

**DEPARTMENT OF HEALTH
LIMPOPO PROVINCE
VOTE NO. 07
ANNUAL REPORT
2023/2024 FINANCIAL YEAR**

Contents

PART A: GENERAL INFORMATION.....	5
1. DEPARTMENT GENERAL INFORMATION	6
2. LIST OF ABBREVIATIONS/ACRONYMS	7
3. FOREWORD BY THE MINISTER/MEC	9
4. REPORT OF THE ACCOUNTING OFFICER	11
5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT	24
6. STRATEGIC OVERVIEW	24
6.1 Vision	25
6.2 Mission	25
6.3 Values	25
7. LEGISLATIVE AND OTHER MANDATES.....	26
8. ORGANISATIONAL STRUCTURE	30
9. ENTITIES REPORTING TO THE MEC	31
PART B: PERFORMANCE INFORMATION.....	33
1. AUDITOR-GENERAL’S REPORT: PREDETERMINED OBJECTIVES	34
2. OVERVIEW OF DEPARTMENTAL PERFORMANCE	34
2.1 Service Delivery Environment	34
2.2 Service Delivery Improvement Plan	34
2.3 Organisational environment	36
2.4 Key policy developments and legislative changes	36
3. ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES.....	37
4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION	38
4.1 PROGRAMME 1: ADMINISTRATION	38
4.2 PROGRAMME 2: DISTRICT HEALTH SERVICES.....	41
4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES.....	62
4.4 PROGRAMME 4 : PROVINCIAL HOSPITALS SERVICES.....	64
4.5 PROGRAMME 5: PROVINCIAL HOSPITALS SERVICES.....	70
4.6 PROGRAMME 6 : HEALTH SCIENCES AND TRAINING (HST)	73
4.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)	75
4.8 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)	78
5. TRANSFER PAYMENTS	80
5.1. Transfer payments to public entities	80
5.2. Transfer payments to all organisations other than public entities.....	80

6.	CONDITIONAL GRANTS.....	81
6.1.	Conditional grants and earmarked funds paid.....	81
6.2.	Conditional grants and earmarked funds received.....	82
7.	DONOR FUNDS	107
7.1.	Donor Funds Received.....	107
8.	CAPITAL INVESTMENT	108
8.1.	Capital investment, maintenance and asset management plan.....	108
	PART C: GOVERNANCE	109
1.	INTRODUCTION	110
2.	RISK MANAGEMENT	110
3.	FRAUD AND CORRUPTION	111
4.	MINIMISING CONFLICT OF INTEREST	112
5.	CODE OF CONDUCT	113
6.	HEALTH SAFETY AND ENVIRONMENTAL ISSUES	113
7.	PORTFOLIO COMMITTEES	115
8.	SCOPA RESOLUTIONS	119
9.	PRIOR MODIFICATIONS TO AUDIT REPORTS	120
10.	INTERNAL CONTROL UNIT	121
11.	INTERNAL AUDIT AND AUDIT COMMITTEES.....	122
12.	AUDIT COMMITTEE REPORT	132
13.	B-BBEE COMPLIANCE PERFORMANCE INFORMATION	135
	PART D: HUMAN RESOURCE MANAGEMENT.....	136
1.	INTRODUCTION	137
2.	OVERVIEW OF HUMAN RESOURCES	137
3.	HUMAN RESOURCES OVERSIGHT STATISTICS.....	139
	PART E: PFMA COMPLIANCE REPORT	204
1.	IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES ...	205
1.1.	Irregular expenditure	205
1.2.	Fruitless and wasteful expenditure.....	209
1.3.	Unauthorised expenditure	211
1.4.	Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)	212
2.	LATE AND/OR NON-PAYMENT OF SUPPLIERS.....	213
3.	SUPPLY CHAIN MANAGEMENT	214
3.1.	Procurement by other means	214

3.2. Contract variations and expansions	252
PART F: FINANCIAL INFORMATION	254
1. REPORT OF THE AUDITOR-GENERAL.....	255
2. ANNUAL FINANCIAL STATEMENTS	269

PART A: GENERAL INFORMATION

1. DEPARTMENT GENERAL INFORMATION

PHYSICAL ADDRESS: Fidel Castro Ruz House
18 College Street
Polokwane
0699

POSTAL ADDRESS: Private Bag 9302
Polokwane
0699

TELEPHONE NUMBER/S: 015 293 6000

EMAIL ADDRESS: hodsupport@dhsd.limpopo.gov.za

WEBSITE ADDRESS : www.ldoh.gov.za

2. LIST OF ABBREVIATIONS/ACRONYMS

AC	AUDIT COMMITTEE
AGSA	AUDITOR GENERAL OF SOUTH AFRICA
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
ANC	ANTENATAL CARE
ART	ANTI-RETROVIRAL THERAPY
ARV	ANTI-RETROVIRAL
BBBEE	BROAD BASED BLACK ECONOMIC EMPOWERMENT
CEO	CHIEF EXECUTIVE OFFICER
CFO	CHIEF FINANCIAL OFFICER
COE	COMPENSATION OF EMPLOYEES
COVID-19	CORONA VIRUS DISEASE 19
DHIS	DISTRICT HEALTH INFORMATION SYSTEM
DORA	DIVISION OF REVENUE ACT
EMS	EMERGENCY MEDICAL SERVICES
HAST	HIV AND AIDS, STI AND TB
HCT	HIV COUNSELLING AND TESTING
HIV	HUMAN IMMUNO VIRUS
HOD	HEAD OF DEPARTMENT
HPR	HOSPITAL REVITALISATION PLAN
HPV	HUMAN PAPILLOMA VIRUS
IMCI	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES
LDOH	LIMPOPO DEPARTMENT OF HEALTH
MEC	MEMBER OF EXECUTIVE COUNCIL
MCWH	MOTHER AND CHILD AND WOMEN'S HEALTH

MDR	MULTIDRUG-RESISTANT
MTEF	MEDIUM TERM EXPENDITURE FRAMEWORK
NHLS	NATIONAL HEALTH LABORATORY SERVICE
PDE	PATIENT DAY EQUIVALENT
PFMA	PUBLIC FINANCE MANAGEMENT ACT
PHC	PRIMARY HEALTH CARE
PMDS	PERFORMANCE MANAGEMENT DEVELOPMENT SYSTEM
PMTCT	PREVENTION OF MOTHER TO CHILD TRANSMISSION
POA	PROGRAMME OF ACTION
PPP	PUBLIC PRIVATE PARTNERSHIPS
SCM	SUPPLY CHAIN MANAGEMENT
SDIP	SERVICE DELIVERY IMPROVEMENT PLAN
SMS	SENIOR MANAGEMENT SERVICE
STI	SEXUALLY TRANSMITTED INFECTIONS
TB	TUBERCULOSIS
TR	TREASURY REGULATIONS
XDR	EXTREME DRUG RESISTANT

3. FOREWORD BY THE MEC



Name: Ms Dieketseng Masesi Mashego

Title: Member of the Executive Council

We are indeed closing the last Financial Year of the 6th Administration. This Financial Year (2023/2024) was fundamentally centred around the progressive implementation of quality healthcare services to the people of Limpopo Province.

I present to you, the 2023/24 Financial Year Annual Report, this in accordance with the provisions of the Public Finance Management Act (PFMA), in particular, section 40 of the Act.

This Report will present comprehensively the immeasurable strides and policy interventions we have made in this financial year to ensure that we do not betray our constitutional and legislative mandate.

Since the beginning of the current financial year, and indeed our term of office in 2019, we have ensured improved access to quality healthcare services by activating 24hour clinic operation, opening new healthcare facilities, improving our infrastructure, ensuring uninterrupted availability of medication in all our facilities and improving our staff complement to meet the health needs of our population.

Strengthening of institutional governance remains one of our key focus. We can report without contradiction that we have since finalized many of the appointments of Clinical Managers and CEOs in most of our hospitals to make it a point that our facilities respond adequately and constructively to institutional challenges and improve the quality of care in our facilities.

It was through relentless efforts that we managed to contain the outbreak of cholera, lessen the impact malaria and defeat measles.

Accordingly, we have continued with the recruitment of specialists to our province in a deliberate effort to improve clinical and medical access in our rural facilities.

With regard to the constitutional and legislative mandate bestowed upon us by the people of Limpopo, I can gladly say that we have not betrayed the expectations of our people. I can confidently, and without any

fear of being justly contradicted that we have, as a Department done admirably well in implementing our core mandate of bringing a long and healthy life.

Today we can say without any fear of contradiction that working together we have been able to achieve a lot. The healthcare system is today more improved than it was five years ago - even much better than 30 years ago.

This report contains the outcomes in relation to the performance over the 2023\2024 financial year. This is without doubt a report to move the Department to new heights and herald a new dispensation for our people. It is worth noting that in the past twelve months, we invested significantly in expanding access to healthcare facilities, providing access to top quality medication and providing rehabilitative services to the sick.

The people of Limpopo will be happy to know that the long-awaited construction of the Limpopo Academic Hospital is already under construction, with target of finishing the first phase by 2028. An allocation of around R3.9 billion has been set aside by National Department of Health towards the planning and construction of the hospital.

We have built new and modern healthcare infrastructure. Through the National Department of Health, we have built and commissioned Thengwe Clinic in Vhembe District, completed a new Mental Health Unit in Ellisras Hospital and revitalized a mother and child unit at FH Odendaal. We have completed the installation of new generators to mitigate against the impact of loadshedding in our hospitals and clinics.

True to the commitment to enhance the capacity of our emergency medical services, we have for the first time in this democratic order managed to purchase 500 new modern ambulances in one Financial Year.

We have been able to achieve so much because of partnership and teamwork. Accordingly, I wish to take a moment and salute all the staff in the Department of Health for their continued efforts, dedication, and commitment to maintaining and advancing our mission to ensure a long and healthy life for people in Limpopo. It is through the selflessness and dedication of the staff in our Department that we have been able to realise the commitment to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable.

Together, let's move South Africa forward!



NAME: Ms Dieketseng Masesi Mashego

MEC FOR DEPARTMENT OF HEALTH

DATE: 23/08/2024

4. REPORT OF THE ACCOUNTING OFFICER



Name: Dr Ntodeni Norah Ndwamato
(Acting) Accounting Officer
Department of Health

- **Overview of the operations of the department by HOD**

When the financial year under review started, Dr M. Dombo was the acting accounting officer until 30 September 2023. Dr N. Ndwamato was appointed Acting HOD for the latter half of the year. Also, the end of the financial year 2023/24 coincided with the end of term for the 6th administration. On May 29th, 2024, the country went to the polls and voted in the national general elections and ushered in the new 7th administration known as the Government of National Unity (GNU). Despite the changes, the mandate for Health remains the same: **Outcome 2: "Long and Healthy life for all"**, is still our cornerstone as we strive to improve access to quality care for the people of Limpopo.

During the previous financial year (2022/23), the total number of facilities that obtained Ideal Clinic Status was 109/482 which translated to 23% overall provincial performance. However, in the financial under review, the department focused on the implementation of the quality improvement plans which led to an increase in the number of PHC facilities obtaining Ideal Clinic status by more than 50% from 109 to 201. This resulted in the department surpassing the planned 20% target by 100%, with an overall provincial performance of 42% PHC clinics obtaining Ideal clinic status. The PHC platform also achieved 85% on the patient experience of care survey against a target of 82% due to improved waiting time, staff attitude and cleanliness.

The department has managed to keep the HIV positivity in the 15 to 24 years old (excluding ANC) very low at 1.1% against a target of 2%. The collaboration with funded non-governmental organizations targeting the youth continue to serve the department well even in the current financial year. To further prevent HIV transmission, all pregnant HIV positive women were initiated on antiretroviral treatment, resulting in the polymerase chain reaction (PCR) positivity of 0.61% at around 6 months, going further down to 0.27% at around 18 months, against a target of 0.8%.

Through the outreach programme of the medical specialists to the peripheral hospitals, medical officers in rural areas get upskilled with the overall improvement in patient care. Some child mortality indicators have achieved the set targets except severe acute malnutrition which has strong community-level influence as children consult when there is very little that can be done. Late presentation resulted in high mortality of 12.4% against a target of 7.3%. Collaboration with other sectors and regular monitoring of anthropometry should assist with early identification of early signs of malnutrition and employ a more comprehensive approach in addressing the challenge. On the other hand, child under 5 years pneumonia and diarrhoea case fatality rates achieved the set targets of 2.4% and 1.6% respectively due to improved care.

During the year under review, the department embarked on a major initiative to expand the emergency medical services through the procurement of 500 new ambulances to increase response times for ambulances. This was also meant to increase access to this service to all communities and to be allocated to emergency care practitioners on a crew-based system. By the end of the financial year, 297 ambulances were commissioned into service, with the remaining 203 ambulances in the process of being converted and delivered to be commissioned in the 1st quarter of 2024/25 financial year. Equipment to the value of R122m was also procured to be fitted in the new ambulances. This to enable each ambulance to deal with any medical emergency.

The commissioning of the 297 ambulances impacted greatly on improved EMS response times for both priority 1 cases in urban and rural settings. At the end of the financial year, the rural response rate for P1 calls within 60 mins was at 85%, against a target of 70% (The 2022/23 response rate was at 59,1%). The urban P1 response rate within 30 minutes was at 83,3% against the target of 65% (The 2022/23 financial year urban response rate was at 48,6%).

To further improve response times to emergency cases, the department has awarded a contract for a Computer Aided Dispatch system (CAD) in the 4th quarter. This would allow all EMS calls to be directed to a central control centre, with call recording & the dispatch of an ambulance closest to the call or incident.

In 2023/24, the department in its endeavour to venture into public health technology innovation space concluded a tender process for radiology equipment. This allowed the department to procure 10 mobile X-ray units, 4 C-arm units, a Gamma Camera, Brachytherapy unit for radiation oncology and two MRI units.

Throughout the financial year, medicine availability continued to show an improvement. At the end of the financial year, the pharmaceutical Depot reported 79% availability, against a target of 70%, while hospitals reported 86% availability against target of 80% and PHC reported availability of 84%, against a target of 80%. Throughout the year, the province reported 100% availability of Expanded Programme on immunisation (EPI)vaccines, at all levels of care.

A restructuring process has been undertaken leading to the approval by the MEC of the revised organisational structures for Head Office and the District Offices. Processes for the implementation thereof shall ensue. LDOH has appointed members of the steering committee and members of the task team for the project to implement approved head office organisational structure.

The ICT Cyber Security strategy has been approved and its implementation will be included in the 2024/25 and subsequent financial years' operational plans. The Department awarded the tender for Computer

Aided Dispatch system (CAD). Implementation of this project is in progress. The Centralized Health Information system (CHIS) is at the award stage. The Department awaits the award letter from SITA. Evaluation for Workforce Management system tender is at the Proof-of-Concept phase and is expected to be awarded in quarter 2 of 2024/25 financial year.

The contingent liability as a result of Medico-Legal claims remains a challenge. The department has employed multiple mitigation strategies including but not limited to improving patients safety to strengthening administrative management of cases as well as continuous stakeholder engagement management. In addition, the department continues to find ways to strengthen its relationship with Office of the State Attorney in handling of Medico-Legal cases. Attempts to seek alternatives or to augment the State Attorney office are underway. The Department appreciates the importance of training of its staff on aspects of the law, legal processes, relevant labour relations modules and general ways of preventing the occurrence of adverse events. These strategies include taking a closer look at its case load to explore possibilities of alternative dispute resolution approaches. This is being done utilizing internal expertise since the termination of the CAJV contract.

The FY (2023/24) saw an improvement in the performance of the department. Through working relentlessly to improve audit findings raised in the prior year related to assets register and contingent liabilities, the department obtained an unqualified audit for the current year review. The department has during the financial year also managed to process 99.94 % of invoices within 30 days of receipt. This is an improvement from the financial year 2022/2023 with an achievement of 99%.

Another significant improvement was on the collection of revenue that it surpassed its 2023/24 financial year revenue estimates of R210m by R11m to R221m. The high performance on this area is due to current revenue collection measures being implemented by the department.

The department has reduced Accruals and Payables by 32%, on accruals it recorded reduction from R 321.7m in 2022/23 to R 297m in 2023/2024, while the payables were R 445m in 2022/23 and were reduced to R221.9m in 2023/24.

Health Infrastructure Facilities Management achieved an expenditure of R888m or 100% of the annual budget available. The master planning project has completed its conditional and clinical assessment of the 250 of the province's health facilities and draft master planning proposals have been prepared for each of the five districts. The Limpopo Central Hospital is in construction, and it is progressing on schedule. Construction is at 7% completion and R277m has been spent by end of the financial year. Elim and Tshildzini Hospital projects are in the design documentation phase, and they are intended to proceed to tender by mid-2024/2025 financial year. Siloam Hospital is at 36% construction and is progressing ahead of schedule.

Lastly, we recognise the commitment and contribution of the department's executives and the teams they lead, and that despite the austerity measures faced by the department, in the second half of the financial year, they continued to forge forward in ensuring that the health outcome mandate is carried out, without compromising quality.

- **Overview of the financial results of the department:**

- **Departmental receipts**

Departmental receipts	2023/2024			2022/2023		
	Estimate	Actual Amount Collected	(Over)/Under Collection	Estimate	Actual Amount Collected	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Tax Receipts	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-
Sale of goods and services other than capital assets	189 325	193 437	(4 112)	177 975	164 515	13 460
Transfers received	0	0	0	0	0	0
Fines, penalties and forfeits	0	2	(2)	0	0	0
Interest, dividends and rent on land	85	363	(278)	0	92	(92)
Sale of capital assets	5 150	11 295	(6 145)	4 933	11 426	(6 493)
Financial transactions in assets and liabilities	15 948	16,811	(863)	18 729	22 872	(4 143)
Total	210 508	221 908	(11 400)	201 637	198 905	2 732

PERFORMANCE ON THE PLANS FOR COLLECTING DEPARTMENTAL REVENUE.

The Department derives its revenue mainly from rendering of health services to patients visiting health facilities and are classified in terms of the policy. There are also other supplementary receipts raised from other sources such as commission on insurance, administration fees, disposals of scraps, rentals, parking fees and debts emanating from breach of bursary contracts.

The 2023/24 plans included appointment of Case Managers to assist in billing of all clinical services rendered to patients. This has been achieved by appointing 11 contract Case Managers and assigning 30 nursing personnel to assist in the function in various hospitals. The plan also included capacity building to the case managers and monitoring of billing and revenue enhancement projects. Furthermore, measures were implemented to improve recovery of debts from defaulters. Efforts were also made to

engage the Road Accident Fund to accept, process and pay for the motor victims suppliers claims with little success.

In the year under review, the Department managed to collect and surpassed its 2023/24 financial year revenue estimates of R210m by R11m to R221.9m. The high performance on this area is due to current revenue collection measures being implemented by the department. The Department will continue to implement any strategy that yield positive outcome on revenue collection.

DETERMINATION OF TARIFFS CHARGED BY THE DEPARTMENT

Services to patients are charged based on the approved annual Uniform Patient Fees Schedule as determined by the Minister of Health. The other supplementary tariffs are determined and approved by Treasury in consultation with provincial departments.

The department renders free health services in its primary health care (PHC) facilities. In addition to these facilities, free services are also offered at all hospitals for those patients who do not afford to pay for services and can provide proof for such, the aged, children under the care of social welfare services, patients with confirmed mental disorders, pregnant women without healthcare funders and not utilising private doctors, children under the age of six and not covered by medical aid schemes and those patients that qualify for exemptions in terms of the Uniform Patient Fee Schedule (UPFS) principles. This is done to improve access to the healthcare services in the province. The free services would have yielded significant revenue if a tariff had been charged to these categories of patients.

REASONS FOR HIGH PERFORMANCE THAN ANTICIPATED

The Department budgeted for revenue estimates of R210.5m for 2023/24 financial year and managed to collect R221.9m (105.4%).

The main reasons for the over-collection in the year under review are:

- Implementation of revised collection measures and strategies.
- Revitalisation of case management function in the department.
- Departmental Executive Management intervention on prioritisation of revenue collection function wherein monthly revenue meetings were held for Heads of institutions to account on performance including revenue collection.
- Continuous engagements with Healthcare funders also contributed to the higher performance on revenue collection in the department.
- The introduction of spot billing resulted in timeous billing thereby improving on turnaround time of payment by Healthcare funders.
- The improved monitoring of revenue activities resulted in effectiveness in the management of revenue.

CHALLENGES IN MAXIMUM COLLECTION

Although The Department performed above expectation in the year under review, the following challenges still prevail in not achieving maximum collection of revenue:

- The retrospective implementation of new lodging requirements by the Road Accident Fund (RAF), still results in nonpayment of the lodged claims for service rendered to motor vehicle victims.
- Poor recovery from debtors as a result of public perception that health services are for free resulting in increase in debt book and high write off.
- Increased unemployment rate impacts negatively on payment of medical costs as patients move out of being members of medical schemes.
- Financial constraints to appoint/replace revenue posts in critical revenue collection value chain units.

The above-mentioned impediments has led to the department writing off an amount R107.8m as irrecoverable in the year under review.

FUTURE MEASURES TO PREVENT ANY UNDER PERFORMANCE.

- Strengthen monitoring of key revenue generating activities and hold heads of institutions accountable for their performance.
- Strengthen engagements with Road Accident Fund as main debtor of the department on patient fees recovery. This will include escalation of challenges to relevant stakeholders.
- Put more efforts to collect from all other healthcare funders that have outstanding accounts with the department. This will include other Government Departments and entities.
- Revised the Revenue Enhancement Strategy of the Department taking into consideration available resources and economic situation.
- Continue to implement Revenue Enhancement Summit resolutions held in 2018/19 financial with a view to address ineffective and inefficient systems in collection and recovery of patient fee debts.
- Embarked on training of key revenue collecting stakeholders such as Patient Records, Information (admissions and discharges) officers to improve classification, recording of patient information and interpretation of the fee structure and billing of clinical services.
- Improve recovery of outstanding debts through the utilisation of private debt collection services and close monitoring of their activities.
- Speed up disposal of unserviceable vehicles and obsolete equipment to maximise revenue on this item.
- Address matters of incomplete billing of services to improve value of claims to healthcare funders. Case management function is being prioritised to address this shortcoming.
- Implement recommendations of auditors and other stakeholders to improve on the collection.

SALE OF CAPITAL ASSETS

- The Department conducted disposals of unserviceable vehicles and obsolete equipment as planned. The improvement in the management and marketing of the auctions, resulted in the department collecting an amount of R11m against the overall estimate of R5m. This shows an over-collection of 120% for the 2023/24 financial year.
- The department will continue in managing this disposal process effectively to maximise collection from the sale of capital assets revenue stream in the next fiscal years.

➤ Programme Expenditure

Programme Name	2023/2024			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	283 592	283 587	5	280 206	280 137	69
District Health Services	15 877 397	15 873 345	4 052	15 421 428	15 406 170	15 258
Emergency Medical Services	1 591 221	1 577 144	14 077	1 047 421	1 038 525	8 896
Provincial Hospital Services	2 902 486	2 902 438	48	2 718 856	2 718 303	553
Central and Tertiary Hospitals Services	2 302 366	2 302 326	40	2 125 459	2 090 968	34 491
Health Sciences and Training	597 751	597 678	73	659 288	638 965	20 323
Health Care Support Services	164 899	164 851	48	225 277	224 814	463
Health Facilities Management	888 242	887 941	301	1 039 568	1 016 165	23 403
Total	24 607 954	24 589 310	18 644	23 517 503	23 414 047	103 456

➤ **Virements**

Programme	2023/24		
	Adjusted Appropriation	Virement	Final Appropriation
	R'000	R'000	R'000
ADMINISTRATION	307 318	(23 726)	283 592
DISTRICT HEALTH SERVICES	15 925 472	(48 075)	15 877 397
EMERGENCY MEDICAL SERVICES	1 594 293	(3 072)	1 591 221
PROVINCIAL HOSPITAL SERVICES	2 955 535	(53 049)	2 902 486
CENTRALAND TERTIARY HOSPITALS SERVICES	2 185 840	116 526	2 302 366
HEALTH SCIENCES AND TRAINING	642 274	(44 523)	597 751
HEALTH CARE SUPPORT SERVICES	152 686	12 213	164 899
HEALTH FACILITIES MANAGEMENT	844 536	43 706	888 242
Total	24 607 954	-	24 607 954

The Department underspent the budget by R18.6m. Within this underspending, there is R3,9m for Earmarked Revenue Enhancement allocation. Of the unspent amount of 4.1m in programme 2, a rollover of commitments amounting to R3.5m has been requested from Treasury. The R3.5m requested for rollover comprises R1.2m for finalisation of projects under Van Velden hospital and Groblersdal hospital and R2.3m for desktops and laptops. In programme 3, the R14.1m unspent has been committed on purchase of ambulances. A rollover to this effect has requested from Treasury. Conditional grants spending is at 100%.

REASONS FOR VIREMENTS AND ROLLOVER

Programme 1: Administration

The total amount of R23.9m was shifted from this programme to programme 5 and 8 to cover the anticipated over expenditure in goods and services. An amount of R262 thousands was received from programme 2 for Provincial and local government for vehicle licencing and household to cover anticipated over expenditure in the same items.

A shifting within compensation of R61 thousand was made from management to statutory to cover over expenditure in the same item. A further R9 thousand was made from compensation of employees to goods and services. An amount of R1.9m was shifted from goods and services to Interest, machinery and equipment and payment of financial assets.

Programme 2: District Health Services

The total amount of R51.5m was shifted from this programme to 1, 3, 4, 5, 7 and 8 to cover the over expenditure in goods and services, households Provinces and Municipalities, buildings and machinery and equipment. The programme received of R3.4m from programmes 3, 6 and 7 to cover over expenditure in Good and services.

The shifting amounting to R51.4m was made from compensation of employees to cover the overspending on goods and services, Interest, Buildings and other fixed structure and machinery. Further internal shifting of R13.5m was made from households other transfer to households social benefits.

Rollover

The Department was, during the 2023/24 Adjustment appropriation, allocated R15m for renovation of rental accommodation and erection of parking bays as part of the strategy to enhance revenue collection. The rental accommodation funds (R7m) were spent successfully and therefore no rollover is being requested. The rollover being requested comprises R1.2m for buildings and other fixed structure and R2.3m for machinery and equipment.

Buildings and Other Fixed Structures = R1.2m

The rollover is due to the delay in the completion of parking bays for Van Velden hospital projects and Groblersdal project (R399,000) as they were not completed by the end of March 2024, hence request for rollover.

Machinery and Equipment: R2.3m

The under spending is due delays in the delivery of the ordered desktops and laptops by suppliers before the end of financial years. The rollover will therefore be utilized to pay for the same equipment on delivery.

Programme 3: Emergency Medical Services

The programme shifted an amount of R5.5m from goods and services to cover the anticipated over expenditure programme 5 and 2 goods and services. The programme received R2.4m from programmes 6 and 2 to cover the anticipated over expenditure on Provinces and municipalities, households social benefits and machinery and equipment.

A shifting of R8.8m. A further R77.3m was made from goods and service to building and other fixed structures and Machinery and equipment.

Rollover

The Department had issued purchase orders for the acquisition of ambulances for the 2023/24 financial year.

The programme has an underspending of R14.1m within the Equitable Share. The remaining amount is committed on the purchase of ambulances that were not delivered by end of March 2024. A rollover to this effect has been requested from Treasury.

Programme 4: Provincial Hospital Services

The total amount of R80.4m was shifted from this programme to programme 5 Compensation of employees, goods and services and households.

An amount of R27.4m was shifted to this programme to cover anticipated over expenditure in Goods and services, households for leave gratuities and machinery and equipment.

A shifting of R57.3m was made from compensation of employees to cover the overspending on goods and services.

Programme 5: Central Hospital Services

The total amount of R116.5m was received in this programme from programme 1, 2, 3, 4 and 6 to cover the anticipated over expenditure in Compensation of Employees, goods and services, Provinces and Municipalities, households, Buildings and other fixed structures and Machinery and equipment.

Shifting of R329 thousand was made from Compensation of employees within NTSG grant to household and goods and services. A shifting of R1m was made from machinery and equipment to building and other fixed structure within oncology component. A further R56 thousand was shifted within equitable share from Provinces and Municipalities to Households.

Programme 6: Health Sciences And Training

The total amount of R44.5m was shifted to programme 1, 3, 5, 7 and 8 to cover the over expenditure in compensation of employees, goods and services, Provincial and local government for vehicle licencing and households.

A shifting of R50 thousand was made from goods and services to cover the over- expenditure under Provincial and local government for vehicle licencing. A Shifting of R700 thousand was made from compensation of employees to cover over expenditure in goods and services.

Programme 7: Health Care Support

The total amount of R66 thousand was shifted from this programme goods and services to programme 2 goods and services. The total amount of R12.2m was received in programme from programme 2 to cover the anticipated over expenditure in compensation of employees' compensation of employees, goods and services, Provincial and local government for vehicle licencing and households and machinery and equipment.

Programme 8: Health Facilities Management

The total amount of R43.7m was received from programme 1, 2 and 6 to cover anticipated over expenditure in goods and services and buildings and other fixed structures.

A Shifting of R639 thousand was made within HFRG from Compensation of employees to households and building and other fixed structures. A further shifting of R48.9m was made from goods and services and machinery and equipment to buildings and other fixed structures as well as another shifting of R6.4m from machinery and equipment to buildings and other fixed structures.

UNAUTHORISED EXPENDITURE

- The Department did not incur unauthorised expenditure during the year under review Public.

PRIVATE PARTNERSHIPS

- The Department does not have any PPP contract which is currently in force.

DISCONTINUED KEY ACTIVITIES / ACTIVITIES TO BE DISCONTINUED.

- During the year under review, in order to improve performance of the department in areas such as revenue collection, clinical governance, performance on predetermined objectives, accountability sessions were conducted quarterly at various districts and province. This improved performance as evidenced by improved revenue collection in the 2023/24 financial year.
- Reasons for discontinuance: Due to austerity measures that were imposed countrywide in the second half of the financial year, these activities were stopped, as travel was limited, and accommodation was limited to life saving activities.
- Effect on the operations of, and service delivery by the department: Although the department continue to function, the improvements were limited due to lack of close monitoring as the planned activities had to be stopped.
- Financial implications of each discontinued activity. There were savings which were realized, which allowed the department to reduce accruals at the end of the financial year.

NEW OR PROPOSED KEY ACTIVITIES.

- There are no key activities proposed.

SUPPLY CHAIN MANAGEMENT.

List all unsolicited bid proposals concluded for the year under review.

- There were no unsolicited bid proposals concluded for the year under review.

INDICATE WHETHER SCM PROCESSES AND SYSTEMS ARE IN PLACE TO PREVENT IRREGULAR EXPENDITURE

- SCM Policy and Delegations read together with National and Provincial legislative frameworks.
- Strengthened Internal control unit.
- SCM compliance monitoring by external structurers
- Terms contracts for various goods and services.
- Detective process checklists and usage of quality assurance process.
- Use of bid committee system.
- Capacity building through formal and informal training.

- Segregation of duties.
- Variations are examined, subjected to DBAC, and approved by HOD; Bid review prior to award by conducting due diligence on the outcome of bid evaluation process.
- **Challenges experienced in SCM and how they were resolved.**

Challenges	Resolution
Non-availability and compliant bidders for some goods and services in some parts of the Province	Extended scope of participation requirement on the bids by allowing bidders to establish footprint after award. Debriefing bidders in some of the bids

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

DONOR	NATURE OF DONATION	COST
SIOC Development Community Trust	Motor Vehicle	R 459 486.85
Limpopo Provincial Treasury	Scanners	R 2 362 333.00
Anova Health of Institute	Computer Equipment	R 336 980.25
The Hollywood Foundation	Solar Panels	R 200 000.00
National Department of Health	Office Furniture, Computer Equipment, Machinery and Medical Equipment, and Inventory	R 10 817 525.72
TOTAL		R 14 176 325.82

EXEMPTIONS AND DEVIATIONS RECEIVED FROM THE NATIONAL TREASURY

- There are no deviations and exemptions received nor applied to National Treasury in the period under review.

EVENTS AFTER THE REPORTING DATE

- The Department did not have any events after the reporting date.

OTHER

- None

ACKNOWLEDGEMENT/S OR APPRECIATION

The department appreciate support and guidance from Office of the Premier, Provincial Treasury, Audit committee, Internal Audit, Portfolio Committee, and other institutions that pointed areas in our operations that needed to be strengthened, as we strive to provide quality health services in the province. We also appreciate AGSA for meeting with the department several times to resolve issues that resulted in the negative audit opinion in the prior year, and we hope to build on the improved relationship we forged.

CONCLUSION

As we near the end of the 6th administration, we will continue to build on the gains observed in these last two financial years, continue to strengthen the health system as we make use of technology advancements of the era. Our ultimate goal is to ensure long and healthy life for the people of Limpopo.



NAME: Dr Ntodeni Norah Ndwamato

(Acting) Accounting Officer

Department of Health

Date: 23/08/2024

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

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

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

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

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

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

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

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

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

In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2024.

2

Yours faithfully



NAME: Dr Ntodeni Norah Ndwamato

(Acting) Accounting Officer

Department of Health

Date: 23/08/2024

6. STRATEGIC OVERVIEW

6.1 Vision

A long and healthy life for people in Limpopo.

6.2 Mission

The Department is committed to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable.

6.3 Values

The Department adheres to the following values and ethics that uphold the constitution of the Republic of South Africa through:

- Honesty
- Integrity
- Fairness
- Equity
- Respect
- Dignity
- Caring

7. LEGISLATIVE AND OTHER MANDATES

7.1 Legislation falling under the Department of Health's Portfolio

National Health Act, 2003 (Act No. 61 of 2003)

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objectives of the National Health Act (NHA) are to:

- Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;
- Establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- Create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.2 Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

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

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

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

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

8. ORGANISATIONAL STRUCTURE

Member of Executing Authority (MEC): DR P C RAMATHUBA

<p>MEC MANAGEMENT SUPPORT</p> <p>PURPOSE: TO PROVIDE MANAGEMENT SUPPORT TO MEC</p> <p>FUNCTIONS</p> <p>Manage:</p> <ol style="list-style-type: none"> parliamentary services personal service monitor media trends and MEC media activities <p>DIRECTOR L13 (MS N MATSHIVHA)</p>	<p>DEPARTMENT OF HEALTH</p> <p>PURPOSE: To promote and improve the health status of the Province</p> <ol style="list-style-type: none"> Provide: <ol style="list-style-type: none"> Provincial Health Services Academic & Tertiary Development Strategic Planning, Policy & Monitoring Financial Management Corporate Services Risk Management HoD Management Support Media Liaison Corporate Communications MEC Management Support Infrastructure Development & Technical Support <p>ACTING HEAD OF DEPARTMENT L16: DR N NDWAMATO</p>		<p>RISK MANAGEMENT</p> <p>PURPOSE: TO PROVIDE RISK MANAGEMENT SERVICES</p> <ol style="list-style-type: none"> Provide:- <ol style="list-style-type: none"> risk management support anti-fraud and loss management <p>DIRECTOR L13: MR N.S NIKGAU</p>	
		<p>HoD MANAGEMENT SUPPORT</p> <p>PURPOSE: TO PROVIDE HOD MANAGEMENT SUPPORT</p> <ol style="list-style-type: none"> Provide:- <ol style="list-style-type: none"> HOD management support (EXCO/HOD resolution/reports coordination) social cluster coordination and support <p>CHIEF DIRECTOR L14: VACANT DIRECTOR L13: MS MG. GOMBA</p>		
<p>Branch: Health</p> <p>Provide:</p> <ol style="list-style-type: none"> Health care support programme. Health special programmes. Hospital service District health management <p>Deputy Director General L: 15 Dr. Dombo M</p>	<p>Branch: Tertiary & Academic Health</p> <p>Provide:</p> <ol style="list-style-type: none"> Develop and maintain Academic health. Manage Tele-medicine. Develop tertiary services. <p>Acting Deputy Director General L: 15 Dr. Muila S</p>	<p>Branch: Corporate services</p> <p>Provide:</p> <ol style="list-style-type: none"> HRM& Development HRP& Research GITO Legal services Security Management <p>Deputy Director General L: 15 Mr. M.Z Mawasha</p>	<p>Branch: Financial Management</p> <p>Provide:</p> <ol style="list-style-type: none"> Financial budgeting and revenue Financial accounting Supply chain management <p>Chief Financial Officer L: 15 Mr. M.J MUDAU</p>	<p>Branch: Infrastructure and technical support</p> <p>Manage:</p> <ol style="list-style-type: none"> Infrastructure Planning Infrastructure Delivery Health Technology Engineering and technical support <p>Chief Director L: 14 Mr. P.J RAMAWA</p>
<p>MEDIA LIAISON</p> <p>PURPOSE: TO PROVIDE MEDIA LIAISON SERVICES</p> <ol style="list-style-type: none"> Manage MEC's media activities- Provide research & speech writing <p>DIRECTOR L13: MR T MUAVHA</p>	<p>CORPORATE COMMUNICATIONS</p> <p>PURPOSE: TO PROVIDE CORPORATE COMMUNICATIONS</p> <ol style="list-style-type: none"> Events management & stakeholder management External & internal communication <p>DIRECTOR L13: MR NEIL SHIKWAMBANA</p>			

9. ENTITIES REPORTING TO THE MEC

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

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Hospital boards	National Health Act, 61 of 2003, section 41	Hospitals pay Hospital board members travel and subsistence allowance at the rate applicable to public services	To provide oversight regarding provision of patient care in all hospitals including the specialised hospitals
Mental Health Review boards	Mental Health Care Act, Act 17 of 2002	Members are paid by Districts in line with Mental health Act.	Make decisions with regard to assisted or involuntary mental health care, treatment and rehabilitation services of patients.
District Health Councils	National Health Act, 61 of 2003, section 31	There is no financial relationship as no payments are made to the council	<p>A District Health Council</p> <ul style="list-style-type: none"> • Promote co-operative governance; • Ensure co-ordination of planning, budgeting, provisioning and monitoring of all health services that affect residents of the health district for which the council was established; and • Advise the relevant members of the Executive Council, through the Provincial Health Councils, and the municipal council of the relevant metropolitan or district municipality, on any matter regarding health or health services in the health district for which the council was established.

