65 | | | | 65 | 65 | 65 |
| Free state department of health | 629 | 629 | | | | 629 | 629 | 629 |
| Forestry, Fisheries & environment | 20 | 20 | | | | 20 | 20 | 20 |
| Subtotal | 211 084 | 172 885 | 447 087 | 374 767 | 658 171 | 547 652 | 547 652 | 547 652 |
| OTHER GOVERNMENT ENTITY | | | | | | | | |
| Current | | | | | | | | |
| Medical Supplies Depot | 1 101 482 | 933 585 | - | - | - | 1 101 482 | 933 585 | 933 585 |
| Medical Supplies Depot (Salaries) | - | - | - | - | - | - | - | - |
| Gauteng Department of Transport G-Fleet (K8) | 71 422 | 38 402 | 1 543 | 3 559 | 72 965 | 41 961 | 41 961 | 41 961 |
| Special Investigate Unit | | 10 061 | 26 659 | 26 659 | 26 659 | 36 720 | 36 720 | 36 720 |
| Gauteng Tourism Authority | 161 | - | - | - | 161 | - | - | - |
| Subtotal | 1 173 065 | 982 048 | 28 202 | 30 218 | 1 201 267 | 1 012 266 | 1 012 266 | 1 012 266 |

| | | | | | | | |
|---|------------------|------------------|----------------|----------------|------------------|------------------|------------------|
| TOTAL INTERGOVERNMENTAL PAYABLES | 1 384 149 | 1 154 933 | 475 289 | 404 985 | 1 859 438 | 1 559 918 | 1 559 918 |
|---|------------------|------------------|----------------|----------------|------------------|------------------|------------------|

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 6 INVENTORIES

| Inventories | Note | 2022/23 | 2021/2022 |
|---|------|------------------|------------------|
| | | R'000 | R'000 |
| Opening balance | | 1 586 838 | 1 156 695 |
| Add/(Less): Adjustments to prior year balance | | - | 9 319 669 |
| Add: Additions/Purchases – Cash | | 9 511 100 | - |
| Add: Additions - Non-cash | | - | - |
| (Less): Disposals | | - | - |
| (Less): Issues | | (5 090 584) | (5 526 959) |
| Add/(Less): Received current not paid (Paid current year received prior year) | | - | (3 362 566) |
| Add/(Less): Adjustments | | (4 676 776) | - |
| Closing balance | | 1 330 578 | 1 586 838 |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 7 MOVEMENT IN CAPITAL WORK-IN-PROGRESS

| MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023 | | | | | | |
|---|------------------|---------------------|--------------------------|--|------------------|-------|
| | Opening balance | Prior period errors | Current Year Capital WIP | Ready for use (Asset register) / Contract terminated | Closing balance | |
| | R'000 | | R'000 | R'000 | R'000 | R'000 |
| INTANGIBLE ASSETS | | | | | | |
| Computer Software | 108 990 | - | | | 108 990 | |
| MACHINERY AND EQUIPMENTS | | | | | | |
| Other Machinery | 124 800 | | | | 124 800 | |
| BUILDINGS AND OTHER FIXED STRUCTURES | | | | | | |
| Other fixed structures | 2 098 343 | | 349 831 | (64 118) | 2 384 056 | |
| TOTAL | 2 332 133 | | 349 831 | (64 118) | 2 617 846 | |

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

| MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022 | | | | | | |
|---|------------------|---------------------|--------------------------|--|------------------|-------|
| | Opening balance | Prior period errors | Current Year Capital WIP | Ready for use (Asset register) / Contract terminated | Closing balance | |
| | R'000 | | R'000 | R'000 | R'000 | R'000 |
| Computer Software | 74 411 | 34 172 | - | - | 108 583 | |
| Other fixed structures | 3 204 728 | (58 882) | 719 936 | (1 767 438) | 2 098 344 | |
| Other Machinery and Equipment | - | 124 800 | | | 124 800 | |
| TOTAL | 3 279 139 | 100 090 | 719 936 | (1 767 438) | 2 231 727 | |

Annexures to the Annual Financial Statements

For the period ended 31 March 2023

ANNEXURE 11

COVID 19 RESPONSE EXPENDITURE PER QUARTER AND IN TOTAL

| Expenditure per economic classification | 2022/23 | | | | | 2021/22 |
|--|----------------|----------------|----------------|----------------|------------------|------------------|
| | Q1 | Q2 | Q3 | Q4 | Total | Total |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Compensation of employees | 273 891 | 268 459 | 292 356 | 250 107 | 1 084 813 | 1 987 330 |
| Salaries and Wages | 273 179 | 267 901 | 291 940 | 249 811 | 1 082 831 | |
| Social | 712 | 558 | 416 | 296 | 1 982 | |
| Goods and services | 192 005 | 195 686 | 91 150 | 54 494 | 533 335 | 750 948 |
| advertising | | | | | | 249 |
| minor assets | | 1 621 | (588) | 324 | 1 357 | 1,496 |
| training an development | | | | | | - |
| communication | | | | | | 14 |
| laboratory services | | | | | | 24,279 |
| contractors | | | | 263 | 263 | - |
| agency&suprt/outsourced services | 48 640 | 95 786 | 28 148 | 47 150 | 219 724 | 75,430 |
| inv:materials & supplies | - | 15 | (307) | 522 | 230 | 450 |
| inv:medical supplies | 9 394 | 2 738 | 310 | 1 811 | 14 253 | 23,982 |
| inv: medicine | | | | | | - |
| inv:other supplies | | | | | | 256 |
| cons supplies | 128 261 | 78 152 | 60 694 | 1 658 | 268 765 | 548,813 |
| cons:sta,print&off sup | | 4 725 | (102) | (71) | 4 552 | 1,136 |
| operating leases | | | | | | 45,561 |
| property payments | | 6 | | | 6 | 59 |
| travel and subsistence | 1 | | | 2 | 3 | 47 |
| rental & hiring | 5 317 | 12 484 | 2 995 | 2 659 | 23 455 | 27,165 |
| inv:cloth mat&accessories | 392 | 159 | | - | 551 | 1,804 |
| inv: food & food supplies | | | | | | 207 |
| inv:chems,fuel,oil,gas,wood | | | | | | - |
| Computer services | | | | 176 | 176 | - |
| Transfers and subsidies | 69 | 127 | 75 | 280 | 551 | 500 |
| H/H;Employess Social Benefits | 69 | 127 | 75 | 280 | 551 | 500 |
| Expenditure for capital assets | 20 820 | 13 321 | (2 851) | 9 283 | 40 573 | 529 359 |
| Buildings and other fixed structure | 16 825 | 3 306 | - | 9 263 | 29 394 | 264 164 |
| Machinery and Equipment | 3 995 | 10 015 | (2 851) | 20 | 11 179 | 265 195 |
| TOTAL COVID 19 RESPONSE EXPENDITURE | 486 785 | 477 593 | 380 730 | 314 164 | 1 659 272 | 3 268 137 |





Part G

Gauteng
Medical Supplies
Depot
(MSD)

General Information

| | |
|--|---|
| COUNTRY OF INCORPORATION AND DOMICILE | South Africa |
| NATURE OF BUSINESS AND PRINCIPAL ACTIVITIES | The rendering of pharmaceutical services by making essential medicines available at all different levels of healthcare in the Gauteng Provincial Administration in an efficient and effective manner. |
| ACCOUNTING OFFICER | Dr. N. Nolutshungu |
| REGISTERED OFFICE | 35 Plunkett Avenue Hurst Hill Johannesburg Gauteng 2092 |
| BUSINESS ADDRESS | 35 Plunkett Avenue Hurst Hill Johannesburg Gauteng 2092 |
| POSTAL ADDRESS | Private Bag X2 Auckland Park Johannesburg 2006 |
| CONTROLLING ENTITY | Gauteng Department of Health |
| BANKERS | Standard Bank of South Africa |
| AUDITOR | The Auditor-General of South Africa |
| CONTACT NUMBER | +27 11 628 9000 |

Report of the Accounting Officer

1. Introduction

I am pleased to present this Annual Report of the Gauteng Medical Supplies Depot, a Trading Entity of the Gauteng Department of Health for the reporting period 2022/2023.

The current annual reporting coincides with the final year of the current administrative term of government and the recovery from the pandemic.

It is with great pleasure to note the head of the UN World Health Organization (WHO) declaring an end to COVID-19 as a public health emergency, even though he pointed out that it does not mean the disease is no longer a global threat. It has been a very challenging for the entity considering the dependency on imported medicine which had to be quarantined for longer periods due to the pandemic, not only that the entity had to wait little longer to get imported medicines from its suppliers. Despite all that, the entity tried hard to avoid shortage of medicines in the Gauteng Region.

The entity, due to its status does not prepare separate Annual Report but incorporated into the Gauteng Department's Annual Report. This report provides a snapshot of its navigation towards no less than 90% availability of medicines at any given time.

The progress made in the previous financial years amid the scourge of the pandemic and other challenges faced was built upon during the financial year 2022/2023. It is therefore, with great pleasure that the entity presents its 2022/2023 Annual Report which outlines progress towards achieving set goals.

2. Overview of Performance Against Predetermined Objectives

The table below depicts the performance of the entity throughout the financial year.

Gauteng Medical Supplies Depot
Report of the Accounting Officer
for the period ended 31 March 2023

Table 1: Actual Performance against output indicators

| Outcome | Outputs | Output indicators | Audited Performance | | Planned Annual Target 2022/23 | Actual achievement 2022/23 | Deviation from Planned target to actual achievement 2022/23 | Reason for deviations |
|---|--|--|---------------------|---------|-------------------------------|----------------------------|---|---|
| | | | 2020/21 | 2021/22 | | | | |
| Outcome 4: package of services available to the population is expanded with priority given to equity and most cost-effective services | Distribution of essential medicines to healthcare facilities as per schedule | Percentage of orders satisfied in full within one working day as per delivery schedule | 80% | 88% | 80% | 84% | 4% | Target exceeded as there were no interruptions to the system uptime due to network or server failures. |
| | Value for money in the provision of essential medicines | Percentage of expired stock | 0.40% | 0.24% | <2% | 1.08% | 0.92% | Target achieved, process in place to ensure expired stock protection letters are available from suppliers in the event of delivery of short, dated stock. |
| Outcome 5: Quality of health services in public health facilities improved | Timely testing of medicines by the laboratory | Percentage of medicines tested within 2 working days | 98% | 100% | 95% | 100% | 5% | Target exceeded, efficiencies with the Lab has been realised and Lab has adequate staff to manage the workload. |
| | Availability of EML medicines maintained | Percentage availability of essential medicines at the Medical Supplies Depot (MSD) | 89% | 95% | 90% | 91% | 1% | Target exceeded. Adequate stock holding and buy-out against non-performing suppliers ensure medicine availability. |
| | | Percentage of medicines delivered directly from suppliers to healthcare facilities | 79% | 79% | 70% | 78% | 8% | Target exceeded, to manage space constraints within the depot. |

Gauteng Medical Supplies Depot
Report of the Accounting Officer
for the period ended 31 March 2023

| Outcome | Outputs | Output indicators | Audited Performance | | Planned Annual Target 2022/23 | Actual achievement 2022/23 | Deviation from Planned target to actual achievement 2022/23 | Reason for deviations |
|---|--|---|---------------------|---------|-------------------------------|----------------------------|---|---|
| | | | 2020/21 | 2021/22 | | | | |
| Outcome 6: Leadership and Governance in the health sector enhanced to improve quality of care | Improved staff morale at the depot | Percentage of staff turnover | 1% | 1% | <5% per annum | 1% | 4% | Target achieved; no staff resigned nor retired during the fourth quarter. |
| | Woman in management level (level 9 and above) | Percentage of women in management posts (level 9 and above) | New indicator | 56% | 50% | 59% | 9% | Target exceeded. The appointments were the results of the outcome of the interviews. |
| | PWD employed | Percentage of PWD employed at MSD | New indicator | 2% | 1% | 2% | 1% | Target exceeded. All adverts encourage PWD to apply for positions |
| | Grievances processed within 90 days | Percentage of grievances processed at MSD within 90 days | New indicator | 100% | 90% | No cases | No cases | No grievances processed in the year under review. |
| | Sound governance and an effective and efficient organisation | Percentage of service providers' invoices without dispute paid within 30 days | New indicator | 79% | >90% | 66% | (34%) | Target not achieved. MSD is experiencing system glitches caused by unreliable legacy systems. |
| Outcome 9. Improved financial management | | | | | | | | |

Report of the Accounting Officer

for the period ended 31 March 2023

The entity does not develop a separate Strategic Plan, instead the Gauteng Department of Health's Strategic Plan was used as a basis for developing the entity's Annual Performance Plan. This approach ensured that the entity's predetermined objectives are aligned to Strategic Outcomes of the Department. For the year under review, the entity was aligned to four (outcomes) of the department. Each of the outcomes had one or more entity's outputs and Indicators.