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Clinic and community health centre committees	National Health Act, 61 of 2003, section 42	There is no financial relationship as no payments are made to the committees	To provide oversight regarding provision of patient care at PHC level

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

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 Service Delivery Environment

The department has developed a Service Delivery Improvement Plan with specific focus areas identified for improvement over the three-year cycle. The department’s service delivery environment had a myriad of challenges interalia compounded by the fiscal reductions. However, besides the gloomy financial situation in the country, the department managed to put in place mitigating factors in order to secure provisioning of the most needed services.

The Department in achieving its set goals through the Service Delivery Improvement Plan has:

- The Departmental Service Delivery Model has been finalised and implemented through the Geographic Service Area Model in order to ramp up service delivery.
- The Service Delivery Improvement plans alluded to below are geared at ensuring that all set objectives as reported are achieved.

2.2 Service Delivery Improvement Plan

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Primary Healthcare Re-engineering	Patients in all Regional, District, Clinics and Tertiary Hospitals	The Departmental Health Transformation Plan developed to guide the business re-engineering process and improved service delivery	Patients are able to access health facilities over 24-hour period	217 Clinics are operating 24 hours

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

Current/actual arrangements	Desired arrangements	Actual achievements
Consultation - The department conducts community outreach programmes through the Office of the MEC.	Communities are informed about the departmental programmes through the health Calendar, radio talk shows and other social media platforms	The department has embarked on Rural Health Campaigns in all the five districts to address surgical backlogs

Service delivery information tool

Current/actual information tools	Desired information tools	Actual achievements
Departmental Website	Departmental Online Radio Station	Departmental Website is up and running and being maintained
Social Media – Bophelong Facebook Page	Departmental Twitter Account	The Facebook page is maintained and managed on a regular basis by Communications Directorate

Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
Department has established complaints management committees in all the hospitals coordinated by the Quality Managers	Provincial Complaint Application for all patients	National Complaint Application developed. 90% of all Service Delivery Complaints resolved
National Online Complaint Application has been developed and launched	The Application to be synchronised to reflect and isolate complaints	Patients lodge complaints with National Department of Health and get referred to the province for resolution.

2.3 Organisational environment

In the reporting period, the Department reached a critical milestone in the development of its organisational structure. After completion of the Service Delivery Model, the structures for head office and districts were completed, submitted to both the Office of the Premier and the Minister for Public Service and Administration for concurrence. After several engagements, both these institutions recommended/concurred with the structures. The processes of implementation of these structures as well as development of the structures below those levels are underway and should be completed in the next financial year.

The development of the structures at a lower level will benefit from the processes underway of developing normative guides for hospitals to guide the determination of posts.

There have been promising developments in the information and communication technology environment of the Department. Upon some tough engagements with the State Information Technology Agency, some progress was recorded with regards to the procurement of systems. The Computer Aided Dispatch system has been procured and is being rolled out. The Department is yet to complete some critical ICT system that will affect the ICT maturity system of the Department – the Integrated Health Information System, Geographic Information System, the Workforce Management System, while progress is being recorded with regard to the improvement or stabilization of the hardware infrastructure.

The Department went through a relatively stable period in respect of the collective bargaining space with little disruption of services. This does not translate to a completely quiet environment. The Department has always been and is committed to promoting a constructive and engaging relationship with organised labour. The chamber in this Department is among the most consistent and stable in the sector that is relatively productive. Our resolution of employee complaints and grievances is receiving increased attention and incrementally yielding the results required.

It is also important to reiterate the point that has been made in previous reports regarding the need for employment of key staff in the Department.

2.4 Key policy developments and legislative changes

There were no key policy and legislative changes.

2.5 Achievement of Institutional Impacts and Outcomes

2.5.1. Life expectancy of South Africans improved to 70 years by 2030

Life expectancy for males in the province increased from 62,2 to 62,4 and from 66,6 to 67,7 for females. Although the increase is relatively marginal in comparison to the 5-year increase in life expectancy that occurred during the previous two (2) 5-year time periods between 2001 – 2006 and 2006 – 2011, it is still however the third highest improvement of Life expectancy at birth for both males and females in the country second only to the Western Cape and Gauteng Provinces.

The following contributed to the achievement seen in Life expectancy; decrease in total number of deaths due to a decline in COVID-19 related deaths, reduced deaths due to HIV in the province from 3,5% in 2019/20 to 3,2% in 2024, as well as reduced death in childhood mortality under 5 years of age. The young population age structure in the province also contributes to high life expectancy observed.

2.5.2. Universal Health Coverage for all South Africans achieved

Engaging the private sector in improving access, coverage, and quality of health services

In expanding access and coverage of quality health services to the population in the province, the department continually engaged private health providers to conduct surgical operations in order to reduce surgical backlog. More than seven hundred and seventy-five (775) surgical operations have been done in all districts so far.

Improving the quality, safety and quantity of health services provided with a focus on primary health care

In improving the quality of services in preparation for the NHI, health facilities both clinics and hospitals are required to be compliant to norms and standards during OHSC inspections. As at March 2024, OHSC compliance status stands at 26% (11/41) for hospitals and 14% (67/477) for PHC/Clinics. The low compliance rate for facilities remains a challenge for the department and quality improvement plans to improve the current status are being finalised with all relevant stakeholders.

3. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

3.1 PROGRAMME 1: ADMINISTRATION

The purpose of the programme is to provide strategic management and overall administration of the Department including rendering of advisory, secretarial and office support services through the sub programmes of Administration and Office of the MEC.

TABLE : 1 ANNUAL PERFORMANCE AGAINST PROVINCIAL TARGETS FROM 2023/24 ANNUAL PERFORMANCE PLAN FOR PROGRAMME 1: ADMINISTRATION

Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1.Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2022/2023 financial year	1.1 Audit opinion of Provincial DoH	Qualified audit opinion	Qualified	Unqualified audit opinion	Unqualified audit opinion	None	Sustain
	Compliance to payment of suppliers within 30 days	1.2 Percentage compliance to payment of suppliers within 30 days	96%	99.5%	100%	99.9%	(0.1%)	None
	Credible asset registers	1.3 Percentage completeness of asset register	54 of 58	58 of 58	100%	100%	0%	None
	Increased revenue collection	1.4 Revenue collected	R180.9m	R198.9m	R210.3m	R221.9m	R11.6m	Implementation of revised billing and collection strategies

Strategy to overcome areas of under performance

Corrective measures to be taken against officials.

TABLE 2: Sub-programme expenditure

Sub- Programme Name	2023/2024			2022/2023		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Statutory	2 159	2 159	-	2 096	2 096	-
Management	281 433	281 427	5	278 110	278 041	69
Total	283 592	283 586	5	280 206	280 137	69

3.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

- **Purpose**

The main objectives of the programme are the planning, managing and administering district health services; and rendering primary health care services; hospital services at district level; MCWH and nutrition programme; prevention and disease control programme; and a comprehensive HIV and AIDS, STI and TB programme.

3.2.1 Sub-programme: Primary Healthcare Services

- **Purpose**

Strengthening provisioning of PHC services through coordination and integration of existing municipal ward-based outreach teams in the districts.

TABLE 4: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR PRIMARY HEALTH CARE SERVICES

Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
Patient experience of health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction rate (PHC)	81%	81%	82%	85%	3%	Improved performance on the following priorities: Availability of medicines Patient Safety, Waiting Times, Values and Attitudes as well as Cleanliness.
Management of patient safety incidents improved to reduce new medical cases	Severity assessment code (1 incident reported within 24 hours)	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	New indicator	100%	100%	0%	None
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	New Indicator	New indicator	100%	100%	0%	None
Health facilities ready for NHI accreditation	Fixed health facilities that have obtained ideal clinic status (silver, gold, platinum)	1.2 Ideal clinic status obtained rate	21.9% (105 / 480)	23% (109/482)	20% (96/482)	42% (201 / 477)	22%	Implementation of facility quality improvement plans.

Strategy to overcome areas of under performance.

None.

3.2.2 SUB-PROGRAMME: DISTRICT HOSPITAL

- Purpose

To provide level 1 hospital services and support the PHC facilities within the catchment area.

TABLE 5: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB PROGRAMME: DISTRICT HOSPITAL

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1 Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction rate	79%	80%	80%	81%	1%	The following priorities were achieved: <ul style="list-style-type: none"> • Cleanliness • Patient safety • Waiting time • Values and attitude

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.2 Severity assessment code (SAC) 1 Incident reported within 24 hours rate	91.8%	94.7%	100%	95.7%	(4.3%)	Inadequate adherence to the PSI guideline on the reporting requirements
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	99.8%	99%	100%	96.8%	(3.2%)	Incidents that were reported towards the end of the month were still under investigation and therefore could not be closed.

Strategy to overcome areas of under performance

- Refresher training on management of patient safety incidences
- Adherence to patient safety incidence guideline

3.2.3 SUB-PROGRAMME: HIV AND AIDS, STI CONTROL (HAST)

- **Purpose**

To strive for the combat of HIV and AIDS and decreasing the burden of diseases from TB and other communicable diseases.

TABLE 6: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB PROGRAMME: FOR HIV & AIDS, STI AND TB CONTROL

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
AIDS-related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15-24 years (excl. ANC)	1.1 HIV positive 15-24 years (excl. ANC) rate	1.4%	1.2% (4514/373 716)	2 % (7530 /376040)	1 % (3984/379919)	1 %	Collaborated with NGOs to target and empower this age group with HIV prevention and interventions in non-health settings.

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	ART adult remain in care – total	1.2 ART adult remain in care rate (12 months)	61.7% (20304/32901)	65.2% (20 096/30 083)	90% (25349/ 28166)	70.6% (20133/28532)	(19.4%)	Inconsistent management of missed appointments lists by districts resulted in the loss to follow up of patients.
	ART child remain in care – total	1.3 ART child remain in care rate (12 months)	67.3% (526/781)	75.9% (529/697)	90% (756/840)	81.9% (600/733)	(8.1%)	Inconsistent management of missed appointments lists by districts resulted in the loss to follow up of patients..
	ART adult viral load under 50	1.4 ART Adult viral load suppressed rate(12 months)	85.7% (13737/16 023)	87.7% (14 591/16 636)	90% (20533/ 22 815)	71.4% (12646/17715)	(18.6%)	Treatment interruptions amongst patients who started treatment during the period

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								January-December 2022
	ART child viral load under 50	1.5 ART child - viral load suppressed rate(12 months)	66.5% (216/350)	58.4% (230/394)	90% (612/680)	32.9% (169/514)	(57.1%)	Treatment interruptions amongst patients who started treatment during the period January-December 2022
TB mortality reduced by 75%	All DS-TB client loss to follow-up	1.6 All DS-TB client LTF rate	8.5% (695/8186)	6.9% (508/7333)	7.8% (945/11764)	5.5% (728/13216)	2.3%	Tracing of TB treatment interrupters and link them back to care.

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	All DS-TB client successfully completed treatment	1.7 All DS-TB client treatment success rate	77% (6304/8186))	79.0% (5793/7333)	78.5% (9235/11764)	68.8 % (9086/13216)	(9.7%)	The new definition and the changes of the denominator on the National Indicator Data Set (NIDS) 2023 affected the outcomes.
	TB Rifampicin resistant/ Multidrug – resistant success	1.8 TB Rifampicin resistant/ Multidrug – Resistant treatment success rate	New indicator	New indicator	65.2% (188/288)	64.6 % (126/195)	(0.6 %)	High death rate due to various complications and loss to follow up

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	TB Rifampicin resistant/ Multidrug – Resistant lost to follow-up	1.9 TB Rifampicin resistant/ Multidrug – Resistant lost to follow-up rate	New indicator	New indicator	8% (23/288)	6.7 % (13/195)	1.3 %	Tracing of TB treatment interrupters and link them back to care.
	TB Pre-XDR treatment success	1.10 TB Pre-XDR Treatment success rate	New indicator	New indicator	60% (12/20)	60% (6/10)	0%	None.
	TB Pre-XDR loss to follow up	1.11 TB Pre-XDR loss to follow up rate	New indicator	New indicator	12% (3/25)	0% (0/10)	12%	Tracing of TB treatment interrupters and link them back to care.

Strategy to overcome areas of under performance

- Monitor the management of the line list through monthly meetings.
- Step-up adherence counselling of clients on ART.
- NDoH engaged to align the outcome definition in NIDS 2023 with Tier.Net.
- Intensify contact management amongst MDR TB contacts.
- Intensify TPT initiation amongst the HIV positive clients.

4.2.4 SUB-PROGRAMME: MOTHER, CHILD, WOMEN HEALTH AND NUTRITION (MCWH&N)

- Purpose**

To steer interventions for the reduction of maternal and child morbidity and mortality.

TABLE 7: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
Maternal, Neonatal, and Child Mortality reduced	Couple year protection	1.1 Couple year protection rate	51.9% (810094.8/1561776)	46.5% (729 684 / 1 570 175)	55% (858977/ 1561776)	60.3% (953461/1577214)	5.3%	Improved availability of family planning methods and increased condom distribution.	
	Delivery 10-19 years in facility	1.2 Delivery 10 to 19 years in facility rate	13.5% (18070/133971)	14.2% (17 193/ 121 057)	13.5% (18086/ 133971)	15% (16637 / 111 151)	(1.5%)	Peer and societal pressure.	

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
	Antenatal 1 st visit before 20 weeks	1.3 Antenatal 1st visit before 20 weeks rate	66.7% (84368/126513)	67.5% (77 839 / 115 387)	68% (86029/126513)	61.7% (65 233 / 105 742)	(6.3%)	Lack of knowledge on the importance of early booking.	
	Mother postnatal visit within 6 days	1.4 Mother postnatal visit within 6 days rate	95.2% (127534/133 971)	97.6% (118 124 / 121 057)	97% (129952/133971)	93.6% (104 083 / 111 151)	(3.4%)	Not all women that delivered adhere to advice to return for post-natal check-ups within 6 days.	
Maternal, Neonatal, Infant and Child Mo reduced	Maternal death in facility	1.5 Maternal Mortality in facility ratio	New Indicator	New Indicator	115/100 000 live births	104.7 / 100 000 live births	10.3/100 000 births	None	

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
	Neonatal death in facility	1.6 Neonatal death in facility rate	13.2 per 1000 live births	13.1 per 1000 live births	12 per 1000 live births	13.5 per 1000 live births	(1.5 per 1000 live births)	Most deaths are early neonatal deaths due to severe prematurity not compatible with life	
	Diarrhoea death under 5 years	1.7 Child under 5 years diarrhoea case fatality rate	New Indicator	New Indicator	2.3% (75/3281)	1.7% (81 / 4 893)	0.6%	Intensified health education. prompt diagnosis and treatment due to upskilled doctors through outreach by specialists.	

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
	Pneumonia death under 5 years	1.8 Child under 5 years pneumonia case fatality rate	New Indicator	New Indicator	2.5% (72/2883)	2.3% (105 / 4511)	0.2%	Intensified health education on early healthcare seeking behaviour for prompt diagnosis and treatment.	
	Severe acute (SAM) death under 5 years	1.9 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	7.3% (70/954)	12.9% (145 / 1 124)	(5.6%)	Delay in seeking medical help by care givers. Inadequate management of comorbidities	

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	Death in facility under 5 years	1.10 Death under 5 years against live birth rate	New Indicator	New Indicator	1.5% (1996/ 133099)	1.9% (2 154 / 110 790)	(0.4%)	Most deaths are early neonatal deaths attributed to severe prematurity that is not compatible with life
	Live birth under 2500g in facility	1.11 Live birth under 2500g in facility rate	10.6 per 1000 births	11.6%	12% (10140 /84502)	11.6% (12 907 / 110 790)	(0.9%)	Inadequate identification and management of high-risk conditions that can lead to low birthweight and prematurity.

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
	Infant PCR test positive under 5 years	1.12 Infant PCR test Positive around 6 months rate	New Indicator	New Indicator	0.8% (174/21657)	0.6% (46 / 7 610)	0.2%	Initiation of HIV positive pregnant woman on Antiretroviral Treatment	
	HIV test positive under 5 years	1.13 HIV test positive around 18 months rate	New Indicator	New Indicator	0.8% (192/23891)	0.18% (64 / 34 813)	0.62%	Initiation of HIV positive pregnant woman on ART.	
	Immunised fully under 1 year	1.14 Immunisation under 1 year coverage	69.2% (86468 / 124972)	67.5% (84 567/ 125 299)	75% (91000/ 125709)	74.3% (93639 / 125709)	(0.7%)	Mobile clinics were diverted from routine immunization to conduct school-based measles mop up vaccination campaign.	

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	Measles 2 nd dose	1.15 Measles 2 nd dose coverage	83.2% (105881 / 127327)	86.6% (108 265 / 125 004)	87% (109367 / 125709)	84.1% (105491 / 125094)	(2.9%)	Mobile clinics were diverted from routine immunization to conduct school-based measles mop up vaccination campaign.
Stunting among children reduced	Vitamin A dose 12-59 onths	1.16 Vitamin A dose 12-59 months coverage	49.5% (520672 / 1051804)	57.2% (589962 / 1 031 080)	60% (631082 / 1051804)	55.4% (564657 / 101 6682)	(4.6%)	Missed opportunities for Vit A supplementation during consultations for minor ailments and wellness visits.

Strategy to overcome areas of under performance

- Provide health education on the benefits of preventing unwanted pregnancy and the use of contraceptives by sexually active teenagers.
- Intensify health education at facility and community level on the importance of early booking.
- Continue to encourage women who delivered to come back for post-natal check-ups within 6 days.
- Intensify the management of PPH, hypertension, and non-pregnancy related infections.
- Intensified, targeted health promotion on the importance of early booking and antenatal care to all pregnant women.
- Facility and community health education on the importance of seeking medical health early.
- Intensify the management of Sick and Small Neonates (MSSN).
- Monitoring of Road to Health Booklet (RTHB) through clinic RTHB audits.

3.2.4 SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

- Purpose

To ensure prevention and control of non-communicable disease.

TABLE 8: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB PROGRAMME: DISEASE PREVENTION AND CONTROL

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1. Malaria eliminated by 2023	Malaria deaths reported	1.1 Malaria case fatality rate	0.43 % (16/1978)	1.25 % (28/2231)	<1% (15/1978)	0.74% (35/4703)	0.26%	Increased awareness to ensure early diagnosis and prompt treatment.

Strategy to overcome areas of under performance

None

TABLE 9: Sub-programme expenditure

Sub- Programme Name	2023/2024			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
District Management	591 998	591 990	8	486 467	486 437	30
Community Health Clinics	3 737 069	3 737 058	11	3 531 851	3 531 810	41
Community Health Centres	648 290	648 285	5	648 140	648 110	30
Community Based Services	665 685	665 612	73	818 436	814 863	3 573
Other Community Services	468 654	468 650	4	661 537	651 387	10 150
HIV/AIDS	1 857 887	1 857 863	24	2 021 500	2 020 583	917
Nutrition	4 592	4 581	11	7 816	7 785	31
District Hospitals	7 903 222	7 899 307	3 915	7 245 681	7 245 195	486
Total	15 877 397	15 873 345	4 052	15 421 428	15 406 170	15 258

3.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

- Purpose

The purpose of this programme is to render emergency medical services including ambulance service, special operations, and communications and air ambulance service; and render efficient Planned Patient Transport. Therefore, provide for pre-hospital Emergency Medical Services including Inter-hospital transfers.

TABLE 10: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR EMERGENCY MEDICAL SERVICES AND PATIENT TRANSPORT

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1. Co-ordinating of health services across the car continuum, re-orienting the	EMS P1 urban response under 30 minutes	1.1 EMS P1 urban response under 30 minutes rate	52.5% (237/451)	48.6% (179 / 368)	65% (293/451)	75.4% (260 / 345)	10.4 %	Procurement and Commissioning of new ambulances.

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
health system towards primary health	EMS P1 rural response under 60 minutes	1.2 EMS P1 rural response under 60 minutes rate	45.5% (1778/3905)	59.1% (2196 / 3714)	70% (2734/3905)	72.1% (2780 / 3854)	2.1%	Procurement and Commissioning of new ambulances.

Strategy to overcome areas of under performance

None

TABLE 11: Sub-programme expenditure

Sub- Programme Name	2023/2024		2022/2023		(Over)/Under Expenditure
	Final Appropriation R'000	Actual Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	
Emergency Transport	1 591 221	1 577 144	1 047 421	1 038 525	8 896
Total	1 591 221	1 577 144	1 047 421	1 038 525	8 896

3.4 PROGRAMME 4 : PROVINCIAL HOSPITALS SERVICES

- **Purpose**

The purpose of the programme is the delivery of hospital services, which are accessible, appropriate, and effective and to provide general specialist services, including a specialized drug-resistant TB and rehabilitation services, as well as a platform for training health professionals and research. Programme purpose include the rendering of hospital services at a general specialist level, providing specialist psychiatric hospital services for people with mental illness and intellectual disability, provide in-patient care for complicated drug resistant tuberculosis and providing a platform for training of health workers and research.

3.4.1 Sub-programme: Regional Hospitals

- **Purpose**

Provide specialized rehabilitation services as well as a platform for training health professionals.

TABLE 12: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB PROGRAMME: REGIONAL HOSPITALS

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1a. Patient experience of care in public health facilities improved	Patient experience survey satisfied responses	1. Patient experience of care satisfaction rate	79%	77%	80%	77%	(5%)	The following priorities were not achieved: Access to care Cleanliness Waiting time
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	99.1%	100%	100%	0%	None
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	95.4%	99.1%	100%	91%	(9%)	Incidents that were reported towards the end of the month were still under investigation

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
									and therefore could not be closed.

Strategy to overcome areas of under performance

- Continuous monitoring on information giving on the use of medication and side effects
- Down referring of patients to the clinics .and CCMDD programme
- Conduct regular audit and distribute the resources evenly
- Triage and re-direct patients to PHC by the Help Desk Officers
- Refresher training on management of patient safety incidences
- Adherence to patient safety incidence guideline

Sub-programme: Specialised Hospitals

● **Purpose**

To provide specialist psychiatric hospital services for people with mental illness and intellectual disability and providing a platform for the training of health workers and research and tuberculosis hospital services

TABLE 13: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR SUB-PROGRAMME (SPECIALISED) HOSPITALS

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance e 2021/2022	Audited Actual Performance e 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1. Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction (Specialised Hospital)	83%	86%	82%	84%	2%	The following priorities were achieved: Waiting time Values and attitude Cleanliness Patient safety

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals)	100%	100%	100%	100%	0%	None
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	100%	97.5%	100%	97.5%	(2.5%)	Incidents that were reported towards the end of the month were still under investigation and therefore could not be closed.

Strategy to overcome areas of under performance

- Adherence to the patient safety incidence guideline

TABLE 14: Sub-programme expenditure

Sub- Programme Name	2023/2024			2022/2023		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
General(Regional)Hospitals	2 244 492	2 244 472	20	2 103 925	2 103 723	202
Psychiatric/Mental Hospitals	614 000	613 982	18	569 016	568 680	336
TB Hospitals	43 994	43 983	11	45 915	45 900	15
Total	2 902 486	2 902 438	48	2 718 856	2 718 303	553

3.5 PROGRAMME 5: PROVINCIAL HOSPITALS SERVICES

- **Purpose**

The purpose of this programme is to provide tertiary health services and create a platform for the training of health workers. Programme purpose include, rendering of highly specialised health care services; provisioning of a platform for the training of health workers; and serving as specialist referral centres for regional hospitals.

TABLE 15: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR PROGRAMME 5: TERTIARY AND CENTRAL HOSPITALS

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
1 Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction rate	70%	81%	82%	78%	(4%)	The following priorities were not achieved: Access to care Waiting time	
2. Management of patient safety incidents improved to reduce new	Severity Assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	100%	100%	100%	0%	None	

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
medico-legal cases	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	95.4%	96.7%	100%	100%	0%	None	

Strategy to overcome areas of under performance

- Continuous monitoring on information giving on the use of medication and side effects
- Down referring of patients to the clinics .and CCMDD programme
- Conduct regular audit and distribute the resources evenly
- Triage and re-direct patients to PHC by the Help Desk Officers
- Refresher training on management of patient safety incidences
- Adherence to patient safety incidence guideline

TABLE 16: Sub-programme expenditure

Sub- Programme Name	2023/2024			2022/2024		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
Central Hospitals	2 302 366	2 302 326	40	2 125 459	2 090 968	34 491
Total	2 302 366	2 302 326	40	2 125 459	2 090 968	34 491

3.6 PROGRAMME 6 : HEALTH SCIENCES AND TRAINING (HST)

PURPOSE

The purpose of the programme is to provide training and development opportunities for actual and potential employees of the Department of Health.

TABLE 17: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme / Sub-programme:								
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	** Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1. Improved coordination of health services across the care continuum, re-orienting the health system towards primary health	Registered nurses in diploma in nursing: General	Number of new nursing students registered in diploma in nursing: General	New indicator	New indicator	150	150	0	None

Strategy to overcome areas of under performance

None

TABLE 18: Sub-programme expenditure

Sub- Programme Name	2023/2024			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
Nursing Training Colleges	146 812	146 776	36	149 074	148 901	173
EMS: Training Colleges	2 962	2 954	8	3 267	2 826	441
Bursaries	18 406	18 387	19	69 644	49 966	19 678
Other Training	429 571	429 560	11	437 303	437 272	31
Total	597 751	597 678	73	659 288	638 965	20 323

3.7 PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

Purpose

The purpose of the programme is to render support services as required by the Department to realise its aim and incorporating all aspects of rehabilitation.

TABLE 19: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
1. Improved co-ordination of health services across the care continuum, re-orienting the health system towards primary health	Increased availability of essential medicines	1.1 Availability of essential medicines in depot	70% (247/353)	68% (240/353)	70% (207/295)	77% (227/295)	7%	Sufficient budget allocation allowed the provincial depot to increase stock levels of medicine	
		1.2 Availability of essential medicines in hospitals	63% (231/367)	70.84% (260/367)	80% (290/362)	84% (226/269)	4%	The increased stock levels at the depot have created a buffer against erratic deliveries from suppliers,	

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2021/2022	Audited Actual Performance 2022/2023	Planned Annual Target 2023/2024	**Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations	
		1.3 Availability of essential medicines in PHC facilities	81% (135/166)	77.7% (129/166)	80% (65/81)	84% (68/81)	4%	resulting increased stock availability.	The increased stock levels at the depot have created a buffer against erratic deliveries from suppliers, resulting increased stock availability.

Strategy to overcome areas of under performance

None.

TABLE 20: Sub-programme expenditure

Sub- Programme Name	2023/2024			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
Forensic Pathology Services	47 797	47 775	22	48 840	48 790	50
Orthotic & Prosthetic Services	11 257	11 251	6	12 561	12 394	167
Medical Trading Account	105 845	105 825	20	163 876	163 630	246
Total	164 899	164 851	48	225 277	224 814	463

3.8 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

- **Purpose**

The purpose of this programme is to provide planning, equipping new facilities/assets, and upgrading, rehabilitation and maintenance of hospitals, clinics, and other facilities.

TABLE 21: ANNUAL PERFORMANCE AGAINST TARGETS FROM 2023/2024 ANNUAL PERFORMANCE PLAN FOR PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme / Sub-programme:									
Outcome	Output	Output Indicator	Audited Actual Performance 2020/2021	Audited Actual Performance 2021/2022	Planned Annual Target 2022/2023	**Actual Achievement 2022/2023	Deviation from planned target to Actual Achievement 2022/2023	Reasons deviations	for
1. Infrastructure maintained and back log reduced	Health facilities with completed capital infrastructure projects	Percentage of Health facilities with completed capital infrastructure projects	New indicator	3% (20/614)	100% (20/20)	210% (42/20)	110%	Additional funding made available in the fourth quarter, allowed for the completion of an additional 22 fencing projects	

Strategy to overcome areas of under performance

None

TABLE 22: Sub-programme expenditure

Sub- Programme Name	2023/2024			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
Community Health Facilities	822 569	822 268	301	948 490	925 102	23 308
District Hospital Services	0	0	0	3 883	3 874	9
Provincial Hospital Services	0	0	0	1 000	997	3
Tertiary Hospitals	58 594	58 593	1	85 161	85 158	3
Other Facilities	7 079	7 079	0	1 034	1 034	0
Total	888 242	887 941	301	1 039 568	1 016 165	23 403

4. TRANSFER PAYMENTS

4.1 Transfer payments to public entities

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

5. Transfer payments to all organisations other than public entities

The table below reflects the transfer payments made for the period 1 April 2023 to 31 March 2024

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the dept. comply with s 38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
N/A	N/A	N/A	N/A	N/A	N/A	N/A

The table below reflects the transfer payments which were budgeted for in the period 1 April 2023 to 31 March 2024, but no transfer payments were made.

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

6. CONDITIONAL GRANTS

6.1. Conditional grants and earmarked funds paid

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

Conditional Grant 1:

Department/ Municipality to whom the grant has been transferred	N/A
Purpose of the grant	N/A
Expected outputs of the grant	N/A
Actual outputs achieved	N/A
Amount per amended DORA	N/A
Amount transferred (R'000)	N/A
Reasons if amount as per DORA not transferred	N/A
Amount spent by the department/ municipality (R'000)	N/A
Reasons for the funds unspent by the entity	N/A
Monitoring mechanism by the transferring department	N/A

6.2. Conditional grants and earmarked funds received

The table/s below details the conditional grants and ear marked funds received during the period 1 April 2023 to 31 March 2024

Conditional Grant : Comprehensive HIV/AIDS

Department who transferred the grant	Health	
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV/AIDS Prevention and protection of health workers from exposure to hazards in the workplace To enable the health sector to develop and implement an effective response to TB	
Expected outputs of the grant	Output performance indicator	Annual Target
	Number of new patients started on antiretroviral therapy (ART)	40 584
	Total number of patients on antiretroviral therapy remaining in care	480 467
	Number of male condoms distributed	62 128 246
	Number of female condoms distributed	2 945 179
	Number of infants tested through the polymerase chain reaction test at 10 weeks	15 300
	Number of clients tested for HIV (including antenatal)	1 631 633
	Number of medical male circumcisions performed	34 072
	Number of clients started on Pre-Exposure Prophylaxis	2 505
	Number of HIV positive clients initiated on TB preventative therapy	21 879
	Number of patients tested for TB using Xpert./TB NAAT	105 133
	Number of eligible HIV positive patients tested for TB using U-LAM	10 000

Actual outputs achieved	Drug sensitive TB treatment start rate (under five years and five years and older)	90%
	Number of rifampicin resistant/ multi drug resistant TB patients started on treatment	65%
	Output performance indicator	Actual Achieved
	Number of new patients started on antiretroviral therapy (ART)	30 648
	Total number of patients on antiretroviral therapy remaining in care	449 351
	Number of male condoms distributed	65 804 820
	Number of female condoms distributed	1 889 200
	Number of infants tested through the polymerase chain reaction test at 10 weeks	13 668
	Number of clients tested for HIV (including antenatal)	1 558 332
	Number of medical male circumcisions performed	26 375
	Number of clients started on Pre-Exposure Prophylaxis	15 764
	Number of HIV positive clients initiated on TB preventative therapy	18 819
	Number of patients tested for TB using Xpert	112 404
	Number of eligible HIV positive patients tested for TB using U-LAM	11 588
	Drug sensitive TB treatment start rate (under five years and five years and older)	91%
Amount per amended DORA (R'000)	1 857 887	
Amount received (R'000)	1 857 887	
Reasons if amount as per DORA was not received	N/A	

Amount spent by the department (R'000)	1 857 863	
Reasons for the funds unspent by the entity	None	
Reasons for deviations on performance	None	
Measures taken to improve performance	Ensure submission of monthly and quarterly report to National Department	

Conditional Grant: Community Outreach Services Component

Department who transferred the grant	Health	
Purpose of the grant	To ensure provision of quality community outreach services through ward based primary health care outreach teams by ensuring community health workers receive remuneration, tools of trade and training in line with their scope of work	
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ Number of community health workers receiving a stipend ▪ Number of community health workers trained ▪ Number of HIV clients lost to follow-up traced ▪ Number of TB clients lost to follow traced 	<p>7551</p> <p>5860</p> <p>45695</p> <p>3272</p>
Actual outputs achieved	<ul style="list-style-type: none"> ▪ Number of community health workers receiving a stipend ▪ Number of community health workers trained ▪ ▪ Number of HIV clients lost to follow-up traced ▪ Number of TB clients lost to follow traced 	<p>7310</p> <p>1494</p> <p>67817</p> <p>2725</p>
Amount per amended DORA (R'000)	367 690	

Amount received (R'000)	367 690	
Reasons if amount as per DORA was not received	None	
Amount spent by the department (R'000)	367 690	
Reasons for the funds unspent by the entity	N/A	
Reasons for deviations on performance	N/A	
Measures taken to improve performance	NA	
Monitoring mechanism by the receiving department	Ensure submission of monthly and quarterly report to National Department	

Conditional Grant 1: Human Papillomavirus Vaccine Component

Department who transferred the grant	HEALTH
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade five schoolgirls in all public and special schools and progressive integration of HPV into integrated school health programme.

Expected outputs of the grant	<ul style="list-style-type: none"> • 80% of grade five schoolgirls aged nine (9) years and above vaccinated for HPV first dose in the schools reached • 80% of schools with grade five girls reached by the HPV vaccination team with first dose • 80% of grade five schoolgirls aged nine (9) years and above vaccinated for HPV second dose in the schools reached. • 80% of schools with grade five girls reached by the HPV vaccination team with second dose
Actual outputs achieved	<ul style="list-style-type: none"> • 90,3 (58956/65272) per cent of grade five schoolgirls aged nine years and above vaccinated for HPV first dose in the school reached • 99.8 (2338/2342) per cent of schools with grade five girls reached by the HPV vaccination team with first dose • 90,3 (58 956/65 272) per cent of grade five schoolgirls aged nine years and above vaccinated for HPV second dose in the schools reached. • 99,8 (2338/2342) per cent of schools with grade five girls reached by the HPV vaccination team with second dose
Amount per amended DORA	33 821
Amount received (R'000)	33 821
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	33 821
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	Ensure submission of monthly and quarterly report to National Department

Conditional Grant : Malaria Elimination Control component

Department who transferred the grant	Health
Purpose of the grant	<ul style="list-style-type: none"> • To enable the health sector to develop and implement an effective malaria response in support of the implementation of the National Strategic Plan on Malaria Elimination
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray coverage - 13 municipalities were targeted for 95% indoor residual spraying coverage. • Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas - Target of 60% malaria cases notified within 24 hours. • Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas - Target of 75% of malaria cases investigated and classified within 72 hours. • Percentage of identified health facilities with recommended malaria treatment in stock - Target 90%. • Percentage of identified health workers trained on malaria elimination - 59 health workers targeted for training. • Percentage of population reached through malaria information education and communication on malaria - 3 community awareness activities planned. • prevention and early health-seeking behaviour interventions • Percentage of vacant funded malaria positions filled as outlined in the business plan - 49 permanent positions and 300 seasonal spray workers

<p>Actual outputs achieved</p>	<ul style="list-style-type: none"> • Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray coverage • 100% (13/13) received indoor residual spraying coverage of 96%. • Percentage of confirmed malaria cases notified within 24 hours of diagnosis in endemic areas • Achieved 74,5% (3383/4540) • Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas. • Achieved 70.6% (3206/4540) • Percentage of identified health facilities with recommended malaria treatment in stock • No stock outs of malaria medicines 100%. • Percentage of identified health workers trained on malaria elimination • Achievement 100% (59/59) • Percentage of population reached through malaria information education and communication on malaria (prevention and early health-seeking behaviour interventions). • Achievement 3/3 (100%) • Percentage of vacant funded malaria positions filled as outlined in the business plan • 49/49 permanent positions filled. 300/300 seasonal spray workers posts filled. • Number of malaria camps refurbished and/or constructed
<p>Amount per amended DORA</p>	<ul style="list-style-type: none"> • 65 448
<p>Amount received (R'000)</p>	<ul style="list-style-type: none"> • 65 448
<p>Reasons if amount as per DORA was not received</p>	<ul style="list-style-type: none"> • None
<p>Amount spent by the department (R'000)</p>	<ul style="list-style-type: none"> • 65 438
<p>Reasons for the funds unspent by the entity</p>	<ul style="list-style-type: none"> • None

Reasons for deviations on performance	<ul style="list-style-type: none"> Percentage of confirmed malaria cases notified within 24 hours. Over achievement of 14.5 % (74.5 % against a target of 60%). Increase targeted surveillance during 1st quarter upsurge. Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas. Under achievement of 4.4% (70.6% against a target of 75%). Number of malaria cases to be investigated in the 1st quarter malaria upsurge could not be covered by malaria surveillance teams.
Measures taken to improve performance	<ul style="list-style-type: none"> Maintain malaria indoor residual spraying levels to prevent malaria outbreaks or upsurges. Increase malaria surveillance teams in the 2024/25 financial year.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> Maintain high levels of malaria surveillance in all epidemic prone localities.