During the reporting period, the entity achieved three outcomes out of four outcomes. The entity experienced system glitches for the better part of the year which negatively affected payment of suppliers.

Overview of the Financial Performance**Table 2: Financial Performance**

| Description | 31 March 2023 | Variance | 31 March 2022* |
|---------------------------|-----------------|----------|-----------------|
| | R | % | R |
| Revenue | 4 573 983 693 | 1% | 4 519 189 709 |
| Cost of Sales | (4 352 383 181) | 1% | (4 303 987 124) |
| Compensation of Employees | (94 004 987) | 8% | (87 081 685) |
| General Expenditure | (67 883 101) | 15% | (58 968 400) |
| Net Surplus | 117 995 595 | 3% | 114 384 378 |

* Restated

The entity does not receive appropriation or transfers as stated in the Division of Revenue Act, it sustains itself by charging a levy of 5% from the medicines budget of the Gauteng Department of Health to fund its operations including payment of Compensation of Employees. The spending of the entity is driven by the demand of medicines from the facilities.

3. Utilisation of donor funds**Table 3: Donated stock**

| Code | ICN | ITEM DISCRIPTION | DONATION FUNDED BY | DONATION DELIVERED BY | QTY RECEIVED | ITEM PRICE | VALUE |
|--------------|-----------|---|--------------------|---|--------------|------------|-----------------------|
| TBD0950 | 181896258 | BEDAQUILIN 100MG 188 TABLETS | GLOBAL FUND | JANSSEN PHARMACEUTICA (PTY) LTD T/A JANSSEN-CILAG | 622 | R4 695,65 | R2 920 694,30 |
| ARV1510/1 | 181837506 | EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE TABLETS | GLOBAL FUND | MYLAN (PTY) LTD | 112 813 | R58,31 | R6 578 126,03 |
| ARV1150/1 | 222000206 | | GLOBAL FUND | HETERO PHARMACEUTICALS SA (PTY) LTD | 957 588 | R57,29 | R54 859 258,93 |
| TOTAL | | | | | | | R64 358 079,26 |

The entity did not receive donations during the 2022/2023 financial year. The donation stated in table 3 above was warehoused and distributed to health facilities by the entity on behalf of the Gauteng Department of Health.

Gauteng Medical Supplies Depot
Report of the Accounting Officer
for the year ended 31 March 2023

4. Corporate Governance Arrangements

The entity has a risk management unit which is assisted by the risk management unit of the department. In addition, the entity submits its quarterly performance reports to the shared audit committee and Gauteng Provincial Treasury as additional assurance providers.

5. Prior modifications to audit reports

There were no prior modifications to the audit reports for the entity.

6. Events after the Reporting date

No events to report .

7. Exemptions and deviations received from the National Treasury

None to report.

8. Supply Chain Management

All orders and acquisitions that are below the R1 000 000 thresholds are administered by the Entity while tenders above this threshold are awarded by the Departmental Bid Adjudication Committee (BAC) of the Gauteng Department of Health.

During the financial year under review, there was only one tender awarded by the BAC for the Entity, relating to the Medicine Distribution Services.

There were no unsolicited bids during the financial year.

The are policies and procedures in place to ensure that procurement of goods and services is done in accordance with the applicable legislations and guidelines as issued by the National Treasury and Provincial Treasury.

The entity is tied up to the centralised contracts which constituted irregular expenditure due to irregular extension.

9. Investigations

During the year under review, there were suspicions of stock/medicine theft which were reported to the Forensic Investigations of the Office of the Premier. Investigations are still ongoing.

10. Irregular, Fruitless and Wasteful Expenditure

The entity incurred and reported irregular expenditure amounting to R9 207 064 for the financial year under review emanating from extension of contract.

There was no fruitless and wasteful expenditure incurred during the same period.

Report of the Accounting Officer

for the period ended 31 March 2023

11. Acknowledgement and Appreciation

I wish to thank the Member of Executive Council (MEC), Head of Department (HoD) and all stakeholders who have vested a great deal in assisting Gauteng Medical Supplies Depot Management during a challenging year. My appreciation also extends to the Gauteng Medical Supplies Depot Management and staff for their commitment, dedication and hard work in striving to achieve the mandate of the entity. Moreover, I wish to thank our clients that is health facilities throughout the province for continuous support and appreciation.

12. Approval and Sign Off



Zuleika Rhemtula

Acting CEO: Gauteng Medical Supplies Depot

31/7/2023

Report of the Auditor General

Report of the auditor-general to Gauteng Provincial Legislature on Gauteng Medical Supplies Depot

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Gauteng Medical Supplies Depot set out on pages 351 to 376, which comprise the statement of financial position as at 31 March 2023, statement of financial performance, statement of changes in net assets and statement of cash flows 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 Gauteng Medical Supplies Depot as at 31 March 2023 and its financial performance and cash flows for the year then ended in accordance with South African Standard of Generally Recognised Accounting Practice (SA Standards of GRAP) and the requirements of the Public Finance Management Act 1 of 1999 (PFMA).

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 trading entity 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.

Other matter

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

Unaudited irregular expenditure and fruitless and wasteful expenditure

7. On 23 December 2022 National Treasury issued Instruction Note No. 4: PFMA Compliance and Reporting Framework of 2022-23 in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA, which came into effect on 3 January 2023. The PFMA Compliance and Reporting Framework also addresses the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure. Among the effects of this framework is that irregular and fruitless and wasteful expenditure incurred in previous financial years and not addressed is no longer disclosed in the disclosure notes of the annual financial statements, only the current year and prior year figures are disclosed in note 19 to the financial statements. The movements in respect of irregular expenditure and fruitless and wasteful expenditure are no longer disclosed in the notes to the annual financial statements of Medical Supplies Depot. The disclosure of these movements (e.g. condoned, recoverable, removed, written off, under assessment, under determination and under investigation) are now required to be included as part of other information in the annual report of the auditees. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report.

Gauteng Medical Supplies Depot
Report of the Auditor General
for the year ended 31 March 2023

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 SA Standards of GRAP and the requirements of the PFMA, 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 trading entity'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 trading entity 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.

Report on 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 information against predetermined objectives for the selected material performance indicators presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
13. I selected the following material performance indicators related to outcome 4: package of service available to the population is expanded with priority given to equity and most cost-effective service and outcome 5: quality of health services in public health facilities improved presented in the annual performance report for the year ended 31 March 2023. I selected those indicators that measure the trading entity's performance on its primary mandated functions and that are of significant national, community or public interest.
 - Percentage of orders satisfied in full within one working day as per delivery schedule
 - Percentage of expired stock
 - Percentage of medicines tested within 2 working days
 - Percentage availability of essential medicines at the Medical Supplies Depot (MSD)
 - Percentage of medicines delivered directly from suppliers to healthcare facilities
14. I evaluated the reported performance information for the selected material performance indicators 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 trading entity'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 trading entity's mandate and the achievement of its planned objectives

Report of the Auditor General

for the year ended 31 March 2023

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

17. I did not identify any material findings on the reported performance information for the selected material performance indicators

Report on compliance with legislation

18. 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 trading entity's compliance with legislation.

19. 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.

20. 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 trading entity, 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.

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

Procurement and contract management

22. Goods and services of a transaction value above R1 000 000 were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by Treasury Regulation 16A6.1, paragraph 3.3.1 of NTI 02 of 2021/22, paragraph 4.1 of NTI 03 of 2021/22 and TR 16A6.4. Similar non-compliance was also reported in the prior year.

Expenditure management

23. Effective and appropriate steps were not taken to prevent irregular expenditure, as disclosed in note 19 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by non-compliance with supply chain management regulation on contract extension.

Report of the Auditor General

for the year ended 31 March 2023

24. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Consequence management

25. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred irregular and 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 irregular and fruitless and wasteful expenditure.
26. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against the officials who had incurred or permitted irregular expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.
27. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against the officials who had incurred or permitted fruitless and wasteful expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.

Other information in the annual report

28. 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 material indicators in the scoped-in outcomes presented in the annual performance report that have been specifically reported on in this auditor's report.
29. 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.
30. 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 material indicators in the scoped-in outcomes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
31. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Gauteng Medical Supplies Depot
Report of the Auditor General
for the year ended 31 March 2023

Internal control deficiencies

32. 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.
33. The matters reported below are limited to the significant internal control deficiencies that resulted in the material findings on compliance with legislation included in this report.
34. The accounting officer did not exercise oversight responsibility to investigate identified instances of irregular and fruitless and wasteful expenditure and ensure that consequence management is instituted against liable officials. Furthermore, the accounting officer did not take disciplinary steps against liable officials who permitted irregular and fruitless and wasteful expenditure following the recommendations of the forensic investigation report. This then resulted in non-compliance with the PFMA.
35. The accounting officer did not provide adequate oversight responsibility of senior management to ensure compliance with all applicable laws and regulations. Furthermore, the accounting officer did not ensure the effective implementation of action plans to curb repeat findings. As a result, additional instances of non-compliance were reported.