Conditional Grant : NHI:HP Contracting

Department who transferred the grant	Health
Purpose of the grant	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers
Expected outputs of the grant	<ol style="list-style-type: none"> To contract x 7 private healthcare providers to decrease surgical backlog To decrease surgical backlog in the following identified disciplines. The annual targets were set as follows: Orthopaedic =350 Ophthalmology=1 500 Cardiology=20 Urology=250 Gynaecology =200 General Surgery=100 Radiology & imaging=100

<p>Actual outputs achieved</p>	<p>1.Number of contracted private healthcare provider (private hospitals) to perform surgical procedures to decrease surgical backlog = Four (4)</p> <p>These facilities were utilized in Q1&Q2 only</p> <p>2. Number of surgical operations performed at contracted private hospitals=1449</p> <p>3. Total procedure performed at contracted private hospitals per discipline:</p> <p>Orthopaedic=103</p> <p>Ophthalmology=1 169</p> <p>Urology =36</p> <p>Gynaecology=86</p> <p>Radiology & Imaging=55</p> <p>4.In Q3& Q4 , the specialist doctors for various disciplines were contracted to perform surgical procedures and decrease surgical backlog .</p> <p>5.Number of operations performed by contracted specialist doctors per discipline:</p> <p>Orthopaedic=334</p> <p>Gynaecology=353</p> <p>General Surgery=319</p> <p>6.Consolidated grant outputs (numerator is the sum of operations performed (private hospitals +contracted specialists and the denominator is the annual targets)</p> <p>Orthopaedic =334/350</p> <p>Ophthalmology=1169/1500</p> <p>Cardiology=0/20</p> <p>Urology =36/250</p> <p>Gynaecology =353/200</p> <p>General Surgery=319/100</p> <p>Radiology & Imaging =55/100</p>	
	<p>Amount per amended DORA</p>	<p>40,097</p>
	<p>Amount received (R'000)</p>	<p>40,097</p>

Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	40,097
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	<p>The contract with private healthcare service providers lapsed thus slowing down the referral to private facilities. The bid to accredit the facilities.</p> <p>Disciplines that were grossly affected included Ophthalmology and Urology.</p> <p>The contracting of specialist doctors for Ortho, Gynae and General Surgery enabled the province to reduce backlog beyond targets. These specialists participate in outreaches to district and regional hospitals.</p>
Measures taken to improve performance	<p>Adherence to business plan</p> <p>Contingency plan when contracts lapsed in Q2 Contracting of specialists</p>
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> • Adopted the Most Significant Change (MSC) concept to monitor and evaluate: • List of patients submitted to the private service providers for surgery per category. • Invoices submitted by service providers. • Monthly and quarterly statistics on operation performed by contracted specialists

Conditional Grant: Mental Health Services Component

Department who transferred the grant	Health
Purpose of the grant	<ul style="list-style-type: none"> • To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers

<p>Expected outputs of the grant</p>	<p>1. Number of contracted service providers:</p> <ul style="list-style-type: none"> • 7 Clinical psychologists • 14 Registered counsellors • 3 Social Workers • 1 Occupational Therapist • 1 Psychiatrist <p>2. Annual targets:</p> <ul style="list-style-type: none"> • Forensic mental evaluations done by psychiatrist=200 quarterly cumulative • Number of patients seen by contracted registered counsellors=400 quarterly cumulative • Number of patients seen by contracted clinical psychologists =200 quarterly cumulative • Number of patients seen by contracted social workers =consider actuals
<p>Actual outputs achieved</p>	<p>1.Number of contracted health professionals:</p> <ul style="list-style-type: none"> • Psychiatrist=0/1 • Social Worker =3/3 • Registered Counsellors=12/14 • Clinical Psychologist=03/7 <p>2.Number of patients seen by contracted health professionals:</p> <ul style="list-style-type: none"> • Psychiatrist forensic evaluations =0 • Registered counsellors=21 671 • Social Worker=567 • Occupational Therapist=0
<p>Amount per amended DORA</p>	<ul style="list-style-type: none"> • 17,690
<p>Amount received (R'000)</p>	<ul style="list-style-type: none"> • 17,690
<p>Reasons if amount as per DORA was not received</p>	<ul style="list-style-type: none"> • N/A
<p>Amount spent by the department (R'000)</p>	<ul style="list-style-type: none"> • 17,683
<p>Reasons for the funds unspent by the entity</p>	<ul style="list-style-type: none"> • None
<p>Reasons for deviations on performance</p>	<ul style="list-style-type: none"> • Inability to attract and retain mental health care professionals, high turnover and migration outside the province and outside the department and do private work. • Those contracted are doing limited hours per week thus negatively impacting on number of patients seen. • Terminations with delayed or no replacement for a prolonged period of time

Measures taken to improve performance	<ul style="list-style-type: none"> • The bid has been readvertised for psychiatrist and clinical psychologists that will conduct forensic mental evaluations. • An advert to appoint Occupational therapists, social workers, psychologists and registered counsellors has been approved, advert was active from April 2024 • To recruit clinical psychiatrists with experience in conducting forensic mental evaluation.
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> • Adopted the Most Significant Change (MSC) concept to monitor and evaluate: • Monthly and quarterly reports of patients seen by contracted mental health professionals

Conditional Grant: Oncology Services Component

Department who transferred the grant	Health
Purpose of the grant	<ul style="list-style-type: none"> • To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of service providers contracted (1 Service provider) • Number of patients seen per type of cancer = 25
Actual outputs achieved	<ul style="list-style-type: none"> • 1 service provider • Number of patients seen =26
Amount per amended DORA	<ul style="list-style-type: none"> • 71 895
Amount received (R'000)	<ul style="list-style-type: none"> • 71 895
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> • N/A
Amount spent by the department (R'000)	<ul style="list-style-type: none"> • 71 880
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> • N/A
Reasons for deviations on performance	<ul style="list-style-type: none"> • The service provider was contracted until 31 August and the process of accreditation for service providers is underway.
Measures taken to improve performance	<ul style="list-style-type: none"> • None

Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> • Ensure submission of monthly and quarterly report to National Department
---------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------

Conditional Grant : National Tertiary Services Grant

Department who transferred the grant	Health
Purpose of the grant	<p>Ensure the provision of tertiary health services in South Africa</p> <p>To compensate tertiary facilities for the additional costs associated with the provision of these services</p>
Expected outputs of the grant	<ul style="list-style-type: none"> • Number of inpatient separations: 21,034 • Number of day patient separations: 24,655 • Number of outpatient first attendances: 23,336 • Number of outpatient follow-up attendances: 111, 456 • Number of inpatient days: 219, 082 <p>Average length of stay by facility (tertiary)</p> <ul style="list-style-type: none"> • Polokwane = 10 days • 2) Mankweng = 8 days <p>Bed utilisation rate by facility (all levels of care) sources</p> <ol style="list-style-type: none"> 1) Polokwane = 85 % 2) Mankweng = 85 %
Actual outputs achieved	<ul style="list-style-type: none"> • No of inpatient separations: 25,767 = 122,50 % • No of day patient separations: 23,293 = 94,47 % • No of outpatient first attendance: 30,492 = 130,66 % • No of outpatient follow-up attendances: 111,711 = 102,92 % • No of inpatient days: 290, 898 = 132,78 % • Average length of stay by facility (tertiary) <ol style="list-style-type: none"> 1) Polokwane = 10.4 days 2) Mankweng = 7.4 days <p>Bed utilisation rate by facility (all levels of care) sources</p> <ol style="list-style-type: none"> 1) Polokwane = 84, % 2) Mankweng = 84,9 %
Amount per amended DORA (R'000)	478 528
Amount received (R'000)	478 528
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	478 527

Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	<ul style="list-style-type: none"> In-patient separations: The Province managed to see more patients than targeted, which means an increased number of patients are attended to and treated. No of OPD 1st attendance: Patients who are referred from peripheral hospitals, etc are seen and treated promptly as the tertiary facilities have specialists, who also do outreaches. No of in-patient days: The facilities are experiencing a lot of patients who are admitted for a long time, and this is also evident the average length of stay which is utilised to the maximum.
Measures taken to improve performance	<ul style="list-style-type: none"> No of In – patient days: the tertiary facilities are working on a referral policy to make sure that the patients who are seen and referred to them are those who really need tertiary service, and those who can be treated at the regional and district hospitals are consulted and send there for further management to create space for patients who need tertiary services.
Monitoring mechanism by the receiving department	Ensure submission of monthly and quarterly report to National Department

Conditional Grant : Human Resource and Training Grant

Department who transferred the grant	Health
Purpose of the grant	<p>To appoint statutory positions in the health sector for systematic realisation of the human resources</p> <p>Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform</p>
Expected outputs of the grant	<p>Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding</p> <ul style="list-style-type: none"> 313 Medical Interns statutory & 37 medical Interns on other source of funding <p>Number and percentage of registrars' posts funded from this grant (per discipline) and other funding sources.</p> <ul style="list-style-type: none"> 126 Medical Registrars on training grant and other source of funding <p>Number and percentage of specialists' posts funded from this grant (per discipline) and other funding sources.</p>

Actual outputs achieved	313 Medical Interns 105 Medical Registrars 05 Medical Specialists on training 54 Medical Specialists on other sources of funding.
Amount per amended DORA(R'000)	380 788
Amount received (R'000)	380 788
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	380 785
Reasons for the funds unspent by the entity	None
Reasons for deviations on performance	Attrition on specialist and Registrars. Delay in assumption duty after appointment Competition amongst provinces for the health professional scarce skill.
Measures taken to improve performance	Increase the number of posts to be advertised in the new financial year. The new medical registrars who were interviewed have started arriving for their training. The Province is expecting 20 registrars and four of them and two specialists have already arrived.
Monitoring mechanism by the receiving department	Ensure submission of monthly and quarterly report to National Department Auditing of the list of personnel through persal monthly report

Conditional Grant : Health Facility Revitalisation Grant

Department who transferred the grant	Health
Purpose of the grant	<ul style="list-style-type: none"> 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 To accelerate the fulfilment of the requirements of occupational health and safety

Expected outputs of the grant	<ul style="list-style-type: none"> • Number of PHC facilities constructed or revitalised. • Number of hospitals constructed or revitalised. • Number of facilities maintained, repaired and/or refurbished. And over 1600 maintenance projects undertaken.
Actual outputs achieved	<ul style="list-style-type: none"> • 42 completed capital projects
Amount per amended DORA	<ul style="list-style-type: none"> • 518,809
Amount received (R'000)	<ul style="list-style-type: none"> • 518,809
Reasons if amount as per DORA was not received	<ul style="list-style-type: none"> • Not applicable
Amount spent by the department (R'000)	<ul style="list-style-type: none"> • 518,807
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> • The funds made available were fully expended.
Reasons for deviations on performance	<ul style="list-style-type: none"> • Not Applicable
Measures taken to improve performance	<ul style="list-style-type: none"> • Project management was brought in-house, and internal project managers were used to expedite and complete projects. • Specific projects were made the responsibility of the Department of Public Works Roads and Infrastructure to complete. • Use was made of contractors from the selected Panel of Contractors. This arrangement facilitated procurement processes. • The Infrastructure Technical Resource Unit (ITRU) was utilised selectively to augment professional services and project management capacity. • Intensive project management of the Department of Health officials ensured good levels of productivity

Monitoring mechanism by the receiving department	<p>Governance & Management:</p> <ul style="list-style-type: none"> • Monthly meetings chaired by the Head of Branch, Dr M Dombo ensured intensive management of Infrastructure management officials. • Meetings with Districts, facility heads and heads of vertical programmes chaired by Dr M Dombo assisted greatly with the coordination and implementation of infrastructure initiatives. • Project managers and professional officials ensure the effective monitoring of projects by attending progress monitoring site and professional team meetings. • The Project Management Information System serves as the backbone for project and information. The use of the PMIS system is a compulsory requirement for all infrastructure project manager. <p>Regular meetings with the HFRG Grant Manager at the NDoH and his team were held to ensure effective provincial reporting and oversight by NDoH.</p>
---------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Conditional Grant: EPWP Integrated Grant

Department who transferred the grant	Health
Purpose of the grant	<p>To incentivise provincial departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme (EPWP) guidelines:</p> <p>Road maintenance and the maintenance of buildings, low traffic volume roads and rural roads, other economic and social infrastructure, tourism and cultural industries sustainable land-based livelihoods waste management</p>
Expected outputs of the grant	<p>Number of people employed and receiving income through the EPWP</p> <p>Increased average duration of the work opportunities created</p> <p>Number of full-time equivalents (FTEs) to be created through the grant</p>
Actual outputs achieved	224 WOs; and 77,7 FTEs
Amount per amended DORA	2 827

Amount received (R'000)	2,827
Reasons if amount as per DORA was not received	N/a
Amount spent by the department (R'000)	2,826
Reasons for the funds unspent by the entity	None
Reasons for deviations on performance	None
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	N/A

Conditional Grant : EPWP Social Sector Grant

Department who transferred the	Health	
Purpose of the grant	To incentivise provincial social sector departments identified in 2021/22 social sector EPWP log frame, to increase job creation by focusing on strengthening and expansion of social service programmes that have employment potential.	
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ Number of Full-Time Equivalents (FTEs) funded through the grant ▪ Number of people employed and receiving income through the EPWP grant ▪ Average duration of person days for work opportunities created ▪ Number of beneficiaries provided with social services 	<p style="text-align: right;">28.0</p> <p style="text-align: right;">778</p> <p style="text-align: right;">20 days per Month</p> <p style="text-align: right;">778</p>
Actual outputs achieved	<ul style="list-style-type: none"> ▪ Number of Full-Time Equivalents (FTEs) funded through the grant ▪ Number of people employed and receiving income through the EPWP grant ▪ Average duration of person days for work opportunities created ▪ Number of beneficiaries provided with social services 	<p style="text-align: right;">28.0</p> <p style="text-align: right;">778</p> <p style="text-align: right;">20 days per month</p> <p style="text-align: right;">778</p>

Amount per amended DORA (R'000)	30 670	
Amount received (R'000)	30 670	
Reasons if amount as per DORA was not received	None	
Amount spent by the department (R'000)	30 664	
Reasons for the funds unspent by the	N/A	
Reasons for deviations on performance	Demand for EPWP services at Health facilities	
Measures taken to improve performance	The funds allocated for administration were utilised to create work opportunities to avoid underspending.	
Monitoring mechanism by the receiving	Compliance to approved business plan through quarterly reporting.	

Earmarked funding

Earmarked Funding: Employment of Doctors

Department who transferred the grant	<i>Health</i>
Purpose of the grant	Improved access to quality health care services in various facilities for general population
Expected outputs of the grant	Number of post community service doctors employed (153).
Actual outputs achieved	153
Amount per amended DORA (R'000)	192 956
Amount received (R'000)	192 956
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	192 955
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	Ensure submission of monthly and quarterly report to National Department

Earmarked Funding: Community Services Doctors

Department who transferred the grant	Health
Purpose of the grant	Improved access to quality health care services in various facilities for general population
Expected outputs of the grant	Number of community services health professionals adequately skilled and capacitated in service platform (73)

Actual outputs achieved	73
Amount per amended DORA	80 185
Amount received (R'000)	80 185
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	80 185
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	Ensure submission of monthly and quarterly report to National Department

Earmarked Funding: Medical Graduates

Department who transferred the grant	Health
Purpose of the grant	Improved access to quality health care services in various facilities for general population
Expected outputs of the grant	Number of medical interns adequately skilled and capacitated in service platform (176)
Actual outputs achieved	176
Amount per amended DORA (R'000)	119 945
Amount received (R'000)	119 945
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	119 944
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	Ensure submission of monthly and quarterly report to National Department

Earmarked Funding: CAD

Department who transferred the grant	Health
Purpose of the grant	To implement an EMS computerized aided call taking & ambulance dispatch system.
Expected outputs of the grant	Improved response times of priority EMS calls. To ensure monitoring and recording of all incoming emergency calls. To have central visibility of all rostered ambulances and to dispatch ambulances closest to a scene, thus improving response times
Actual outputs achieved	Tender for the CAD system awarded, service level agreement signed, and procurement process initiated. CAD software licenses supplied. EMS central control centre re-purposed for CAD
Amount per amended DORA	29,699
Amount received (R'000)	29,699
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	29,698
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	Steering committee established to monitor the system implementation.
---------------------------------------------------------	----------------------------------------------------------------------

Earmarked Funding: Purchase of emergency vehicles and equipment

Department who transferred the grant	Health
Purpose of the grant	To procure 500 ambulances for allocation to all EMS stations on a crew-based system
Expected outputs of the grant	Ensure ambulance availability throughout the province with improved response times. Improve ambulance lifespan through the crew-based allocation.
Actual outputs achieved	297 out of 500 ambulances order, delivered.
Amount per amended DORA	250 000
Amount received (R'000)	250 000
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	249,999
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	Ensure submission of monthly and quarterly report to National Department

Earmarked Funding: Cuban Medical Scholarship Programme

Department who transferred the fund	Health
Purpose of the funding	Improved access to quality health care services in various facilities for general population through Health Professional Training & Development of Doctors
Expected outputs of the grant	Number of Doctors to graduate is = 20 Promotions of Level 5 to 6 = 4, Level 4 to 5=3
Actual outputs achieved	20 Doctors to graduate in July 2024
Amount per amended DORA	5,160
Amount received (R'000)	5,160
Reasons if amount as per DORA was not received	N/a
Amount spent by the department (R'000)	5,160
Reasons for the funds unspent by the entity	None – Students graduated as doctors
Reasons for deviations on performance	None
Measures taken to improve performance	None
Monitoring mechanism by the receiving department	Ensure submission of monthly and quarterly report to National Department

Earmarked Funding: Revenue Enhancement Strategy

Department who transferred the grant	Health
Purpose of the fund	The main purpose of the fund was for the: 1) Expansion on the demarcated parking base in the department and 2) Renovation and refurbishment of staff accommodation to attract tenants for revenue generation. 3) Equipping of billing offices in identified health facilities.
Expected outputs of the fund	1) 140 covered parking erected in the identified facilities. 2) Staff accommodation in respect Doctors quarters and Nurses homes completed. 3) Computer equipment procured for the identified institutions
Actual outputs achieved	1) 135 covered parking erected and completed in five identified hospitals. 2) Staff accommodation in respect Doctors quarters and Nurses homes fully completed as planned at Jane Furse and Groblersdal hospitals. 3) Computer equipment for the identified institutions ordered however not delivered as at the end of the financial year.
Amount per amended DORA (R'000)	15 000
Amount received (R'000)	15 000
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	11 137
Reasons for the funds unspent by the entity	An amount of R3 477.000 committed but not paid as of 31 March 2024 as a result of: <ul style="list-style-type: none"> • Slow contractor performance leading to one parking project completed only after yearend. • Delays in delivery by the supplier of computer equipment
Reasons for deviations on performance	Additional costs for parking paving in one of the projects.
Measures taken to improve performance	Strengthened monitoring of the projects.
Monitoring mechanism by the receiving department	Site visits, monthly and quarterly reports.

7. DONOR FUNDS

7.1. Donor Funds Received

Donor Fund XXX:

Name of donor	N/A
Full amount of the funding	N/A
Period of the commitment	N/A
Purpose of the funding	N/A
Expected outputs	N/A
Actual outputs achieved	N/A
Amount received (R'000)	N/A
Amount spent by the department (R'000)	N/A
Reasons for the funds unspent	N/A
Monitoring mechanism by the donor	N/A

8. CAPITAL INVESTMENT

8.1. Capital investment, maintenance and asset management plan

Infrastructure projects	2022/2023			2023/2024		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	16 000	14 945	1 055	7655-	7 655	-
Existing infrastructure assets	982 061	968 774	13 287	851 856	851 554	
- Upgrades and additions	303 597	290 319	13 278	259 562	259 562	-
- Rehabilitation, renovations and refurbishments	106 513	106 513	-	48 168	48 168	-
- Maintenance and repairs	571 951	571 942	9	544 126	543 824	302
Infrastructure transfer						
- Current						
- Capital						
Non-Infrastructure	41 507	32 446	9 061	28 731	28 731	
Total	1 039 567	1 011 64	23 403	888 242	887 940	

PART C: GOVERNANCE

1. INTRODUCTION

The Audit Committee (AC), as well as the Risk Management Committee (RMC) provides an environment in which challenging issues are considered and monitored. In terms of Section 38(1) (a) (i) of the PFMA, Act 1 of 1999, *“the accounting officer for a department must ensure that the department has and maintains an effective, efficient and transparent system of risk management and internal control”*.

One of the key commitments of the Department is to maintain the highest standards of governance fundamental in improving management of public finances and resources. It is also highly considered that different stakeholders (oversight bodies and residence of Limpopo in particular) want assurance that the Department has good governance structures in place to effectively, efficiently and economically utilize the state resources, which are funded by the tax payers.

The Department therefore, commits the execution of Risk Management Strategy within the confinement of its legal mandates and policies as enshrined in the Strategic Plan, and further guided by the provisions of Medium Term Strategic Framework (MTSF). The Department considers risk management to be an integral function fundamental for the promotion of corporate governance principles of effective control, ethical culture, good performance and legitimacy within all branches/ units.

It is our understanding that effective and efficient management of risks shall provide an essential contribution towards the achievement of the Strategic objectives and ultimately, the MTSF priorities.

2. RISK MANAGEMENT

In promoting good governance, as required by King IV Report, the Department fully adheres to Sections 51(1)(a)(ii) and 76(4)(b) and (e) of the PFMA, Treasury Regulation 27.2.1 which indicates *that “the accounting authority must facilitate a risk assessment to determine the material risks to which the entity may be exposed and to evaluate the strategy for managing these risks. The strategy must be used to direct the internal audit effort and priority and to determine the skills required for managing these risks”*.

The Risk Management Policy, Strategy, Implementation Plan (Charter), which also guides the RMC, were approved and implemented in line with Public Sector Risk Management Framework. The Department conducted strategic and operational risk assessment and as a result, Risk

Assessment Profile was developed, recommended by both RMC and AC, and approved by the Accounting Officer. Implementation of the mitigating measures on the prioritised risks are monitored on monthly basis and discussed in the RMC quarterly. The progress thereof is reported to the AC on a quarterly basis.

In line with the Risk Management Implementation Plan for 2023 / 24 financial year, the Department also conducted operational risk assessments in various institutions in the five (5) districts. Risk Management Committee, chaired by an Independent person and comprising mainly of the members of Senior Management, has been established. TRO has been developed to guide the activities of the Risk Management Committee.

In full consideration of the Sections 38 and 40 of the PFMA, all the members of the RMC are appointed in writing by the Accounting Officer. The RMC's meetings are held quarterly as set out in the approved Risk Charter. The Department attends AC meetings where the progress on implementation of the Risk Management Strategy and the effectiveness of the risk management systems are discussed and then the AC advises and recommends improvements accordingly.

There is generally progress in the Department's management of risks, as RMC sub-committees were established in all five districts. It is our understanding that improvement of risk management culture will create value, hereafter minimising **clinical, human capital, reputational and financial risks**, amongst others. Education and awareness campaigns on risk management, ethics and code of conduct are conducted continuously.

3. FRAUD AND CORRUPTION

- **The Progress made in implementing the Department's Fraud Prevention Policy & Strategy**

The Fraud Prevention Policy and Strategy were approved and a number of training and awareness campaigns were conducted as a proactive approach of combating fraudulent and corrupt activities in the work place.

- **Mechanisms in place to report fraud and corruption and how these operates**

The Whistleblowing Policy of the department, which was electronically circulated to all employees, indicates that cases of fraud and corruption are reported through National Anti-Corruption Hotline (NACH) of Public Service Commission. It further states that Departmental employees can report cases to the Member of Executive Committee(MEC), Head of Department or Chief Risk Officer (CRO).

Whistle-blowers or reporters are given freedom to disclose their identity or remain anonymous when reporting cases.

• **How these cases are reported and what action is taken**

Cases are reported according to mechanism above. Procedures followed before an action is taken are as follows:

- Identify the elements of misconduct or crime.
- Open a file, allocate a case number and record the case in the Fraud Register.
- Allocate the case to the relevant investigator for further investigation.
- On completion of the case, the Investigation Report is written and submitted to the Accounting Officer for approval.
- Subsequent to the approval of the investigation report by the Accounting Officer, the report is distributed to the relevant stakeholders to implement the recommendations.
- Relevant stakeholders are expected to update the Risk Management Unit on the progress of action taken and this happens within the period of (21) twenty-one days after receiving such report.

4. MINIMISING CONFLICT OF INTEREST

The department is expected to ensure that employees disclose their financial interests each year in respect of a previous financial year. After disclosing, the departmental Ethics Officer conduct verifications process and exceptions are addressed with the affected officials. The disclosures are furthermore assessed by Public Service Commission [PSC] for completeness and accuracy and a full report is sent to the department with exceptions. The department engages employees that would have been found not to have fully disclosed or whose disclosures pose a potential conflict of interest to explain themselves. Where the department is not satisfied with the explanations the employee provided, disciplinary measures will be instituted against such employee/s.

On the other hand, employees who participate in bid evaluation and adjudications committees are required to disclose any interest regarding any item on the agenda of the meeting of the committee. Members who have conflict of interest are required to recuse themselves.

Supply Chain Official (despite their salary level) are also required to disclose their financial interest annually on e-Disclosure platform.

5. CODE OF CONDUCT

The department adheres to the Code of Conduct in the public service and all employees are required to adhere to the code. In case of a breach or violation of the code, the department implements Resolution 1 of 2003 of the Public Service Coordinating Bargaining Council (PSCBC), which is the disciplinary code and procedure in the public services. This is implemented as part of consequence management process.

6. HEALTH, SAFETY AND ENVIRONMENTAL ISSUES

The Department of Health is committed to complying with the Occupational Health and Safety Act (OHSA),- Occupational health & Safety Act, 1993 (Act 85 of 1993), which requires the employer to create as far as is reasonably practicable, the working environment which is safe and healthy for employees, whilst also encouraging employees to conduct themselves in an appropriate manner by ensuring their own safety and safety of other employees while performing their tasks.

The Department has developed the Safety, Health, Environment, Risk and Quality Management policy in responding to the provisions of Occupational Health and Safety Act.

The policy is meant to ensure a safe and healthy working environment based on risks and hazards identification and to coordinate programmes that will minimise the risks. Programmes include establishment of health and safety representatives, committees, fire marshals, first aiders and compliance with the health and safety standards.

The aim of the policy is to promote a preventative, safety and health culture in which the right to a safe and healthy working environment is respected at all levels by both employer and employees.

The Occupational Health and Safety programme in the policy will refer to occupational hygiene, hazards control, health and safety committees and representatives.

The environmental management part of the policy includes ensuring optimal architectural, special facility designs and internal working environment designs, buildings and offices, lighting and ventilation and sanitation for optimal health and safety.

The risk and quality management refers to occupational health and risk assessments, disaster management, emergency preparedness and compliance with the national and international standards.

The policy outlines different roles of stakeholders in the management of Employee Health and Wellness including Head of Department as the accounting officer, designated Director, health and wellness representatives, committees, employees and labour representatives.

Therefore, through this policy, the Department seeks to minimize the social, health and economic consequences to the Department and its employees whilst committing itself to provide resources and guidance to implement a comprehensive and integrated Employee Health and Wellness Programme.

The Department has established minimum requirements and standards of occupational health & safety in order to reduce the risk by:

- Identifying hazards & potential risks that may cause incidents, accidents or disease.
- Develop standards and guidelines, procedures and processes to minimize hazards and risks.
- Setting standards of practices and accountability
- Measuring performance against standards
- Evaluate compliance with legislation and standards.
- Creating & maintaining a healthy and safe work environment
- Establishing committees to report, investigate and monitor hazards and risks.

7. PORTFOLIO COMMITTEES

Date of the meeting	Matters raised by the Portfolio committees	Matters addressed by the department
14 May 2023	<p>The portfolio committee requested the department to brief them on the following:</p> <ol style="list-style-type: none"> 1. Update of the implementation audit plan: <ul style="list-style-type: none"> • Irregular, fruitless and wasteful expenditures • Contingent liabilities • Poor internal controls. • Improvement on credible performance reporting. • Effectiveness of revenue collection systems. • Improvement of quality submitted financial statements and asset management, in a bid to improve audit outcomes. 2. The construction of the Limpopo Academic Hospital 3. Obtaining of the ideal clinic status and activate more clinic to provide 24hrs services. 4. The reduction of medico-legal cases. 5. Progress and expenditure on infrastructure maintenance in health facilities. 6. The activities regarding the national Health Insurance. 7. Fourth Quarter Performance report. 	<p>The department briefed the Portfolio committee on the 2023/24 Fourth Quarter Performance report and the update on the implementation audit plan.</p>

Date of the meeting	Matters raised by the Portfolio committees	Matters addressed by the department
13 July 2023	<p>The portfolio committee requested the department to brief them on the following:</p> <ol style="list-style-type: none"> 1. Progress made to implement the SIU recommendations. 2. Implementation of the Limpopo Academic Hospital. 3. Training of EMS practitioners an EMS stations that Training of EMS practitioners and EMS stations that benefitted from 2023 procured ambulances. 4. Comprehensive report (Functional, non-functional & merchants) on all EMS vehicles including Planned Patient Transport. 5. Report on progress made with regards to asset management activities. 6. Report on activities implemented to improve audit outcomes. 7. Comprehensive report on revenue management (outstanding & collected revenue) for 2023. 	<p>The department briefed the Portfolio committee on the progress made on all the issues as raised.</p>
12 October 2023	<p>The portfolio committee requested the department to brief them on the following:</p> <ol style="list-style-type: none"> 1. Update of the implementation audit plan: <ul style="list-style-type: none"> • Irregular, fruitless and wasteful expenditures • Contingent liabilities • Poor internal controls. • Improvement on credible performance reporting. • Effectiveness of revenue collection systems. • Improvement of quality submitted financial statements and asset management, in a bid to improve audit outcomes. 2. The construction of the Limpopo Academic Hospital 3. Obtaining of the ideal clinic status and activate more clinic to provide 24hrs services. 	<p>The department briefed the Portfolio committee on the 2023/24 First Quarter Performance report and the update on the implementation audit plan.</p>

Date of the meeting	Matters raised by the Portfolio committees	Matters addressed by the department
	<ol style="list-style-type: none"> 4. The reduction of medico-legal cases. 5. Progress and expenditure on infrastructure maintenance in health facilities. 6. The activities regarding the national Health Insurance. 7. Resolutions on oversight visits at primary health care facilities in Sekhukhune and Waterberg districts as adopted by the house on the 5th of September 2023. 8. 2023/24 First Quarter Performance report. 	
23 March 2024	<p>The portfolio committee requested the department to brief them on the following:</p> <ol style="list-style-type: none"> 1. Update on the implementation audit plan: <ul style="list-style-type: none"> • Irregular, fruitless and wasteful expenditures • Contingent liabilities • Poor internal controls. • Improvement on credible performance reporting. • Effectiveness of revenue collection systems. • Improvement of quality submitted financial statements and asset management, in a bid to improve audit outcomes. 2. The construction of the Limpopo Academic Hospital 3. Obtaining of the ideal clinic status and activate more clinic to provide 24hrs services. 4. The reduction of medico-legal cases. 	<p>The department briefed the Portfolio committee on the 2023/24 2nd and 3rd Quarter Performance reports and the update on the implementation audit plan.</p>

Date of the meeting	Matters raised by the Portfolio committees	Matters addressed by the department
	<p>5. Progress and expenditure on infrastructure maintenance in health facilities.</p> <p>6. The activities regarding the national Health Insurance.</p> <p>7. Resolutions on oversight visits at primary health care facilities in Sekhukhune and Waterberg districts as adopted by the house on the 5th of September 2023.</p> <p>8. 2023/24 2nd and 3rd Quarter Performance reports.</p>	

8. SCOPA RESOLUTIONS

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
1	Irregular Expenditure	Irregular expenditure due to non-compliance with legislation under the procurement and management incurred in the 2014/15 to 2020/21	Determination tests for irregular expenditure have been completed and requests for condonation have been submitted to provincial Treasury. Where irregular expenditure was due to prior period error, the transactions were removed through prior period error.	1
2	Significant uncertainties	Litigations against the Department raised in the following financial years: <ul style="list-style-type: none"> - 2015/16 - 2016/17 - 2017/18 - 2018/19 - 2019/20 - 2020/21 	The Department has evaluated and identified root causes into Medico Legal claims and subsequently the strategy has been developed to address the individual root causes (see Annexure 5(b)(1)). A specialized Medico Legal Unit has been restructured to ensure better case management. Allocation of a medical specialist with legal qualification to head the medico legal unit. Incorporation of other medical specialists together with legal	2

			personnel been put in place to ensure better management of cases.	
--	--	--	-------------------------------------------------------------------	--

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
<p>Qualified audit opinion on Valuation of movable assets</p> <p>The department did not recognise capital assets in accordance with Modified Cash Standard 11, Capital Asset. Assets were incorrectly classified and valued as minor assets, resulting in major assets not being completely recognised. Consequently, major movable tangible capital assets were understated by R650 228 639 (2021: R282 893 205) in the financial statements in note 39 to the financial statements.</p> <p>Sufficient appropriate audit evidence for the restatement of the corresponding figure for major movable tangible capital assets could not be obtained by AGSA. As described in note 39.1.1 to the financial statements, the restatement was made to rectify a previous year misstatement, but the restatement could not be substantiated by sufficient appropriate supporting audit evidence as the fair valuation was not done using comparable base assets and the conditional assessment ratings used were not verifiable.</p>	2020/21	Resolved
<p>Valuation of contingent liabilities</p> <p>The Department recorded litigations and claims by means of letters of demands and did not perform an assessment to determine the best estimate as at year end. Additionally, there were differences between the amount disclosed by the department</p>	2021/22	Resolved

and external confirmations. Consequently, contingent liabilities are overstated by R2 883 900 160 in note 25.1 to the financial statements		
--------------------------------------------------------------------------------------------------------------------------------------------	--	--

10. INTERNAL CONTROL UNIT

10.1 Facilitation of assurance services (internal and external audits)

- Facilitated the process of requests for information by AGSA and Shared Internal Audit Services (SIAS).
- Ensuring that information submitted is adequate to respond to the request and is submitted within the required timeframes.
- Facilitated the process for responding to communication of audit findings, management letters and audit reports at Provincial office, Districts Offices, and Institutions.
- The Internal control unit studied, interpreted the findings, and provided guidance/recommendations on how to approach the response to the findings.
- The unit also provided quality assurance in the final communication of audit finding responses.
- Actively involved in the compilation and implementation of audit action plans for both performance and regulatory audits.
- Monitored the implementation of the audit action plan throughout the financial year.

10.2 Departmental Reports

- Financial information within the finance branch
- HOD/ Accounting Officers report consolidation
- Coordinated the submission of the HOD/Accounting Officer's report to Provincial Treasury.
- Preparation of unwanted expenditure report
- Financial misconduct report relating to unwanted expenditure that has been considered.
- Monthly progress report on implementation of audit action plans

10.3 Governance and Compliance

- Providing oversight of the governance within the Department through completion of the assessment tools used to assess compliance with the governance frameworks in place. The template provides guidance on the areas the Department should be developing action plans to ensure compliance.
- Manage losses that have been recorded in the unwanted expenditure through the provision of secretariat services for the Financial Misconduct Board. Internal control provides advisory services to the board members in relation to the prescripts to be considered in recommending unwanted expenditure for either condonation or removal from the unwanted expenditure registers.
- Provision of accounting technical support to all units within the Department.
- Review of the delegation's framework in accordance with section 44 of the PFMA.
- Conduct determination tests for unwanted expenditure and preparation of requests for condonation/removal for consideration by Financial Misconduct Board and Provincial Treasury.

10.4 SCOPA Matters

- Drafting and finalisation of responses to SCOPA questions raised.
- Facilitation of the process to finalise and submit responses to SCOPA questions.
- Management and monitoring the implementation of SCOPA resolutions.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

- Internal audit led three year strategic and assurance planning
- Perform an objective assessment of the effectiveness of the risk management processes.
- Develop a risk based annual Internal audit plan
- Engagement planning for projects as per the annual internal audit plan.
- Engagement execution of audit projects as per the annual internal audit plan.
- Review the reliability and integrity of financial and non-financial performance information.
- Reporting on the findings of the audit projects conducted as per the internal audit plan.
- Conducting follow-up reviews to monitor the progress of implementation of the findings raised in the audit projects conducted.

SUMMARY OF AUDIT WORK DONE

QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Assurance and Consulting Audit Services			
Annual Financial Statements Review	Assurance on Performance Information	Management of surgical cases	Assessment of Risk Profile
Annual Reports Review	Follow Up	Infrastructure management	Pharmaceutical Management
Fraud Governance Review	Supply chain management	N/A	Records Management
General Controls Review	N/A	N/A	N/A
Follow up	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Information Systems Audit			
General control review	N/A	N/A	N/A
Follow up	N/A	N/A	N/A

KEY ACTIVITIES AND OBJECTIVES OF THE AUDIT COMMITTEE

A) Key activities

The Audit Committee (AC) activities are outlined in the approved AC Charter which requires that an Annual Schedule must be finalised and approved as a guideline for the AC activities of that particular financial year. The AC has satisfactorily performed its mandate as enshrined in Sections 76 (4) (d) and 77 of the Public Finance Management Act (Act No. 1 of 1999) read in conjunction with Treasury Regulations 3.1 which states that AC must, amongst others, review the following:

- i. The effectiveness of the internal control systems;
- ii. The effectiveness of the internal audit function;
- iii. The risk areas of the institution's operations to be covered in the scope of internal and external audits;

- iv. The adequacy, reliability and accuracy of the financial information provided to management and other users of such information;
- v. Any accounting and auditing concerns identified as a result of internal and external audits;
- vi. The institution's compliance with legal and regulatory provisions; and
- vii. The activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant investigations and the responses of management to specific recommendations.

B) Virtual meetings (POST COVID-19)

COVID-19 posed a serious threat to humanity; however the work of the AC has partly benefitted from the proclamations made by the state that most of the meetings must be held virtually. The Provincial Accountant General's (PAG's) office has realised some savings within the budget of the AC. The savings were realised mainly from accommodation and travelling by the AC members because meetings were held virtually. Given the spirit of good governance, the impact of COVID-19 on the AC is felt on the sense that virtual meetings are not equipped with necessary tools to monitor efficient and effective participation of all the AC stakeholders. This becomes even difficult when one has to evaluate the work of the AC through National Treasury 360 Degree evaluation tool. However, the PAG's office has been active in ensuring that the AC remains a value adding tool as a critical oversight and governance structure.

There has been immense improvement in terms of connectivity as there were little interruptions resulting from network challenges as compared to the previous financial year. However, Load shedding remains a serious challenge as it briefly affects the network resulting in poor connectivity for a time being. In addition, the new cell phone contract came with serious improvements in terms of data allocation and connectivity to Microsoft Teams which remains free thus not affecting allocated data to officials rendering support to the work of AC.

C) Audit committee meetings

During the financial year 2023/2024, the AC met five (5) times to perform its roles and responsibilities as stipulated in the AC Charter. All the AC meetings have taken place as planned through 2023/2024 AC Annual Schedule. As resolved during 2023 AC Annual Strategic Planning Workshop, briefing sessions between Members of Executive Council (MECs) and Cluster Chairpersons were held from 24 October 2023 to 14 November 2023.

The briefing sessions were held virtually and afforded all the AC Chairpersons a slot with each MEC of the Department they serve to discuss all the pertinent issues affecting the Department.

First Quarter Cluster AC Meetings for August 2023 were held physically which were followed by the CAC Meeting held 19 September 2023. Given the governance role of the ACs, it is pertinent that some of the AC meetings are held physically to interact directly with the management in order that all the AC resolutions are timely implemented. The last CAC Meeting of the current reporting period was also held physically to deal with myriad of issues including finalisation and adoption of the Combined Assurance Framework.

D) Audit committee annual strategic planning workshop (2024)

The AC annual strategic planning workshop for 2024/25 financial year was held virtually to enable all the stakeholders to connect and participate in the session. This was due to the fact that HODs were required to connect virtually to deal with issues such as Combined Assurance, Ten (10) point implementation plan to move Department of Education, Public Works and Health out of qualified audit opinions to an improved audit outcomes etc. The strategic plan was held on 08 – 09 February 2024. Office of the Premier also made three (3) pertinent presentations on Limpopo's five (5) year performance review, Limpopo Collaborative Support Framework and Consequence Management Framework. The presentations were welcomed by ACs siting that Consequence Management Framework was long overdue and it will help the Province in dealing with stagnant issues in particular around irregular, fruitless and wasteful expenditures were consequence management is due against implicated officials.

The two (2) day strategic planning workshop has resulted in the AC members taking a total of thirty-two (32) resolutions to be implemented by affected stakeholders. Since the PAG has insisted on all the Stakeholders proving feedback on each resolution they are affected and no resolution register should be submitted without response, the Province has realized improvement in implementation of AC resolutions. All the protocol documents such as the AC Charter, Internal Audit Charter, and Reporting Frameworks were reviewed and adopted during first day of the workshop.

E) CAC chairperson meetings

During the current financial year, the CAC Chairperson managed to attend two (2) EXCO meetings to report on overall AC activities covering the work of all the Departments. EXCO meetings are mainly based on invite by EXCO Secretariat depending on the agenda of the day. However, PAG's office continuously advises EXCO Secretariat on the importance of inviting CAC Chairperson to EXCO quarterly meetings in order to resent CAC overall quarterly reports. Unfortunately, the CAC Chairperson was not invited to attend any of the HOD Forums held during the current reporting period. Invitations to these structures (EXCO and HOD Forums) are welcomed and strategic in nature as they provide an opportunity for the CAC Chairperson to interact with Executive Authorities and Accounting Officers of all the Departments to highlight areas requiring improvement.

F) 360-degree audit committee evaluation feedback

National Treasury 360 Degree Evaluation tool was used to evaluate the work and performance of the AC. The final evaluation yielded an average score of 4.34 (from rating of 1 – 5) when combining the average scores of all the AC Stakeholders. This represented a slight regression from the previous evaluation period which yielded an average score of 4.72. The AC stakeholders who participated in the performance evaluation of the AC included Provincial Internal Audit, External AC Members and Management (Accounting Officers, Chief Risk Officers, Chief Financial Officers, Head of Internal Controls and GITO). Auditor General South Africa as an AC stakeholder could not participate in the performance review of the AC, mentioning that they do their own evaluation in the management report of each Department to protect and maintain their independence.

In comparison to the average scores of the three (3) stakeholders (AC; SIAS; and Management), it must be noted that Management recorded highest average score of 4.55. The lowest score was recorded by Shared Internal Audit Services at an average score of 3.95. The following were critical issues that Departments felt were not robustly engaged to their satisfaction by the AC members as follows:

- i. Understanding of Departmental Environment
- ii. Oversight of Internal Audit and External Audit matters by AC Members
- iii. Concerns around reviews of both the findings and recommendations by internal and external auditors to ensure that recommendations are implemented
- iv. Concerns around reviewing the appropriateness of the external audit fee

- v. Concerns around review of a whistleblower hotline and reviewing the log of incoming calls
- vi. Understanding of Business & Risks of the Departments

It must be noted that these issues are repeating from the previous evaluation report thus AC must take these issues seriously and address them promptly.

G) Audit committee membership

Current AC Membership was appointed with effect from 01 January 2023 and will expire on 31 December 2025. A total of 17 AC members were appointed during 2022 AC membership recruitment process. There is no resignation or premature termination of any AC Member’s contract during the current period. Total number of female AC members are seven (7) while a total number of male AC members are ten (10) represented as: 58.8% males and 41.2% females. This is a decline in the appointment of female candidates as during the previous AC composition the number stood at eight (8) and it has currently decreased to seven (7). There is a strong need to improve female recruitment into the Limpopo AC membership as 41% is very low.

H) The following table stipulate the nature and activities of each AC meeting/event held:

NO.	PERIOD	NATURE OF THE AC MEETING	INFORMATION / DOCUMENTS REVIEWED
1.	May 2023	Review of Fourth Quarterly Performance Information and Draft Annual Report (Including Draft Annual Financial Statements) before submission to the Auditor General	a. Annual Performance Report, b. Draft Annual Financial Statements, c. Fourth Quarterly Risk Management Report, d. Fourth Quarterly Internal Audit Progress Report.
2.	June 2023	CAC Meeting to consider Clusters AC Reports	e. Clusters AC Reports reporting on matters pertaining to Draft Annual Performance Report including Draft AFS
3.	July 2023	Review of Draft Audit and Management Reports	f. Draft Management Reports, g. Draft External Audit Reports.
4.	August 2023	CAC Meeting to consider Clusters AC Reports	h. Clusters AC Reports on matters pertaining to External Audit Reports.

NO.	PERIOD	NATURE OF THE AC MEETING	INFORMATION / DOCUMENTS REVIEWED
5.	August 2023	Review of First Quarter Performance Information including Financial & Non-Financial Reports	<ul style="list-style-type: none"> a. First Quarter Accounting Officer's Report to the AC (Financial & Non-Financial), b. First Quarter Risk Management Report, c. SCOPA Resolutions Implementation Progress, d. Auditor General Audit Findings Implementation Progress, e. First Quarter Internal Audit Report
6.	September 2023	CAC Meeting to consider Clusters AC Reports	f. Clusters AC Reporting on matters concerning to First Quarter Reports
7.	October / November 2023	AC Briefing Sessions between AC Chairpersons and Hon. MECs to discuss AC Matters.	
8.	November 2023	Review of Second Quarter Performance Reports (Financial and Non-Financial)	<ul style="list-style-type: none"> a. Second Quarter Accounting Officer's Report to the AC (Financial & Non-Financial), b. Second Quarter Risk Management Report, c. SCOPA Resolutions Implementation Progress, d. Auditor General Audit Findings Implementation Progress, e. Second Quarter Internal Audit Report.
9.	December 2023	CAC Meeting to consider Clusters AC Reports	f. Clusters AC Reports on matters pertaining to Second Quarter Audit Committee Reports as per paragraph 7 above.
10.	February 2024	AC Annual Strategic Planning Workshop	<ul style="list-style-type: none"> a. Approval of the Audit Committee Charter, b. Approval of the Internal Audit Charter, c. Review of the Accounting Officer's Reporting Framework to the AC, d. AC Improvement Plan by Clusters AC Chairpersons e. Reflection on the Status of the Previous Year AC Resolutions, f. 360 Degree AC Evaluation Feedback.

NO.	PERIOD	NATURE OF THE AC MEETING	INFORMATION / DOCUMENTS REVIEWED
11.	February / March 2024	Third Quarterly Departmental Reports and approval of the Three-Year Internal Audit Plan, Annual Internal Audit Plan and Auditor General Audit Coverage Strategy	<ul style="list-style-type: none"> g. All information under No. 5, h. Three Year Internal Audit Plans and Annual Internal Audit Plans for 2022/2023. i. Auditor General Audit Coverage Strategies
12.	April 2024	CAC Meeting to consider Clusters AC Reports	<ul style="list-style-type: none"> j. Clusters AC Reports on matters pertaining to Third Quarter AC Reports as per paragraph 11 above.

I) Objectives of the audit committee

The Strategic Objectives of the AC as stipulated in its approved written Terms of Reference (AC Charter) are to ensure:

- a. The availability of a well-resourced, functional and sustained internal audit function.
- b. Sound relationship with all assurance providers, oversight structures and other stakeholders.
- c. Effective and efficient Internal and External Audit processes.
- d. Promotion of sound functional interaction between the internal audit and other assurance providers.
- e. That there is adequate and effective corporate governance, encompassing fraud and risk management, information technology, internal control, financial management and reporting systems.
- f. Accounting Officers are fully supported in fulfilling their responsibilities in terms of the PFMA.
- g. Accountability in terms of financial management and performance information for effective service delivery; and
- h. Compliance with relevant laws and regulations.

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
CURRENT CLUSTER 3 AUDIT COMMITTEE MEMBERS						
KV MAJA	<ul style="list-style-type: none"> • Masters of Business leadership (MBL) • Hons BCOMPT • B.Com (Accounting) • Certified Internal Auditor (CIA) IIA Accredited Quality Assurance Assessor. 	External	N/A	01 February 2023	To Date	1
SP MZIZI	<ul style="list-style-type: none"> • ACIS • Post graduate diploma in corporate law • CIMA • B Com: Honours B Tech • Higher diploma in education 	External	N/A	01 February 2020 Re-appointed 01 February 2023	To Date	1
KG MBONAMBI	<ul style="list-style-type: none"> • B Com Accounting • B Com(Hons) 	External	N/A	01 February 2023	To Date	1
NJ MPJANE	<ul style="list-style-type: none"> • CA (SA) • B Com (Accounting Science). • B Com (Accounting) 	External	N/A	01 February 2020 Re-appointed	To Date	1

	Science (Hons) • IRBA Certificate			01 February 2023		
ADV. L.T NEVONDWE	Bachelor of Laws (LLB) (Univen) Masters of Laws (LLM) (Univen)	External Co-opted	N/A	1 January 2023	To date	1

12. AUDIT COMMITTEE REPORT



PROVINCIAL TREASURY

REPORT OF THE AUDIT COMMITTEE ON LIMPOPO DEPARTMENT OF THE DEPARTMENT OF HEALTH

We are pleased to present our report for the financial year ended 31 March 2024.

Audit Committee Structure

Limpopo Provincial Government has an Audit Committee which is two tiered consisting of 4 Cluster Audit Committees, dealing with specific departments, and a shared Central Audit Committee.

Audit Committee Responsibility

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

Stakeholder Engagement/s

The committee has been able to engage with the following stakeholders:

- Limpopo Provincial Treasury senior management
- Limpopo Provincial Internal Auditors (Shared Internal Audit Services)
- Limpopo Provincial Auditor General (AGSA)

Audit Committee Skills Development

A strategic and induction session was held during the last quarter of the financial year to assist the audit committee members better understand their challenging roles and the direction of the province in general.

The Effectiveness of Internal Control

Based on the results of the formal documented review of the design, implementation and effectiveness of the department's system of internal controls conducted by the internal audit and AGSA during the financial year ended 31 March 2024, 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 no material internal control breaches come to the Committee's attention.

Risk Management

The Audit committee reviewed the department's policies on risk management and strategy (including IT Governance) and monitored the implementation of risk management policy and strategy and concluded that there is a room for improvement in so far as department's risk management maturity level in capacitation of the risk management unit and funding of the risk management activities.

In-Year Management and Monthly/Quarterly Report

Based on the quarterly review of in-year monitoring systems and reports, the Audit Committee is somewhat satisfied with the quality, accuracy, usefulness, reliability, appropriateness, and adequacy of the department in-year reporting systems.

Internal Audit

The Audit committee:

- 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 department's systems of internal control;
- Reviewed issues raised by internal audit and the adequacy of corrective action taken by management in response thereto;

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 the internal audit unit should finalise the fully implementation of Combined assurance framework.

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 department did not fully comply with the enabling laws and regulations as well as its departmental policies and standard operating procedures, especially in the area of quality of annual financial statement and supply chain management (including expenditure management).

Evaluation of Annual Financial Statements

The Audit Committee has reviewed audited annual financial statements for the year ended 31 March 2024 and is satisfied with the presentation and disclosure as presented and audited by AGSA.

Evaluation of Annual Performance Report

The Audit Committee has reviewed audited annual performance report for the year ended 31 March 2024 and is satisfied with the presentation and disclosure as presented and audited by AGSA.

Consideration of the Final Audit report

The Audit Committee considered the final audit report by AGSA and is in agreement with the contents therein.



Kgoale Maja

Chairperson of the Audit Committee

Date : 15 August 2024

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

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

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion <i>(include a discussion on your response and indicate what measures have been taken to comply)</i>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?		Private licencing committee to consider and recommend to the Accounting Officer issuing of licencing for establishment and erection of private hospitals per regulation R158 Ambulances licencing committees to consider and recommend to the Accounting Officer issuing of licencing for the operation of private licences as per regulation R1320.
Developing and implementing a preferential procurement policy?	Yes	The department is implementing Preferential Procurement Policy in terms Preferential Procurement Regulations 2022
Determining qualification criteria for the sale of state-owned enterprises?		Not applicable. Competency of Department of Public Enterprises
Developing criteria for entering into partnerships with the private sector?		Not applicable. Competency of Provincial Treasury
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?		The department does not have any other duty except in the form of tenders which are done in line with BBBEE framework.

PART D: HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

The Departmental Human Resource management has responsibility to manage human resource issues which include training, recruitment, selection, placement and development of staff. These functions are done in line with various prescripts governing human resource environment in the public service.

2. OVERVIEW OF HUMAN RESOURCES

• The status of human resources in the department

The Department has **30239** PERSAL captured posts where **29059** are filled resulting in a PERSAL vacancy rate of 3,9%.

Organizational structures for Head Office and District offices were approved for implementation and the process of developing lower-level organizational structures continues.

• Human resource priorities for the year under review

During 2023/24 financial year, the department appointed 2762 health professionals in different categories and 172 support personnel of various skills mix as a way to address shortage of human resources.

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

The Department continues to implement approved MTEF human resource plan in order to address shortages of human resources at different health facilities. The Department's succession plan framework is approved for implementation. This framework will assist the department in attracting and retaining critical and scarce skills to achieve capable workforce.

• Employee performance management.

All SMS Members (Level 13-16) and all staff (Level 1-12) signed their Performance Agreement on time.

In addition, SMS Members who complied with the reporting i.e Mid Term Reviews and annual assessments, were pay progressed to the next level of the notch.

All staff members who complied with the requirements for PMDS were paid pay progression and grade progression:

A total number of 22123 level 1-12 and 49 SMS members were fully paid and progressed to the next level of the notch.

The total amount of R120432834 was spent for Pay Progression.

A total number of 1543 employees on the OSD and Non-OSD were awarded grade progression to the tune of R87 928 162.97.

- **Employee wellness programmes.**

Achievements

HRD & Training implemented blended training methods to maximize Continuous Professional Development. As a result, the department managed to implement more than 60 training programmes for the financial year.

A total number of 14760 employees of which 10243 are Health Professionals and 4517 are none Health Professionals were trained on various training programmes.

The department also partnered with SETAs and signed MoUs with Institutions of higher Learning/ Training Providers to offer learners Workplace Exposure (4 MoU's signed)

The department further managed to place a total of 984 youth in health facilities for Work Integrated Learning (WIL).

Challenges

HRD & Training were not excluded from the poor economic downturn that the country at large is experiencing. The economic downturn resulted in budgetary constraints during the course of the financial year.

Future Plans

As part of a broader departmental strategy to ensure that each employee access training and continuous professional development, HRD & Training will intensify collaboration with SETAs and Institutions of Higher Learning for training delivery.

3. HUMAN RESOURCES OVERSIGHT STATISTICS

3.1 Personnel related expenditure

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2023 and 31 March 2024

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
ADMINISTRATION	281 938	234 554	0,00	0,00	83,20	722,00
CENTRAL HOSPITAL SERVICES	2 310 359	1 542 548	0,00	0,00	66,80	617,00
DISTRICT HEALTH SERVICES	15 881 649	10 726 300	0,00	0,00	67,50	331,00
EMERGENCY MEDICAL SERVICES	1 577 149	794 300	0,00	0,00	50,40	438,00
HEALTH CARE SUPPORT SERVICES	167 800	105 803	0,00	0,00	63,10	483,00
HEALTH FACILITIES MANAGEMENT	890 129	13 799	0,00	0,00	1,60	1 061,00
HEALTH SCIENCES & TRAINING	583 382	501 937	0,00	0,00	86,00	1 194,00
PROVINCIAL HOSPITAL SERVICES	2 897 051	2 311 453	0,00	0,00	79,80	514,00
Total as on Financial Systems (BAS)	24 589 456	16 230 694	0,00	0,00	66,00	385,00

Table 3.1.2 Personnel costs by salary band for the period 1 April 2023 and 31 March 2024

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)	922 558	5,62%	14 137	65,26
Skilled (level 3-5)	3 189 767	19,44%	10 094	316,01
Highly skilled production (levels 6-8)	4 849 457	29,56%	10 191	475,86
Highly skilled supervision (levels 9-12)	7 297 634	44,48%	7 665	952,07
Senior and Top management (levels 13-16)	86 678	0,53%	64	1 354,34
Total	16 346 094	99,63%	42151	387,80

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2023 and 31 March 2024

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
HEALTH ADMINISTRATION	386 603	77,80	61 487,00	12,40	4 691,00	0,90	9 719,00	2,00
CENTRAL HOSPITAL SERVICES	1 206 625	74,50	174 365,00	10,80	37 513,00	2,30	72 236,00	4,50
EMERGENCY MEDICAL SERVICES	539 617	67,80	94 099,00	11,80	34 480,00	4,30	64 457,00	8,10
HEALTH FACILITIES MANAGEMENT	11 669	85,20	0,00	0,00	162,00	1,20	127,00	0,90

Annual Report for 2023/24 Financial Year
Vote 07: Department of Health
Limpopo Province

HEALTH SCIENCES & TRAINING	222 683	75,80	37 460,00	12,70	4 338,00	1,50	8 704,00	3,00
DISTRICT HEALTH SERVICES H	8 497 948	79,60	317 382,00	3,00	336 917,00	3,20	577 684,00	5,40
HEALTH CARE SUPPORT SERVICES H	81 670	76,30	4 617,00	4,30	3 673,00	3,40	7 370,00	6,90
PROVINCIAL HOSPITAL SERVICES	1 882 563	78,10	108 748,00	4,50	78 713,00	3,30	133 116,00	5,50
TOTAL	12 829 378	78,20	798 157,00	4,90	500 488,00	3,10	873 413,00	5,30

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2023 and 31 March 2024

Salary band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Skilled (level 1-2)	801 751	8690,0%	3 970	40,0%	24 727	270,0%	42 006	460,0%
Skilled (level 3-5)	2 280 493	7110,0%	108 516	340,0%	193 626	600,0%	333 505	1040,0%
Highly skilled production (levels 6-8)	3 817 173	7830,0%	103 811	210,0%	180 272	370,0%	316 961	650,0%
Highly skilled supervision (levels 9-12)	5 853 214	8000,0%	581 860	800,0%	100 926	140,0%	180 407	250,0%
Senior management (level 13-16)	76 747	8670,0%	0	0,0%	938	110,0%	534	60,0%
Total	12 829 378	78,2%	798 157	4,9%	500 489	3,1%	873 413	5,3%

3.2 Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2024

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Pr1: health administration h, Permanent	737	333	54,8	11
Pr2: district health services h, Permanent	44924	20200	55	765
Pr3: emergency medical service h, Permanent	3334	1807	45,8	0
Pr4: provincial hospital service h, Permanent	7845	3558	54,6	363
Pr5: central hospital service, Permanent	6206	2796	54,9	376
Pr6: health sciences training h, Permanent	1007	212	78,9	0
Pr7: health care support services h, Permanent	234	124	47	0
Pr8: health facilities management h, Permanent	56	29	48,2	2
TOTAL	64343	29059	54,8	1517

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2024

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Lower skilled (1-2)	7259	1726	76,2	3
Skilled (3-5)	27435	11714	57,3	16
Highly skilled production (6-8)	15234	8186	46,3	371
Highly skilled supervision (9-12)	14286	7371	48,4	1126
Senior management (13-16)	129	62	51,9	1
Total	64343	29059	54,8	1517

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2024

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Specialists	561	132	76,50%	4
Medical Officers	2877	1539	46,50%	777
Pharmacists	636	629	1,10%	286
Professional Nurses	14765	8567	42,00%	208
Allied Health Professionals	3269	1394	57,30%	163
Paramedics	122	24	80,00%	0
TOTAL	22230	12285	44,70%	1438

3.3 Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2024

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	0	0	0,00%	1	100,00%
Salary Level 16	0	0	0,00%	0	0,00%
Salary Level 15	3	3	4,84%	0	0,00%
Salary Level 14	12	12	19,00%	0	0,00%
Salary Level 13	48	47	75,81%	1	55,00%
Total	63	62	100,00%	2	100,00%

Table 3.3.2 SMS post information as on 30 September 2023

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	0	0	0,00%	1	4,20%
Salary Level 16	0	0	0,00%	0	0,00%
Salary Level 15	3	3	4,80%	0	0,00%
Salary Level 14	12	12	17,50%	0	12,50%
Salary Level 13	50	47	77,80%	3	83,30%
Total	65	62	100,00%	4	100,00%

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2023 and 31 March 2024

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	1	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	1	1	0
Total	2	1	0

Table 3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2023 and 31 March 2024

Reasons for vacancies not advertised within six months
N/A

Reasons for vacancies not filled within twelve months
No suitable candidate

Notes

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

Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2023 and 31 March 2024

Reasons for vacancies not advertised within six months
N/A

Reasons for vacancies not filled within six months
No suitable candidate

Notes

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

3.4 Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2023 and 31 March 2024

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower Skilled (Levels 1-2)	7159	0	0%	0	0%	0	0%
Skilled (Levels 3-5)	27278	0	0%	0	0%	0	0%
Highly skilled production (Levels 6-8)	15330	0	0%	0	0%	0	0%
Highly skilled supervision (Levels 9-12)	14442	0	0%	0	0%	0	0%

Senior Management Service Band A	111	0	0%	0	0%	0	0%
Senior Management Service Band B	18	0	0%	0	0%	0	0%
Senior Management Service Band C	4	0	0%	0	0%	0	0%
Senior Management Service Band D	1	0	0%	0	0%	0	0%
Total	64343	0	0%	0	0%	0	0%

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2023 and 31 March 2024

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

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2023 and 31 March 2024

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
0	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

Total number of employees whose salaries exceeded the level determined by job evaluation	
Percentage of total employed	0%

Table 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2023 and 31 March 2024

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

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

Notes

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

Total number of Employees whose salaries exceeded the grades determine by job evaluation	None
------------------------------------------------------------------------------------------	------

3.5 Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2023 and 31 March 2024

Salary band	Number of employees at beginning of period-1 April 20YY	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1-2)	1819	6	18	1,0%
Skilled (Levels3-5)	11909	812	849	7,1%
Highly skilled production (Levels 6-8)	8237	1039	1113	13,5%
Highly skilled supervision (Levels 9-12)	7830	1076	1506	19,2%
Senior Management Service Bands A	48	1	3	6,3%

Senior Management Service Bands B	12	0	0	0,0%
Senior Management Service Bands C	3	0	0	0,0%
Senior Management Service Bands D	0	0	0	0,0%
Total	29858	2934	3489	11,7%

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2023 and 31 March 2024

Critical occupation	Number of employees at beginning of period-April 20YY	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Specialists	133	27	29	21,8%
Medical Officers	1646	636	717	43,6%
Pharmacists	660	322	293	44,4%
Professional Nurses	8721	896	1114	12,8%
Allied Health Professionals	1404	213	217	15,5%
Paramedics	26	0	0	0,0%
TOTAL	12590	2094	2370	18,8%

Notes

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

Table 3.5.3 Reasons why staff left the department for the period 1 April 2023 and 31 March 2024

Termination Type	Number	% of Total Resignations
Death	117	3,4%
Resignation	559	16,0%
Expiry of contract	2021	57,9%
Dismissal – operational changes	0	0,0%
Dismissal – misconduct	15	0,4%
Dismissal – inefficiency	0	0,0%
Discharged due to ill-health	23	0,7%
Retirement	674	19,3%
Transfer to other Public Service Departments	80	2,3%
Other	0	0,0%
Total	3489	100,0%
Total number of employees who left as a % of total employment	11,70%	

Table 3.5.4 Promotions by critical occupation for the period 1 April 2023 and 31 March 2024

Occupation	Employees 1 April 20YY	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
Specialists	133	9	0%	29	0,35%
Medical Officers	1646	0	0%	411	4,96%
Pharmacists	660	0	0%	316	3,81%
Professional Nurses	8721	0	0%	6322	76,23%

Allied Health Professionals	1404	0	0%	1211	14,60%
Paramedics	26	0	0%	4	0,05%
TOTAL	12590	9	0%	8293	100,00 %

Table 3.5.5 Promotions by salary band for the period 1 April 2023 and 31 March 2024.

Salary Band	Employees 1 April 20YY	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees by salary bands
Lower skilled (Levels 1-2)	1819	2	0,00%	788	3,41%
Skilled (Levels 3-5)	11909	0	0,00%	10818	46,85%
Highly skilled production (Levels 6-8)	8237	0	0,00%	7172	31,06%
Highly skilled supervision (Levels 9-12)	7830	9	0,00%	4268	18,48%
Senior Management (Level 13-16)	63	0	0,00%	45	0,19%
Total	29858	11	0,00%	23091	100,00 %

3.6 Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	43	1	0	2	111	0	0	1	158
Professionals	1511	3	17	54	1973	7	18	63	3646
Technicians and associate professionals	1881	1	1	7	8722	8	14	49	10683
Clerks	774	0	0	3	1363	3	0	10	2153
Service and sales workers	1790	4	0	10	6959	2	0	12	8777
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	239	0	0	2	22	0	0	0	263
Plant and machine operators and assemblers	186	1	0	0	11	0	0	0	198
Elementary occupations	974	2	0	10	2188	1	0	7	3182
Total	7398	12	18	88	21349	21	32	142	29060
Employees with disabilities	57	0	0	1	71	1	0	2	132

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	2	0	0	0	1	0	0	0	3
Senior Management	28	1	0	2	27	0	0	1	59
Professionally qualified and experienced specialists and mid-management	2119	3	17	75	5198	8	27	93	7540
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	2044	3	1	8	8054	8	5	35	10158
Semi-skilled and discretionary decision making	2792	4	0	3	7259	5	0	12	10075
Unskilled and defined decision making	406	0	0	0	818	0	0	0	1224
Total	7391	11	18	88	21357	21	32	141	29059

Table 3.6.3 Recruitment for the period 1 April 2023 to 31 March 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	1	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management	407	2	9	69	514	4	11	51	1067
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	194	1	1	2	836	3	3	8	1048
Semi-skilled and discretionary decision making	138	0	0	0	671	0	0	3	812
Unskilled and defined decision making	2	0			4	0	0		6
Total	741	3	10	72	2025	7	14	62	2934
Employees with disabilities	2	0	0	0	0	0	0	0	2

Table 3.6.4 Promotions for the period 1 April 2023 to 31 March 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
<i>Top Management</i>	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	3	0	0	0	6	0	0	0	9
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	0	0	0	0	0	0	0	0	0
Semi-skilled and discretionary decision making	1	0	0	0	1	0	0	0	2
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
Total	4	0	0	0	7	0	0	0	11
Employees with disabilities	0								

Table 3.6.5 Terminations for the period 1 April 2023 to 31 March 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	2	0	0	0	1	0	0	0	3
Professionally qualified and experienced specialists and mid-management	514	2	17	58	861	5	11	38	1506
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	259	1	0	0	837	2		14	1113
Semi-skilled and discretionary decision making	260	0	0	0	588	0	0	1	849
Unskilled and defined decision making	5	0	0	0	13	0	0	0	18
Total	1040	3	17	58	2300	7	11	53	3489
Employees with Disabilities	4	0	0	0	7	0	0	0	11

Table 3.6.6 Disciplinary action for the period 1 April 2023 to 31 March 2024

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Disciplinary Action	27	0	0	0	29	0	0	0	56
TOTAL	27	0	0	0	29	0	0	0	56

Table 3.6.7 Skills development for the period 1 April 2023 to 31 March 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	22	0	0	1	18	0	0	1	42
Professionals	539	0	0	1	1528	1	2	14	2085
Technicians and associate professionals	2298	0	9	31	6913	7	16	90	9364
Clerks	205	0	0	0	515	0	0	0	720
Service and sales workers	293	1	0	3	1172	0	0	3	1472
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	127	0	0	0	61	0	0	0	188
Plant and machine operators and assemblers	30	0	0	0	23	0	0	0	53
Elementary occupations	186	0	0	0	647	0	0	3	836
Total	3695	1	9	41	10861	8	19	126	14760
Employees with disabilities	6	0	0	0	21	0	0	1	28

3.7 Signing of Performance Agreements by SMS Members

Table 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2024

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Director-General/ Head of Department	1	0	0	0
Salary Level 16	0	0	0	0
Salary Level 15	4	3	3	100%
Salary Level 14	12	12	12	100%
Salary Level 13	63	47	47	100%
Total	79	62	62	100%

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

Reasons
None

Notes

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

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

Reasons

Notes

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

3.8 Performance Rewards

Table 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2023 to 31 March 2024

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	0	7391	0	0	0
Female	0	21357	0	0	0
Asian			0	0	0
Male	0	18	0	0	0
Female	0	32	0	0	0
Coloured					
Male	0	11	0	0	0
Female	0	21	0	0	0
White					
Male	0	88	0	0	0
Female	0	141	0	0	0
Total	0	29059	0	0	0

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2023 to 31 March 2024

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Lower Skilled (Levels 1-2)	0	1726	0	0	0	0

Skilled (level 3-5)	0	11714	0	0	0	0
Highly skilled production (level 6-8)	0	8186	0	0	0	0
Highly skilled supervision (level 9-12)	0	7370	0	0	0	0
Total	0	28996	0	0	0	0

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2023 to 31 March 2024

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Medical specialists	0	132	0	0	0
Medical practitioners	0	1539	0	0	0
Pharmacists	0	629	0	0	0
Professional nurse	0	8567	0	0	0
Allied	0	1394	0	0	0
Paramedics	0	24	0	0	0
TOTAL	0	12285	0	0	0

Notes

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

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

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2023 to 31 March 2024

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	47	0	0	0	0
Band B	0	12	0	0	0	0
Band C	0	3	0	0	0	0
Band D	0	0	0	0	0	0
Total	0	62	0	0	0	0

3.9 Foreign Workers

Table 3.9.1 Foreign workers by salary band for the period 1 April 2023 and 31 March 2024

Salary band	01 April 20YY		31 March 20ZZ		Change	
	Number	% of total	Number	% of total	Number	% Change
Highly skilled supervision (Lev. 9-12)	133	100,00	152	100,00	19	100,00
Total	133	100,00	152	100,00	19	100,00

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2023 and 31 March 2024

Major occupation	01 April 20YY		31 March 20ZZ		Change	
	Number	% of total	Number	% of total	Number	% Change
Professionals and managers	121	100,00	141	100,00	20,00	100,00
Social natural technical and medical sciences+supp	1	100,00	1	100,00	0,00	0,00
Technicians and associated professionals	11	100,00	10	100,00	- 1,00	100,00
TOTAL	133	100,00	152	100,00	19,00	100,00

3.10 Leave utilisation

Table 3.10.1 Sick leave for the period 1 January 2023 to 31 December 2023

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower Skills (Level 1-2)	8245	91,10	1060	4,4%	27	5 587,00
Skilled (levels 3-5)	61123	91,50	8122	33,9%	11	60 130,00
Highly skilled production (levels 6-8)	62236	88,60	8561	35,8%	12	99 192,00
Highly skilled supervision (levels 9 -12)	46221	85,80	6165	25,8%	13	136 180,00
Top and Senior management (levels 13-16)	212	96,70	28	0,1%	8	1 008,00
Total	178037	89,0%	23936	100,0%	7	302 097,00

Table 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2023 to 31 December 2024

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	592	100,00	24	4,40	25	422,00
Skilled (Levels 3-5)	8664	100,00	184	33,90	47	8 412,00
Highly skilled production (Levels 6-8)	6250	100,00	178	32,80	37,00	10 242,00
Highly skilled supervision (Levels 9-12)	6725	100,00	155	28,50	63,00	19 444,00
Senior management (Levels 13-16)	31	100,00	2	0,40	16	147,00
Total	22262	100,00	543	100,00	41,00	38 667,00

Table 3.10.3 Annual Leave for the period 1 January 2023 to 31 December 2023

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Lower skilled (Levels 1-2)	33 152,50	82	1419
Skilled Levels 3-5)	273 530,59	36	10836
Highly skilled production (Levels 6-8)	263 217,09	38	10770
Highly skilled supervision(Levels 9-12)	192 503,26	41	8162
Senior management (Levels 13-16)	1 603,00	27	60
Total	764 006,44	24	31247

Table 3.10.4 Capped leave for the period 1 January 2023 to 31 December 2023

Salary band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2024
Lower skilled (Levels 1-2)	0	0	0	40,00
Skilled Levels 3-5)	115	32	4	56,00
Highly skilled production (Levels 6-8)	184	51	4	53,00
Highly skilled supervision(Levels 9-12)	285	67	4	68,00
Senior management (Levels 13-16)	0	0	0	95,00
Total	584	150	4	60,00

Table 3.10.5 Leave payouts for the period 1 April 2023 and 31 March 2024

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
ANNUAL - DISCOUNTING WITH RESIGNATION (WORKDAYS)	9 420	310	30 387,00
ANNUAL - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT (WORKDAYS)	28 477	720	39 551,00
ANNUAL - HEAD OF DEPARTMENTS: DISCOUNTING (WORKDAYS)	34	1	34 000,00
CAPPED - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT (WORKDAYS)	54 198	463	117 058,00
TOTAL	92 129	1494	61 666,00

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

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.		✓	
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.			3 x employees (1 Head Office- DD – covers all districts) (1 Pietersburg Hospital – SPP) (1 Sekhukhune District- PP)
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.	✓		- Mental Health and Psychosocial wellness (psychoeducation, counselling, and psychotherapy) - Organisational wellness-health promotion programme. - Physical wellness - Work-Life balance: gender-based awareness activities.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		✓	
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.			-Occupational Health and Safety policy -Employee Wellness policy -Policy on Reasonable accommodation and Assistive

			<p>Devices.</p> <ul style="list-style-type: none"> -Recruitment policy -PILIR
<p>6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.</p>	✓		<ul style="list-style-type: none"> -Workplace HIV and AIDS, TB and STI management Policy. -Infection Prevention and Control –(Needle prick management, post exposure prophylaxis protocols) are implemented.
<p>7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.</p>	✓		<p>Total Tested: 282</p> <ul style="list-style-type: none"> - 188 females - 94 males <p>Employees are tested together with the public and their results are incorporated within the overall. There is no segregation of data system (results) between the public and the employees.</p>
<p>8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.</p>	✓		<ul style="list-style-type: none"> -Established procedures for protecting employees, in compliance with the law. -Established utilization of counselling and support services. -Occupational Health standards are developed and monitored. -Health services are shared among health workers.