Auditor-General

Johannesburg
31 July 2023



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Gauteng Medical Supplies Depot
Report of the Auditor General
for the year ended 31 March 2023

Annexure to the auditor's report

The annexure includes the following:

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

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements and the procedures performed on reported performance information for selected material performance indicators and on the trading entity'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 trading entity'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 trading entity 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 trading entity to cease operating as a going concern
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

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

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

Gauteng Medical Supplies Depot
Report of the Auditor General
for the year ended 31 March 2023

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 38(1)(a)(iv); 38(1)(b); 38(1)(c); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); Section 39(1)(a); 39(2)(a); Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(4); 44; 44 (1) and (2) ; 45(b); Section 50(3); 50(3)(a) |
| Treasury Regulations | 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 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 16A 6.1; 16A6.2(a) & (b) & (e); 16A 6.3(a) & (d); 16A 6.3(b); 16A 6.3(c); 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A 8.3; 16A8.2 (1) and (2); 16A 8.3(d); 16A 8.4; 16A 9; 16A 9.1; 16A9.1(c); 16A9.1(b)(ii); 16A 9.1(d); 16A 9.1(e); 16A9.1(f); 16A 9.2(a)(ii) &(iii) Treasury Regulation 17.1.1 Treasury Regulation 18.2 Treasury Regulation 19.6.1 Treasury Regulation 19.8.4 |
| Public service regulation | Public service regulation 18; 18 (1) and (2); |
| Prevention and Combating of Corrupt Activities Act No.12 of 2004 (PRECCA) | Section 34(1) |
| PPPFA | Section 2.1(a); 2.1(b); 2.1(f) |
| CIDB Regulations | CIDB regulation 17; 25(1); 25 (5) & 25(7A) |
| 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 Paragraph 7.1; 7.2; 7.3; 7.5; 7.6 Paragraph 8.2; 8.5 Paragraph 9.1; 9.2 Paragraph 11.2 Paragraph 12.1 and 12.2 |
| PPR 2022 | Paragraph 4.1; 4.2; 4.3; 4.4 Paragraph 5.1; 5.2; 5.3; 5.4 |
| National Treasury Instruction No.1 of 2015/16 | Paragraph 3.1; 4.1; 4.2 |
| NT SCM Instruction Note 03 2021/22 | Paragraph 4.3; 4.4 (a) -(d) Paragraph 5.4 |
| NT SCM Instruction Note 11 2020/21 | Paragraph 3.1 and 3.9 |
| NT SCM Instruction note 2 of 2021/22 | Paragraph 3.2.1; 3.2.4(a); 3.3.1 |
| NT instruction note 4 of 2015/16 | Paragraph 3.4 |

Gauteng Medical Supplies Depot
Report of the Auditor General
for the year ended 31 March 2023

| Legislation | Sections or regulations |
|---------------------------------------|--------------------------------|
| Second amendment of NTI 05 of 2020/21 | Paragraph 4.8; 4.9 ; 5.1 ; 5.3 |
| Erratum NTI 5 of 202/21 | Paragraph 1 |
| Practice note 7 of 2009/10 | Paragraph 4.1.2 |
| NT instruction ote 1 of 2021/22 | Paragraph 4.1 |

Gauteng Medical Supplies Depot
Statement of Financial Position
as at the 31 March 2023

| Amounts in Rand | Note | 2023 | 2022* |
|--|------|----------------------|---------------|
| ASSETS | | | |
| Current Assets | | | |
| Inventories | 2 | 246 432 654 | 308 213 088 |
| Trade and other receivables from exchange transactions | 3 | 1 095 454 314 | 923 003 434 |
| Cash and cash equivalents | 5 | 176 564 896 | 236 041 948 |
| | | 1 518 451 864 | 1 467 258 470 |
| Non-Current Assets | | | |
| Property, plant and equipment | 4 | 5 296 362 | 6 393 490 |
| | | 5 296 362 | 6 393 490 |
| Total Assets | | 1 523 748 226 | 1 473 651 960 |
| LIABILITIES | | | |
| Current Liabilities | | | |
| Trade and other payables from exchange transactions | 6 | 299 454 856 | 365 580 453 |
| Provisions | 7 | 4 775 961 | 6 441 629 |
| Finance lease obligations | 8 | 283 141 | 325 466 |
| | | 304 513 958 | 372 347 548 |
| Non-Current Liabilities | | | |
| Financial lease obligations | 8 | 433 400 | 499 139 |
| | | 433 400 | 499 139 |
| Total Liabilities | | 304 947 358 | 372 846 687 |
| Net Assets | | 1 218 800 868 | 1 100 805 273 |
| Contributed Capital | 9 | 104 376 790 | 104 376 790 |
| Accumulated surplus | | 1 114 424 078 | 996 428 483 |
| Total Net Assets | | 1 218 800 868 | 1 100 805 273 |

*Restated

Gauteng Medical Supplies Depot
Statement of Financial Performance
for the year ended 31 March 2023

| Amounts in Rand | Note | 2023 | 2022* |
|---|------|------------------------|------------------------|
| REVENUE | | | |
| Revenue from exchange transactions | | | |
| Sale of Goods | 10 | 4 573 983 693 | 4 519 189 709 |
| Finance income | 10 | 9 464 291 | 2 135 111 |
| Other income | 11 | 265 858 | 128 483 |
| TOTAL REVENUE FROM EXCHANGE TRANSACTIONS | | 4 583 713 842 | 4 521 453 303 |
| Revenue from non-exchange transactions | | | |
| Penalties | 12 | 14 423 267 | 11 333 966 |
| Services in - kind | 12 | 34 129 755 | 31 634 318 |
| TOTAL REVENUE FROM NON - EXCHANGE TRANSACTIONS | | 48 553 022 | 42 968 284 |
| TOTAL REVENUE | | 4 632 266 864 | 4 564 421 587 |
| EXPENSES | | | |
| Employee related costs | 13 | (94 004 987) | (87 081 685) |
| Depreciation | 4 | (2 799 903) | (2 692 238) |
| Finance costs - finance leases | | (324 745) | (260 311) |
| Cost of goods sold | | (4 352 383 181) | (4 303 987 124) |
| Distribution costs | | (10 391 372) | (7 735 250) |
| Operational costs | 14 | (53 922 130) | (48 252 269) |
| TOTAL EXPENSES | | (4 513 826 318) | (4 450 008 877) |
| OTHER LOSSES | | | |
| Loss on disposal of assets | 16 | (444 951) | (28 332) |
| SURPLUS FOR THE YEAR | | 117 995 595 | 114 384 378 |

*Restated

Statement of Changes in Net Assets

for the year ended 31 March 2023

| Amounts in Rand | Contributed Capital | Accumulated Surplus | Total |
|---|---------------------|----------------------|----------------------|
| Balance at 31 March 2021 | 104 376 790 | 881 806 387 | 986 183 177 |
| Prior period Error | | 237 718 | 237 718 |
| Balance at 31 March 2021 - as restated | 104 376 790 | 882 044 105 | 986 420 895 |
| Surplus for the year - as restated | - | 114 384 378 | 114 384 378 |
| Balance at 31 March 2022 - as restated | 104 376 790 | 996 428 483 | 1 100 805 273 |
| Surplus for the period | - | 117 995 595 | 117 995 595 |
| Balance at 31 March 2023 | 104 376 790 | 1 114 424 078 | 1 218 800 868 |

Gauteng Medical Supplies Depot
Statement of Cash Flows
for the year ended 31 March 2023

| Amounts in Rand | Note | 2023 | 2022* |
|--|------|------------------------|------------------------|
| Cash flows from operating activities | | | |
| Receipts | | | |
| Sale of goods and services | | 4 415 956 080 | 4 521 387 188 |
| Finance income | | 9 464 291 | 2 135 111 |
| Other receipts | 11 | 265 858 | 128 483 |
| Total receipts | | 4 425 686 229 | 4 523 650 782 |
| Payments | | | |
| Compensation of employees | | (92 762 624) | (86 154 549) |
| Goods and services | | (4 389 679 702) | (4 376 142 631) |
| Finance costs | | (324 745) | (260 311) |
| Total payments | | (4 482 767 071) | (4 462 557 491) |
| Net cash (utilised) / generated from operating activities | 16 | (57 080 842) | 61 093 291 |
| Cash flows from investing activities | | | |
| Purchase of property, plant and equipment | 4 | (1 846 756) | (569 110) |
| Net cash outflow from investing activities | | (1 846 756) | (569 110) |
| Cash flows from financing activities | | | |
| Repayment of finance lease liability | | (549 454) | (278 143) |
| Net cash outflow from financing activities | | (549 454) | (278 143) |
| Increase in cash and cash equivalents | | (59 477 052) | 60 246 038 |
| Cash and cash equivalents at the beginning of the year | | 236 041 948 | 175 795 910 |
| Cash and cash equivalents at the end of the year | 5 | 176 564 896 | 236 041 948 |

*Restated

Gauteng Medical Supplies Depot
Accounting Policies
for the year ended 31 March 2023

1.1 Basis of preparation

These financial statements were prepared in accordance with the Standards of Generally Recognized Accounting Practices (GRAP) issued by the Accounting Standards Board in accordance with the Public Finance Management Act, 1999 (Act No.1 of 1999) as amended by the Public Finance Management Amendment Act (Act No. 29 of 1999).

1.2 Presentation currency

The financial statements are presented in South African Rand, which is the functional currency of the entity.

1.3 Rounding

Unless otherwise stated, all financial figures have been rounded to the nearest Rand (R).

1.4 Going concern assumption

The annual financial statements were prepared on a going concern basis, which assumes that the entity will continue to operate as a going concern for at least the next 12 months.

1.5 Comparative information

Prior year comparatives

Where necessary, comparative figures have been reclassified to conform to changes in presentation in the current year.

1.6 Significant judgements and estimates

The use of judgment, estimates and assumptions is inherent to the process of preparing annual financial statements. These judgements, estimates and assumptions affect the amounts presented in the annual financial statements. Uncertainties about these estimates and assumptions could result in outcomes that require a material adjustment to the carrying amount of the relevant asset or liability in future periods.

Provisions

Provisions are recognized in the financial statements when there is a present 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 on 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.

1.6 Significant judgements and estimates (Continued)

Depreciation and amortization

Depreciation and amortization recognized on property, plant and equipment is determined with reference to the useful lives and residual values of the underlying items. The useful lives and residual values of assets are based on management's estimation of the asset's condition, expected condition at the end of the period of use, its current use, expected future use and the entity's expectations about the availability of finance to replace the asset at the end of its useful life. In evaluating the how, the condition, and use of the asset inform the useful life and residual value. Management considers the impact of technology and minimum service requirements of the assets.

1.7 Financial instruments

Initial recognition

The entity recognizes a financial asset or a financial liability in its Statement of Financial Position when, and only when, the entity becomes a party to the contractual provisions of the instrument. This is achieved through the application of trade date accounting.

Upon initial recognition the entity classifies financial instruments or their component parts as financial liabilities or financial assets in conformity with the substance of the contractual arrangement and to the extent that the instrument satisfies the definitions of a financial liability or a financial asset, in accordance with the standards of GRAP on Financial instruments - GRAP 104.

Trade and other receivables

Trade and other receivables are initially recognized at fair value plus transaction costs that are directly attributable to the acquisition and subsequently stated at amortized cost, using the effective interest rate method.

Cash and cash equivalents

Cash and cash equivalents are measured at amortized cost using the effective interest rate method.

Cash includes cash on hand and cash with banks. Cash equivalents are short-term highly liquid investments that are held with registered banking institutions with maturities of three months or less and are subject to an insignificant risk of change in value. For the purposes of the Cash Flow Statement, cash and cash equivalents comprise cash on hand and deposits held on call with banks.

Trade and other payables

Trade payables are initially measured at fair value plus transaction costs that are directly attributable to the acquisition and are subsequently measured at amortized cost using the effective interest rate method.

Gauteng Medical Supplies Depot
Accounting Policies
for the year ended 31 March 2023

1.7 Financial instruments (Continued)

Gains and losses

A gain or loss arising from a change in the fair value of a financial asset or financial liability measured at fair value is recognized in surplus or deficit.

For financial assets and financial liabilities measured at amortized cost or cost, a gain or loss is recognized in surplus or deficit when the financial asset or financial liability is derecognized or impaired or through the amortization process.

Off-setting

The entity does not offset financial assets and financial liabilities in the Statement of Financial Position unless a legal right of set-off exists and the parties intend to settle on a net basis.

Impairments

All financial assets measured at amortized cost are subject to an impairment review. The entity assesses at the end of each reporting period whether there is any objective evidence that a financial asset or group of financial assets is impaired.

If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset's original effective interest rate (i.e. the effective interest rate computed at initial recognition). The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognized in surplus or deficit.

1.8 Inventories

Initial recognition and measurement

Inventories are initially recognized at cost. Cost refers to the purchase price, plus taxes, transport costs and any other costs in bringing the inventories to their current location and condition.

Subsequent measurement

Inventories is measured at the lower of cost and the net realizable value. Inventories are stated on a weighted average cost basis with the same cost formula being used for all inventories having a similar nature and use at the entity.

Redundant and slow-moving inventories are identified and written down from cost to net realizable value with regard to their estimated economic or realizable values. The amount of any reversal of any write-down of inventories arising from an increase in net realizable value is recognized as a reduction of inventories recognized as an expense in the period in which the reversal occurs.

Derecognition

The carrying amount of inventories is recognized as an expense in the period that the inventory was sold, distributed, written off or consumed, unless that cost qualifies for capitalization to the cost of another asset.

Gauteng Medical Supplies Depot
Accounting Policies
 for the year ended 31 March 2022

1.9 Property, plant and equipment

Initial recognition and measurement

The cost of an item of property, plant and equipment is the purchase price and other costs directly attributable to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by the entity. Trade discounts and rebates are deducted in arriving at the cost at which the asset is recognized. The cost also includes the estimated costs of dismantling and removing the asset.

Items of property, plant and equipment are initially recognized as assets on acquisition date and are initially recorded at cost where acquired through exchange transactions. However, when items of property, plant and equipment are acquired through non-exchange transactions, those items are initially measured at their fair values as at the date of acquisition.

Subsequent measurement

Subsequent to initial recognition, items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses.

Depreciation

Depreciation is calculated on the depreciable amount, using the straight-line method over the estimated useful lives of the assets. Components of assets that are significant in relation to the whole asset and that have different useful lives are depreciated separately. The depreciable amount is determined after taking into account an assets' residual value, where applicable.

The assets' residual values, useful lives and depreciation methods are reviewed when there is an indicator that useful lives or depreciation has changed and adjusted prospectively, if appropriate.

The annual depreciation rates are based on the following estimated asset useful lives:

| Asset classification | Average useful lives (Years) |
|---------------------------|------------------------------|
| Fixtures and fittings | 4 - 15 |
| Plant and equipment | 2 - 25 |
| Office furniture | 2 - 27 |
| Computer equipment | 2 - 23 |
| Cell phones & Accessories | 2 |
| Leased assets | 3 - 6 |

1.9 Property, plant and equipment (Continued)

Impairment

The entity tests for impairment where there is an indication that an asset may be impaired. An assessment of whether there is an indication of possible impairment is done at each reporting date. Where the carrying amount of an item of property, plant and equipment is greater than the recoverable amount (or recoverable service amount), it is written down immediately to its recoverable amount (or recoverable service amount) and an impairment loss is charged to the Statement of Financial Performance.

Gauteng Medical Supplies Depot
Accounting Policies
for the year ended 31 March 2022

Where items of property, plant and equipment have been impaired, the carrying value is adjusted by the impairment loss, which is recognized as an expense in the Statement of Financial Performance in the period that the impairment is identified.

An impairment is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined had no impairment been recognized. A reversal of the impairment is recognized in the Statement of Financial Performance.

Derecognition

Items of property, plant and equipment are derecognized when the asset is disposed of or when there are no further economic benefits or service potential expected from the use of the asset. The gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying value and is recognized in the Statement of Financial Performance.

1.10 Leases

The entity as a lessee in an operating lease

Assets subject to operating leases, i.e. those leases where substantially all of the risks and rewards of ownership are not transferred to the lessee through the lease, are not recognized in the Statement of Financial Position. The operating lease expense is recognized over the course of the lease arrangement.

The lease expense recognized for operating leases is charged to the Statement of Financial Performance on a straight-line basis over the term of the relevant lease. To the extent that the straight-lined lease payments differ from the actual lease payments the difference is recognized in the Statement of Financial Position as either lease payments in advance (operating lease asset) or lease payments payable (operating lease liability) as the case may be. This resulting asset or liability is measured as the undiscounted difference between the straight-line lease payments and the

contractual lease payments.

The operating lease liability is derecognized when the entity's obligation to settle the liability is extinguished. The operating lease asset is derecognized when the entity no longer anticipates economic benefits to flow from the asset.

The entity as lessee in a finance lease

Leases are classified as finance leases where substantially all the risks and rewards associated with ownership of an asset are transferred to the entity through the lease agreement. Assets subject to finance leases are recognized in the Statement of Financial Position at the inception of the lease, as is the corresponding finance lease liability.

Assets subject to a finance lease, as recognized in the Statement of Financial Position, are measured (at initial recognition) at the lower of the fair value of the assets and the present value of the future minimum lease payments. Subsequent to initial recognition these capitalized assets are depreciated over the contract term.

The finance lease liability recognized at initial recognition is measured at the present value of the future minimum lease payments. Subsequent to initial recognition this liability is carried at amortized cost, with the lease payments being set off against the capital and accrued interest. The allocation of the lease payments between the capital and interest portion of the liability is effected through the application of the effective interest method.

1.10 Leases (continued)

The entity as a lessee in a finance lease (continued)

The finance charges resulting from the finance lease are expensed, through the Statement of Financial Performance, as they accrue. The finance cost accrual is determined using the effective interest method.

The finance lease liabilities are derecognized when the entity's obligation to settle the liability is extinguished. The assets capitalized under the finance lease are derecognized when the entity no longer expects any economic benefits or service potential to flow from the asset.

1.11 Contributed Capital

The purpose of this reserve is to ensure that there are sufficient cash resources to fund the working capital requirements of the entity.

Contributed capital consists of the following items:

- Cash received from the Gauteng Department of Health; and
- Transfers from accumulated surplus based on Treasury approval in terms of Treasury Regulations.

1.12 Revenue from exchange transactions

Sale of Goods is recognized by the entity for goods sold, the value of which approximates the consideration received or receivable, excluding indirect taxes, rebates and discounts.

Finance income

Bank interest is recognized on a time - proportioned basis using the effective interest method

1.13 Revenue from non-exchange transactions- Penalties, gifts, donations, including goods in-kind.

Penalties , gifts and donations , including goods in kind , shall be recognized as income in the period they are received provided that all the following conditions have been satisfied:

- The amounts of all penalties , donations, gifts, and goods - in- kind can be measured reliably;
- There is an existing signed contract with supplier that includes a paragraph on penalties ; and
- It is probable that the economic benefits comprising of the penalty , gift, donations and goods in kind will flow to the entity

With regards to donations received relating to pharmaceutical medicines ,Gauteng Medical Supplies Depot does not account for the economic benefit received in the Statement of Financial Performance, as the depot is considered to be only a conduit between the National Department of Health (NDoH) and the various institutions within the Gauteng Department of Health(GDoH).

Gauteng Medical Supplies Depot
Accounting Policies
for the year ended 31 March 2023

1.14 Irregular expenditure

Irregular expenditure as defined in section 1 of the PFMA is expenditure other than unauthorized expenditure, incurred in contravention of or that is not in accordance with a requirement of any applicable legislation, including -

- (a) this Act (PFMA);
- (b) the State Tender Board Act, 1968 (Act No. 86 of 1968), or any regulations made in terms of the Act; or
- (c) any provincial legislation providing for procurement procedures in that provincial government. Irregular expenditure excludes unauthorized expenditure. Irregular expenditure is accounted for as an expense in the Statement of Financial Performance.
- (d) guidelines contained in the National Treasury Instruction No. 4 of 2022/2023.

Irregular expenditure is disclosed in the notes to the financial statements and removed from the note when it is either condoned by the relevant authority or transferred to receivables when it is deemed to be recoverable.

1.15 Fruitless and wasteful expenditure

Fruitless and Wasteful expenditure is defined as expenditure that was made in vain and would have been avoided had reasonable care been exercised, therefore:

- It must be recovered from responsible official (a debtor account should be raised) ; or
- Written off (if responsibility cannot be determined).
- Disclosed in terms of the guidelines outlined in the National Treasury Instruction No. 4 of 2022/2023.

Such expenditure is treated as expenditure in the Statement of Financial Performance and where recovered, it is subsequently accounted for as revenue in the Statement of Financial Performance. Due to nature of business at the entity (where expired stock and stock breakages is inherent to its business), expired and stock breakages will only be recognized as fruitless and wasteful expenditure if their total value is higher than 2% of average stock holding. Qualitative consideration would also be considered to disclose fruitless and wasteful expenditure.

Recovery of Irregular and fruitless and wasteful expenditure

The recovery of Irregular, fruitless and wasteful expenditure is based on legislated procedures, and is recognized when the recovery thereof from the responsible officials is probable. The recovery of irregular, fruitless and wasteful expenditure is treated as other income.

1.16 Employee Benefits

Short term employee benefits encompasses all those benefits that become payable in the short term, i.e. within a financial year or within 12 months after the financial year. Therefore, short term employee benefits include remuneration, compensated absences and bonuses.

Short term employee benefits are recognized in the Statement of Financial Performance as services that are rendered, except for non-accumulating benefits, which are recognized when the specific event occurs. These short-term employee benefits are measured at their undiscounted costs in the period the employee renders the related service or the specific event occurs.

Retirement benefit costs

The entity provides retirement benefits for its employees through a defined contribution plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is disclosed for retirement benefits in the financial statements as the obligation and plan assets is the responsibility of the multi-employer Government Employee Pension Fund reporting under the control of National Treasury.

Gauteng Medical Supplies Depot
Accounting Policies
 for the year ended 31 March 2023

1.17 Events after reporting date

Two types of events can be identified:

- those that provide evidence of conditions that existed at the reporting date (adjusting events after the reporting date); and
- those that are indicative of conditions that arose after the reporting date (non-adjusting events after the reporting date).

The entity will adjust the amounts recognized in the financial statements to reflect adjusting events after the reporting date once the event occurred.

The entity will disclose the nature of the event and estimate its financial effect or a statement that such estimate cannot be made in respect of all material non-adjusting events, where non-disclosure could influence the economic decisions of users taken on the basis of the financial statements.

1.18 Related Parties

The Entity operates in an economic sector currently dominated by entities directly or indirectly owned by the South African Government. As a consequence of the constitutional independence of the three spheres of government in South Africa, only entities within the Gauteng Provincial sphere of government are considered to be related parties.

Only transactions with related parties that are not at arm's length or not in the ordinary course of business are disclosed.

Key Management Personnel

Key Management Personnel includes all persons having the authority and responsibility for planning, directing and controlling the activities of the entity. This includes:

- The senior management team of the entity, including the chief executive officer, the pharmaceutical services director and the director of finance and administration.

1.19 Commitments

Commitments relating to leases are recorded at cost in the notes to the financial statements when they raise a valid expectation that the entity will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.