3.11 Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2023 and 31 March 2024

Subject matter	Date
Resolution 2 of 2023 of the PHSDSBC (Provision of token of appreciation to all qualifying employees)	6 November 2023
Resolution 1 of 2023 of the PHSDSBC (Provision of uniform for nurses in the sector)	3 October 2023

Notes

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

Total number of Collective agreements	2
---------------------------------------	---

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2023 and 31 March 2024

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	6	9%
Final written warning	9	16%
Suspended without pay	28	46%
Fine	0	0%
Demotion	1	2%
Dismissal	11	20%
Not guilty	3	5%
Case withdrawn	2	2%
Total	60	100%

Notes

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

Total number of Disciplinary hearings finalised	None
-------------------------------------------------	------

Table 3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2023 and 31 March 2024

Type of misconduct	Number	% of total
Dishonesty and Performing remunerative work outside the public service without prior written permission of the executing authority	1	2%
Absenteeism	9	15%
Participated in strike	10	17%
Habitual Absenteeism	1	2%
Gross negligence	2	3%
Gross dishonesty	1	2%
Dishonesty in completing Z83 attendance register	1	2%
Financial Misconduct (Violation of procurement process)	5	8%
Reporting late for duty on daily basis	2	3%
Reporting late for duty on daily basis	1	2%
Late submission of leave	1	2%
Failure to carry out lawful order	1	2%
Allow a person to work without approval.	4	7%
Mismanagement of training	3	5%
Assault	1	2%
Dishonesty and performing RWOPS without approval.	2	3%
Contravention of PFMA	1	2%
Dishonesty	1	2%
Theft	1	2%
Gross insubordination	2	3%
Assault, putting the name of the department into disrepute and prejudices the administration discipline or efficiency of the office.	1	2%
Dereliction of duty and Inadequate poor service and or performance	2	3%
Unlawful act of disruption	4	7%
Negligence of MVA	1	2%

Unauthorised absence from work without permission or reason and Dishonesty	1	2%
Unauthorised absenteeism /leave	1	2%
Total	60	100%

Table 3.12.4 Grievances logged for the period 1 April 2023 and 31 March 2024

Grievances	Number	% of Total
Number of grievances resolved	22	79%
Number of grievances not resolved	6	21%
Total number of grievances lodged	28	100%

Table 3.12.5 Disputes logged with Councils for the period 1 April 2023 and 31 March 2024

Disputes	Number	% of Total
Number of disputes upheld	7	16%
Number of disputes dismissed	36	84%
Total number of disputes lodged	43	100%

Table 3.12.6 Strike actions for the period 1 April 2023 and 31 March 2024

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

Table 3.12.7 Precautionary suspensions for the period 1 April 2023 and 31 March 2024

Number of people suspended	14
Number of people whose suspension exceeded 30 days	14
Average number of days suspended	150
Cost of suspension(R'000)	R771 958.96

3.12 Skills development

Table 3.13.1 Training needs identified for the period 1 April 2023 and 31 March 2024

Occupational category	Gender	Number of employees as at 1 April 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	112	0	81	81	81
	Male	46	0	41	41	41
Professionals	Female	2061	0	1429	1429	1429
	Male	1585	0	849	849	849
Technicians and associate professionals	Female	8793	0	3055	3055	3055
	Male	1890	0	263	263	263
Clerks	Female	1376	0	471	471	471
	Male	777	0	603	603	603
Service and sales workers	Female	6973	0	1335	1335	1335
	Male	1804	0	286	286	286
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	22	0	16	16	16
	Male	241	0	36	36	36
Plant and machine operators and assemblers	Female	11	0	08	08	08
	Male	187	0	27	27	27
Elementary occupations	Female	2196	0	280	280	280
	Male	986	0	120	120	120
Sub Total	Female	21544	0	6675	6707	6707
	Male	7516	0	2225	2193	2193
Total		29060	0	8900	8900	8900

Table 3.13.2 Training provided for the period 1 April 2023 and 31 March 2024

Occupational category	Gender	Number of employees as at 1 April 2024	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	112	0	19	19	19
	Male	46	0	23	23	23
Professionals	Female	2061	0	1545	1545	1545
	Male	1585	0	540	540	540
Technicians and associate professionals	Female	8793	0	7564	7564	7564
	Male	1890	0	1800	1800	1800
Clerks	Female	1376	0	515	515	515
	Male	777	0	205	205	205
Service and sales workers	Female	6973	0	1175	1175	1175
	Male	1804	0	297	297	297
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	22	0	11	11	11
	Male	241	0	177	177	177
Plant and machine operators and assemblers	Female	11	0	9	9	9
	Male	187	0	44	44	44
Elementary occupations	Female	2196	0	650	650	650
	Male	986	0	186	186	186
Sub Total	Female	21544	0	11014	11014	11014
	Male	7516	0	3746	3746	3746
Total		29060	0	14760	14760	14760

3.13 Injury on duty

Table 3.14.1 Injury on duty for the period 1 April 2023 and 31 March 2024

Nature of injury on duty	Number	% of total
Required basic medical attention only	93	100
Temporary Total Disablement	0	0
Permanent Disablement	0	0
Fatal	0	0
Total	93	100

3.14 Utilisation of Consultants

Table 3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 20YY and 31 March 20ZZ

Project title	Total number of consultants that worked on project	Duration (workdays)	Contract value in Rand
N/A	N/A	N/A	N/A

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

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 20YY and 31 March 20ZZ

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

Table 3.15.3 Report on consultant appointments using Donor funds for the period 1 April 20YY and 31 March 20ZZ

Project title	Total Number of consultants that worked on project	Duration (Workdays)	Donor and contract value in Rand
N/A	N/A	N/A	N/A

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

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 20YY and 31 March 20ZZ

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

3.15 Severance Packages

Table 3.16.1 Granting of employee-initiated severance packages for the period 1 April 2023 and 31 March 2024

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower skilled (Levels 1-2)	None	N/A	N/A	N/A
Skilled Levels 3-5)	None	N/A		
Highly skilled production (Levels 6-8)	None	N/A	N/A	N/A
Highly skilled supervision (Levels 9-12)	None	N/A	N/A	N/A
Senior management (Levels 13-16)	None	N/A	N/A	N/A
Total	N/A	N/A	N/A	N/A

	labour Department: Labour REPUBLIC OF SOUTH AFRICA	PAGE 1 OF 24	EEA13
-----------------------------------------------------------------------------------	--------------------------------------------------------------------	---------------------	--------------

PLEASE READ THIS FIRST ↓	DEPARTMENT OF LABOUR
------------------------------------	-----------------------------

<p>PURPOSE OF THIS FORM</p> <p>Section 20 requires designated employers to prepare and implement an Employment Equity Plan which will achieve reasonable progress towards employment equity in the employer's workforce. An Employment Equity Plan must state-</p> <p>(a) The objectives to be achieved for each year of the plan</p> <p>(b) The affirmative action measures to be implemented as required by section 15(2);</p> <p>(c) Where under representation of people from designated groups has been identified by the analysis, the numerical goals to achieve the equitable representation of suitably qualified people from designated groups within each occupational level in the workforce, the timetable within which this is to be achieved, and the strategies intended to achieve those goals;</p> <p>(d) The timetable for each year of the plan for the achievement of goals and objectives other than numerical goals;</p> <p>(e) The duration of the plan, this may not be shorter than one year or longer than five years;</p> <p>(f) The procedures that will be used to monitor and evaluate the implementation of the plan and whether reasonable progress is being made towards implementing employment equity;</p> <p>(g) The internal procedures to resolve any dispute about the interpretation or implementation of the plan;</p> <p>(h) The persons in the workforce, including senior managers, responsible for monitoring and implementing the plan; and</p> <p>(i) Any other prescribed matter.</p>	<p style="text-align: center;">TEMPLATE FOR EMPLOYMENT EQUITY PLAN (Section 20)</p> <p>Employer Details</p> <p>Trade name DEPARTMENT OF HEALTH</p> <p>DTI Registration name.....</p> <p>PAYE/SARS No7160711281.....</p> <p>EE Ref No9063</p> <p>Industry/Sector..... PUBLIC SECTOR</p> <p>ProvinceLIMPOPO</p> <p>Tel No.....015 293 6000.....</p> <p>Fax No.....015 293 6211.....</p> <p>Postal address.....PRIVATE BAG X9302 POLOKWANE 0700</p> <p>Physical address.....18 COLLEGE STREET POLOKWANE</p> <p>ProvinceLIMPOPO</p> <p>Name & Surname of the CEO/Accounting Officer: Dr Dombo M</p> <p>Email Address.....Ntodeni.Ndwamato@dhsd.limpopo.gov.za</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. INTRODUCTION

2 of 25 EEA13

Section 20 requires that a designated employer prepares and implements an Employment Equity Plan which will achieve reasonable progress towards employment equity. An Employment Equity Plan must state the following:

- a. The objectives to be achieved for each year of the plan should meet the SMART principle as follows:
 - Specific
 - Measurable
 - Attainable
 - Relevant; and
 - Time bound
- b. Barriers and Affirmative Action Measures must be aligned with those indicated in the audit analysis (section 19(1)) and meet the following requirements:
 - Include time-frames in order to track progress in the implementation of these AA Measures;
 - These time-frames should be within the duration of the EE Plan (no “on-going” permitted) and
 - Include responsible persons to monitor the implementation of these AA Measures (not names of people but designations).
- c. The workforce profile, numerical goals and targets with exact time-frames according to the duration of the plan which must be accompanied by strategies to achieve them as informed by the findings in the audit analysis (as per section 19(2)).
- d. Non-numerical goals according to paragraph b above (no need to repeat the table)
- e. The duration of the plan which may not be shorter than 1 year or longer than 5 years (it must have a start and end date in terms of day, month and year).
- f. Procedures to monitor and evaluate the implementation of the plan (which must state clear roles of stakeholders involved in the monitoring of the plan including time-frames when the monitoring takes place).
- g. Internal procedures to resolve any dispute about the interpretation or implementation of the plan (include the stakeholders involved in resolving the dispute and time-frames allocated for each step of the process)
- h. The persons in the workforce, including senior managers, responsible for monitoring and implementing the plan.
- i. Any other prescribed matter.

NB: It is advisable that at least 6 months before the expiry of the EE Plan a designated employer should prepare a subsequent EE Plan (Successive EE Plan as required by Section 23)

DURATION OF THE PLAN

3 of 25 EEA13

Section 20 indicates that the duration of the Employment Equity Plan may not be shorter than one year or longer than five years. The duration of the plan must have a specific start and end date, as reflected below:

Start date: 01 OCTOBER 2023 to End date: 30 SEPTEMBER 2028

2. OBJECTIVES FOR EACH YEAR OF THE PLAN

The objectives for each year of the plan, which should be specific, measurable, attainable, relevant and time bound, are reflected in the table below:

TIMEFRAMES (e.g.)		OBJECTIVES
YEAR 1	1 October 2023 – 30 September 2024	<ul style="list-style-type: none"> • Conduct environmental analysis to identify needs for people with disabilities. • Request funds for Assistive devices. • Deliver adverts to the Office of the Premier for distribution to Municipalities and Organisations for persons with disability. • Request database of job seekers from Department of Labour.
YEAR 2	1 October 2024 – 30 September 2025	<ul style="list-style-type: none"> • Develop a training program that will accommodate females at Professional level. • Conduct environmental analysis to identify needs for people with disabilities. • Form partnership with nursing colleges to encourage intake of male nurse students. • Review Bursary and Transport policy to accommodate designated groups. • Deliver adverts to the Office of the Premier for distribution to Municipalities and Organisations for persons with disability.
YEAR 3	1 October 2025 – 30 September 2026	<ul style="list-style-type: none"> • Encourage intake of male nurse students at Nursing College. • Conduct environmental analysis to identify needs for people with disabilities. • Deliver adverts to the Office of the Premier for distribution to Municipalities and Organisations for persons with disability.
Year 4	01 October 2026-30 September 2027	<ul style="list-style-type: none"> • Encourage intake of male nurse students at Nursing College. • Conduct environmental analysis to identify needs for people with disabilities. • Deliver adverts to the Office of the Premier for distribution to Municipalities and Organisations for persons with disability.
Year 5	01 October 2027-30 September 2028	<ul style="list-style-type: none"> • Encourage intake of male nurse students at Nursing College. • Conduct environmental analysis to identify needs for people with disabilities. • Deliver adverts to the Office of the Premier for distribution to Municipalities and Organisations for persons with disability.

3. BARRIERS AND AFFIRMATIVE ACTION MEASURES

The barriers and Affirmative Action Measures identified in the EE analysis conducted must be included in the EE Plan. These measures must include time-frames to track progress in the implementation of the AA Measures. The time-frames must have specific dates and be within the duration of the EE Plan (no “ongoing” permitted). The designations of responsible persons to monitor the implementation of these AA Measures should be specified.

BARRIERS AND AFFIRMATIVE ACTION MEASURES								
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION)	TIME-FRAMES		RESPONSIBILITY (Designation)	
	POLICY	PROCEDURE	PRACTICE		START DATE	END DATE		
Recruitment	-	-	✓	<p>BARRIERS (PLEASE PROVIDE NARRATION)</p> <p>(briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category)</p> <p>There is an over-representation of females in some occupational levels in the Department especially in the nursing categories. The supply of this personnel is predominately women. The selection panels may not fully understand how</p>	<p>AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION)</p> <p>(briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)</p> <p>In the event of termination of service by an official from the overrepresented group, the Department may replace such officials with qualifying candidate(s) from the underrepresented group. Arrange/organise information sharing session for the selection panels where</p>	01 October 2023	30 September 2024	Chief Director: Corporate Services Director: HRM & D Line Managers

BARRIERS AND AFFIRMATIVE ACTION MEASURES							
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION)	TIME-FRAMES		RESPONSIBILITY (Designation)
	POLICY	PROCEDURE	PRACTICE		START DATE	END DATE	
				(briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category)	(briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)		
				Employment Equity should be applied in the recruitment process. The Department does not receive enough applications from People with disabilities.	Employment Equity Numerical Targets will be presented.		
Advertising positions	-	-	✓	Advertisement may not be reaching targeted groups as intended.	Adverts are to be shared with Office of the Premier for distribution to Municipalities and Organisations for persons with disability. Adverts to be shared to Tertiary institutions around Limpopo so that they can	1 October 2023	30 September 2028 Director: HRP

BARRIERS AND AFFIRMATIVE ACTION MEASURES									
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			BARRIERS (PLEASE PROVIDE NARRATION) (briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category)	AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION) (briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)	TIME-FRAMES		RESPONSIBILITY (Designation)	
	POLICY	PROCEDURE	PRACTICE			START DATE	END DATE		
Selection criteria	-	-	✓	Non-Adherence to Employment Equity Numerical Targets.	reach students with disabilities. All line managers to be made aware of numerical targets during the processes of selection and interviews.	01 October 2024	30 September 2028	Director: HRP	
Job classification and grading	-	-	-	Not identified as a barrier.	-	-	-	-	
Remuneration and benefits	-	-	-	Not identified as a barrier.	-	-	-	-	
Terms & conditions of employment	-	-	-	Not identified as a barrier.	-	-	-	-	
Work environment and facilities	-	-	✓	The structures of leased offices are not accommodative of persons with disability. Other	The new buildings to be compliant in terms of accessibility. The existing ones to be modified to cater	01 October 2023	30 September 2028	Directors: HRP and Physical Facilities	

BARRIERS AND AFFIRMATIVE ACTION MEASURES										
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			BARRIERS (PLEASE PROVIDE NARRATION)	AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION)	TIME-FRAMES		RESPONSIBILITY (Designation)		
	POLICY	PROCEDURE	PRACTICE			START DATE	END DATE			
Training and development			✓	(briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category) existing state facilities are not accessible and are without lifts. There has been no adequate training for designated groups, including people with disabilities, for purpose of achieving the numerical goals due to financial constraints.	(briefly describe the affirmative action measures to be implemented in response to barriers identified for each category) for the needs of people with disability. Reprioritise funds to cater for training and development programs.	01 October 2023	30 September 2028	Directors: HRD and Training, Budget Planning.		
Performance and evaluation	-	-	-	No identified as a barrier.	-	-	-	-	-	
Succession & experience planning	✓	-	-	Departmental Succession Plan Framework-Vision 2030 is still a draft.	Finalise Departmental Succession Plan Framework-Vision 2030.	01 October 2023	30 September 2024	Director: HRP, Research & PD		

BARRIERS AND AFFIRMATIVE ACTION MEASURES									
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			BARRIERS (PLEASE PROVIDE NARRATION) (briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category)	AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION) (briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)	TIME-FRAMES		RESPONSIBILITY (Designation)	
	POLICY	PROCEDURE	PRACTICE			START DATE	END DATE		
Disciplinary measures	-	-	-	No identified as a barrier.	-	-	-	-	
Retention of designated groups	✓	-	-	No Retention Policy for Designated Groups	Develop Retention Policy for Designated Groups	01 October 2024	30 September 2025	Directors: HRP, Research & PD, and HRM	
Corporate culture	-	-	-	No identified as a barrier.	-	-	-	-	
Reasonable accommodation	-	-	✓	There is an inadequate reasonable accommodation for people with disabilities. Assistive devices not provided due to financial constraints.	Reprioritise funds to cater for Reasonable Accommodation.	01 October 2023	30 September 2028	Directors: HRP, Research & PD, Physical Facilities and Budget Planning.	
HIV&AIDS prevention and	-	-	-	No identified as a barrier.	-	-	-	-	

BARRIERS AND AFFIRMATIVE ACTION MEASURES									
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			BARRIERS (PLEASE PROVIDE NARRATION) (briefly describe each of the barriers identified in terms of policies, procedures and/or practice for each category)	AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION) (briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)	TIME-FRAMES		RESPONSIBILITY (Designation)	
	POLICY	PROCEDURE	PRACTICE			START DATE	END DATE		
wellness programmes									
Assigned senior manager(s) to manage EE implementation	-	-	-	No identified as a barrier.	-	-	-	-	-
Budget allocation in support of employment equity goals	-	-	✓	Inadequate budget to support implementation of Employment Equity Plan.	Reprioritise budget to support implementation of Employment Equity Plan.	01 October 2023	30 September 2028	Director: Budget Planning.	

BARRIERS AND AFFIRMATIVE ACTION MEASURES							
CATEGORIES	Tick (✓) one or more cells for each category below to indicate where barriers exist in terms of policies, procedures and/or practice			AFFIRMATIVE ACTION MEASURES (PLEASE PROVIDE NARRATION) (briefly describe the affirmative action measures to be implemented in response to barriers identified for each category)	TIME-FRAMES		RESPONSIBILITY (Designation)
	POLICY	PROCEDURE	PRACTICE		START DATE	END DATE	
Time off for employment equity consultative committee to meet	-	-	-	No identified as a barrier.	-	-	-

4. WORKFORCE PROFILE, NUMERICAL GOALS AND TARGETS

Workforce profile information is a snapshot of the workforce at a particular date and time, which is used below to conduct an analysis of the workforce and, at the same time, serve as baseline information for the setting of numerical goals and targets.

4.1 SNAPSHOT OF THE CURRENT WORKFORCE PROFILE

The workforce profile snapshot tables used for the conducting of the analysis to inform this plan are used below as a baseline for the setting of numerical goals and targets for each year of the plan.

Workforce profile snapshot date **01 AUGUST 2023**
DD / MM /YYYY

Table 1: Snapshot of workforce profile for all employees, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	1	0	0	0	0	0	3
Senior management	30	1	0	2	27	0	0	1	0	0	61
Professionally qualified and experienced specialists and mid-management	2123	2	22	32	5306	9	26	73	88	59	7740
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	2042	4	0	7	7924	8	1	40	3	11	10040
Semi-skilled and discretionary decision making	2904	4	0	3	7244	5	0	13	2	4	10179
Unskilled and defined decision making	438	0	0	0	864	0	0	0	0	0	1302
TOTAL PERMANENT	7539	11	22	44	21366	22	27	127	93	74	29325
Temporary employees (fixed-term contractors)	604	0	0	0	9402	1	0	0	0	0	10007
GRAND TOTAL	8143	11	22	44	30768	23	27	127	93	74	39332

Table 2: Snapshot for workforce profile for people with disabilities ONLY

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	0	0	0	0	0	0	0
Senior management	0	0	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	10	0	0	1	11	0	0	2	0	0	24
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	13	0	0	0	22	1	0	0	0	0	36
Semi-skilled and discretionary decision making	23	0	0	0	31	0	0	0	0	0	54
Unskilled and defined decision making	12	0	0	0	5	0	0	0	0	0	17
TOTAL PERMANENT	58	0	0	1	69	1	0	2	0	0	131
Temporary employees	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	58	0	0	1	69	1	0	2	0	0	131

4.2 NUMERICAL GOALS

12 of 25 EEA13

Numerical goals must include the entire workforce profile, and **NOT** the difference that is projected to be achieved by the end of this EE Plan. Below are two tables on numerical goals, one covering all employees, including people with disabilities, and the other covering people with disabilities **ONLY**.

Start date: 01 OCTOBER 2023
DD / MM / YYYY

End date: 30 SEPTEMBER 2028
DD / MM / YYYY

Numerical goals for all employees, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	2	1	0	0	0	0	5
Senior management	64	1	1	2	55	0	1	1	0	0	125
Professionally qualified and experienced specialists and mid-management	8922	2	51	32	7517	17	51	187	88	59	16926
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	4840	4	40	7	7924	14	40	144	3	11	13027
Semi-skilled and discretionary decision making	15146	4	86	3	12784	29	86	314	2	4	28458
Unskilled and defined decision making	3177	0	18	0	2681	6	18	66	0	0	5966
TOTAL PERMANENT	34234	11	196	44	28880	67	196	712	93	74	64507
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	34234	11	196	44	28880	67	196	712	93	74	64507

Numerical goals for people with disabilities ONLY

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	1	0	0	0	0	0	1
Senior management	2	0	0	0	1	0	0	0	0	0	3
Professionally qualified and experienced specialists and mid-management	180	0	6	1	150	1	1	2	0	0	341
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	139	0	4	0	115	1	1	1	0	0	261
Semi-skilled and discretionary decision making	303	0	9	0	252	1	1	3	0	0	569
Unskilled and defined decision making	63	0	2	0	53	1	0	0	0	0	119
TOTAL PERMANENT	687	0	21	1	572	4	3	6	0	0	1294
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	687	0	21	1	572	4	3	6	0	0	1294

4.3 NUMERICAL TARGETS

Numerical targets must include the entire workforce profile, and **NOT** the difference that is projected to be achieved by the next reporting period. Below are two tables on numerical targets, one covering all employees, including people with disabilities, and the other only covers people with disabilities **ONLY**.

Numerical targets: Year 1			
Start date:	01 OCTOBER 2023	End date:	30 SEPTEMBER 2024
	DD / MM / YYYY		DD / MM / YYYY

Numerical targets for all employees, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	1	1	0	0	0	0	4
Senior management	37	1	0	2	32	0	0	1	0	0	73
Professionally qualified and experienced specialists and mid-management	3482	2	27	32	5748	10	31	95	88	59	9574
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	2602	4	8	7	7924	9	8	60	3	11	10636
Semi-skilled and discretionary decision making	5352	4	17	3	8352	9	17	73	2	4	13833
Unskilled and defined decision making	985	0	3	0	1227	1	3	13	0	0	2232
TOTAL PERMANENT	12460	11	55	42	23284	30	59	242	93	74	36352
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	12460	11	55	42	23284	30	59	242	93	74	36352

Numerical targets for people with disabilities ONLY

15 of 25 EEA13

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	0	0	0	0	0	0	0
Senior management	0	0	0	0	0	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management	44	0	1	1	39	0	1	2	0	0	88
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	38	0	1	0	41	1	0	0	0	0	81
Semi-skilled and discretionary decision making	79	0	2	0	75	0	0	0	0	0	156
Unskilled and defined decision making	22	0	1	0	15	0	0	0	0	0	38
TOTAL PERMANENT	183	0	5	1	170	1	1	2	0	0	363
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	183	0	5	1	170	1	1	2	0	0	363

Numerical targets: Year 2	
Start date: 01 OCTOBER 2024 DD / MM / YYYY	End date: 30 SEPTEMBER 2025 DD / MM / YYYY

Numerical targets, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	1	1	0	0	0	0	4
Senior management	44	1	0	2	37	0	1	1	0	0	86
Professionally qualified and experienced specialists and mid-management	4841	2	32	32	6190	11	36	117	88	59	11408
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	3162	4	16	7	7924	10	16	80	3	11	11233
Semi-skilled and discretionary decision making	7800	4	34	3	9460	13	34	133	2	4	17487
Unskilled and defined decision making	1532	0	6	0	1590	2	6	26	0	0	3162
TOTAL PERMANENT	17381	11	88	42	25201	37	92	357	93	74	43380
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	17381	11	88	42	25201	37	92	357	93	74	43380

Numerical targets for people with disabilities ONLY

17 of 25 EEA13

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	1	0	0	0	0	0	1
Senior management	1	0	0	0	1	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management	78	0	1	1	67	0	1	2	0	0	150
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	63	0	1	0	60	1	1	1	0	0	127
Semi-skilled and discretionary decision making	135	0	2	0	119	1	0	1	0	0	258
Unskilled and defined decision making	32	0	1	0	25	0	0	0	0	0	42
TOTAL PERMANENT	309	0	5	1	273	2	2	4	0	0	596
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	
GRAND TOTAL	309	0	5	1	273	2	2	4	0	0	596

Numerical targets: Year 3	
Start date: 01 OCTOBER 2025 DD / MM / YYYY	End date: 30 SEPTEMBER 2026 DD / MM / YYYY

Numerical targets, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	1	1	0	0	0	0	4
Senior management	51	1	0	2	42	0	1	1	0	0	98
Professionally qualified and experienced specialists and mid-management	6200	2	37	32	6632	12	41	139	88	59	13242
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	3722	4	24	7	7924	11	24	100	3	11	11830
Semi-skilled and discretionary decision making	10248	4	51	3	10568	17	51	193	2	4	21141
Unskilled and defined decision making	2079	0	9	0	1953	3	9	39	0	0	4092
TOTAL PERMANENT	22302	11	121	44	27120	44	126	372	93	74	50407
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	
GRAND TOTAL	22302	11	121	44	27120	44	126	372	93	74	50407

Numerical targets for people with disabilities ONLY

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	1	0	0	0	0	0	1
Senior management	1	0	0	0	1	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management	112	0	1	1	95	1	1	2	0	0	213
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	88	0	1	0	79	0	1	1	0	0	170
Semi-skilled and discretionary decision making	191	0	2	0	163	1	1	1	0	0	359
Unskilled and defined decision making	42	0	1	0	35	1	0	0	0	0	78
TOTAL PERMANENT	434	0	4	1	374	3	3	4	0	0	823
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	434	0	4	1	374	3	3	4	0	0	823

Numerical targets: Year 4	
Start date:01 OCTOBER 2026 DD / MM / YYYY	End date: 30 SEPTEMBER 2027 DD / MM / YYYY

Numerical targets, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	1	1	0	0	0	0	4
Senior management	58	1	0	2	47	0	1	1	0	0	111
Professionally qualified and experienced specialists and mid-management	7559	2	42	32	7074	13	46	161	88	59	15076
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	4281	4	32	7	7924	12	32	120	3	11	12426
Semi-skilled and discretionary decision making	12696	4	68	3	11676	21	68	253	2	4	24795
Unskilled and defined decision making	2626	0	12	0	2316	4	12	52	0	0	5022
TOTAL PERMANENT	27222	11	154	44	29085	51	159	587	93	74	57434
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	27222	11	154	44	29085	51	159	587	93	74	57434

Numerical targets for people with disabilities ONLY

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	1	0	0	0	0	0	1
Senior management	1	0	0	0	1	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management	146	0	1	1	123	1	1	2	0	0	275
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	113	0	1	0	98	1	1	1	0	0	215
Semi-skilled and discretionary decision making	247	0	2	0	207	1	1	2	0	0	460
Unskilled and defined decision making	52	0	0	0	45	1	0	0	0	0	98
TOTAL PERMANENT	559	0	4	1	475	4	3	5	0	0	1051
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	559	0	4	1	475	4	3	5	0	0	1051

Numerical targets: Year 5	
Start date: 01 OCTOBER 2027 DD / MM / YYYY	End date: 30 SEPTEMBER 2028 DD / MM / YYYY

Numerical targets, including people with disabilities

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	2	0	0	0	2	1	0	0	0	0	5
Senior management	64	1	1	2	55	0	1	1	0	0	125
Professionally qualified and experienced specialists and mid-management	8922	2	51	32	7517	17	51	187	88	59	16926
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	4840	4	40	7	7924	14	40	144	3	11	13027
Semi-skilled and discretionary decision making	15146	4	86	3	12784	29	86	314	2	4	28458
Unskilled and defined decision making	3177	0	18	0	2681	6	18	66	0	0	5966
TOTAL PERMANENT	32151	11	196	44	30962	67	196	713	93	74	64507
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	32151	11	196	44	30962	67	196	713	93	74	64507

Numerical targets for people with disabilities ONLY

23 of 25 EEA13

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top management	0	0	0	0	1	0	0	0	0	0	1
Senior management	2	0	0	0	1	0	0	0	0	0	3
Professionally qualified and experienced specialists and mid-management	180	0	6	1	150	1	1	2	0	0	341
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	139	0	4	0	115	1	1	1	0	0	261
Semi-skilled and discretionary decision making	303	0	9	0	252	1	1	3	0	0	569
Unskilled and defined decision making	63	0	2	0	53	1	0	0	0	0	119
TOTAL PERMANENT	687	0	21	1	572	4	3	6	0	0	1294
Temporary employees (Fixed Term Contractors)	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	687	0	21	1	572	4	3	6	0	0	1294

5. PROCEDURES TO MONITOR AND EVALUATE THE IMPLEMENTATION OF THE PLAN

All the structures for monitoring and evaluating the progress of the plan should be specified with clear roles and responsibilities for the stakeholders involved including time frames when the monitoring takes place.

STAKEHOLDER	ROLE/RESPONSIBILITY	FREQUENCY
<ul style="list-style-type: none"> Accounting Officer 	<p>Monitor the implementation of the plan in terms of Section 20(2) (h).</p> <p>Monitor consultation and encourage participation of EE forum members.</p> <p>To account and sign-off the reports on the progress made with the implementation of EE plan.</p>	<p>Quarterly</p> <p>Annually</p>
<ul style="list-style-type: none"> Senior Managers 	<p>To monitor implementation of the EE plan.</p> <p>Conduct environmental analysis to identify needs for people with disabilities in regards reasonable accommodation and accessibility to buildings and parking areas.</p>	<p>Quarterly</p> <p>Annually</p>
<ul style="list-style-type: none"> Employment Equity Manager / Coordinator 	<p>To compile reports on progress made with the implementation of affirmative action measures and numerical goals/targets.</p>	<p>Annually</p>
<ul style="list-style-type: none"> Employment Equity Forum 	<p>Represent all employees while consulted by the employer on <u>all</u> employment equity matters in terms of section 13, 16 and 17.</p> <p>Monitor the implementation and progress on the Employment Equity Plan.</p>	<p>Quarterly</p>
<ul style="list-style-type: none"> Employment Equity Forum Chairperson 	<p>Ensure that the short listing and interviewing panels are guided by the Departmental Employment Equity Plan to achieve the goals and targets.</p>	<p>Monthly</p>
<ul style="list-style-type: none"> Department of Employment and Labour 	<p>To monitor compliance with reference to application of Employment Equity Act in the implementation of Employment Equity plan.</p>	<p>Annually</p>

6. DISPUTE RESOLUTION MECHANISMS

In case of any dispute arise in the implementation of the Employment Equity issues, the following dispute resolution mechanisms should be followed:

DISPUTE STEPS	RESPONSIBILITY	TIME-FRAME
Register contravention of implementation of the Employment Equity Act.	Aggrieved Employee	Five (5) working days within EEA has been contravened.
Acknowledge receipt of Employment Equity grievance/ dispute.	Employment Equity Manager/ Coordinator	Three (3) working days within grievance/dispute has been registered.

			25 of 25 EEA13
Secure Employment Equity Consultative Forum meeting to discuss registered grievance/dispute.	Employment Equity Manager/ Coordinator Employment Equity Consultative Forum	Fourteen (14) working days within acknowledgement of receipt has been issued.	
Employment Equity Consultative Forum convene and discuss registered grievance/ dispute.	Chairperson of the Employment Equity Consultative Forum Employment Equity Manager/ Coordinator.	One (1) month within the grievance/dispute has been registered.	
Submit findings and recommendations on grievance/ dispute for endorsement	Chairperson of the Employment Equity Consultative Forum Head of Department	Three (3) working days within the grievance/dispute has been discussed by the Employment Equity Consultative Forum	
Issue notice to aggrieved employee regarding his/her grievance/dispute status.	Chairperson of the Employment Equity Consultative Forum Employment Equity Manager/ Coordinator	Three (3) working days within the Head of Department has endorsed the recommendations.	

7. SENIOR MANAGERS ASSIGNED TO MONITOR AND IMPLEMENT THE PLAN

NO	SURNAME & INITIALS	RANK
1.	Mr Mawasha MZ	Deputy Director General: Corporate Services
2.	Mr Makgolane TT	Chief Director: Human Resource Organisational Strategy and Planning
3.	Mr Hlatswayo MM	Acting Director: Corporate Services (Capricorn District)
4.	Mr Sekgobela MI	Director: Corporate Services (Mopani District)
5.	Ms Singo GN	Director: Corporate Services (Sekhukhune District)
6.	Ms Mashigo MP	Director: Corporate Services (Waterberg District)
7.	Mr Mufamadi MR	Director: Corporate Services (Vhembe District)
8.	Mr Sibuyi MV	Director: Corporate Services (Mankweng Hospital)
9.	Dr Buys NA	Director: Corporate Services (Pietersburg Hospital)
10.	Mr Kruger PS	Chief Director: Clinical Support (EMS)
11.	Mr Setshedi MR	Director: Pharmaceutical Services
12.	Dr Mochaki NW	Acting Principal: Nursing College
13.	Mr Mabunda QE	Acting Director: Environmental Health (Malaria Control)

8. ANY PRESCRIBED MATTER CAN BE INCLUDED

None.

SIGNATURE OF THE CHIEF EXECUTIVE OFFICER/ACCOUNTING OFFICER

Chief Executive Officer/Accounting Officer

I -----NTODENI NDWAMATO----- (full Name)
Accounting Officer of

-----LIMPOPO DEPARTMENT OF HEALTH -----

hereby declare that I have read, approved and authorized this EE Plan.

Signed on this -----29-----day of -----SEPTEMBER -----year---
2023-----

At place:-----POLOKWANE -----



Chief Executive Officer /Accounting Officer

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	2023/2024	2022/2023
	R'000	R'000
Opening balance	2 329 888	558 335
Add: Irregular expenditure confirmed	1 390 744	2 241 353
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	-3 720 632	-469 800
Less: Irregular expenditure recoverable	0	0
Less: Irregular expenditure not recovered and written off	0	0
Closing balance	0	2 329 888

Irregular expenditure

Determination tests were completed and requests for condonation were submitted to Provincial Treasury for 3 bids (Security, Panel of contractors infrastructure management and Groceries) in January 2024

Provincial Treasury has not condoned the transactions above and the Department applied paragraph 5.7 of the PFMA Compliance and reporting framework which indicates that the accounting officer or accounting authority may, in terms of paragraph 5.8 remove irregular expenditure that was not condoned by the relevant authority.

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure that was under assessment in 2022/23	0	0
Irregular expenditure that relates to 2021/22 and identified in 2023/24	0	0
Irregular expenditure for the current year	0	0
Total	0	0

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

Description	2023/2024	2022/2023
	R'000	R'000

Irregular expenditure under assessment	53 385	888 756
Irregular expenditure under determination	0	88 535
Irregular expenditure under investigation	0	0
Total 1	53 385	977 291

Irregular expenditure

Determination tests were completed and requests for condonation were submitted to Provincial Treasury for 3 bids (Security, Panel of contractors infrastructure management and Groceries) in January 2024

Provincial Treasury has not condoned the transactions above and the Department applied paragraph 5.7 of the PFMA Compliance and reporting framework which indicates that the accounting officer or accounting authority may, in terms of paragraph 5.8 remove irregular expenditure that was not condoned by the relevant authority.

AGSA reported non-compliances that might result in irregular expenditure for HEDP017/21/22 (Supply and delivery of public health linen, patient clothing, protective clothing for doctors, nurses, food services personnel, general workers and forensic personnel in the Limpopo Department of Health for a period of sixty (60) months, as and when need arise.) Expenditure incurred in 2023/24 for the bid amounts to R 6 845 000.

HEDP007/22/23 (Supply and Delivery of Fire Tube Boiler Coal to all identified Health Institutions (Hospitals) in Limpopo Department of Health for a period of sixty months (60) months.) Expenditure incurred in 2023/24 for the bid amounts to R 46 540 000

c) Details of current and previous year irregular expenditure condoned

Description	2022/23	2021/2022
	R'000	R'000
Irregular expenditure condoned	0	0
Total		

N/A

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	3 720 632	469 800
Total	3 720 632	469 800

Irregular expenditure

Determination tests were completed and requests for condonation were submitted to Provincial Treasury for 3 bids (Security, Panel of contractors infrastructure management and Groceries) in January 2024

Provincial Treasury has not condoned the transactions above and the Department applied paragraph 5.7 of the PFMA Compliance and reporting framework which indicates that the accounting officer or accounting authority may, in terms of paragraph 5.8 remove irregular expenditure that was not condoned by the relevant authority.

e) Details of current and previous year irregular expenditure recovered

Description	2022/2023	2021/2022
	R'000	R'000
Irregular expenditure recovered	0	0
Total		

N/A

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	0	0
Total	0	0

N/A

Additional disclosure relating to Inter-Institutional Arrangements

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

Description
N/A
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	2022/2023	2021/2022
-------------	-----------	-----------

	R'000	R'000
N/A		
Total		

Include discussion here where deemed relevant.

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

Disciplinary steps taken
Disciplinary hearings were held and completed regarding the irregular expenditure that emanated from the Public Protector's report and the SIU report on PPE
Counselling, verbal and written warning letters were issued to officials identified to have been responsible for irregular expenditure incurred in the 2021/22 financial year

Include discussion here where deemed relevant.

1.2. Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2022/2023	2021/2022
	R'000	R'000
Opening balance	682	777
Add: Fruitless and wasteful expenditure confirmed	334	313
Less: Fruitless and wasteful expenditure written off	-109	-106
Less: Fruitless and wasteful expenditure recoverable	-677	-302
Closing balance	230	682

Interest incurred on late payment of court orders was written off as the late payment was not as a result of delay within the Department or the office of the State Attorney. Payment was made within 30 days of receipt of the court order

Reconciling notes

	2022/2023	2022/2023

Description	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2022/23	0	0
Fruitless and wasteful expenditure that relates to 2021/2022 and identified in 2023/24	0	0
Fruitless and wasteful expenditure for the current year	334	313
Total	334	313

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	0	0
Fruitless and wasteful expenditure under determination	230	682
Fruitless and wasteful expenditure under investigation	0	0
Total²	230	682

Include discussion here where deemed relevant.

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	663	302
Total	663	302

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

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure written off	109	106
Total	109	106

Interest incurred on late payment of court orders was written off as the late payment was not as a result of delay within the Department or the office of the State Attorney. Payment was made within 30 days of receipt of the court order

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

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

Disciplinary steps taken
Fruitless and wasteful expenditure incurred was recovered from officials identified as responsible for the incurrence of the fruitless and wasteful expenditure
Total

1.3. Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2022/2023	2021/2022
	R'000	R'000
Opening balance	0	0
▲ Add: unauthorised expenditure confirmed	0	0
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recovered and written off ³	0	0
Closing balance	0	0

Reconciling notes

Description	2022/2023	2021/2022
	R'000	R'000
Unauthorised expenditure that was under assessment in 20XX/YY	0	0
Unauthorised expenditure that relates to 20XX/YY and identified in 20YY/ZZ	0	0
Unauthorised expenditure for the current year	0	0
Total	0	0

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

Description ⁴	2022/2023	2021/2022
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0

³ This amount may only be written off against available savings

⁴ Group similar items

Unauthorised expenditure under investigation	0	0
Total⁵	0	0

N/A

1.4. Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) & (iii)⁶

a) Details of material losses through criminal conduct

Material losses through criminal conduct	20YY/20ZZ	20XX/20YY
	R'000	R'000
Theft		
Other material losses		
Less: Recoverable		
Less: Not recoverable and written off		
Total		

Include discussion here where deemed relevant.

b) Details of other material losses

Nature of other material losses	20YY/20ZZ	20XX/20YY
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
Total		

Include discussion here where deemed relevant and criminal or disciplinary steps taken by the institution.

c) Other material losses recoverable

⁵ Total unconfirmed unauthorised expenditure (assessment), losses (determination), and criminal conduct (investigation)

⁶ Information related to material losses must be disclosed in the annual financial statements.

Nature of losses	20YY/20ZZ	20XX/20YY
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
Total		

d) Other material losses not recoverable and written off

Nature of losses	20YY/20ZZ	20XX/20YY
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
Total		
<i>Include discussion here where deemed relevant.</i>		

2. LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated Value
		R'000
Valid invoices received	74 919	8 369 080
Invoices paid within 30 days or agreed period	74 149	8 162 097
Invoices paid after 30 days or agreed period	48	19 085
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 in dispute</i>)	-	-

Include reasons for the late and or non-payment of invoices, including reasons that the invoices are in dispute, where applicable.

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
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	11 420,77
PROCUREMENT OF TPN-ITN BABY 108	FRESENIUS KABI S.A	EMERGENCY	N/A	7 598,28
PROCUREMENT OF LOAN SET	MARCUS MEDICAL	EMERGENCY	N/A	838,35
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	4 750,90
PROCUREMENT OF LOAN SET	BOSTON SCIENTIFIC S.A	EMERGENCY	N/A	1 671,71
REPAIR OF MRI-COLD HEAD REPLACEMENT	GE HEALTH CARE	EMERGENCY	N/A	978 071,77
PROCUREMENT OF LOAN SET 3	VERTICE HEALTHCARE	EMERGENCY	N/A	14 456,63
PROCUREMENT OF LOAN SET	VASCUMED	EMERGENCY	N/A	25 768,73
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	35 244,43
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	6 034,48
SERVICE AND REPAIR OF GAS BANK, COPPER PIPES AND GAUGES	TEMPCOOL TRADING AND AIR CONDITIONING	EMERGENCY	N/A	49 680,00
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	9 881,07
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 097,78
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 797,04
PROCUREMENT OF COLISTIMETHATE SODIUM IMU	EQUITY PHARMACEUTICALS PTY	EMERGENCY	N/A	9 315,02
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	2 012,87
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	13 840,29

PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	21 906,61
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	5 093,96
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	25 052,84
PROCUREMENT OF COLISTIMETHATE SODIUM IMU	EQUITY PHARMACEUTICALS PTY	EMERGENCY	N/A	9 315,02
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	149 090,00
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	99 834,00
PROCUREMENT OF NEO - VERSO AIRWAY ACCESS ADAPT	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	109 899,75
PROCUREMENT OF TPN-ITN BABY 106	FRESENIUS KABI S.A	EMERGENCY	N/A	3 892,00
PROCUREMENT OF ITN PAED 106 TPN Bag	FRESENIUS KABI S.A	EMERGENCY	N/A	3 892,00
PROCUREMENT OF TPN-ITN BABY 106	FRESENIUS KABI S.A	EMERGENCY	N/A	3 892,00
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	18 621,56
PROCUREMENT OF TIGECYCLINE 50MG/5ML INJECTION	PFIZER LABORATORIES PTY LTD	EMERGENCY	N/A	61 161,60
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 345,43
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	7 692,26
PROCUREMENT OF ITN 106	FRESENIUS KABI SA	EMERGENCY	N/A	14 313,46
CT PATIENT (TUBE) LINE COMPATIBLE WITH ULRICH MEDICAL	TEDMED PHARM	SOLE SUPPLIER	N/A	110 641,50
ENDOSCOPIC FULLY COVERD OESOPHAGEAL	BOSTON SCIENTIFIC S.A	EMERGENCY	N/A	105 800,00
18 FR AND 20 FR ECONSTATED 1 PIECE SINGLE	MEDTRONIC AFRICA	EMERGENCY	N/A	21 580,46

SINGLE STAGE STRAIGHT VENOUS WITHOUT CONNECTOR	MEDTRONIC AFRICA	EMERGENCY	N/A	13 938,12
PROCUREMENT OF OXYGENATOR,3LHARDSHELL RESEVIOR	PRIME SURGICAL	EMERGENCY	N/A	29 379,93
PROCUREMENT OF TPN-ITN PEAD 107	FRESENIUS KABI SOUTH AFRICA	EMERGENCY	N/A	3 889,56
PROCUREMENT OF CHLORHEXIDINE,ALCOHOL 0.5%	B BRAUN MEDICAL (PTY)LTD	EMERGENCY	N/A	64 180,00
PROCUREMENT OF DACTINOMYCIN 0.5MG VIALS	KEY ONCOLOGIES PTY LTD	EMERGENCY	N/A	146 929,75
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	20 165,47
PROCUREMENT OF LOAN SET	MEDTRONIC AFRICA	EMERGENCY	N/A	20 666,62
SERVICE & REPAIR OF STEPHANIX X-RAY MACHINE	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	148 350,38
REPAIR OF NEONATAL FLOW SENSOR	DRAGER S.A	SOLE SUPPLIER	N/A	131 752,80
PROCUREMENT OF X-RAY FILM	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	142 169,33
ELEVATORS SERVICES AT ST MARIA FOR 11 MONTHS	KONE ELEVATORS S.A	SOLE SUPPLIER	N/A	213 591,71
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	19 315,94
PROCUREMENT OF GEM 4k BG	ILEX	SOLE SUPPLIER	N/A	112 304,40
PROCUREMENT OF ITN PAED 107 TPN Bag	FRESENIUS KABI SA	EMERGENCY	N/A	6 806,73
18 FR AND 20 FR ECONGATED 1 PIECE SINGLE	MEDTRONIC AFRICA	EMERGENCY	N/A	21 580,46
PROCUREMENT OF TPN-ITN BABY 107	FRESENIUS KABI SOUTH AFRICA	EMERGENCY	N/A	6 806,73
NETWORK SWITCH FOR RADIATION ONCOLOGY 8PORT NETWORK SWITCH	CHM VUWANI COMPUTER SOLUTION	EMERGENCY	N/A	1 826,46

REPAIR OF GE VIVID IQ ULTRASOUND	GE HEALTHCARE	SOLE SUPPLIER	N/A	9 442,58
REPLACING POWER SUPPLY UNIT27400000826 ON THE LIFT	SCHINDLER LIFTS (SA)	SOLE SUPPLIER	N/A	5 718,27
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	9 377,35
PROCUREMENT OF LOAN SET	JOHNSON & JOHNSON MEDICAL	EMERGENCY	N/A	65 690,69
PROCUREMENT OF LOAN SET	JOHNSON & JOHNSON MEDICAL	EMERGENCY	N/A	39 110,99
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	17 837,07
NETWORK SWITCH FOR RADIATION ONCOLOGY 8PORT NETWORK SWITCH	CHM VUWANI COMPUTER SOLUTION	EMERGENCY	N/A	1 826,46
PROCUREMENT OF PRONEO FEEDING TUBES	FRESENIUS KABI MEDICAL	SOLE SUPPLIER	N/A	61 260,62
PROCUREMENT OF ITN PAED 107 TPN Bag	FRESENIUS KABI SA	EMERGENCY	N/A	3 889,56
SINGLE STAGE STRAIGHT VENOUS WITHOUT CONNECTOR	MEDTRONIC AFRICA	EMERGENCY	N/A	13 938,12
PROCUREMENT OF OXYGENATOR,3L HARDSHELL RESEVIOR	PRIME SURGICAL	EMERGENCY	N/A	29 379,93
PROCUREMENT OF CUVVETTES	HEMOCUE SA	SOLE SUPPLIER	N/A	116 391,50
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	13 813,65
REPAIR OF VENTILATOR HELIX DUAL	DRAGER S.A	SOLE SUPPLIER	N/A	19 099,89
REVERSE OSMOSI	FRESENIUS KABI MEDICAL	SOLE SUPPLIER	N/A	499 871,05
PROCUREMENT OF X-RAY FILMS	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	80 121,66
PROCUREMENT OF PRONEO 5ML SYRINGES	FRESENIUS KABI MEDICAL	SOLE SUPPLIER	N/A	29 412,29

PROCUREMENT OF CHLORHEXIDINE,ALCOHOL 0.5%	B BRAUN MEDICAL (PTY)LTD	EMERGENCY	N/A	64 180,00
REPAIR OF SCHMITZ THEATRE TABLE HAND REMOTE CONTROL	DELTA SURGICAL S.A	SOLE SUPPLIER	N/A	2 150,50
PROCUREMENT OF SCHMITZ THEATRE TABLE HAND REMOTE CONTROL	DELTA SURGICAL S.A	SOLE SUPPLIER	N/A	19 729,64
PROCUREMENT OF BIOPSY FOR AFINITY 50 ULTRASOUND	PHILIPS SOUTH AFRICA	SOLE SUPPLIER	N/A	14 926,40
PROCUREMENT OF ITN PAED 107 TPN Bag	FRESENIUS KABI SA	EMERGENCY	N/A	3 889,56
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	15 376,92
PROCUREMENT OF SYRINGE DISPOSABLE LUER LOCK	BECTON DICKINSON PTY LTD	EMERGENCY	N/A	27 375,75
PROCUREMENT OF DACTINOMY 0,5 VIAL	KEY ONCOLOGICS	EMERGENCY	N/A	146 929,75
PROCUREMENT OF CHLORHEXIDINE ALCOHOL 0,5% SOLUTION	B BRAUN MEDICAL	EMERGENCY	N/A	64 180,00
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	5 750,17
PROCUREMENT OF LOAN SET	MARCUS MEDICAL	EMERGENCY	N/A	838,35
EMERGENCY LOANED OBTURATOR FOR EDNER MASHALANE	KARL STORZ ENDOSCOPY(S.A)	EMERGENCY	N/A	15 464,77
INSTALLATION OF BOOSTER PUMP	NORTHERN X-RAY SUPPLIERS	EMERGENCY	N/A	14 934,00
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	13 836,74
SERVICE AND REPAIR OF GAS BANK AND COPPER PIPES	TEMPCOOL TRADING AND AIR CONDITIONING	EMERGENCY	N/A	212 684,45
REPAIR OF X - RAY MACHINE	SECOND OPINION SYSTEM	SOLE SUPPLIER	N/A	121 388,08

PROCUREMENT OF VIGABATRIN 500MG TABLETS	SANAFI AVENTIS SOUTH AFRICA	EMERGENCY	N/A	9 377,35
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	7 047,90
REPLACEMENT OF BATTERY CONTRACT KIT	AXIM	EMERGENCY	N/A	19 242,77
OUTPATIENT RECORD COVER BROWN FILES	BSB PRINTERS	EMERGENCY	N/A	5 807,50
PROCUREMENT OF CTG TRACING PAPER	GROUP ELITE	SOLE SUPPLIER	N/A	15 000,00
PROCUREMENT OF X-RAY FILM	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	181 447,58
SERVICE AND REPAIR OF DIAGNOSTIC AUDIOMETER	STANYER ELECTROSERVE	SOLE SUPPLIER	N/A	15 582,50
SERVICE AND QUALITY ASSURANCE OF AGFA	TECMED	SOLE SUPPLIER	N/A	11 580,50
PROCUREMENT OF ITN PAED 107 TPN Bag	FRESENIUS KABI SA	EMERGENCY	N/A	2 917,17
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	9 420,78
PROCUREMENT OF STRESS ECG CUFFS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	135 871,47
REPAIR OF X-RAY C-ARM	ZIEHM IMAGING SA	SOLE SUPPLIER	N/A	21 488,90
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	8 823,70
PROCUREMENT OF SYRINGE PUMP	FRESENIUS KABI	SOLE SUPPLIER	N/A	132 192,50
PROCUREMENT OF LIGATOR 6 SHOOTER MULTIHAND	MARCUS MEDICAL	SOLE SUPPLIER	N/A	63 266,10
REPAIR OF ADULT BREATHING VENTILATOR CIRCUIT	DRAGER S.A	SOLE SUPPLIER	N/A	80 153,85
SERVICE OF INFANT WARMER	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	54 786,00
PROCUREMENT OF NEO NATAL CIRCUIT	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	185 180,00

PROCUREMENT OF BLOOD GAS CONSUMEBLES	MEDHOLD	SOLE SUPPLIER	N/A	258 961,80
REPLACEMENT OF BATTERY CHARGER	TECMED	SOLE SUPPLIER	N/A	83 018,97
SHIMADZU ASSESSMENT OF F5 ERROR X-RAY MACHINE	AXIM	SOLE SUPPLIER	N/A	25 495,50
PROCUREMENT OF FLUCYIOSINE 500MG	VIATRIS HEALTH CARE PTY LTD	EMERGENCY	N/A	13 345,00
PROCUREMENT OF ACYCLOVIR 250MG VIALS	EQUITY PHARMACEUTICALS PTY	EMERGENCY	N/A	213 900,00
PROCUREMENT OF CYTARABINE	PFIZER LABORATORIES PTY LTD	SOLE SUPPLIER	N/A	168 912,00
AGFA DX-M: ANNUAL SERVICE QA TEST AND REPAIR ERROR X-RAY	TECMED	SOLE SUPPLIER	N/A	13 437,75
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	11 031,68
REPAIR MEDICAL EQUIPMENT	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	10 752,50
PROCUREMENT OF CLOZABAM	SANAFI AVENTIS SOUTH AFRICA	SOLE SUPPLIER	N/A	2 033,60
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 097,78
PROCUREMENT OF AMPHOTECIRIN B 50MG INJECTION	EQUITY PHARMACEUTICALS PTY	SOLE SUPPLIER	N/A	31 004,00
PROCUREMENT OF AZITHROMYAN SUSPENSION 200MG	PFIZER LABORATORIES PTY LTD	SOLE SUPPLIER	N/A	3 972,00
PROCUREMENT OF TR00	FRESENIUS KABI	SOLE SUPPLIER	N/A	268 203,00
PROCUREMENT OF 2 LITRE SUCTION LINERS FOR CAMI HOSPIVAC 350 VACUUM EXTRACTOTRS	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	137 196,00
REPAIR OF 90 OPAQUE SET	FRESENIUS KABI	SOLE SUPPLIER	N/A	8 665,20

REPLACEMENT & REPAIR PSU AND SENSOR ON SHIMADZU UD 150	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	35 250,95
PROCUREMENT OF BROVIAC 2.7 x 21CM SINGLE	BARD MEDICAL SA	SOLE SUPPLIER	N/A	412 236,95
SERVICE OF ESU (CONMED)	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	10 143,00
PROCUREMENT OF REUSABLE MAGNETIC SURGICAL INSTRUMENT MAT	PURPLE SURGICAL	SOLE SUPPLIER	N/A	16 094,25
PROCUREMENT OF DIATHERMY PADS FOR ADULTS VALLEY LAB - REM POLEHESIVE PATIENT RETURN ELECTRODE	GROBIR MEDICAL	SOLE SUPPLIER	N/A	11 672,73
PROCUREMENT OF NEOCATE x20 BOXES	NUTRICIA S.A	SOLE SUPPLIER	N/A	56 256,00
PROCUREMENT OF X-RAY FILMS	SECOND OPINION	SOLE SUPPLIER	N/A	122 530,20
DISPOSABLE ENDOBRONCHIAL BLOCKER TUBE SIZE 5RF	SSEM MTHEMBU MEDICAL	EMERGENCY	N/A	17 800,97
SERVICE & REPAIR OF BRILLIANCE BIG BORE CT SIMULATOPR	PHILIPS SOUTH AFRICA COMMERCIAL	SOLE SUPPLIER	N/A	303 682,39
SERVICE & REPAIR OF AGFA CR SYSTEM	AGFA	SOLE SUPPLIER	N/A	16 732,50
SERVICE OF INSTRUMENT WASHER	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	32 744,30
REPAIR OF SATURATION POBES	DRAGER S.A	SOLE SUPPLIER	N/A	76 968,81
PROCUREMENT OF ST 22 STANDARD SETS	FRESENIUS KABI	SOLE SUPPLIER	N/A	484 380,00
REPAIR OF CLOSED SUCTION SYSTEM WITH Y ENDO TUBE ADAPTOR	MBUSO MEDICAL	SOLE SUPPLIER	N/A	R467 364,00
SERVICE & REPAIR OF ANAESTHETIC MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	43 109,59
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	12 814,10

ANNUAL SERVICE AND QUALITY ASSURANCE	STEPHANIX	SOLE SUPPLIER	N/A	29 753,63
SERVICE OF AMIKA PUMP SET	FRESENIUS KABI	SOLE SUPPLIER	N/A	28 462,50
SERVICE OF ULTRASOUND	TECMED	SOLE SUPPLIER	N/A	3 967,50
PROCUREMENT OF ACETYLCHOLINE CHLORIDE 20MG	BAUSH AND LOMB	SOLE SUPPLIER	N/A	36 997,11
REPAIR OF CLOSED SUCTION CARTHETER 8FR AND 6FR	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	309 810,00
PROCUREMENT OF X - RAY CONSUMABLES	SECOND OPINION SYSTEMS	SOLE SUPPLIER	N/A	140 604,18
PROCUREMENT OF CONSUMABLES	DISA LIFE SCIENCE	SOLE SUPPLIER	N/A	23 782,00
PROCUREMENT OF VENTILATOR CONSUMABLES	PHOENIX NEOMED	SOLE SUPPLIER	N/A	38 799,28
TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	10 033,89
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	5 673,03
PROCUREMENT OF GLUVERNA TRIPLE CARE	ABBOTT	SOLE SUPPLIER	N/A	45 079,20
SERVICE OF INSTRUMENT WASHER	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	11 225,06
PROCUREMENT OF MDP X 17 KITS	AXIM	SOLE SUPPLIER	N/A	67 692,66
PROCUREMENT OF MAG 3 KITS	AXIM	SOLE SUPPLIER	N/A	292 980,21
PROCUREMENT OF SENSOR CARD	THE SCIENTIFIC GROUP	SOLE SUPPLIER	N/A	210 835,43
SERVICE OF X - RAY EQUIPMENT	X-RAY EQUIPMENT CARE	SOLE SUPPLIER	N/A	29 768,90
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	9 604,37
REPAIR OF AGFA DX-M MULTI LOADER COMPUTED RADIOGRAPHY	TECMED	SOLE SUPPLIER	N/A	346 453,22

PROCUREMENT OF ISOSORBINE DINITRATE 1MG/ML INJECTION	PHARMACARE LIMITED	EMERGENCY	N/A	5 482,39
PROCUREMENT OF AMPLIX PUMP SET CONSUMABLES	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	29 802,00
PROCUREMENT OF MULTIPLE BANDS LIGATOR WITH 07 BAND	BOSTON SCIENTIFIC S.A	EMERGENCY	N/A	33 350,00
SERVICE OF THEATRE TABLES	HEALTHCARE SPECIALISTS	SOLE SUPPLIER	N/A	158 642,50
SERVICE & REPAIR OF CARESTREAM CLASSIC CR SYSTEM	AXIM	SOLE SUPPLIER	N/A	283 975,01
SERVICE & REPAIR OF MINDRAY ELECTRICCARDIOGRAPHIC MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	16 216,92
SERVICE & REPAIR OF ANAESTHETIC MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	42 539,05
REPAIR OF CONTROL DESK DEAD X-RAY UNIT	TECMED	SOLE SUPPLIER	N/A	6 267,96
SERVICE AND REPAIR OF WHEELCHAIRS	CE MOBILITY	SOLE SUPPLIER	N/A	27 738,00
REPAIR X-RAY MACHINE C-ARM	TECMED	SOLE SUPPLIER	N/A	38 363,33
PROCUREMENT OF NESTLE ALFARE 400G	NESTLE SA	SOLE SUPPLIER	N/A	19 375,20
PROCUREMENT OF NASAL CANNULA CONSUMABLES	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	65 962,85
PROCUREMENT OF METHYLPHENIDATE CAPSULES	NORVATIS SA	SOLE SUPPLIER	N/A	23 208,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	8 244,66
SERVICE & REPAIR OF FUJIFILM GASTROSCOPE	HIGH TECH MEDICAL SERVICES	SOLE SUPPLIER	N/A	44 081,83
PROCUREMENT OF MAAA X 30 KITS	AXIM	SOLE SUPPLIER	N/A	161 919,54
SERVICE & REPAIR OF GASTROSCOPES	KARL STORZ ENDOSCOPY S.A	SOLE SUPPLIER	N/A	272 188,16

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	3 400,76
SERVICE OF WARMING	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	90 850,00
PROCUREMENT OF PEPTAMEN	NESTLE SA	SOLE SUPPLIER	N/A	349 991,40
PROCUREMENT OF ANAESTHETIC MACHUNE CONSUMABLES	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	128 341,48
SERVICE OF THEATRE TABLE	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	54 611,09
SERVICE OF CTG MACHINE	MEDSCI MEDICAL	SOLE SUPPLIER	N/A	440 450,00
PROCUREMENT OF SNAKE BITES ANTISE	SOUTH AFRICAN VACCINE PRODUCERS	SOLE SUPPLIER	N/A	44 220,00
SERVICE OF ULTRA SOUND CTG	MBUSO MEDICAL	SOLE SUPPLIER	N/A	167 135,37
SERVICE OF VENTILATORS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	142 815,85
SERVICE OF PATIENT MONITORS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	65 113,00
SERVICE OF VENTILATORS	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	9 415,84
PROCUREMENT OF INFANT SPO2 WITH DISPOSABLE	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	141 537,00
SERVICE OF PATIENT MONITORS	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	374 593,87
SERVICE OF ULTRA SOUND MACHINE	UNIQUE X RAY	SOLE SUPPLIER	N/A	9 317,53
PROCUREMENT OF SCORPION ANTIVENOMS	SOUTH AFRICAN VACCINE PRODUCERS	SOLE SUPPLIER	N/A	22 110,00
SERVICE OF OPTIVANTAGE MALLNCKRODT	GUERBET	SOLE SUPPLIER	N/A	9 677,25
SERVICE OF INCUBATORS	BAOBAB	SOLE SUPPLIER	N/A	24 029,25
SERVICE OF THEATRE TABLE	TECMED	SOLE SUPPLIER	N/A	17 579,18
SERVICE OF DEFIBRILATOR	MEDSCI MEDICAL	SOLE SUPPLIER	N/A	18 400,00

PAEDIATRIC HEATED DRAGER VENTILATOR CIRCUITS	DRAGER SOUTH AFRICA	SOLE SUPPLIER	N/A	127 332,60
SERVICE OF X - RAY PRINTER	AXIM	SOLE SUPPLIER	N/A	57 546,91
SERVICE AND ANNUAL QUALITY ASSURANCE OF X - RAY	PHILIPS MEDICAL SA	SOLE SUPPLIER	N/A	17 355,80
SERVICE AND ANNUAL QUALITY ASSURANCE OF X - RAY	PHILIPS MEDICAL SA	SOLE SUPPLIER	N/A	25 143,14
SERVICE AND ANNUAL QUALITY ASSURANCE OF X - RAY	TECMED	SOLE SUPPLIER	N/A	279 696,93
PROCUREMENT OF TPN-ITN PEAD 107	FRESENIUS KABI S.A	EMERGENCY	N/A	3 889,55
PROCUREMENT OF MOXIFLOXACIN HYDROCHLORIDE EYE DROPS	NORVATIS SA	SOLE SUPPLIER	N/A	202 381,60
REPLACE HDD AND RELOAD SOFTWARE ON CR ELITE	AXIM	SOLE SUPPLIER	N/A	28 088,07
SERVICE OF PATIENT MONITORS	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	14 498,30
PROCUREMENT OF TISSEEL (Fibrin Sealant)	BAXTER	SOLE SUPPLIER	N/A	74 736,66
PROCUREMENT OF AMIKA PUMP SET VARIOLINE ENFIT 450 PCE	FRESENIUS KABI S.A	EMERGENCY	N/A	42 693,75
PROCUREMENT OF ACUTE DIALYSIS CONSUMABLES	FRESENIUS MEDICAL CARE	EMERGENCY	N/A	8 415,79
PROCUREMENT OF ACUTE DIALYSIS CONSUMABLES	B BRAUN MEDICAL	EMERGENCY	N/A	93 779,80
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	10 552,88
PROCUREMENT OF CYPROTERONE ACETATE INJECTION	BAYER	SOLE SUPPLIER	N/A	235 995,00
PROCUREMENT OF BUPRENORPHINE 2MG NAXOLOLE	ADCOCK INGRAM CRITICAL CARE	SOLE SUPPLIER	N/A	39 445,00

PROCUREMENT OF TRYPAN BLUE INJECTION	APEX VISION	SOLE SUPPLIER	N/A	71 136,00
PROCUREMENT OF FLUMAZENIL INJECTION	PHARMACO	SOLE SUPPLIER	N/A	50 052,00
PROCUREMENT OF EPHEDRINE INJECTION	PFIZER LABORATORIES	SOLE SUPPLIER	N/A	243 975,00
PROCUREMENT OF X - RAY PRINTER	LOMAEN MEDICAL	SOLE SUPPLIER	N/A	9 719,57
CALIBRATION OF OAE SUPPLIER	LEBONE MEDICAL SUPPLIES	SOLE SUPPLIER	N/A	2 886,86
SERVICE AND REPAIR OF ECG MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	23 114,10
ABL 800 BLOODGAS CONSUMABLES	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	993 681,15
AGILLIA INFUSION PUMPS	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	985 713,30
SERVICE OF CANON TEC X9R10 100 ULTRASOUND	TECMED	SOLE SUPPLIER	N/A	4 447,91
SERVICE OF VENTILATOR	SSEM MTHEMBU	SOLE SUPPLIER	N/A	72 181,11
PROCUREMENT OF BLOOD GAS CONSUMABLES	ILEX SA	SOLE SUPPLIER	N/A	340 446,00
SERVICE AND REPAIR OF FONA DENTAL CHAIRS	TROJAN MEDICAL	SOLE SUPPLIER	N/A	30 937,30
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	2 563,95
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	2 186,95
ELECTRODE TWISTED PAIR,CROUND,CORCSCREW	VISION MEDICAL SOLUTIONS	SOLE SUPPLIER	N/A	28 518,47
SERVICE OF INSPIRED O2 HI-FLOW OXYGEN	PHOENIX NEOMED	SOLE SUPPLIER	N/A	15 687,15
INSTALLATION OF NETWORK POINTS & CENTRAL MONTHS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	29 854,00
ADULT & PAEDIATRIC VENTLATOR CIRCUITS HEATER	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	925 900,02

SERVICE AND REPAIR OF AQT MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	948 392,19
SERVICE & REPAIR OF DENTAL CHAIRS	DENTSPLY SIRONA SOUTH AFRICA	SOLE SUPPLIER	N/A	27 551,50
SERVICE & REPAIR OF DENTAL EQUIPMENT	ISTRODENT	SOLE SUPPLIER	N/A	70 236,42
SERVICE, REPAIR AND QUALITY ASSURANCE OF X - RAY MACHINES	SECOND OPINION	SOLE SUPPLIER	N/A	94 901,13
REPAIR OF AGFA MULTILOADER	TECMED	SOLE SUPPLIER	N/A	12 636,09
BETAMETHASNE 17 VALERATE 0.1 CREAM	CIPLA MEDPRO MANUFACTURE	EMERGENCY	N/A	244,77
ANNUAL SERVICE AND QUALITY ASSURANCE	LOMAEN MEDICAL	SOLE SUPPLIER	N/A	46 910,20
PROCUREMENT OF RELESTAT EYE DROP	ABBVIE	SOLE SUPPLIER	N/A	234 000,00
PROCUREMENT OF DERMABOND TUBE	BOKAMOSO CLINICAL	SOLE SUPPLIER	N/A	16 082,76
PROCUREMENT OF DRAGER NEONATAL FLOW SENSOR	DRAGER	SOLE SUPPLIER	N/A	8 822,96
PROCUREMENT OF ENSEAL LARGE JAW	BOKAMOSO CLINICAL	SOLE SUPPLIER	N/A	123 873,63
PROCUREMENT OF HERMONIC SCAPEL	BOKAMOSO CLINICAL	SOLE SUPPLIER	N/A	202 315,02
PROCUREMENT OF X-RAY CONSUMEBLES	SECOND OPINION	SOLE SUPPLIER	N/A	483 860,20
SERVICE AND REPAIR OF X - RAY MACHINES	TECMED	SOLE SUPPLIER	N/A	34 050,01
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	67 617,14
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	6 718,10
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	3 400,76
PROCUREMENT OF ABSORBABLE FIXATION SYSTEM	BARD	SOLE SUPPLIER	N/A	124 200,00
PROCUREMENT OF HYALURONIC ACID	AKON LABORATORIES	SOLE SUPPLIER	N/A	408 949,20
SERVICE OF INFANT WARMERS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	411 055,99

PROCUREMENT OF PEADIATRIC RB12 CP 1200	ENVIRO 2000	SOLE SUPPLIER	N/A	38 983,62
PROCUREMENT OF HEMOCUE CONSUMABLES	HEMOCUE SA	SOLE SUPPLIER	N/A	232 783,00
REVERSE VINYL LETTERING OF EMPLOYEEED NAMES	HONOURS BORD	SOLE SUPPLIER	N/A	23 684,25
SERVICE OF PATIENT MONITORS	KWADUBE	SOLE SUPPLIER	N/A	29 787,76
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	3 400,76
PROCUREMENT OF CYTARABINE 500MG VIALS	EQUITY PHARMACEUTICALS	EMERGENCY	N/A	33 580,00
SERVICE OF SERVO I VENTILATORS	MAQCARE	SOLE SUPPLIER	N/A	49 033,61
ANNUAL SERVICE & MAINTENANCE OF CHEST UNIT & BUCKY	AXIM	SOLE SUPPLIER	N/A	407 700,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	8 061,71
SERVICE OF C-ARM	ZHIEM IMAGING	SOLE SUPPLIER	N/A	109 488,51
SERVICE ANEATHETIC MACHINE	RESPIRATORY CARE SERVICE	SOLE SUPPLIER	N/A	76 020,67
PROCUREMENT OF MULTIGAS SAMPLE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	7 208,60
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	1 556,80
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	2 335,20
REPAIR OF ANASTHETIC MACHINE	TECMED	SOLE SUPPLIER	N/A	54 208,56
SERVICE & REPAIR OF BLT V6 PATIENT MONITORS	ECOMED MEDICAL	SOLE SUPPLIER	N/A	65 505,60
SERVICE & REPAIR OF GE V100 PATIENT MONITOR	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	41 336,69

ANNUAL CALIBRATION OF PATH SENTIERO MACHINE	LEBONE MEDICAL SUPPLIES	SOLE SUPPLIER	N/A	6 451,82
REPAIR OF BLOODGAS MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	88 881,05
MAINTENANCE SERVICE & QA OF MAMMOGRAPHY EQUIPMENT	AXIM	SOLE SUPPLIER	N/A	324 445,00
SERVICE & REPAIR OF VOLUMAT MC AGILIA INFUSION PUMP	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	275 211,79
REPAIR OF PHILIPS PATIENT MODULE & CTG	MEDSCI MEDICAL	SOLE SUPPLIER	N/A	75 819,50
SERVICE AND REPAIR OF ULTRASOUND MACHINES	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	272 706,49
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	6 229,23
PROCUREMENT OF TPN-ITN PEADS 103	FRESENIUS KABI S.A	EMERGENCY	N/A	2 015,43
REPAIR OF INCUBATOR	DRAGER MEDICAL S.A	SOLE SUPPLIER	N/A	5 328,42
ABL 800 BLOODGAS CONSUMABLES	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	282 571,04
SOFOBUVIR/VELPATASVIR 400MG	GILEAD SCIENCES S.A	EMERGENCY	N/A	13 323,08
PROCUREMENT OF CHLORHEXIDINE 4% SCRUB SOLUTIONS	SANICHEM PTY LTD	EMERGENCY	N/A	37 375,00
LIQUID PARAFFIN BP 200ML	DYNAMED PHARMACEUTICAL	EMERGENCY	N/A	43 470,00
PROCUREMENT OF RISPERIDONE POWDER FOR INJECTION 25MG AND 37,5MG	JANSSEN PHARMACEUTICA	SOLE SUPPLIER	N/A	19 919,50
SERVICE & REPAIR OF STIEGELMEYER ELECTRIC BEDS	STIEGELMEYER AFRICA	SOLE SUPPLIER	N/A	48 072,18
PROCUREMENT OF INFUSION PUMP SETS CONSUMABLES	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	492 499,16
PROCUREMENT OF GUIDE WIRE ACCESSORIES KIT	BAROQUE MEDICAL	EMERGENCY	N/A	9 959,00

CALIBRATION OF GSI MACHINE	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	6 822,95
SERVICE OF THEATRE TABLE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	200 259,01
SERVICE OF INCUBATORS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	56 272,36
SERVICE AND REPAIR OF STERILIZER	ER BERNARD	SOLE SUPPLIER	N/A	74 410,94
SERVICE OF HUMIDIFIERS FISHER AND PAY KER	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	221 467,28
REPAIR AND SERVICE OF ARCADIS C-ARM UNIT	SIEMENS HEALTHCARE	SOLE SUPPLIER	N/A	28 055,40
PROCUREMENT OF TESTOSTERONE CYPIONATE INJECTION	PFIZER LABORATORIES	SOLE SUPPLIER	N/A	14 901,00
PROCUREMENT OF NATAMYCIN OPHTHALMIC SUSPENSION	EQUITY PHARMACEUTICALS	SOLE SUPPLIER	N/A	87 175,08
PROCUREMENT OF NEOSTIGMINE METHYLSULPHATE INJECTION	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	32 366,75
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	12 996,50
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	1 556,80
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	139 852,00
SERVICE OF ECG	KWADUBE	SOLE SUPPLIER	N/A	76 434,75
SERVICE OF AFFINITY 50 ULTRASOUND MACHINES	PHILIPS MEDICAL SA	SOLE SUPPLIER	N/A	29 034,59
PROCUREMENT OF COLISTIMETHATE SODIUM 1MU	EQUITY PHARMACEUTICALS	EMERGENCY	N/A	7 621,43
PROCUREMENT OF PATIENT HOSE 250CM	TECMED	SOLE SUPPLIER	N/A	379 386,50
PROCUREMENT OF PEPERACILIN	FRASENEUS KABI S.A	SOLE SUPPLIER	N/A	161 149,00

PROCUREMENT OF NATAMYCIN OPHTHALMIC SUSPENSION	EQUITY PHARMACEUTICALS	SOLE SUPPLIER	N/A	87 175,08
SERVICE & REPAIR OF ONE X-VME 985 SERIAL NO VG221413 GASTROSCOPY	NEW MEDICA ENDOSCOPY	SOLE SUPPLIER	N/A	91 909,15
SERVICE AND REPAIR OF XG0430(MCR071G0167	TECMED	SOLE SUPPLIER	N/A	43 374,44
SERVICE & REPAIR OF COLONOSCOPY MACHINE	NEW MEDICA ENDOSCOPY	SOLE SUPPLIER	N/A	91 909,15
REPLACEMENT OF AUTOMATIC CHANGE -OVER RELAYS TERMINATION CABLE	MUNANDIS ELECTRICAL	SOLE SUPPLIER	N/A	145 838,40
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	7 424,10
SERVICE AND REPAIR OF UPS	KINGKI ELECTRICAL CONTRACTOR	SOLE SUPPLIER	N/A	71 755,41
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	5 065,52
CALIBRATION SPEECH THERAPY	STANGER	SOLE SUPPLIER	N/A	15 582,50
SERVICE AND REPAIR OF SPEECH THERAPY	LABORE	SOLE SUPPLIER	N/A	9 050,14
CALIBRATION OF X-RAY MACHINE	TECMED	SOLE SUPPLIER	N/A	23 303,53
SERVICE OF ANAESTHETIC MACHINES	DRAGER	SOLE SUPPLIER	N/A	27 697,44
SERVICE OF ANAETETIC MACHINE	DRAGER SOUTH AFRICA	SOLE SUPPLIER	N/A	86 027,13
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	8 366,26
SERVICE OF RADIOLOGICAL MOBILE MACHINES	TECMED	SOLE SUPPLIER	N/A	22 092,65
REPAIR OF ANASTHETIC MACHINE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	37 299,68