1.20 Standards, amendments to standards and interpretations issued not yet effective.

The following Standards of GRAP and / or amendments thereto have been issued by the Accounting Standards Board, but will only become effective in future periods or have not been given an effective date by the Minister of Finance. The entity has not early-adopted any of these new Standards or amendments thereto, but has referred to them for guidance in the development of accounting policies in accordance with GRAP 3 as read with Directive 5:

| Standard name and number | Effective date(if applicable) | Expected impact |
|----------------------------------|--------------------------------|--|
| GRAP 104 - Financial Instruments | Approved and not yet effective | It is expected that there will be no significant impact on the impairment of financial assets. |
| GRAP 25 - Employee benefits | Approved and not yet effective | It is expected that there will be no significant impact on accounting for employee benefits. |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|--------------------------|--------------------|-------------|
| 2. INVENTORIES | | |
| Medicine | 245 820 351 | 307 551 890 |
| Consumable stores | 612 303 | 661 198 |
| Total Inventories | 246 432 654 | 308 213 088 |

The amount of inventories recognized as an expense during the period amounted to R 4 360 300 693 (March 2022: R 4 305 651 147) and details thereof are as follows:

| | | |
|---|----------------------|---------------|
| Cost of goods sold | 4 352 383 181 | 4 303 987 124 |
| Inventory utilized in consumable stores | 1 407 325 | 1 361 577 |
| Inventory written off * | 6 510 187 | 302 446 |
| Total inventory recognized as an expense | 4 360 300 693 | 4 305 651 147 |

The entity uses the weighted average cost method.

* Inventory written off

During the year under review, management identified potential fruitless and wasteful expenditure of R2 882 192 related to expired stock, and R3 627 995 related to potential loss due to stock theft.

Work-in-progress: Management has referred both Irregular, fruitless and wasteful expenditure cases to the risk management and internal control unit at Central Office for Determination and investigation.

3. TRADE AND OTHER RECEIVABLES FROM EXCHANGE TRANSACTIONS**Gross Balances**

| | | |
|--|----------------------|-------------|
| Trade receivables - Gauteng Department of Health | 1 093 959 129 | 922 223 635 |
| Other receivables | 1 495 185 | 779 799 |
| Total Trade and other receivables | 1 095 454 314 | 923 003 434 |

As at 31 March 2023, the ageing of trade and other receivables from exchange transactions that were due but not impaired is as follows:

| | | |
|--------------|----------------------|-------------|
| < 30 days | 432 091 375 | 550 434 323 |
| > 30 days | 663 362 939 | 372 569 111 |
| Total | 1 095 454 314 | 923 003 434 |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

4. PROPERTY, PLANT AND EQUIPMENT

| Amounts in Rand | 2023 | | | 2022* | | |
|---------------------------|-------------------|--------------------------|-----------------------------------|-------------------|-----------------------------------|-----------------------------------|
| | Cost | Accumulated depreciation | Carrying value at end of the year | Cost | Carrying value at end of the year | Carrying value at end of the year |
| Owned assets | | | | | | |
| Computer equipment | 7 751 460 | (6 051 366) | 1 700 094 | 6 567 186 | (4 765 119) | 1 802 067 |
| Cell phones & Accessories | 122 054 | (74 752) | 47 303 | 111 545 | (17 114) | 94 432 |
| Fixtures and fittings | 39 000 | (20 513) | 18 487 | 39 000 | (10 763) | 28 237 |
| Office furniture* | 6 241 238 | (5 263 763) | 977 475 | 5 659 597 | (4 941 500) | 718 097 |
| Plant and equipment | 21 976 055 | (19 667 075) | 2 308 980 | 21 905 723 | (18 850 238) | 3 055 485 |
| | 36 129 808 | (31 077 469) | 5 052 338 | 34 283 052 | (28 584 734) | 5 698 318 |
| Leased Assets | | | | | | |
| Motor vehicles - G-Fleet | 1 084 525 | (1 084 525) | - | 1 084 525 | (451 919) | 632 606 |
| Office equipment | 393 436 | (149 412) | 244 024 | 405 371 | (342 805) | 62 566 |
| Leased Assets | 1 477 961 | (1 233 937) | 244 024 | 1 489 896 | (794 724) | 695 172 |
| Total | 37 607 769 | (32 311 406) | 5 296 362 | 35 772 948 | (29 379 458) | 6 393 490 |

*Restated

Note:

Included in the entity's fixed asset register are items of Office furniture and in particular shelving as at 31 March 2023 with zero-rand book value. Management assesses at each reporting date if there is a need to revise the useful lives at year end as required by GRAP 17, paragraph .56. The outcome of the assessment revealed that there was no need to revise the useful lives of assets other than shelving. The revision of the useful lives relating to shelving was not performed due to the impractical and complex nature of these assets. Management intends to seek services of an expert to deal with this matter in the new financial year.

Prior period adjustment amounting to R359 762 was as a result of the cost (R45 756) and accumulated depreciation (R314 010) on office furniture not recognized in the 2020/ 2021 financial year and another R9 377 was adjusted to accumulated depreciation.

In terms of paragraph 88 of GRAP 17, the entity spent R192 983 (2022: R1 524 895) on repairs and maintenance of assets. This amount was not capitalized to the cost of assets.

Notes to the Annual Financial Statements

for the year ended 31 March 2023

31 March 2023- Reconciliation of Property, Plant & Equipment**Amounts in Rands**

| | Carrying value at beginning of the year | Additions | Disposals | Accumulated depreciation on disposals | Depreciation | Carrying value at end of the year |
|---------------------------|---|------------------|--------------------|---------------------------------------|--------------------|-----------------------------------|
| Owned assets | | | | | | |
| Computer equipment | 1 802 068 | 1 184 274 | (363 134) | 294 423 | (1 217 536) | 1 700 095 |
| Cell phones & Accessories | 94 432 | 10 509 | - | - | (57 638) | 47 303 |
| Fixtures and fittings | 28 237 | - | - | - | (9 750) | 18 487 |
| Office furniture | 718 097 | 581 641 | (30 676) | 30 475 | (322 062) | 977 475 |
| Plant and equipment | 3 055 485 | 70 332 | (1 001 321) | 991 859 | (807 377) | 2 308 979 |
| | 5 698 319 | 1 846 756 | (1 395 131) | 1 316 757 | (2 414 363) | 5 052 339 |
| Leased Assets | | | | | | |
| Motor vehicles - G-Fleet | 632 606 | - | (1 084 525) | 717 949 | (266 030) | - |
| Office equipment | 62 565 | 300 969 | (312 904) | 312 903 | (119 510) | 244 023 |
| | 695 171 | 300 969 | (1 397 429) | 1 030 852 | (385 540) | 244 023 |
| Total | 6 393 490 | 2 147 725 | (2 792 560) | 2 347 609 | (2 799 903) | 5 296 362 |

31 March 2022 - Reconciliation of Property, Plant & Equipment

| | Carrying value at beginning of the year | Additions | Disposals | Depreciation * | Carrying value at end of the year |
|---------------------------|---|------------------|--------------------|------------------|-----------------------------------|
| Owned assets | | | | | |
| Computer equipment | 2 799 531 | 125 515 | (400 661) | 394 066 | 1 802 068 |
| Cell phones & Accessories | 21 270 | 111 545 | (83 704) | 83 301 | 94 432 |
| Fixtures and fittings | 37 987 | - | - | - | 28 237 |
| Office furniture | 729 544 | 301 383 | (298 388) | 284 563 | 718 097 |
| Plant and equipment | 3 913 829 | 30 667 | (788 352) | 780 841 | 3 055 485 |
| | 7 502 161 | 569 110 | (1 571 105) | 1 542 771 | 5 698 319 |
| Leased Assets | | | | | |
| Motor vehicles - G-Fleet | 349 576 | 499 925 | (499 900) | 499 900 | 632 606 |
| Office equipment | 193 289 | - | - | - | 62 565 |
| | 542 865 | 499 925 | (499 900) | 499 900 | 695 171 |
| Total | 8 045 026 | 1 069 035 | (2 071 005) | 2 042 671 | 6 393 490 |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|-----------------|------|------|
|-----------------|------|------|

5. CASH AND CASH EQUIVALENTS

Cash and cash equivalents consists of:

| | | |
|--|--------------------|--------------------|
| Bank balance | 176 559 896 | 236 036 948 |
| Petty cash | 5 000 | 5 000 |
| Total Cash and cash equivalents | 176 564 896 | 236 041 948 |

Cash and cash equivalents earn interest at floating rates based on daily bank deposit rates. The finance income is recognized in the Statement of Financial Performance.

No cash and cash equivalents were pledged as security at 31 March 2023

The entity had the following bank accounts at 31 March 2023:

| | | |
|------------------------------|-------------|-------------|
| Standard Bank Cheque Account | 176 559 896 | 236 036 948 |
|------------------------------|-------------|-------------|

6. TRADE AND OTHER PAYABLES FROM EXCHANGE TRANSACTIONS

| | | |
|---|--------------------|--------------------|
| Trade payables from exchange transactions | 290 600 953 | 361 012 669 |
| Service bonus accrual* | 2 233 456 | 2 178 003 |
| Other accruals | 6 620 447 | 2 389 780 |
| Total Trade and other payables | 299 454 856 | 365 580 453 |

At 31 March 2023, the ageing of trade and other payables was as follows:

| | | |
|--------------|--------------------|--------------------|
| < 30 days | 218 784 050 | 361 012 670 |
| > 30 days | 80 670 806 | 4 567 783 |
| Total | 299 454 856 | 365 580 453 |

*Service bonus is accrued and the calculation is based on the employee's gross salary. It is normally paid out in the employee's birthday month.

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|---|------------------|------------------|
| 7. PROVISIONS | | |
| Provision for Leave pay* | 4 775 961 | 6 441 629 |
| Total | 4 775 961 | 6 441 629 |
| Reconciliation of Provision for Leave: | | |
| Balance at the beginning of the year | 6 441 629 | 5 119 897 |
| Amount paid during the year | (341 364) | (354 453) |
| Unused amount reversed | (6 100 265) | (4 765 444) |
| Amount raised during the year | 4 775 961 | 6 441 629 |
| Balance at the end of the period | 4 775 961 | 6 441 629 |

*** Leave**

Provision for leave pay is a liability as a result of employees accumulated leave days balances at the reporting date using the current salary rates. The amount is uncertain as some of the leave balances will be forfeited if not used within 6 months after the end of leave cycle.

8. FINANCE LEASE OBLIGATIONS

| | | |
|--------------------------------------|------------------|------------------|
| Minimum lease payments | | |
| Within 1 year | 505 181 | 620 025 |
| Within the 2nd to 5th year inclusive | 585 964 | 832 369 |
| | 1 091 145 | 1 452 394 |
| Less: Future finance charges | (374 604) | (627 789) |
| Present value of lease obligations | 716 541 | 824 605 |

The present value of lease obligations can be analyzed as follows:

| | | |
|--------------------------------------|----------------|----------------|
| Within 1 year | 283 141 | 325 466 |
| Within the 2nd to 5th year inclusive | 433 400 | 499 139 |
| | 716 541 | 824 605 |

Disclosed as:

| | | |
|-------------------------|----------------|----------------|
| Current liabilities | 283 141 | 325 466 |
| Non-Current Liabilities | 433 400 | 499 139 |
| | 716 541 | 824 605 |

The finance lease obligations at 31 March 2023 was in respect of photocopier machines and motor vehicles. The average interest rates is 16 % for photocopiers and 28% for motor vehicles.