SERVICE OF 2 DENTAL CHAIRS AND THEIR LIGHTS	DENTSPLY SIRONA SOUTH AFRICA	SOLE SUPPLIER	N/A	386 330,60
SERVICE AND REPAIR OF MEDICAL EQUIPMENTS: THEATRE LIGHTS	HEALTHCARE SPECIALISTS CC	SOLE SUPPLIER	N/A	184 442,75
SERVICE OF AUTOCLAVE	SUGAR CREEK TRADING	SOLE SUPPLIER	N/A	136 494,19
SERVICE OF CREATIVE MEDICAL PC-900 AND CREATIVE MEDICAL UP-700 PATIENT MONITORS	CLASS THREE MEDICAL SOLUTIONS	SOLE SUPPLIER	N/A	94 901,50
SERVICE AND REPAIR OF CREATIVE MEDICAL PATIENTS MONITORS	CLASS THREE MEDICAL SOLUTIONS	SOLE SUPPLIER	N/A	94 901,50
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	66 406,85
SERVICE AND REPAIR OF CALIBRATION	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	8 682,50
SERVICE, REPAIR AND CALIBRATION OF EQUIPMENTS	STANYER ELECTROSERVE	SOLE SUPPLIER	N/A	15 582,50
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	8 355,39
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	1 398,52
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	4 094,04
PROCUREMENT OF TPN-ITN 8805A	FRESENIUS KABI S.A	EMERGENCY	N/A	7 250,96
PROCUREMENT OF VOLUME LINE VLON 90,250/CM ONCOLOGY OPAQUE	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	14 441,70
SERVICE & REPAIR OF CTG MACHINE & PROBES	HEALTHCARE SPECIALIST	SOLE SUPPLIER	N/A	108 834,29
SERVICE OF CALIBRATOR AND REPAIR OF TWO NEONATAL CPAP WILAFLOW	PHOENIX NEOMED	SOLE SUPPLIER	N/A	32 412,75

PROCUREMENT OF TUBE ENDOTRACHEAL NON CUFF DUAL 4.0 AND 2.5	TELEFLEX MEDICAL	SOLE SUPPLIER	N/A	7 047,20
PROCUREMENT OF TUBE ENDOTRACHEAL NON CUFF DUAL 3.0 AND 3.5	TELEFLEX MEDICAL	SOLE SUPPLIER	N/A	3 521,30
PROCUREMENT OF LARYNGEAL MASK AIRWAY	TELEFLEX MEDICAL	SOLE SUPPLIER	N/A	29 442,76
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	9 586,60
SERVICE & REPAIR OF BRUSH CUTTERS	STAR SPARES TZANEEN HUSQVARNA	SOLE SUPPLIER	N/A	4 528,48
REPAIRING OF BROKEN ROLLERS AND PARTS OF CARESTREAM	AXIM	SOLE SUPPLIER	N/A	25 679,48
REPAIR OF X-RAY BED MOVEMENT AND COMPUTER FUNCTIONS	TECMED	SOLE SUPPLIER	N/A	8 353,95
SERVICE OF KOKO LEGEND SPIROMETER	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	10 344,25
REPAIR OF NIHON KOHDEN MONITOR	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	17 242,95
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	3 304,95
REPAIR OF GMM SYMBOL C - ARM X - RAY MACHINE	TECMED	SOLE SUPPLIER	N/A	12 699,45
REPAIR OF GAS STERILIZER	MARCUS MEDICAL	EMERGENCY	N/A	10 161,91
REPLACEMENT OF STANDBY GENERATOR AND REPAIR OF RADIATOR	KINGKI ELECTRICAL CONTRACTOR	SOLE SUPPLIER	N/A	33 435,19
SERVICE AND REPAIR OF 4 INCUBATORS	PHOENIX NEOMED	SOLE SUPPLIER	N/A	59 284,80
PROCUREMENT OF INJECTOMAT SYRINGES AND EXT SETS	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	8 518,05

PROCUREMENT OF NUTRITION SUPPLIMENTS - FIN 85 SACHETS	NESTLE SA	SOLE SUPPLIER	N/A	18 506,88
PROCUREMENT OF INFANT HIGH FLOW NASAL CANNULA	PHOENIX NEOMED	SOLE SUPPLIER	N/A	22 080,00
PROCUREMENT OF INJECTOMAT LINE	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	12 328,00
PROCUREMENT OF MAICO TYMPANOMETER AND SENTIERO SCREENER	LEBONE MEDICAL SUPPLIES	SOLE SUPPLIER	N/A	8 203,53
CALIBRATION OF AUDIOMETER	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	5 896,05
REPAIR OF MINDRAY SV 300 VENTILATOR	ECOMED MEDICAL	SOLE SUPPLIER	N/A	82 136,15
SERVICE AND REPAIR OF VAPOTHERM HIGH FLOW	BAKONI MEDICAL SUPPLIERS	SOLE SUPPLIER	N/A	47 506,96
SERVICE AND REPAIR OF CHEIRON MOBILE SECTIONS X 21	EAST COAST TRADING SOLUTIONS	SOLE SUPPLIER	N/A	32 893,68
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	16 829,64
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	14 310,19
PROCUREMENT OF GLYCERINE ADULT 1.689ML/2G SUPPOSITORY	ASPEN PHARMACARE	SOLE SUPPLIER	N/A	8 328,36
PROCUREMENT OF ITRACONAZOLE 100MG CAPSULES	ADCOCK INGRAM HEALTHCARE	EMERGENCY	N/A	11 779,71
SERVICE OF BLOOD GAS ANALYSER	THE SCIENTIFIC GROUP	SOLE SUPPLIER	N/A	22 396,17
SERVICE AND REPAIR OF X - RAY MACHINES	TECMED	SOLE SUPPLIER	N/A	24 501,78
REPAIR OF IPC CONSOLE	MEDTRONIC AFRICA	SOLE SUPPLIER	N/A	9 737,94
PROCUREMENT OF TUBE ENDOTRACHEAL NON CUFF DUAL 5.0; 6.0; 6.5; 7.0; 7.5 & 8.0	TELEFLEX MEDICAL	SOLE SUPPLIER	N/A	28 893,75

PROCUREMENT OF IODINE-123 MIBG	NATIONAL RESEARCH FOUNDATION	EMERGENCY	N/A	911,59
NEGATIVE PRESSURE WOUND THERAPY KIT	BLU ADV MEDICAL	SOLE SUPPLIER	N/A	287 744,61
PROCUREMENT OF ENSEAL LARGE JAW 20CM	JOHNSON & JOHNSON MEDICAL	SOLE SUPPLIER	N/A	660 193,84
REPAIR OF TELESCOPE	KARL STORZ ENDOSCOPY S.A	SOLE SUPPLIER	N/A	66 615,81
PROCUREMENT OF TESTOSTORENE	PFIZER LABORATORIES	SOLE SUPPLIER	N/A	2 483,50
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	2 797,04
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	19 659,63
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	25 139,62
REPAIR OF ANASTHETIC MACHINE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	53 994,91
REPAIR AND SERVICE OF X-RAY MACHINE	SECOND OPINION	SOLE SUPPLIER	N/A	42 008,83
SERVICE OF ACCTRONIC RABIAN CPAP MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	14 395,63
SERVICE OF MIDRAY UMT 200 ULTRASOUND	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	21 106,15
SERVICE AND REPAIR OF RADIOLLOGIA MOBILE X - RAY	TECMED	SOLE SUPPLIER	N/A	6 290,39
SERVICE AND REPAIR OF X - RAY MACHINES	TECMED	SOLE SUPPLIER	N/A	17 965,19
SERVICE OF VENTILATORS	MAQCARE	SOLE SUPPLIER	N/A	41 956,32
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	4 894,82
PROCUREMENT OF VOLUME LINE VLPN	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	50 352,75
RE-GAS THE SYTEM	SUGER CREEK TRADING	SOLE SUPPLIER	N/A	315 129,90

SERVIICE OF AMPLA INFANT WARMER	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	97 014,24
PROCUREMENT OF ARTERIAL CARTHETERICATION SETS	TELEFLEX MEDICAL	SOLE SUPPLIER	N/A	102 422,45
PROCUREMENT OF PREDNISOLONE	ASPEN PHARMACARE	SOLE SUPPLIER	N/A	62 382,50
PROCUREMENT OF ULRICH MEDICAL XD8000 CT MOTION PATIENT HOSE AND PUMP TUBES	TECMED	SOLE SUPPLIER	N/A	117 697,90
PROCUREMENT OF BLOOD INFUSION SETS, PARENTERAL NUTRITION SETS AND STANDARD INFUSION SETS	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	254 085,60
PROCUREMENT OF NEONATAL TEST LUNG, REUSABLE. NEONATAL FLOW SENSOR, NEONATAL INSERT AND FILTER	DRAGER SOUTH AFRICA	SOLE SUPPLIER	N/A	99 043,01
PROCUREMENT OF NEOPUFF CONSUMABLES	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	12 558,00
SERVICE & REPAIR OF ULTRASOUND AND SONER MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	72 533,08
SERVICE & REPAIR OF BOOSTER PUMP	PROCOST	SOLE SUPPLIER	N/A	R139289.26
SERVICE & REPAIR OF MEDICAL PATIENT MONITORS	CLASS THREE MEDICAL SOLUTIONS	SOLE SUPPLIER	N/A	120 098,14
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	8 911,89
PROCUREMENT OF COLISTIMETHATE SODIUM IMU	EQUITY PHARMACEUTICALS	EMERGENCY	N/A	15 890,52
PROCUREMENT OF PUMP SETS CONSUMABLES	FRSENIUS KABI S.A	SOLE SUPPLIER	N/A	68 310,02
REPAIR OF GAS STERILIZER	MARCUS MEDICAL	SOLE SUPPLIER	N/A	27 457,27

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	26 122,47
REPAIR OF TELESCOPE EQUIPMENT	KARL STORZ ENDOSCOPY S.A	SOLE SUPPLIER	N/A	32 740,42
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	2 797,04
PROCUREMENT OF HYDROXYETHYL STARCH AND SODIUM CHLORIDE INJECTION	FRESENIUS KABI S.A	SOLE SUPPLIER	N/A	979 800,00
REMOVAL & DECOMMISSIONING OF HDR GAMMAMED	SIEMENS HEALTHCARE	SOLE SUPPLIER	N/A	31 372,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI S.A	EMERGENCY	N/A	16 071,97
REPAIR OF GMM C - ARM HANDSWITCH	TECMED	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF VEIN FINDER	ABELA AFRICA MEDICAL	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF GLASS BLLS	SURGICAL AND OPHTHALMIC SUPPLIES	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF PREDNISOLONE 1% EYE DROPS	ABBVIE	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF AMPHOTERIC B INJECTION 50MG	EQUITY PHARMACEUTICALS	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF 3M STERI - GAS CARTRIDGE	LIORA MEDICAL SUPPLIES	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF 3D MAX MESH	BARD MEDICAL SA	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF HEMOCUE GLUCOSE TEST SLIDES	HEMOCUE SA	SOLE SUPPLIER	N/A	45 201,00
REPAIR OF FLUOROSCOPY MACHINE	TECMED	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF HYDROXYTHYL STARCH	FRESENIUS KABI	SOLE SUPPLIER	N/A	45 201,00
PROCUREMENT OF INFlixIMAB 100MG INJECTION	CIPLAS MEDRO	SOLE SUPPLIER	N/A	45 201,00

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	7 163,30
PROCUREMENT OF ABL90 FLEX SOLUTION AND SENSOR CASSETTE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	346 737,81
PROCUREMENT OF SMPHOTERICIN B 50MG INJECTION	EQUITY PHARMACEUTICALS	SOLE SUPPLIER	N/A	9 301,20
PROCUREMENT OF OPTIFLOW JUNIOR CANNULA AND OJ2 WIGGLEPAD	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	215 855,00
PROCUREMENT OF HAMILTON BREATHING CIRCUIT	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	435 973,16
SUPPLY AND DELIVERY OF STERRAD	ASP SOUTH AFRICA	SOLE SUPPLIER	N/A	459 904,17
SERVICE AND REPAIR OF X - RAY MACHINE	AXIM	SOLE SUPPLIER	N/A	R66 468.57
SERVICE AND REPAIR OF X - RAY MACHINE	TECMED	SOLE SUPPLIER	N/A	17 132,93
EMERGENCY PROCUREMENT OF TPN -ITN 8804	FRESENIUS KABI S.A	EMERGENCY	N/A	6 228,20
PROCUREMENT OF CT SCAN OPTIVANTANGE PRESSURE SYRINGE 200ML	GUERBET	SOLE SUPPLIER	N/A	45 202,00
CALLIBRATION OF EQUIPMENT	LEBONE MEDICAL SUPPLIES	SOLE SUPPLIER	N/A	R7 054.35
EMERGENCY PROCUREMENT OF ITRACONAZOLE 100MG CAPSULES	JANSSEN PHARMACEUTICAL	EMERGENCY	N/A	9 941,00
PROCUREMENT OF FENOTEROL HYDROBROMIDE INHALATION SOLUTION	ADCOCK INGRAM HEALTHCARE	SOLE SUPPLIER	N/A	45 450,88
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	3 799,14
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	4 195,56

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	15 475,35
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	11 978,26
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	11 978,26
PROCUREMENT OF DEXAMETHASONE AND CHLORAMPHENICAL OPHTHALMIC DROPS	ADCOCK INGRAM HEALTHCARE	SOLE SUPPLIER	N/A	630 800,00
REFILL HELIUM 400L	GE MEDICAL SYSTEM SOUTH AFRICA	SOLE SUPPLIER	N/A	754 730,49
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	3 799,14
PROCUREMENT OF DACTINOMYCIN 0.5MG VIALS	KEY ONCOLOGICS PTY LTD	SOLE SUPPLIER	N/A	293 859,50
PROCUREMENT OF L-ASPARAGINASE 10 000IU INJECTION	PHARMACARE LIMITED	SOLE SUPPLIER	N/A	228 180,40
EMERGENCY PROCUREMENT OF COLISTIMETHATE SODIUM 1MU	EQUITY PHARMACEUTICALS PTY	EMERGENCY	N/A	9 315,08
PROCUREMENT OF FOLDABLE SOFT INTRAOCULAR LENS	ALCON	SOLE SUPPLIER	N/A	45 210,00
PROCUREMENT OF RE - USABLE HANDPIECE FOR RECTAL BIOSPY	ENVIRO 2000	SOLE SUPPLIER	N/A	45 211,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	17 402,59
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	2 532,76
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	17 402,59
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	3 113,60

REPAIR C2 HAMILTON VENTILATOR	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	29 966,21
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	18 152,52
REPAIR OF FUJIFILM GASTROSCOPE 01	HIGH TECH MEDICAL SERVICES	SOLE SUPPLIER	N/A	3 760,50
MAINTENANCE OF SHIMADZU OPEN SCOPE UNIT	AXIM	SOLE SUPPLIER	N/A	24 188,82
EMERGENCY PROCUREMENT OF VIGABATRIN 500MG TABLETS	SANOFI-AVENTIS SOUTH AFRICA	EMERGENCY	N/A	9 539,60
LAMOTRIGINE 5MG DISPERSIBLE TABLETS	PHARMACARE LIMITED	SOLE SUPPLIER	N/A	205,48
REPAIR OF MEDICAL GAS BANK	TEMPCOOL TRADING AND AIR CONDITIONING	SOLE SUPPLIER	N/A	R323 437.50
PROCUREMENT OF ZC 100 RIBBON COLOUR 800 PRINT	TELEVONIC COMMUNICATION	SOLE SUPPLIER	N/A	45 218,00
EMERGENCY PROCUREMENT OF SURGICAL GOWNS LONG SLEEVE LARGE AND X-LARGE	MEDICAL PLANT PTY LTD	EMERGENCY	N/A	69 000,00
EMERGENCY PROCUREMENT OF DOXORUBICIN 50MG INJECTIONS	FRESENIUS KABI S.A	EMERGENCY	N/A	138 805,00
SERVICE OF SONOSCOPE ULTRASOUND X2	AXIM	SOLE SUPPLIER	N/A	19 875,45
EMERGENCY PROCUREMENT OF CARONARY ANGIOGRAPHY KIT	BLU ADV MEDICAL	EMERGENCY	N/A	36 225,00
PROCUREMENT OF HD MACHINE AND GRANUMIX PLUS PARTS	FRESENIUS MEDICAL CARE S.A	SOLE SUPPLIER	N/A	67 603,07
PROCUREMENT OF NOVA BED PARTS	FRESENIUS TRADING CARE	SOLE SUPPLIER	N/A	199 341,51
SERVICE AND REPAIR OF 2 CHAINSAWS AND ONE BLOWER	STAR SPARES TZANEEN	SOLE SUPPLIER	N/A	R11308.02

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	12 461,29
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	23 001,15
SONOSCOPE ULTRASOUND PROBE	AXIM	SOLE SUPPLIER	N/A	71 054,34
SUCTION MACHINE WOUND POWER ADAPTER & CANISTER	BLU ADV MEDICAL	SOLE SUPPLIER	N/A	40 503,12
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	22 308,50
PROCUREMENT OF PSYCHOLOGICAL TESTS	TVR PSYCHO METRIC	SOLE SUPPLIER	N/A	145 336,51
REPAIR OF THEATRE BEDS	TECMED	SOLE SUPPLIER	N/A	45 238,00
SERVICE OF CANON CT AQUILION	TECMED	SOLE SUPPLIER	N/A	20 649,29
SERVICE OF DEFIBRILATOR	MEDSCI	SOLE SUPPLIER	N/A	49 054,08
CALIBRATION OF EQUIPMENT	STANYER ELECTROSERVE	SOLE SUPPLIER	N/A	15 582,50
ANNUAL SERVICING AND QUALITY ASSURANCE OF EQUIPMENT	TECMED	SOLE SUPPLIER	N/A	11 774,85
REPAIR OF X - RAY UNIT	PHILIPS MEDICAL	SOLE SUPPLIER	N/A	400 178,35
CALIBRATION OF AUDIOMETER R37A - HF	STANYER ELECTROSERVE	SOLE SUPPLIER	N/A	15 582,50
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	20 768,02
PROCUREMENT OF VITAL IMAGES	TECMED	SOLE SUPPLIER	N/A	56 011,44
PROCUREMENT OF AUTOPSY SAW	ENVIRO 2000	SOLE SUPPLIER	N/A	22 506,66
PROCUREMENT OF GEM CARTRIDGE	ILLEX SA	SOLE SUPPLIER	N/A	97 439,50
SERVICE AND REPAIR PULSE OXIMETER	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	13 527,87
SERVICE AND REPAIR VIT SIGN MONITOR	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	13 527,87

PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	6 588,07
PROCUREMENT OF BIPERIDEN 2MG TABLETS	PHARMACO	SOLE SUPPLIER	N/A	45 247,00
REPAIR OF SONOPLUS 692	MEDIOTRONICS	SOLE SUPPLIER	N/A	45 247,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	7 177,53
EMERGENCY PROCUREMENT OF COLISTIMETHATE SODIUM 1MU INJECTION	EQUITY PHARMACEUTICALS PTY	EMERGENCY	N/A	16 936,50
EMERGENCY PROCUREMENT OF TPN-ITN PEADS 107	FRESENIUS KABI SOUTH AFRICA	EMERGENCY	N/A	3 889,53
EMERGENCY PROCUREMENT OF INTRA NEURO FOR BABY SHIVAMBU M	VISION MEDICAL SOLUTION	EMERGENCY	N/A	27 989,91
PROCUREMENT OF ECG MONITOR	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	11 748,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	6 992,60
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	R19 783.25
EMERGENCY PROCUREMENT OF CORONARY ANGIOGRAPHY KIT	SSEM MTHEMBU MEDICAL	EMERGENCY	N/A	27 700,05
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION	FRESENIUS KABI	EMERGENCY	N/A	7 259,88
PROCUREMENT OF EPHEDRINE 50MG AMPOULE	PFIZER LABOROTRIES	SOLE SUPPLIER	N/A	45 259,00
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	R50 616.52
PROCUREMENT OF HYDROXYLIC STARCH	FRESENIUS KABI	SOLE SUPPLIER	N/A	163 300,00
PROCUREMENT OF PONOPROSTONE	PFIZER LABORATORY	SOLE SUPPLIER	N/A	4 480,00

SERVICE & REPAIR OF DERMATOLOGY MACHINE	SKINTECH	SOLE SUPPLIER	N/A	95 306,00
PROCUREMENT OF DAUNORUBIC HCC 20MG 1 VIAL	PFIZER LABORATORIES PTY LTD	EMERGENCY	N/A	3 653,70
PROCUREMENT OF COLISTIMETHATE SODIUM 1MU	EQUITY PHARMACEUTICALS PTY LTD	EMERGENCY	N/A	16 936,50
SERVICE AGFA DIGITIZER	TECMED	SOLE SUPPLIER	N/A	28 751,20
PROCUREMENT OF FOOT PADDLE SUCTION	CLASS THREE MEDICAL SOLUTIONS	EMERGENCY	N/A	20 412,50
ANNUAL SERVICE & MAINTENANCE & QUALITY OF CT SCANNER FOR 4 MONTHS	TECMED	SOLE SUPPLIER	N/A	173 880,00
SERVICE OF MINDRAY V800 MONITORS X 20	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	116 372,62
SERVICE AND REPAIR OF VENTILATOR	ECOMED MEDICAL	SOLE SUPPLIER	N/A	24 361,62
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	R43 446.30
SERVICE OF INCUBATORS	PHOENIX NEOMED	SOLE SUPPLIER	N/A	94 761,75
SERVICE AND REPAIR OF ANAESTHETIC MACHINE	TECMED	SOLE SUPPLIER	N/A	R67 897.56
SERVICE AND REPAIR OF X - RAY MACHINE	SIEMENS HEALTHCARE	SOLE SUPPLIER	N/A	R30 396.80
REPAIR OF CT AQUILLIO ONE	TECMED	EMERGENCY	N/A	47 002,86
REPAIR OF CATHLAB MACHINEARTIS ZEEGO	SIEMENS HEALTHCARE	EMERGENCY	N/A	200 218,88
SERVICE & REPAIR OF LAUNDRY AIR COMPRESSORS	TEMPCOOL TRADING AND AIR CONDITIONERS	EMERGENCY	N/A	221 235,97
SERVICE AND REPAIR OF X - RAY MACHINE	PHILIPS SOUTH AFRICA COMMERCIAL	SOLE SUPPLIER	N/A	R39 938.58
PROCUREMENT OF X-LINK CABLE STACK	KARL STORZ ENDOSCOPY S.A	SOLE SUPPLIER	N/A	29 548,87
REPAIR OF DS MAREF TOURNIQUET MACHINE	KWA-DUBE MEDICAL	SOLE SUPPLIER	N/A	14 266,44

PROCUREMENT OF COLISTIMETHATE SODIUM 1MU	EQUITY PHARMACEUTICALS PTY LTD	EMERGENCY	N/A	16 936,50
SERVICE ECG MACHINE	TECMED	SOLE SUPPLIER	N/A	10 636,35
REPAIR FUJIFILM GASTROSCOPE	HIGH TECH MEDICAL SERVICES	SOLE SUPPLIER	N/A	3 760,50
SERVICE OF SCHMITZ THEATRE TABLE	DELTA SURGICAL	SOLE SUPPLIER	N/A	74 428,95
SERVICE OF MEGADYNE ELECTRO SURGICAL UNIT	JOHNSON & JOHNSON MEDICAL	SOLE SUPPLIER	N/A	32 210,40
SERVICE OF GAS STERILIZER (STERRAD)	MARCUS MEDICAL	SOLE SUPPLIER	N/A	179 351,27
PROCUREMENT OF TPN-ITN BABY 100	FRESENIUS KABI S.A	EMERGENCY	N/A	2 335,20
SERVICE AND REPAIR X-RAY CR SYSTEM	AXIM	SOLE SUPPLIER	N/A	83 684,11
SERVICE PATIENT MONITORS	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	47 526,39
SERVICE SONAR MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	57 000,00
SERVICE ORTHOPAEDIC THEARTHE TABLES	TECMED	SOLE SUPPLIER	N/A	152 353,05
SERVICE INCUBATORS	SSEM MTHEMBU	SOLE SUPPLIER	N/A	89 280,75
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	6 945,81
TRANSPORTATION, CONNECTION & TESTING OF STANDBY GENERATOR	THUTHUKA NATHI	SOLE SUPPLIER	N/A	347 392,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 097,78
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	8 489,70
SERVICE REPAIR OF CPAP MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	21 357,01
MINOR SERVICE OF THEATRE AUTOCLAVE	SUGAR GREEK TRADING 29	SOLE SUPPLIER	N/A	75 925,89

SERVICE & REPAIR OF AGFA X-RAY MACHINE	TECMED	SOLE SUPPLIER	N/A	16 327,24
SERVICE & REPAIR OF VENTILATORS	SSEM MTHEMBU	SOLE SUPPLIER	N/A	139 956,00
REMOVAL OF BEES	AFRI HONEY	SOLE SUPPLIER	N/A	4 800,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	6 994,01
REPAIR OF VISTA 120 MODEL PATIENT MONITOR	DRAGER SOUTH AFRICA	SOLE SUPPLIER	N/A	21 279,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	6 293,34
SERVICE ABD REPAIR OF X - RAY MACHINE	TECMED	SOLE SUPPLIER	N/A	26 373,18
PROCUREMENT OF SMARTBAG	FRESENIUS MEDICAL CARE	EMERGENCY	N/A	123 454,80
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	5 231,62
REPAIR OF GRANUMIX PLUS	FRESENIUS MEDICAL CARE	EMERGENCY	N/A	144 835,12
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	6 992,60
MAJOR SERVICE AND REPAIR OF TWO AUTOCLAVES MACHINES THEATRE AND CSSD	QUALITY SALES AND SERVICES	SOLE SUPPLIER	N/A	R173808.70
SERVICE OF ULTRASOUND MACHINE	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	30 751,77
SERVICE AND REPAIR MEDICAL EQUIPMENTS	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	51 379,52
REPAIR OF MEDICAL COMPRESSOR	BELTA SERVICES	SOLE SUPPLIER	N/A	55 602,50
SERVICE AND ANNUAL QUALITY ASSURANCE TEST	SECOND OPINION	SOLE SUPPLIER	N/A	30 903,62

REPAIR DIAGNOSTIC AUDIOMETER CALLIBRATION	STANYER ELECTROSERVE	SOLE SUPPLIER	N/A	13 972,15
PROCUREMENT OF FUJIFILM ENDOSCOPY PROCESSOR STACK	HIGH TECH MEDICAL SERVICE	SOLE SUPPLIER	N/A	345 806,50
REPAIR OF EQUIPMENT PATIENT MODULE & CTG	MEDSCI NMEDICAL EQUIPMENT & SUPP	SOLE SUPPLIER	N/A	89 642,50
REPAIR OF ABL 800 BLOODGAS MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	126 004,30
SERVICE AND REPAIR OF PATIENT MONITORS	RESPIRATORY CARE AFRICA	SOLE SUPPLIER	N/A	R349350.44
PROCUREMENT OF CONSUMABLES	FRESENIUSKABI	SOLE SUPPLIER	N/A	2 015,43
SERVICE X-RAY MACHINE	ZIEM	SOLE SUPPLIER	N/A	29 552,70
PROCUREMENT OF COLISTIMETHOTE SODIUM	EQUITY PHARMACEUTICAL	EMERGENCY	N/A	12 702,38
SUPPLY AND REPAIR BLT BIDLIGHT EQUIPMENT PATIENT MONITORS	ECOMED MEDICAL	SOLE SUPPLIER	N/A	R30409.86
SUPPLY AND SERVICE OF HUSGUARVANA EQUIPMENT	STAR SPARES	SOLE SUPPLIER	N/A	R23577.83
SERVICE & REPAIR OF MEDHOLD PATIENT MONITORS	MEDHOLS	SOLE SUPPLIER	N/A	27 434,12
SERVICE & MAINTENANCE OF DENTAL CHAIR	WRIGHT MILLNERS	SOLE SUPPLIER	N/A	7 320,80
SERVICE ABD REPAIR OF X - RAY MACHINE	AXIM	SOLE SUPPLIER	N/A	116 130,27
SHIMADZU X-RAY UNIT SERVICES & QA TEST	AXIM	SOLE SUPPLIER	N/A	R51763.80
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	9 338,03
REPLACEMENT OF CHARGE OVER SWITCH	THUTHUKANATHI CONSULTANTS	SOLE SUPPLIER	N/A	51 750,00
PURCHASE OF SIDESTREAM MULTIGAS SAMPLE	ECOMED MEDICAL	SOLE SUPPLIER	N/A	8 100,50

SERVICE AND REPAIR OF LENS CUTTING MACHINE	HUVITZ OPTICS	SOLE SUPPLIER	N/A	35 282,00
PROCUREMENT OF COLLSTIMETHATE SODIUM 1MU INJECTION	EQUITY PHARMACEUTICALS PTY LTD	EMERGENCY	N/A	29 638,88
SERVICE OF BLOOD GAS MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	R261,151.54
PROCUREMENT OF SNAKE BITE ANTISERA, SPIDER ANTIVENOM 5ML AND SCORPION ANTIVENOM 5ML	NATIONAL HEALTH LABORATORY SERVICE	SOLE SUPPLIER	N/A	928 620,00
SERVICE OF ANAESTHETIC MACHINE	TECMED	SOLE SUPPLIER	N/A	71 218,09
CALLIBRATION MAINTENANCE	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	6 503,25
SERVICE AND REPAIR OF OPTICAL CHAIR	HUVITZ OPTICS	SOLE SUPPLIER	N/A	6 727,50
CALLIBRATION MAINTENANCE	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	20 326,25
SERVICE OF STEELCO SCOPE WASHER DISINFECTORS	SSEM MTHEMBU MEDICAL	SOLE SUPPLIER	N/A	45 471,00
BF -10 BAY I WIDE (10 BAYS) MOBILE CABINETS	TIDY FILES	SOLE SUPPLIER	N/A	316.100.25
CALLIBRATION MAINTENANCE	HASS INDUSTRIAL	SOLE SUPPLIER	N/A	6 503,25
PROCUREMENT OF METHYLPHENIDATE HYDROCHLORIDE CAPSULES 20MG	NOVARTIS SA	SOLE SUPPLIER	N/A	371 328,00
PROCUREMENT OF RISPERIDONE POWDER FOR INJECTION 25MG	JANSSEN PHARMACEUTICA	SOLE SUPPLIER	N/A	34 305,60
PROCUREMENT OF SENSOR CARD	THE SCIENTIFIC GROUP	SOLE SUPPLIER	N/A	265 592,50
SERVICE OF X - RAY MACHINE	AXIM	SOLE SUPPLIER	N/A	32 150,27
PROCUREMENT OF RISPERIDONE POWDER FOR INJECTION 37,5MG	JANSSEN PHARMACEUTICA	SOLE SUPPLIER	N/A	152 717,40
REPAIR MAINTENANCE OF CALIBRATION	SIEMENS HEALTHCARE	SOLE SUPPLIER	N/A	53 578,68

SERVICE & REPAIR OF STANDBY GENERATOR FOR GIYSNI HEALTH CENTRE	THENGA HOLDINGS	SOLE SUPPLIER	N/A	177 693,88
SERVICE AND REPAIR OF FLUID WARMER	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	17 401,71
SERVICE AND REPAIR DATEX OMDE NAESTHETIC MACHINE	MEDHOLD MEDICAL	SOLE SUPPLIER	N/A	76 182,74
SERVICE AND REPAIR OF STANDBY GENERATOR AT NKOMO CLINIC	MNANDIS ELECTRICAL	SOLE SUPPLIER	N/A	132 581,23
PROCUREMENT OF MITOXANTRONE 2MG/ML VIAL	SANDOZ SOUTH AFRICA PTY LTD	EMERGENCY	N/A	59 956,00
SERVICE & REPAIR OF BRILLIANCE BIG BORE CT STIMULATOR	PHILIPS	SOLE SUPPLIER	N/A	30 545,47
PROCUREMENT OF GEM CARTRIDGE	ILEX S.A	SOLE SUPPLIER	N/A	121 369,85
PROCUREMENT OF FINGER SENSOR	CLASS THREE MEDICAL	SOLE SUPPLIER	N/A	59 093,68
PROCUREMENT OF BLOOD GAS CATRIDGE	ILEX SA(PTY)LTD	SOLE SUPPLIER	N/A	68 468,70
SERVICE AND REPAIR OF GARDENING EQUIPMENT	STAR SPARES	SOLE SUPPLIER	N/A	14 956,67
SERVICE AND REPAIR OF MEDICAL AIR COMPRESSOR	BELTA SERVICES	SOLE SUPPLIER	N/A	239 013,42
REPAIR OF TROUBLESHOOTING BIOS	SIEMENS	SOLE SUPPLIER	N/A	28 897,06
SCHILLER CARDIOVIT AT- 102 PLUS ECG PAPERS	TECMED	SOLE SUPPLIER	N/A	9 171,17
SERVICE OF FUJIFILM ENDO SCOPIC STACK	HIGH TECH MEDICAL SERVICES	SOLE SUPPLIER	N/A	14 317,96
ASSISTIVE DEVICES FOR POST-LARYNGECTOMY	VERTICE HEALTHCARE	SOLE SUPPLIER	N/A	152 618,34
PROCUREMENT OF CATRIDGE FOR MACHINE	ILEX SOUTH AFRICA	SOLE SUPPLIER	N/A	18 402,30
SERVICE AND REPAIR X RAY MACHINE	SECOND OPINION SYSTEM	SOLE SUPPLIER	N/A	192 457,61

PROCUREMENT OF SYRINGE	ILEX SOUTH AFRICA	SOLE SUPPLIER	N/A	9 604,80
TPN-ITN PEAD 107	FRESENIUS KABI SOUTH AFRICA	EMERGENCY	N/A	2 917,15
SERVICE AND REPAIR OF X - RAY MACHINE	AXIM	SOLE SUPPLIER	N/A	26 689,20
SERVICE AND REPAIR OF MOTHER BOARD	TECMED	SOLE SUPPLIER	N/A	50 230,35
DAUNORUBICIN 20MG/ML POWDERINJECTION	PFIZER LABORATORY PTY LTD	EMERGENCY	N/A	3 653,70
REPAIR OF MEDICINE/VACCINE FRIDGES X 4	M40 REFRIGERATION	EMERGENCY	N/A	65 116,91
SERVICE OF ANESTHETIC MACHINE	ECOMED	SOLE SUPPLIER	N/A	50 552,73
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	10 488,90
PROCUREMENT OF REUSABLE INSUFFLATOR HEATING	B BRAUN MEDICAL	SOLE SUPPLIER	N/A	32 610,24
PROCUREMENT OF CLOBAZAM 10MG TABLET 100	SANOVI AVENTIS SA	SOLE SUPPLIER	N/A	4 418,50
PROCUREMENT OF SKIN GRAFT CARRFLIS	B-BRAUN	SOLE SUPPLIER	N/A	10 242,15
PROCUREMENT OF ENDOSCOPIC CAMERA & COLD LIGHT XENON BULB	KARL STORZ ENDOSCOPY S.A	SOLE SUPPLIER	N/A	372 388,30
SERVICE OF DENTAL CHAIR	ISTRODENT	SOLE SUPPLIER	N/A	83 967,55
SERVICE & REPAIR ANESTHETIC MACHINE	MEDHOLD	SOLE SUPPLIER	N/A	12 970,10
PROCUREMENT OF DINOPROSTONE	PFIZER	SOLE SUPPLIER	N/A	17 920,00
REPAIR VITAL SIGN MONITOR	MEDHOLD	SOLE SUPPLIER	N/A	19 000,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	12 099,80

PROCUREMENT OF STERRAD 100NX CASSETTE	MARCUS MEDICAL	SOLE SUPPLIER	N/A	237 640,13
CISATRACURIUM BESYLATE 2MG/ML INJECTION	PHARMACARE LIMITED	EMERGENCY	N/A	25 175,00
LIQUID PARAFFIN BP INTERNAL 200ML	BLISS MEDICAL	EMERGENCY	N/A	22 275,50
OPERATING LOUPE	DANKER CONTACT LENS	EMERGENCY	N/A	100 259,91
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	13 285,94
PROCUREMENT OF COLOMYAN	EQUITY PHARMACEUTICAL	SOLE SUPPLIER	N/A	2 540,46
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	2 955,32
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	1 432,48
SERVICE AND REPAIR OF MEDICAL (OXYGEN) COMPRESSOR	GOOD EXAMPLE TRADING AND PROJECTS 197	EMERGENCY	N/A	135 700,00
TUBE ENDO NON-CUFF DUAL/CUFF DUAL WITH DIFFERENT SIZES	DYNAMED PHARMACEUTICAL	EMERGENCY	N/A	27 850,10
PLUNGER BIOPSY PUNCH	ENDOMED MEDICAL & SURGICAL	EMERGENCY	N/A	4 315,00
INSTALLATION OF HEAD BED WITH 4 POINTS AT ANGIOGRAPHY	SUGAR CREEK TRADING 29	EMERGENCY	N/A	242 581,00
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	19 420,28
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	13 635,57
PROCUREMENT OF SODIUM VALPROATE 400MG INJECTION	SANOFI AVENTIS SA	SOLE SUPPLIER	N/A	47 970,00

PROCUREMENT OF HYDROXYETHYL STARCH	FRESENIUS KABI	SOLE SUPPLIER	N/A	73 485,00
PROCUREMENT OF PHENYTOIN 100MG CAPSULE 84/100	VIATRIS HEALTHCARE	SOLE SUPPLIER	N/A	66 962,00
PROCUREMENT OF NEOCATE LCP 400G	NUTRICIA	SOLE SUPPLIER	N/A	140 640,00
PROCUREMENT OF METHYLPHENIDATE LA 200MG CAPSULES	NORVATIS SA	SOLE SUPPLIER	N/A	116 040,00
PROCUREMENT OF LIGASURE MARYLAND JAW 37MM	GROBIR	SOLE SUPPLIER	N/A	209 997,50
PROCUREMENT OF SILVER GEL 500G 1 JAR TOP	MEDIKA SA	SOLE SUPPLIER	N/A	487 117,00
PROCUREMENT OF BASIC LIFE SUPPORT TRAINING MANUALS AND E - CARDS	AFRICA INSTITUTE OF EMERGENCY MEDICINE	SOLE SUPPLIER	N/A	976 419,00
REPLACEMENT OF ROOM 1 CONTROL X DETECTOR	TECMED	SOLE SUPPLIER	N/A	270 887,33
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	16 475,06
PROCUREMENT OF TRANSFUSION PARENTAL NUTRITION (TPN)	FRESENIUS KABI	EMERGENCY	N/A	17 152,10

3.2. Contract variations and expansions

Project description	Name of supplier	Contract modification type	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
		(Expansion or Variation)		R'000	R'000	R'000
Supply and delivery of perishable provisions in the Limpopo department of health	Various service providers	Expansion	HEDP 021/19/20	329 182 178,28	54 863 696,38	36 575 797,60
Collection, Removal, Transportation, Storage, Treatment and Disposal of Health Care Risk Waste (HCRW) for various institutions in the Limpopo Department of Health and Technical Vocational and Education training colleges in the Limpopo Department of Health	Buhle Waste management	Expansion	HEDP 027/18/19	183 348 890,17	107 860 864,99	16 792 464,42
Rendering of physical security services at various primary health care facilities i.e. clinics and health centres in the department of health:	Various service providers	Expansion	HEDP 039/19/20 and HEDP 043/19/20	893 127 512,88	1 025 559 477,90	2139961 827,84

Limpopo province						
Rendering Laundry Services	of Various service providers	Expansion	HEDP 029-058/18/19 and HEDP 131-298/17/18	111 992 625,00	54 758 803,60	2 800 000,00

PART F: FINANCIAL INFORMATION

1. REPORT OF THE AUDITOR-GENERAL

Report of the auditor-general to Limpopo Provincial Legislature on vote no. 7: Department of Health

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Department of Health set out on pages xx to xx, which comprise the appropriation statement, statement of financial position as at 31 March 2024, 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.