Gauteng Medical Supplies Depot
Notes to the Annual Financial Statements
for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|--|--------------------|-------------|
| 9. CONTRIBUTED CAPITAL | | |
| Cash received from Gauteng Department of Health* | 54 000 000 | 54 000 000 |
| Transfers from accumulated surplus** | 50 376 790 | 50 376 790 |
| Total Contributed capital | 104 376 790 | 104 376 790 |

* The Gauteng Department of Health contributed capital this amount to the entity to fund its working capital requirements.

**Transfers from accumulated surplus to increase contributed capital occurred in 2007 (R 26 000 000) and in 2009 (R 24 376 790) after treasury approval was obtained.

| | | |
|---|----------------------|---------------|
| 10. REVENUE FROM EXCHANGE TRANSACTIONS - REVENUE | | |
| Rendering of goods* | 4 573 983 693 | 4 519 189 709 |
| Finance income** | 9 464 291 | 2 135 111 |
| Total Income | 4 583 447 984 | 4 521 324 820 |

* The Medical Supplies Depot renders pharmaceutical services to all different levels of healthcare in the Gauteng Provincial Administration. The different levels of healthcare are primary healthcare facilities, district hospitals, regional hospitals, tertiary and academic hospitals.

** The Depot earns interest at floating rates based on daily bank deposit rates.

| | | |
|--|----------------|---------|
| 11. REVENUE FROM EXCHANGE TRANSACTIONS - OTHER INCOME | | |
| Parking fees | 84 960 | 83 720 |
| Commission fees | 47 074 | 44 763 |
| Other income | 133 824 | - |
| Total Other income | 265 858 | 128 483 |

| | | |
|---|-------------------|------------|
| 12. REVENUE FROM NON-EXCHANGE TRANSACTIONS | | |
| Penalties* | 14 423 267 | 11 333 966 |
| Late delivery penalties | 4 521 882 | 3 642 443 |
| Buy-Out charges | 9 901 385 | 7 691 523 |
| Services in kind | 34 129 755 | 31 634 318 |
| CEO Remuneration | 1 242 363 | 927 136 |
| Buy-Out charges | 32 887 392 | 30 707 182 |
| Total Revenue from Non-Exchange | 48 553 022 | 42 968 284 |

* The Medical Supplies Depot charges two kinds of penalties in terms of the General Conditions of Contract (GCC) as follows:

- a) Late delivery penalties – These are time-based penalties against suppliers on delayed deliveries taking into consideration the applicable lead-times, among other things.
- b) Temporary incapacity penalties – These are penalties charged against contracted suppliers who fail to meet an order placed in their favour, hence bought outside of the contracted supplier. The difference in prices between the contracted and the non-contracted suppliers is borne by the contracted supplier in the form of penalty.

** CEO Remuneration - (refer to note 17)

*** Rentals in respect of land and buildings - (refer to note 17)

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|--|-------------------|-------------------|
| 13. EMPLOYEE RELATED COSTS | | |
| Basic salary | 56 007 788 | 51 957 578 |
| Long service award | 156 215 | 130 783 |
| Qualification bonus | 67 945 | 112 340 |
| Overtime | 3 434 325 | 1 242 162 |
| Standby allowance | 334 327 | 141 232 |
| Housing allowance | 3 257 588 | 3 151 396 |
| Non-pensionable salary | 6 364 578 | 6 260 438 |
| Service bonus | 4 511 589 | 4 302 003 |
| Acting allowance | 172 850 | 246 573 |
| Bargaining council | 19 478 | 18 968 |
| Performance bonus | 511 362 | - |
| Performance bonus (reversal of prior year provision) | - | (568 040) |
| Medical aid contributions | 5 398 877 | 5 131 178 |
| Travel claims | 449 286 | 140 307 |
| Injury on duty | 4937 | - |
| Leave | 4 802 126 | 6 918 689 |
| Pension fund contributions | 7 269 353 | 6 968 942 |
| Service in-kind : CEO remuneration | 1 242 363 | 927 136 |
| Total | 94 004 987 | 87 081 685 |

Defined contribution plan

The entity provides retirement benefits for its employees through a defined contribution plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when money is paid to the fund. No provision is disclosed for retirement benefits in the financial statements as the obligation and plan assets is the responsibility of the multi-employer Government Employee Pension Fund reporting under the control of National Treasury.

Deficit / Surplus for the year

| | | |
|-----------------------------------|-----------------|-----------|
| Contribution payable for the year | 7 281 012 | 6 754 485 |
| Contributions paid | 7 269 353 | 6 968 942 |
| (Deficit) / surplus | (11 659) | 214 457 |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|---|-------------------|-------------------|
| 14. OPERATIONAL COSTS | | |
| Rental and hiring | 552 388 | 712 240 |
| Repairs and maintenance | 192 983 | 1 524 895 |
| Communication | 266 580 | 361 918 |
| Stationery and printing | 785 423 | 977 550 |
| SITA computer services | 2 455 885 | 2 921 419 |
| Audit fees | 1 505 743 | 624 493 |
| External training | 414 858 | 115 719 |
| Inventory written off* | 6 510 187 | 302 446 |
| Cleaning services | 1 758 762 | 1 983 185 |
| Professional accounting and other advisory services | 1 078 431 | 1 795 592 |
| Security services | 3 493 003 | 3 557 799 |
| Medical supplies | 2 981 | 91 237 |
| External computer services | 439 419 | 37 257 |
| Fuel, oil and lubricants | 121 462 | 323 366 |
| Gardening services | 185 893 | 208 619 |
| Water, electricity and sanitation | 223 531 | 885 108 |
| Service in kind: Rent land and building | 32 887 392 | 30 707 182 |
| Other operational costs | 1 047 209 | 1 122 244 |
| Total | 53 922 130 | 48 252 269 |

* Inventory written off relates to expired, broken and theft of stock that was written off during the period under review.

15. OPERATING LEASE COMMITMENTS

| | | |
|-------------------------------|----------------|----------------|
| Minimum lease payments due | | |
| Within 1 year | 370 608 | 215 636 |
| Within 2 to 5 years inclusive | 217 229 | 10 260 |
| Total | 587 837 | 225 896 |

The lease agreements are not renewable at the end of the lease terms. The operating leases are in respect of office equipment and plant and equipment. There was no escalation clause in all operating leases as at 31 March 2023 and thus no straight-lining adjustment was required.

16. NET CASH (UTILISED) / GENERATED FROM OPERATIONS

| | | |
|--|---------------------|-------------------|
| Surplus for the period | 117 995 595 | 114 384 378 |
| Adjustment for: | | |
| Loss on restatement | - | 540 996 |
| Depreciation on property, plant and equipment | 2 799 903 | 2 692 238 |
| Net movement in provisions | (1 665 668) | 653 796 |
| Scrapping of property, plant and equipment | 444 951 | 28 332 |
| Inventory written off | 6 510 187 | 302 446 |
| Operating surplus before changes in working capital | 126 084 968 | 118 602 186 |
| Movement in working capital | | |
| Decrease / (increase) in inventories | 55 270 247 | (11 398 985) |
| Increase in trade and other receivables | (172 450 880) | (9 136 487) |
| Decrease in trade and other payables | (65 985 177) | (36 973 423) |
| Net increase in working capital | (183 165 810) | (57 508 895) |
| Net cash (utilized) / generated from operating activities | (57 080 842) | 61 093 291 |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|-----------------|------|------|
|-----------------|------|------|

17. RELATED PARTIES**Relationships**

Controlling entity - Gauteng Department of Health

The Medical Supplies Depot is a trading entity under the control of the MEC of Gauteng Department of Health. All transactions with the Department of Health are considered to be related party transactions and are not at arm's length.

Related party balances

Amounts included in trade receivables regarding related parties:

| | | |
|------------------------------|----------------------|-------------|
| Gauteng Department of Health | 1 093 959 129 | 922 223 635 |
|------------------------------|----------------------|-------------|

Related party transactions

Amounts included in revenue regarding related parties:

| | | |
|------------------------------|----------------------|---------------|
| Gauteng Department of Health | 4 573 983 693 | 4 519 189 709 |
|------------------------------|----------------------|---------------|

REMUNERATION OF KEY MANAGEMENT

The entity's key management personnel are the following:

- Chief Executive Officer
- Director : Pharmaceutical Services
- Director : Finance and Administration

Notes to the Annual Financial Statements

for the year ended 31 March 2023

17. RELATED PARTIES (Continued)

| | Acting Chief Executive Officer: Ms Z Rhemtula | Director: Pharmaceutical Services: Mr S Langa | Director Finance and Administration: Mr X Mahleza | Total |
|-------------------------------------|--|--|--|------------------|
| 2023 | | | | |
| Salary | 948 960 | 777 255 | 758 748 | 2 484 963 |
| Bonuses and performance payments | 78 297 | 62 626 | 62 603 | 203 526 |
| Expense allowance | 190 847 | 188 714 | 140 487 | 520 048 |
| Acting allowance | 24 259 | 89 754 | - | 114 013 |
| Pension Contribution | - | 103 827 | 98 632 | 202 459 |
| Total | 1 242 363 | 1 222 176 | 1 060 470 | 3 525 009 |

| | Director Pharmaceutical Services: Mr D Malele | Acting Chief Executive Officer: Ms Z Rhemtula | Acting Director Pharmaceutical Services: Mr S Langa | Director Finance and Administration: Mr X Mahleza | Total |
|-------------------------------------|--|--|--|--|------------------|
| 2022 | | | | | |
| Salary | 234 890 | 698 888 | 751 228 | 682 411 | 2 367 417 |
| Bonuses and performance payments | - | - | 62 602 | 61 701 | 124 303 |
| Expense allowance | 44 527 | 131 897 | 150 734 | 162 400 | 489 558 |
| Pension Contribution | 30 537 | 94 194 | 97 659 | 88 712 | 311 102 |
| Total | 309 954 | 924 979 | 1 062 223 | 995 224 | 3 292 380 |

Service in-kind

In the current financial year, the Gauteng Department of Health and other related parties, rendered the services listed below at no cost to the entity:

- Corporate Services (Including Human Resources, Supply Chain Management and IT services). Gauteng Audit Services also provided internal audit services at no cost to the entity. The value of these services could not be reliably estimated.

Acting CEO

Ms. Z Rhemthula was appointed Acting CEO on 01 July 2021, and has been offering services at no cost to the entity. Acting CEO's Salary amounted to R 1 242 363 (2022: R 924 979)

Land and buildings

The entity utilizes Land and Buildings for free provided by the Gauteng Department of Infrastructure Development (GDID).

The market related value of rentals for similar properties in Auckland Park, Johannesburg for the year under review is estimated at R 32 887 392 (2022: R30 707 182).

Notes to the Annual Financial Statements

for the year ended 31 March 2023

18. FINANCIAL RISK MANAGEMENT**General**

The main risks faced by the trading entity are interest rate risk, credit risks, currency risks and liquidity risks. The Depot has developed a comprehensive risk strategy in terms of Treasury Regulation 3.2 in order to monitor and control these risks. The risk management process relating to each of these risks is discussed under the headings below.

Interest rate risk

The entity is not exposed to significant interest rate risk as there is no internal funding other than cash and finance leases. The following table set out the carrying amount, by maturity, of the entity's financial instruments exposed to interest rate risk:

Amounts in Rand

| 2023 | Within 1 year | Within 2 - 5 years | Total |
|---------------------------|----------------------|---------------------------|--------------------|
| Finance lease obligations | 283 141 | 433 400 | 716 541 |
| Trade payables | 290 600 953 | - | 290 600 953 |
| 2022 | Within 1 year | Within 2 - 5 years | Total |
| Finance lease obligations | 325 466 | 499 139 | 824 605 |
| Trade payables | 361 012 669 | - | 361 012 669 |

The entity's financial instruments are linked to the South African prime interest rate.

The following table demonstrates the sensitivity to a reasonable possible change in interest rates, with all other variables held constant of the entity's surplus:

Amounts in Rand

| 2023 | Increase in interest rate by: | Effects on surplus |
|---------------------------|--------------------------------------|---------------------------|
| Finance lease obligations | 1% | 7 165 |
| Trade payables | 1% | 2 906 010 |
| 2022 | Increase in interest rate by: | Effects on surplus |
| Finance lease obligations | 1% | 8 246 |
| Trade payables | 1% | 3 610 127 |

Notes to the Annual Financial Statements

for the year ended 31 March 2023

18. FINANCIAL RISK MANAGEMENT (continued)**Credit Risk**

Financial assets, which potentially subject the Entity to the risk of non-performance by counter parties, consist mainly of cash and accounts receivable, consisting of trade receivables and staff debtors. Trade accounts receivable consist of a small consumer base. The Entity limits its treasury counter-party exposure by only dealing with well-established financial institutions approved by National Treasury. Trade debtors – The Gauteng Department of Health is effectively the only client of the Entity, although deliveries occur to various health institutions.

Credit risk with regards to receivables is managed as follows:

Trade debtors – A monthly claim is compiled of all issues from the Entity to health institutions and those issued in the form of direct deliveries (DDV). This claim is normally paid within a month by Central Office as the Entity follows-up strongly on all outstanding monies to ensure that there is money available to release a weekly run of payments to suppliers.

Staff debtors – Section 17, 30 and 38 of the Public Service Act indicate that any overpayment or wrongly granted remuneration to staff irrespective of whose fault it is may be recovered from the employee. There are built-in control measures in Persal to limit overpayments and adjustments have a three-tier approval process. The employee applies or provides approved documents, a practitioner records the transaction on Persal, a senior reviews the transaction on Persal and a third person is required to approve the transaction. With death, retirement or resignation there is a prescribed debt form that needs to be completed and is forwarded with the pension withdrawal form (Z102) to the Department of Finance where the staff debt is recovered before payment to the employee or employee beneficiaries occur. Where the debt recovered is inadequate the Department of Finance's debt recovery section recovers outstanding monies.

Financial assets exposed to credit risk at the reporting date were as follows:

| Amounts in Rand | 2023 | 2022 |
|---|---------------|-------------|
| Trade and other receivables (less than 3 months) | 1 093 959 129 | 922 223 635 |
| Cash and cash equivalents (less than 3 months) | 176 564 896 | 236 041 948 |

Liquidity Risk

The Entity maintains a large amount of inventory , the maximum turnover period for the inventory kept however is three months.

Liquidity risk is managed as follows :

Proper stock management processes are in place where stock ordered based on economic order quantities.

The turnover period of stock kept at the depot is three months. On a monthly basis the entity identifies slow moving items and a communication is sent to health facilities with an inventory list of the items as a reminder that the stock is available.

Currency Risk

The Entity does not transact with any supplier or customer outside the South African borders and this risk is therefore not directly applicable. However, this risk arises as suppliers purchase raw material from international suppliers which is subject to foreign exchange rate fluctuations. Suppliers therefore request, through an application to National Treasury for a price adjustment based on the fluctuation of foreign exchange rates.

Notes to the Annual Financial Statements

for the year ended 31 March 2023

| Amounts in Rand | 2023 | 2022 |
|--|------------------|-----------|
| 19. IRREGULAR EXPENDITURE | | |
| Confirmed: | | |
| There's five (5) contract that accounted for the current year irregular expenditure: | | |
| - Distribution services | 3 086 090 | 1 722 390 |
| - SITA Specialized Computer Services | - | 2 018 273 |
| - Security Services | 3 480 443 | - |
| - Cleaning Services | 493 983 | - |
| - Waste Management Services | 1 928 | - |
| - Purchase of goods | - | 243 765 |
| - Nexus report | 2 144 620 | 2 043 832 |
| Closing Balance | 9 207 064 | 6 028 260 |

* Sourced from Nexus forensic investigation report

20. COMPARATIVES

There were changes to the prior year presentation and disclosure due to a prior year error as detailed in note 21.

21. PRIOR PERIOD ERROR**21.1 Rental dwellings**

An amount to the value of R140 420 (R131 420 received prior to the 2021/ 2022 financial year and R9 000 received during the 2021/ 2022 financial year) relating to the rentals of a dwelling belonging to Gauteng Department of Infrastructure Development (GDID) occupied by a Medical Supplies Depot official was deducted from the official's salary however it was not subsequently paid over to the third party (GDID). Instead, these deductions were erroneously credited to the entity's rentals income account dating as far back as March 2007. The prior period has been restated.

21.2 Property Plant and Equipment

During the 2020/ 2021 financial year, the entity had erroneously understated the carrying value of office furniture by R359 766, comprising an understatement of cost by an amount of R45 756 and overstated depreciation by an amount of R314 010 and another R9 377 was adjusted to accumulated depreciation. The prior period has been restated.

Notes to the Annual Financial Statements

for the year ended 31 March 2023

21. PRIOR PERIOD ERROR - (Continued)**21.3 Trade Payables and Trade Receivables**

Management undertook a full clean up exercise to determine the status of each order issued to 31 March 2023 which uncovered an amount of R10 819 917 had been overstated in the prior year accrual listing. This overstatement also resulted in an overstatement of trade receivables to an amount of R11 360 913 being cost plus 5% levy.

The correction of the above prior period errors resulted in adjustment as follows:

| Amounts in Rand | As previously reported 2022 | Restated 2022 |
|--|-----------------------------|---------------|
| <u>Statement of financial position</u> | | |
| Property, plant and equipment | 6 024 350 | 6 393 490 |
| Cost | 35 717 819 | 35 772 948 |
| Accumulated depreciation | (29 693 469) | (29 379 458) |
| Trade and other receivables from exchange transactions | 934 364 347 | 923 003 434 |
| Trade and other payables from exchange transactions | 376 400 370 | 365 580 453 |
| Accumulated surplus | 996 740 760 | 996 969 479 |
| <u>Statement of financial performance</u> | | |
| Revenue | 4 530 550 622 | 4 519 189 709 |
| Cost of sales | 4 314 807 041 | 4 303 987 124 |
| Other income | 137 483 | 128 483 |
| Surplus for the year | 114 934 374 | 114 925 374 |
| <u>Statement of net assets</u> | | |
| Accumulated surplus | | |
| Balance at 31 March 2021 | 881 806 387 | 882 044 105 |
| Surplus for the year | 114 934 374 | 114 384 378 |
| Balance at 31 March 2022 | 996 740 761 | 996 428 483 |
| <u>Statement of cash flows</u> | | |
| Other receipts | 137 483 | 128 483 |

22. Changes in Accounting Estimates

GRAP 17 - property, plant and equipment requires the review of the useful life of an asset at least at The Medical Supplies Depot revised the useful life as at 1 April 2022 for various category of assets as Computer Equipment by additional years ranging from less than a year to 12 years.

Leased Assets by an additional 2 years

Office Furniture by additional years ranging from less than a year to 16 years.

Plant & Equipment by additional years ranging from less than a year to 16 years.

The effect of the change in accounting estimate on the current year's results was an increase in the

23. EVENTS AFTER REPORTING DATE

There were no events after the reporting date.

Report of the Audit Committee

Report of the Audit Committee – Cluster 03

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

Audit Committee and Attendance

The Audit Committee consists of the external Members listed hereunder and is required to meet a minimum of at least two times per annum as per provisions of the Public Finance Management Act (PFMA). In terms of the approved Terms of Reference (GPG Audit Committee Charter), five meetings were held during the current year, i.e. three meetings to consider the Quarterly Performance Reporting (financial and non-financial) and two meetings to review and discuss the Annual Financial Statements, the Annual Performance Report, the Annual report of the Depot and the Auditor-General of South Africa's (AGSA) Audit and Management Reports.

Non-Executive Members

| Name of Member | Number of Meetings attended |
|-----------------------------------|-----------------------------|
| Mr. Stanley Ngobeni (Chairperson) | 05 |
| Ms. Lungelwa Songqishe* | 05 |
| Ms. Shelmadene Petzer | 05 |

* stand in member from another member

Executive Members

In terms of the GPG Audit Committee Charter, officials listed hereunder are obliged to attend meetings of the Audit Committee:

| Compulsory Attendees | Number of Meetings attended |
|--|-----------------------------|
| Ms. Zuleka Rhemtula (Acting Chief Executive Officer) | 05 |
| Mr. Xolani Mahleza (Director: Finance) | 05 |
| Ms. Lee-ann Doorasamy (Chief Risk Officer) | 05 |
| Mr. Kweyama Velile (Chief Audit Executive) | 05 |

The Audit Committee noted that the acting Accounting Officer attended all the scheduled Audit Committee meetings. Therefore, the Audit Committee is satisfied that the Depot adhered to the provisions of the GPG Audit Committee Charter in relation to ensuring that there is proper representation by the Accounting Officer.

Audit Committee Responsibility

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

The Effectiveness of Internal Control (including IT control)

Based on the results of the formal documented review of the design, implementation and effectiveness of the depot's system of internal controls conducted by the internal audit, Office of the Provincial Accountant-General (PAG) and Auditor-General of South Africa (AGSA) during the financial year ended 31 March 2023, and in addition, considering information and explanations given by management plus discussions held with the external auditor on the results of their audit, the Audit Committee concluded that the depot's system of internal financial controls are adequate but not fully effective and material internal control breaches come to the Audit Committee's attention.

Report of the Audit Committee

for the year ended 31 March 2023

Information and Communication Technology (ICT) Governance

The Audit Committee concluded that ICT Governance of the depot is not adequate, thus there is a need for implementation of integrated ICT governance strategy and strengthening of ICT controls and governance structure.

Internal Audit

Audit committee concluded that internal audit performance and effectiveness is somewhat satisfactory:

- Reviewed and approved the annual Internal Audit plans and evaluated the independence, effectiveness and performance of the internal audit function;
- Considered the reports of the Internal Auditors on the depot's systems of internal controls;
- Reviewed issues raised by internal audit and the adequacy of corrective action taken by management in response thereto;

Reviewed issues raised by external quality assurance reviewer performed on the internal audit unit. Internal Audit was assessed to be Generally Conformant with the International Standards for Professional Practice of Internal Auditing. The Audit Committee continues to monitor the implementation of the Quality Assurance Improvement Program in line with its responsibilities.

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

Risk & Compliance Audit

- Follow up on Strategy in response to Covid-19 and Occupational Health and Safety
- Inventory Management
- Corporate Governance
- Supply Chain Management
- Follow up on AG findings

Performance Audit

- Performance of the Entity against pre-determined objectives/Performance Information
- Review of Draft Annual Performance Plan

IT Audit

- User account management review
- Data Analysis – ETHICS / FIN / HR (1 Jan 2022 – 30 June 2022)
- 2023-24 IT risk assessment
- Follow up on AG findings
- Data Analysis – ETHICS / FIN / HR (1 July 2022 – 31 December 2022)

The Audit Committee will continue to monitor the resources and capabilities of the Internal Audit function as this has an impact on the performance, functioning and effectiveness of GAS as an assurance provider.

Risk Management

The Audit committee reviewed the depot's policies on risk management and strategy (including IT Governance) and monitored the implementation of risk management policy and strategy and concluded that depot's risk management maturity level is satisfactorily.

Gauteng Medical Supplies Depot
Report of the Audit Committee
for the year ended 31 March 2023

Combined assurance

The Audit committee reviewed the plans and reports of the external and internal auditors and other assurance providers including management and concluded that these were not adequate to address all significant risks facing the depot , thus Audit Committee further recommend the finalization and the fully implementation of Combined assurance framework/strategy.

The quality of quarterly reports submitted in terms of the PFMA and the Division of Revenue Act

Based on the quarterly review of in-year monitoring systems and reports, the Audit Committee is not satisfied with the quality, accuracy, usefulness, reliability, appropriateness and adequacy of the depot in-year reporting systems.

Compliance with the relevant laws and regulations

The Audit Committee considered reports provided by management, internal assurance providers and the independent auditors regarding compliance with legal and regulatory requirements and concluded that the depot did not fully comply with the enabling laws and regulations as well as its policies and standard operating procedures.

Evaluation of Annual Financial Statements

Following the review by the Audit Committee of the Annual Financial Statements for the year ended 31 March 2023 before and after the audit, the Audit Committee is of the view that, in all material respects, it complied with the relevant provisions of the PFMA and MCS and fairly presents the financial position at that date and the results of its operations and cash flows for the year then ended.

Final Auditor General's Report

The Audit Committee concurs and accepts the conclusions of the Auditor-General on the Annual Financial Statements, which is the unmodified audit opinion with findings (unqualified audit with emphasis of matters and non-compliance). Consequently, the Audit Committee is of the opinion that the audited annual financial statements and annual performance report be accepted and read together with the report of the Auditor-General.

For having achieved unqualified audit opinion for the financial year, the Audit committee commend Honourable MEC, HoD and depot staff for maintain an unqualified audit opinion.

One-on-One Meeting with the Accounting Officer

The Audit Committee has met with the Accounting Officer for the department and other key members from the department and Provincial Treasury to discuss actions to be taken to address the internal control deficiencies.

One-on-One Meetings with the Executive Authority

The Audit Committee met with the Executive Authority for the department and entity to apprise the MEC on the performance of the Depot.

Auditor-General of South Africa

The Audit Committee has met with the AGSA to ensure that there are no unresolved issues.

Report of the Audit Committee

for the year ended 31 March 2023

Conclusion

The Audit Committee wishes to acknowledge the commitment and support of Honourable MEC, Provincial Accountant-General's office, Director-General, AGSA staff, management and staff of the depot. The political and administrative leadership instability in the depot played ultimate and big role towards and improved and positive financial and non-financial performance.



Mr. Stanley Ngobeni
Chairperson of the Audit Committee
Date: 31 July 2023

PFMA Compliance Report

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

1.1 Irregular expenditure

a) Reconciliation of irregular expenditure

| Description | 2022/2023 | 2021/2022 |
|---|------------------|------------------|
| | R'000 | R'000 |
| Opening balance | 1 449 442 | 1 443 414 |
| Add: Irregular expenditure confirmed | 9 207 | 6 028 |
| Less: Irregular expenditure condoned | - | - |
| Less: Irregular expenditure not condoned and removed | - | - |
| Less: Irregular expenditure recoverable | - | - |
| Less: Irregular expenditure not recovered and written off | - | - |
| Closing balance | 1 458 649 | 1 449 442 |

Reconciling notes

| Description | 2022/2023 | 2021/2022 |
|---|--------------|--------------|
| | R'000 | R'000 |
| Irregular expenditure that was under assessment in 2022/23- | - | - |
| Irregular expenditure that relates to 2021/22 and identified in 2022/23 | - | - |
| Irregular expenditure for the current year | 9 207 | 6 028 |
| Total | 9 207 | 6 028 |

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

| Description | 2022/2023 | 2021/2022 |
|---|-----------|-----------|
| | R'000 | R'000 |
| Irregular expenditure under assessment | - | - |
| Irregular expenditure under determination | - | - |
| Irregular expenditure under investigation | - | - |
| Total | - | - |

c) Details of current and previous year irregular expenditure condoned

| Description | 2022/2023 | 2021/2022 |
|--------------------------------|-----------|-----------|
| | R'000 | R'000 |
| Irregular expenditure condoned | - | - |
| Total | - | - |

Gauteng Medical Supplies Depot
PFMA Compliance Report
 for the year ended 31 March 2023

d) Details of current and previous year irregular expenditure removed - (not condoned)

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Irregular expenditure NOT condoned and removed | - | - |
| Total | - | - |

e) Details of current and previous year irregular expenditure recovered

| Description | 2022/2023 | 2021/2022 |
|---------------------------------|-----------|-----------|
| | R'000 | R'000 |
| Irregular expenditure recovered | - | - |
| Total | - | - |

f) Details of current and previous year irregular expenditure written off (irrecoverable)

| Description | 2022/2023 | 2021/2022 |
|-----------------------------------|-----------|-----------|
| | R'000 | R'000 |
| Irregular expenditure written off | - | - |
| Total | - | - |

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 |
|-----------------------------------|
| Irregular extension of contracts. |
| |
| |
| |
| Total |

Include discussion here where deemed relevant.: The entity is involuntary participating in Gauteng Department of Health centralised contracts arranged on behalf of all institutions under the control of GDoH.

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

| Description | 2022/2023 | 2021/2022 |
|--------------|-----------|-----------|
| | R'000 | R'000 |
| N/A | | |
| | | |
| Total | - | - |

i) Details of current and previous year disciplinary or criminal steps taken as a result of irregular expenditure

| Disciplinary steps taken |
|--------------------------|
| |
| |
| |

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1.2 Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

| Description | 2022/2023 | 2021/2022 |
|--|---------------|---------------|
| | R'000 | R'000 |
| Opening balance | 30 713 | 30 713 |
| Add: Fruitless and wasteful expenditure confirmed | - | - |
| Add: Fruitless and wasteful expenditure confirmed | - | - |
| Less: Fruitless and wasteful expenditure written off | - | - |
| Less: Fruitless and wasteful expenditure recoverable | - | - |
| Closing balance | 30 713 | 30 713 |

Reconciling notes

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure that was under assessment in 2022/23 | - | - |
| Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23 | - | - |
| Fruitless and wasteful expenditure for the current year | - | - |
| Total | - | - |

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

| Description | 2022/2023 | 2021/2022 |
|--|--------------|-----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure under assessment | 6 510 | - |
| Fruitless and wasteful expenditure under determination | - | - |
| Fruitless and wasteful expenditure under investigation | - | - |
| Total | 6 510 | - |

The above figure is under assessment to determine if whether it meets the definition of fruitless and wasteful expenditure.

c) Details of current and previous year fruitless and wasteful expenditure recovered

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure recovered | - | - |
| Total | - | - |

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Fruitless and wasteful expenditure written off | - | - |
| Total | - | - |

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

| Disciplinary steps taken |
|--------------------------|
| |
| Total |

1.3 Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

| Description | 2022/2023 | 2021/2022 |
|---|-----------|-----------|
| | R'000 | R'000 |
| Opening balance | - | - |
| Add: unauthorised expenditure confirmed | - | - |
| Less: unauthorised expenditure approved with funding | - | - |
| Less: unauthorised expenditure approved without funding | - | - |
| Less: unauthorised expenditure recoverable | - | - |
| Less: unauthorised not recovered and written off | - | - |
| Closing balance | - | - |

Reconciling notes

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Unauthorised expenditure that was under assessment in 2022/23 | - | - |
| Unauthorised expenditure that relates to 2021/22 and identified in 2022/23 | - | - |
| Unauthorised expenditure for the current year | - | - |
| Total | - | - |

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

| Description | 2022/2023 | 2021/2022 |
|--|-----------|-----------|
| | R'000 | R'000 |
| Unauthorised expenditure under assessment | - | - |
| Unauthorised expenditure under determination | - | - |
| Unauthorised expenditure under investigation | - | - |
| Total | - | - |

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1.4 Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)

a) Details of current and previous year material losses through criminal conduct

| Material losses through criminal conduct | 2022/2023 | 2021/2022 |
|--|---------------|-----------|
| | R'000 | R'000 |
| Theft | R3 627 | |
| Other material losses | - | - |
| Less: Recovered | - | - |
| Less: Not recovered and written off | - | - |
| Total | R3 627 | - |

b) Details of other material losses

| Nature of other material losses | 2022/2023 | 2021/2022 |
|---|-----------|-----------|
| | R'000 | R'000 |
| (Group major categories, but list material items) | - | - |
| | - | - |
| | - | - |
| | - | - |
| | - | - |
| Total | - | - |

c) Other material losses recovered

| Nature of losses | 2022/2023 | 2021/2022 |
|---|-----------|-----------|
| | R'000 | R'000 |
| (Group major categories, but list material items) | - | - |
| | - | - |
| | - | - |
| | - | - |
| | - | - |
| Total | - | - |

d) Other material losses written off

| Nature of losses | 2022/2023 | 2021/2022 |
|---|-----------|-----------|
| | R'000 | R'000 |
| (Group major categories, but list material items) | - | - |
| | - | - |
| | - | - |
| | - | - |
| | - | - |
| Total | - | - |

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2. LATE AND/OR NON-PAYMENT OF SUPPLIERS

| Description | Number of invoices | Consolidated Value |
|--|--------------------|--------------------|
| | | R'000 |
| Valid invoices received | 74 043 | 4 578 |
| Invoices paid within 30 days or agreed period | 66 394 | 4 079 |
| Invoices paid after 30 days or agreed period | 7 649 | 499 |
| Invoices older than 30 days or agreed period (<i>unpaid and without dispute</i>) | | |
| Invoices older than 30 days or agreed period (<i>unpaid and n dispute</i>) | | |

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 |
|---------------------|------------------|------------------------------------|-----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

3.1 Contract variations and expansions

| Project description | Name of supplier | Contract modification type (Expansion or Variation) | Contract number | Original contract value | Value of previous contract expansion/s or variation/s (if applicable) | Value of current contract expansion or variation |
|-----------------------|-----------------------------|---|-----------------|-------------------------|---|--|
| | | | | R'000 | R'000 | R'000 |
| Cleaning Services | Tshipembe Cleaning Services | Expansion | GP/GDH/163/2017 | R1 584 635.76 | 3 499 | 493 |
| Security Services | Mabotwana Security Services | Expansion | GT/GDH/029/2014 | No contract value | 17 867 | 3 480 |
| Waste Management | Buhle Waste | Expansion | GT/GDH/168/2014 | No contract value | 7 | 2 |
| Distribution Services | SAFRANIC | Expansion | GT/GDH/109/2017 | No contract value | 8 587 | 3 086 |
| Total | | | | | 29 960 | 7 061 |



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