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2024 and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standards (MCS) and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2023 (DoRA).

Basis for opinion

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.

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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matters

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

Significant uncertainties

As disclosed in note 19.1 to the financial statements, the department is a defendant in multiple lawsuits. The ultimate outcome of these matters cannot presently be determined and no provision for any liability that may result has been made in the financial statements.

Material Impairments – Accrued departmental revenue

As disclosed in note 24.3 to the financial statements, a material impairment of R687 136 000 (2023: R576 677 000) was provided for as a result of irrecoverable debtors

Irregular expenditure

As disclosed in note 25 to the financial statements, irregular expenditure of R1 390 744 000 was incurred, as a proper tender process was not followed.

Other matter

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

Unaudited supplementary schedules

The supplementary information set out on pages 384-409 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 them.

Responsibilities of the accounting officer for the financial statements

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 the DoRA; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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.

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

Report on the audit of the annual performance report

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

I selected the following programmes presented in the annual performance report for the year ended 31 March 2024 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2: District Health Services	42-61	The main objectives of the programme are the planning, managing and administering district health services; and rendering primary health care services; hospital services at district level; MCWH and nutrition programme; prevention and disease control programme; and a comprehensive HIV and AIDS, STI and TB programme.
Programme 4: Provincial Hospital Services	64-69	The purpose of the programme is the delivery of hospital services, which are accessible, appropriate, and effective and to provide general specialist services, including a specialized drug-resistant TB and rehabilitation services, as well as a platform for training health professionals and research. The purpose of the programme includes the rendering of hospital services at a general specialist level, providing specialist psychiatric hospital services for people with mental illness and intellectual disability, provide in-patient care for complicated drug resistant tuberculosis and providing a platform for training of health workers and research.

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.

I performed procedures to test whether:

the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives.

all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included.

the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements.

the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated.

the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents.

the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable.

there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets

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

The material findings on the reported performance information for the selected programmes are as follows:

Programme 2: District health services

Various indicators

I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator description	Target	Reported achievement
Patient experience of care satisfaction rate (PHC)	82%	85%
Patient experience of care satisfaction rate (District Hospitals)	80%	81%
Patient safety incidents (PSI) case closure rate (PHC)	100%	100%
Patient safety incidents (PSI) case closure rate (District Hospitals)	100%	96.8%
All DS-TB client LTF rate	7.8%	5.5%
All DS-TB client treatment success rate	78.5%	68.8%
TB Pre-XDR Treatment success rate	60%	60%
Infant PCR test Positive around 6 months rate	0.8%	0.6%
HIV test positive around 18 months rate	0.8%	0.18%
Immunisation under 1 year coverage	75%	74.3%
Measles 2nd dose coverage	87%	84.1%

Programme 4: Provincial hospital services

Various indicators

I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets were achieved.

Indicator description	Target	Reported achievement
Patient experience of care satisfaction rate (Regional Hospitals)	80%	77%
Patient experience of care satisfaction rate (Specialised Hospitals)	82%	84%
Patient safety incidents (PSI) case closure rate (Regional Hospitals)	100%	91%
Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	100%	97.5%

Other matters

I draw attention to the matters below.

Achievement of planned targets

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

The tables that follow provides information on the achievement of planned targets and lists the key indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 41 to 61 for programme 2 and pages 64 to 69 for programme 4.

Programme 2: District health services

<i>Targets achieved: 49%</i>		
<i>Budget spent: 99.9%</i>		
Key indicator not achieved	Planned target	Reported achievement
Severity assessment code (SAC) 1 Incident reported within 24 hours rate	100%	95.7%
Patient safety incidents (PSI) case closure rate (District hospitals)	100%	96.8%
ART adult remain in care rate (12 months)	90%	70.6%
ART Child remain in care rate (12 months)	90%	81.9%
ART Adult viral load suppressed rate (12 months)	90%	71.4%
ART child viral load suppressed rate (12 months)	90%	32.9%
All DS-TB Client Treatment Success Rate	78.5%	68.8%
TB Rifampicin resistant/Multidrug - Resistant treatment success rate	65.2%	64.6%
Delivery 10 to 19 years in facility rate	13.5%	15%

<i>Targets achieved: 49%</i>		
<i>Budget spent: 99.9%</i>		
Key indicator not achieved	Planned target	Reported achievement
Antenatal visit before 20 weeks	68%	61.7%
Mother postnatal visit within 6 days rate	97%	93.6%
Neonatal (<28 days) death in facility rate	12 per 1000 live births	13.5 per 1000 live births
Child under 5 years severe acute malnutrition case fatality rate	7.3%	12.9%
Death under 5 years against live birth rate (all levels of care)	1.5%	1.9%
Live birth under 2500g in facility rate	12%	12.9%
Immunisation under 1 year coverage	75%	74.3%
Measles 2nd dose coverage	87%	84.1%

Programme 4: Provincial Hospital Services

<i>Targets achieved: 50%</i>		
<i>Budget spent 100%</i>		
Key indicator not achieved	Planned target	Reported achievement
Patient Experience of Care satisfaction rate (Regional hospitals)	80%	77%
Patient safety incidents (PSI) case closure rate (Regional hospitals)	100%	91%
Patient safety incidents (PSI) case closure rate (Specialised hospitals)	100%	97.5%

Material misstatements

I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for programme 2: district health services and programme 4: provincial hospitals Services. Management did not correct the misstatements and I reported material findings in this regard.

Report on compliance with legislation

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.

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.

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

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

Revenue management

Reasonable steps were not taken to recover debts before writing them off, as required by treasury regulation 11.4.1.

Appropriate processes were not implemented to provide for the identification, collection and recording of information about revenue, as required by treasury regulation 7.2.1.

Asset management

The department did not determine if any state institution involved in education and/or training required computer equipment before disposal of such equipment, as required by treasury regulation 16A.7.7.

Proper control systems were not in place at the department to ensure the safeguarding and maintenance of assets, as required by section 38(1)(d) of the PFMA.

Strategic planning and performance management

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).

Other information in the annual report

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.

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.

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.

The other information I obtained prior to the date of this auditor's report are draft general information, governance information, human resource management information and annexures that relate to the notes to the financial statements. The final general information, governance information, human resource management information and annexures that relates to the notes to the financial statements is expected to be made available to us after 31 July 2024.

If, based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact.

When I do receive and read the final general information, governance information, human resource management information and annexures/schedules that relates to the notes to the financial statements, if I conclude that there is 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

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.

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.

The accounting officer did not ensure that adequate internal controls are implemented to prevent non-compliance with applicable legislations.

The accounting officer did not implement adequate procedures and processes to identify and prevent duplicate payments to ensure that suppliers are not overpaid.

The accounting officer did not ensure quarterly reconciliations are properly prepared and reviewed to detect and correct misstatements on the reported achievements.

Auditor - General

Polokwane
31 July 2024



Annexure to the auditor's report

The annexure includes the following:

The auditor-general's responsibility for the audit

The selected legislative requirements for compliance testing

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

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

identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control

obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control

evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made

conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern

evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

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

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

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Treasury regulation	Regulation 16A6.1; 16A6.2(a) & (b); 16A8.3; 16A8.4; ;16A3.2; 16A3.2(a); 16A6.3 (a) and (b);16A9.1(d); 16A9.2(a)(ii); 16A6.4; 16A6.5;16A6.6;16A6.3(b); 16A6.3(e);16A6.3(a)(i);16A6.3(c);16A.7.1; 16A.7.3; 16A.7.6; 16A.7.7; 16A9.1(f);16A9.1(e); 16A9.1(b)(ii); 16A3.2; 16A8.4 Regulation 8.1.1; 8.2.1;8.2.2; 8.2.3 Regulation 9.1.1; 9.1.4 Regulation 6.3.1(a) & (d); 6.3.1(b) & (d); 6.3.1(c); 6.4.1(b) Regulation 15.10.1.2(c) Regulation 19.6.1; 19.8.4 Regulation 10.1.1(a); 10.1.2 Regulation 7.2.1 Regulation 11.4.1; 11.4.2 Regulation 11.5.1 Regulation 17.1.1 Regulation 18.2 Regulation 4.1.1; 4.1.3 Regulation 12.5.1 Regulation 5.1.1; 5.2.3(a); 5.2.1; 5.2.3(d); 5.3.1
Preferential Procurement Policy Framework Act	Definition "acceptable tender" Section 2(1)(a) & (b); 2(1)(f)
Preferential Procurement regulation 2017	Under functionality Regulation 6(8) Regulation 5(1); 5(3); 5(6); 5(7) Regulation 4(1) & 4(2) Regulation 9(1) Regulation 8(2); 8(5) Regulation 7(8) Regulation 10(1) & (2) Regulation 11(1)
Public Finance Management Act	Section 38(1)(b); 38(1)(c)(ii); 38(1)(c)(i); 38(1)(d); 38(1)(f); 38(1)(h)(iii) PFMA 1 (Definition of irregular expenditure)

Legislation	Sections or regulations
	Section 45(b) Section 57(b) Section 44 Section 39(1)(a); 39(2)(a) Section 43(1); 43(4) Section 40(1)(a); 40(1)(b); 40(1)(c)(i);
Supply Chain Management instruction notes	Instruction note 2 of 2021/22 par. 3.2.1; par 3.2.4; par 3.31 Instruction note 3 of 2021/22 par. 7.2; par 4.1; definition; par. 4.2(b)
Preferential Procurement regulation 2022	Regulation 4(4)
Construction Industry Development Board Act	Section 18(1) Regulation 17; Regulation 25(7A)
Preferential Procurement regulation 2011	Regulation 9(1);
National Treasury Instruction notes	Note 4A of 2016/17; par 6 Note 4 of 2022/23 par 4.12 Note 07 of 2017/18 par 4.3 Note 01 of 2021/22 par. 4.1 Note 04 of 2015/16 par. 3.4 Note 11 of 2020/21 par. 3.1 Note 11 of 2020/21 par. 3.4 (b) Note 11 of 2020/21 par. 3.9 Note 5 of 2020/21 par 5.3; par 1; Erratum par 2; par 4.8; par 4.9
Standard Bidding Document	6.2 issued in 2015/16
SITA Act	Section 7(3)
Practice Notes	Note 5 of 2009/10 par. 3.3
Public Service regulation	Regulation 18(1),(2)
Prevention and Combating of Corrupt Activities Act	Section 34(1)
Public Service Regulations	Regulation 25(1)(e)(i) and (iii)
Division of Revenue Act	DoRA 16(1) DoRA 11(6)(a) DoRA 12(5)

2. ANNUAL FINANCIAL STATEMENTS

Insert the department's word version of the audited annual financial statements.



national treasury

Department:
National Treasury
REPUBLIC OF SOUTH AFRICA

LIMPOPO HEALTH ANNUAL FINANCIAL STATEMENTS

For the year ended
31 March 2024

Date authorised for issue: _____
Authorised by: _____

LIMPOPO DEPARTMENT OF HEALTH
VOTE 7
ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

Table of Contents

Appropriation Statement	274
Notes to the Appropriation Statement	296
Statement of Financial Performance	302
Statement of Financial Position	305
Statement of Changes in Net Assets	306
Cash Flow Statement	307
Notes to the Annual Financial Statements (including Accounting Policies)	309
Annexures	386

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Appropriation per programme										
	2023/24					2022/23				
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure	
Programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
ADMINISTRATION	305 220	(61)	(23 726)	281 433	281 427	5	100,0%	278 110	278 041	278 041
DISTRICT HEALTH SERVICES	15 925 472	-	(48 075)	15 877 397	15 873 345	4 052	100,0%	15 421 428	15 406 170	15 406 170
EMERGENCY MEDICAL SERVICES	1 594 293	-	(3 072)	1 591 221	1 577 144	14 077	99,1%	1 047 421	1 038 525	1 038 525
PROVINCIAL HOSPITAL SERVICES	2 955 535	-	(53 049)	2 902 486	2 902 438	48	100,0%	2 718 856	2 718 303	2 718 303
CENTRAL HOSPITAL SERVICES	2 185 840	-	116 526	2 302 366	2 302 326	40	100,0%	2 125 459	2 090 968	2 090 968
HEALTH SCIENCES AND TRAINING	642 274	-	(44 523)	597 751	597 678	73	100,0%	659 288	638 965	638 965
HEALTH CARE SUPPORT SERVICES	152 686	-	12 213	164 899	164 851	48	100,0%	225 277	224 814	224 814
HEALTH FACILITIES MANAGEMENT	844 536	-	43 706	888 242	887 942	300	100,0%	1 039 568	1 016 165	1 016 165
Subtotal	24 605 856	(61)	-	24 605 795	24 587 151	18 644	99,9%	23 515 407	23 411 951	23 411 951
Statutory Appropriation	2 098	61	-	2 159	2 159	0	100,0%	2 096	2 096	2 096
Statutory Appropriation	2 098	61	-	2 159	2 159	0	100,0%	2 096	2 096	2 096
TOTAL	24 607 954	(0)	-	24 607 954	24 589 310	18 644	99,9%	23 517 503	23 414 047	23 414 047

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

	2023/24		2022/23	
	Final Budget	Actual Expenditure	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000
TOTAL (brought forward)				
Reconciliation with statement of financial performance				
ADD				
Departmental receipts	11 399		-	
NRF Receipts	-		-	
Aid assistance	-		-	
Actual amounts per statement of financial performance (Total revenue)	24 619 353		23 517 503	
ADD				
Aid assistance				
Prior year unauthorised expenditure approved without funding				
Actual amounts per statement of financial performance (Total expenditure)		24 589 310		23 414 047

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Appropriation per economic classification		2023/24						2022/23	
		Approved 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
Economic classification									
Current payments	23 389 780	(171 326)	2 295	23 220 749	23 220 568	181	100,0%	22 444 887	22 436 183
Compensation of employees	16 419 002	(119 240)	(68 912)	16 230 850	16 230 766	85	100,0%	16 155 552	16 154 980
Goods and services	6 970 778	(52 261)	71 207	6 989 724	6 989 629	95	100,0%	6 289 335	6 281 203
Interest and rent on land	-	175	-	175	174	1	99,4%	-	-
Transfers and subsidies	215 247	960	(7 281)	208 926	208 818	108	99,9%	254 337	234 214
Provinces and municipalities	2 614	(56)	(23)	2 535	2 500	35	98,6%	2 235	2 230
Departmental agencies and accounts	42 000	-	(613)	41 387	41 379	8	100,0%	42 900	42 891
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	170 633	1 016	(6 645)	165 004	164 938	66	100,0%	209 202	189 093
Payments for capital assets	1 002 927	168 453	4 986	1 176 366	1 158 011	18 354	98,4%	818 279	743 650

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Buildings and other fixed structures	214 204	91 738	10 024	315 966	314 734	1 232	99,6%	356 363	338 496
Machinery and equipment	788 723	76 715	(5 038)	860 400	843 277	17 122	98,0%	461 440	404 678
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	476	476
Payments for financial assets	-	1 913	-	1 913	1 913	0	100,0%	-	-
Total	24 607 954	(0)	-	24 607 954	24 589 310	18 644	99,9%	23 517 503	23 414 047

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 1: ADMINISTRATION		2023/24						2022/23	
		Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. OFF OF THE MEC	-	-	-	-	-	-	-	-	-
2. MANAGEMENT	305 220	(61)	(23 726)	281 433	281 427	5	100,0%	278 110	278 041
Total for sub programmes	305 220	(61)	(23 726)	281 433	281 427	5	100,0%	278 110	278 041
Economic classification									
Current payments	302 189	(2 021)	(23 988)	276 180	276 178	2	100,0%	276 093	276 086
Compensation of employees	256 099	(70)	(23 900)	232 129	232 128	1	100,0%	231 696	231 692
Goods and services	46 090	(1 952)	(88)	44 050	44 049	1	100,0%	44 397	44 394
Interest and rent on land	-	1	-	1	1	-	100,0%	-	-
Transfers and subsidies	3 031	-	262	3 293	3 289	4	99,9%	1 854	1 845
Provinces and municipalities	30	-	22	52	50	2	95,9%	59	58
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3 001	-	240	3 241	3 240	1	100,0%	1 795	1 787

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Payments for capital assets	-	47	-	47	47	0	99,8%	163	110
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	47	-	47	47	0	99,8%	163	110
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	1 913	-	1 913	1 913	0	100,0%	-	-
Total	305 220	(61)	(23 726)	281 433	281 427	5	100,0%	278 110	278 041

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 2: DISTRICT HEALTH SERVICES		2023/24						2022/23		
		Approved 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.	DISTRICT MANAGEMENT	570 299	21 781	(82)	591 998	591 990	8	100,0%	486 467	486 437
2.	COMMUNITY HEALTH CLINICS	3 749 914	(845)	(12 000)	3 737 069	3 737 058	11	100,0%	3 531 851	3 531 810
3.	COMMUNITY HEALTH CENTRES	720 468	(72 178)	-	648 290	648 285	5	100,0%	648 140	648 110
4.	COMMUNITY BASED SERVICES	712 841	(47 051)	(105)	665 685	665 612	73	100,0%	818 436	814 863
5.	OTHER COMMUNITY SERVICES	171 687	296 967	-	468 654	468 650	4	100,0%	661 537	651 387
6.	HIV/AIDS	1 857 887	-	-	1 857 887	1 857 863	24	100,0%	2 021 500	2 020 583
7.	NUTRITION	5 641	(1 049)	-	4 592	4 581	11	99,8%	7 816	7 785
8.	DISTRICT HOSPITALS	8 136 735	(197 625)	(35 888)	7 903 222	7 899 307	3 915	100,0%	7 245 681	7 245 195
Total for sub programmes		15 925 472	-	(48 075)	15 877 397	15 873 345	4 052	100,0%	15 421 428	15 406 170
Economic classification										
Current payments		15 643 034	(1 405)	(8 542)	15 633 087	15 633 037	50	100,0%	15 056 748	15 048 663
Compensation of employees		10 777 659	(51 427)	(12 000)	10 714 232	10 714 202	30	100,0%	10 750 537	10 750 096
Goods and services		4 865 375	49 866	3 458	4 918 699	4 918 679	20	100,0%	4 306 211	4 298 567
Interest and rent on land		-	156	-	156	156	-	100,0%	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Transfers and subsidies	126 060	449	(5 470)	121 039	120 979	60	100,0%	116 252	116 040
Provinces and municipalities	1 213	-	(90)	1 123	1 100	23	98,0%	1 089	1 088
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	124 847	449	(5 380)	119 916	119 878	38	100,0%	115 163	114 952
Payments for capital assets	156 378	956	(34 063)	123 271	119 329	3 942	96,8%	248 428	241 467
Buildings and other fixed structures	8 331	574	-	8 905	7 677	1 228	86,2%	36 766	33 232
Machinery and equipment	148 047	382	(34 063)	114 366	111 652	2 714	97,6%	211 186	207 759
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	476	476
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	15 925 472	-	(48 075)	15 877 397	15 873 345	4 052	100,0%	15 421 428	15 406 170

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

	2023/24						2022/23		
	Approved 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
Programme 3: EMERGENCY MEDICAL SERVICES									
Sub programme									
EMERGENCY TRANSPORT	1 594 293	-	(3 072)	1 591 221	1 577 144	14 077	99,1%	1 047 421	1 038 525
Total for sub programmes	1 594 293	-	(3 072)	1 591 221	1 577 144	14 077	99,1%	1 047 421	1 038 525
Economic classification									
Current payments	1 104 968	(86 098)	(5 542)	1 013 328	1 013 316	12	100,0%	950 905	950 886
Compensation of employees	803 131	(8 828)	-	794 303	794 295	8	100,0%	774 825	774 821
Goods and services	301 837	(77 288)	(5 542)	219 007	219 004	3	100,0%	176 080	176 065
Interest and rent on land	-	18	-	18	17	1	94,4%	-	-
Transfers and subsidies	1 606	-	845	2 451	2 444	7	99,7%	2 368	2 333
Provinces and municipalities	1 000	-	105	1 105	1 102	3	99,7%	815	814
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	606	-	740	1 346	1 342	4	99,7%	1 553	1 519

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Payments for capital assets	487 719	86 098	1 625	575 442	561 383	14 059	97,6%	94 148	85 306
Buildings and other fixed structures	-	2 419	-	2 419	2 418	1	99,9%	-	-
Machinery and equipment	487 719	83 679	1 625	573 023	558 966	14 057	97,5%	94 148	85 306
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 594 293	-	(3 072)	1 591 221	1 577 144	14 077	99,1%	1 047 421	1 038 525

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 4: PROVINCIAL HOSPITAL SERVICES		2023/24						2022/23	
		Approved 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
Sub programme									
1.GENERAL (REGIONAL) HOSPITAL	2 274 997	23 459	(53 964)	2 244 492	2 244 472	20	100,0%	2 103 925	2 103 723
2.PSYCHATRIC/MENTAL HOSPITAL	633 676	(20 552)	876	614 000	613 982	18	100,0%	569 016	568 680
3.TB HOSPITALS	46 862	(2 907)	39	43 994	43 983	11	100,0%	45 915	45 900
Total for sub programmes	2 955 535	-	(53 049)	2 902 486	2 902 438	48	100,0%	2 718 856	2 718 303
Economic classification									
Current payments	2 942 270	-	(80 169)	2 862 101	2 862 072	29	100,0%	2 701 934	2 701 852
Compensation of employees	2 455 458	(57 333)	(80 364)	2 317 761	2 317 751	10	100,0%	2 263 212	2 263 162
Goods and services	486 812	57 333	195	544 340	544 322	18	100,0%	438 722	438 690
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	10 601	-	2 230	12 831	12 829	2	100,0%	14 748	14 746
Provinces and municipalities	146	-	(70)	76	75	1	98,7%	99	98
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 5: CENTRAL HOSPITAL SERVICES		2023/24						2022/23	
		Approved 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
Sub programme									
CENTRAL HOSPITAL	2 185 840	-	116 526	2 302 366	2 302 326	40	100,0%	2 125 459	2 090 968
Total for sub programmes	2 185 840	-	116 526	2 302 366	2 302 326	40	100,0%	2 125 459	2 090 968
Economic classification									
Current payments	2 051 003	(330)	111 102	2 161 775	2 161 774	1	100,0%	1 991 161	1 991 095
Compensation of employees	1 471 140	(304)	63 560	1 534 396	1 534 395	1	100,0%	1 480 426	1 480 378
Goods and services	579 863	(26)	47 542	627 379	627 379	(0)	100,0%	510 735	510 717
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	6 754	329	138	7 221	7 214	7	99,9%	7 657	7 589
Provinces and municipalities	90	(56)	-	34	32	2	94,8%	49	49
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	6 664	385	138	7 187	7 182	5	99,9%	7 608	7 540

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Payments for capital assets	128 083	1	5 286	133 370	133 337	33	100,0%	126 641	92 284
Buildings and other fixed structures	-	1 005	4 496	5 501	5 499	2	100,0%	-	-
Machinery and equipment	128 083	(1 004)	790	127 869	127 838	31	100,0%	126 641	92 284
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	2 185 840	-	116 526	2 302 366	2 302 326	40	100,0%	2 125 459	2 090 968

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 6: HEALTH SCIENCES AND TRAINING		2023/24						2022/23		
		Approved 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.NURSING TRAINING COLLEGES	171 263	5 948	(30 399)	146 812	146 776	36	100,0%	149 074	148 901	
2.EMS: TRAINING COLLEGES	4 870	(1 908)	-	2 962	2 954	8	99,7%	3 267	2 826	
3.BURSARIES	27 392	(410)	(8 576)	18 406	18 387	19	99,9%	69 644	49 966	
4.OTHER TRAINING	438 749	(3 630)	(5 548)	429 571	429 560	11	100,0%	437 303	437 272	
Total for sub programmes	642 274	-	(44 523)	597 751	597 678	73	100,0%	659 288	638 965	
Economic classification										
Current payments	574 693	-	(39 124)	535 569	535 525	44	100,0%	547 573	547 398	
Compensation of employees	543 612	(700)	(26 654)	516 258	516 233	25	100,0%	529 727	529 717	
Goods and services	31 081	700	(12 470)	19 311	19 292	19	99,9%	17 846	17 681	
Interest and rent on land	-	-	-	-	-	-	-	-	-	
Transfers and subsidies	66 581	-	(5 319)	61 262	61 237	25	100,0%	111 127	91 531	
Provinces and municipalities	135	-	-	135	133	2	98,4%	124	123	
Departmental agencies and accounts	42 000	-	(613)	41 387	41 379	8	100,0%	42 900	42 891	
Higher education institutions	-	-	-	-	-	-	-	-	-	
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Households	24 446	-	(4 706)	19 740	19 725	15	99,9%	68 103	48 517										
Payments for capital assets	1 000	-	(80)	920	915	5	99,5%	588	36										
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-										
Machinery and equipment	1 000	-	(80)	920	915	5	99,5%	588	36										
Heritage assets	-	-	-	-	-	-	-	-	-										
Specialised military assets	-	-	-	-	-	-	-	-	-										
Biological assets	-	-	-	-	-	-	-	-	-										
Land and subsoil assets	-	-	-	-	-	-	-	-	-										
Intangible assets	-	-	-	-	-	-	-	-	-										
Payments for financial assets	-	-	-	-	-	-	-	-	-										
Total	642 274	-	(44 523)	597 751	597 678	73	100,0%	659 288	638 965										

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 7: HEALTH CARE SUPPORT SERVICES		2023/24						2022/23		
		Approved 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.FORENSIC PARTHOLOGY SERVICES	47 779	(143)	161	47 797	47 775	22	100,0%	48 840	48 90	
2.ORTHOTIC & PROSTHETIC SERVICES	9 680	(80)	1 657	11 257	11 251	6	99,9%	12 561	12 94	
3.MEDICAL TRADING ACCOUNT	95 227	223	10 395	105 845	105 825	20	100,0%	163 876	163 630	
Total for sub programmes	152 686	-	12 213	164 899	164 851	48	100,0%	225 277	224 814	
Economic classification										
Current payments	150 059	-	10 380	160 439	160 398	41	100,0%	222 854	222 595	
Compensation of employees	95 367	-	10 446	105 813	105 803	10	100,0%	105 974	105 961	
Goods and services	54 692	-	(66)	54 626	54 595	31	99,9%	116 880	116 634	
Interest and rent on land	-	-	-	-	-	-	-	-	-	
Transfers and subsidies	552	-	33	585	580	5	99,2%	293	92	
Provinces and municipalities	-	-	10	10	8	2	75,2%	-	-	
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	
Higher education institutions	-	-	-	-	-	-	-	-	-	
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Households	552	-	23	575	573	2	99,6%	293	92										
Payments for capital assets	2 075	-	1 800	3 875	3 872	3	99,9%	2 130	2 127										
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-										
Machinery and equipment	2 075	-	1 800	3 875	3 872	3	99,9%	2 130	2 127										
Heritage assets	-	-	-	-	-	-	-	-	-										
Specialised military assets	-	-	-	-	-	-	-	-	-										
Biological assets	-	-	-	-	-	-	-	-	-										
Land and subsoil assets	-	-	-	-	-	-	-	-	-										
Intangible assets																			
Payments for financial assets	-	-	-	-	-	-	-	-	-										
Total	152 686	-	12 213	164 899	164 851	48	100,0%	225 277	224 814										

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Programme 8: HEALTH FACILITIES MANAGEMENT		2023/24						2022/23	
		Approved 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
Sub programme									
1.COMMUNITY HEALTH FACILITIES	777 933	930	43 706	822 569	822 269	300	100,0%	948 490	925 102
2.DISTRICT HOSPITAL SERVICES	-	-	-	-	-	-	-	3 883	3 874
3.PROVINCIAL HOSPITAL SERVICES	-	-	-	-	-	-	-	1 000	997
4.TERTIARY HOSPITAL	59 303	(709)	-	58 594	58 593	1	100,0%	85 161	85 158
5.OTHER FACILITIES	7 300	(221)	-	7 079	7 079	(0)	100,0%	1 034	1 034
Total for sub programmes	844 536	-	43 706	888 242	887 942	300	100,0%	1 039 568	1 016 165
Economic classification									
Current payments	619 466	(81 533)	38 178	576 111	576 107	4	100,0%	695 523	695 512
Compensation of employees	14 438	(639)	-	13 799	13 799	0	100,0%	17 059	17 057
Goods and services	605 028	(80 894)	38 178	562 312	562 308	4	100,0%	678 464	678 455
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	62	182	-	244	244	0	99,9%	38	38
Provinces and municipalities									
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Foreign governments and international organisations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Households	62	182	-	244	244	244	0	244	99,9%	38	38								38
Payments for capital assets	225 008	81 351	5 528	311 887	311 591	296	296	311 591	99,9%	344 007	320 615								
Buildings and other fixed structures	205 873	87 740	5 528	299 141	299 140	1	1	299 140	100,0%	319 597	305 264								
Machinery and equipment	19 135	(6 389)	-	12 746	12 451	295	295	12 451	97,7%	24 410	15 351								
Heritage assets	-	-	-	-	-	-	-	-	-	-	-								
Specialised military assets	-	-	-	-	-	-	-	-	-	-	-								
Biological assets	-	-	-	-	-	-	-	-	-	-	-								
Land and subsoil assets	-	-	-	-	-	-	-	-	-	-	-								
Intangible assets	-	-	-	-	-	-	-	-	-	-	-								
Payments for financial assets	-	-	-	-	-	-	-	-	-	-	-								
Total	844 536	-	43 706	888 242	887 942	300	300	887 942	100,0%	1 039 568	1 016 165								

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

DIRECT CHARGES	2023/24						2022/23		
	Approved 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									
Statutory Appropriation	2 098	61	-	2 159	2 159	0	1	2 096	2 096
Total for sub programmes	2 098	61	-	2 159	2 159	0	100,0%	2 096	2 096
Economic classification									
Current payments	2 098	61	-	2 159	2 159	0	100,0%	2 096	2 096
Compensation of employees	2 098	61	-	2 159	2 159	0	100,0%	2 096	2 096
Goods and services	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Payments for capital assets	-	-	-	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-	-	-	-
Heritage assets	-	-	-	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-	-	-
Total	2 098	61	2 159	2 159	2 159	0	100,0%	2 096	2 096	2 096	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

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

Detail of these transactions can be viewed in the note on Transfers and Subsidies, and Annexure 1A-H of the Annual Financial Statements.

	Final Appropriation	Actual Expenditure	"Variance	"Variance as a % of Final Approp."
	R'000	R'000	R'000	%
Conditional Grants	4 178	4 177	1	0%
Other transfers	204 738	204 641	97	0%
Total	208 916	208 818	98	0%

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

Detail of these transactions can be viewed in the note on Annual Appropriation to the Annual Financial Statements.

	Final Appropriation	Actual Expenditure	"Variance	"Variance as a % of Final Approp."
	R'000	R'000	R'000	%
District Health Component	466 959	466 949	10	0%
Malaria Elimination Grant	65 448	65 438	10	0%
Human Papillomavirus	33 821	33 821	0	0%
Community Outreach Services	367 690	367 690	0	0%
Comprehensive HIV/AIDS	1 857 887	1 857 863	24	0%
EPWP Incentive Grant	2 827	2 826	1	0%
Social Sector EPWP Grant	30 670	30 664	6	0%
National Health Insurance	129 682	129 661	21	0%
NHI (HP Contracting)	40 097	40 097	0	0%
NHI(Mental Health Component)	17 690	17 683	7	0%
NHI(Oncology Component)	71 895	71 880	15	0%
National Tertiary Services	478 528	478 527	1	0%
Health Professions Training	148 411	148 409	2	0%
Human Resources Capacitation	232 377	232 376	1	0%
Health Facilities Revitalisation Grants	518 809	518 807	2	0%
Total	3 866 150	3 866 082	68	0%

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

3. Detail on payments for financial assets

Detail of these transactions can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

	Final Appropriation	Actual Expenditure	"Variance	""Variance as a % of Final Approp."
	R'000	R'000	R'000	%
Debts written off	1 913	1 913	0	0%
Total	1 913	1 913	0	0%

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

4.1 Per programme

Programme	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
ADMINISTRATION				
Current payments	276 180	276 178	2	0%
Transfers and subsidies	3 293	3 289	4	0%
Payments for capital assets	47	47	0	0%
Payment for financial assets	1 913	1 913	0	0%
Total	281 433	281 427	5	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

DISTRICT HEALTH SERVICES				
Current payments	15 633 087	15 633 037	50	0%
Transfers and subsidies	121 039	120 979	60	0%
Payments for capital assets	123 271	119 329	3 942	3%
Payment for financial assets	-	-	-	0%
Total	15 877 397	15 873 345	4 052	0%

Explanation of variance: The programme has under spent the budget by R4.1 million. The underspending is mainly on Equitable share Earmarked funding for Revenue Enhancement (R3.9 million). A rollover of commitments amounting to R3.5 million has been requested from Treasury (R1.2 million for finalisation of projects under Van Velden hospital and Groblersdal hospital and R2.3 million for desktops and laptops). The remaining amount of R191 thousand was not committed as at 31 March 2024.

EMERGENCY MEDICAL SERVICES				
Current payments	1 013 328	1 013 316	12	0%
Transfers and subsidies	2 451	2 444	7	0%
Payments for capital assets	575 442	561 383	14 059	2%
Payment for financial assets	-	-	-	0%
Total	1 591 221	1 577 144	14 077	1%

"Explanation of variance: The programme has an underspending of R14.1 million within the Equitable Share. The remaining amount is committed on the purchase of ambulances that were not delivered by end of March 2024. A rollover to this effect has requested from Treasury . "

PROVINCIAL HOSPITAL SERVICES				
Current payments	2 862 101	2 862 072	29	0%
Transfers and subsidies	12 831	12 829	2	0%
Payments for capital assets	27 554	27 537	17	0%
Payment for financial assets	-	-	-	0%
Total	2 902 486	2 902 438	48	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

CENTRAL HOSPITAL SERVICES				
Current payments	2 161 775	2 161 774	1	0%
Transfers and subsidies	7 221	7 214	7	0%
Payments for capital assets	133 370	133 337	33	0%
Payment for financial assets	-	-	-	0%
Total	2 302 366	2 302 326	40	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme.

HEALTH SCIENCES AND TRAINING				
Current payments	535 569	535 525	44	0%
Transfers and subsidies	61 262	61 237	25	0%
Payments for capital assets	920	915	5	1%
Payment for financial assets	-	-	-	0%
Total	597 751	597 678	73	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme.

HEALTH CARE SUPPORT SERVICES				
Current payments	160 439	160 398	41	0%
Transfers and subsidies	585	580	5	1%
Payments for capital assets	3 875	3 872	3	0%
Payment for financial assets	-	-	-	0%
Total	164 899	164 851	48	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

HEALTH FACILITIES MANAGEMENT				
Current payments	576 111	576 107	4	0%
Transfers and subsidies	244	244	0	0%
Payments for capital assets	311 887	311 591	296	0%
Payment for financial assets	-	-	-	0%
Total	888 242	887 942	300	0%

Explanation of variance: The programme is at par at the norm of 100%. No material underspending in this programme. The remaining amount of R295 thousand was for 2022/23 rollover that was not utilised in the current financial year . This amount will be surrendered back to Treasury.

4.2 Per economic classification

Economic classification	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Current payments				
Compensation of employees	16 230 850	16 230 766	85	0%
Goods and services	6 989 724	6 989 629	95	0%
Interest and rent on land	175	174	1	0%
Transfers and subsidies				
Provinces and municipalities	2 535	2 500	35	1%
Departmental agencies and accounts	41 387	41 379	8	0%
Higher education institutions	-	-	-	0%
Public corporations and private enterprises	-	-	-	0%
Foreign governments and international organisations	-	-	-	0%
Non-profit institutions	-	-	-	0%
Households	165 004	164 938	66	0%
Payments for capital assets				
Buildings and other fixed structures	315 966	314 734	1 232	0%
Machinery and equipment	860 400	843 277	17 122	2%
Heritage assets	-	-	-	0%
Specialised military assets	-	-	-	0%
Biological assets	-	-	-	0%

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2024**

Land and subsoil assets	-	-	-	0%
Intangible assets	-	-	-	0%
	-	-	-	0%
Payments for financial assets	1 913	1 913	0	0%

"Compensation of Employees is at 100% which is at the norm of 100%.

Goods and services is at 100% which is at the norm of 100%

Interest on land is at 100%

Transfers and subsidies are at 100% which is at the norm of 100%. Departmental agencies and accounts are at 100%. Provinces and local government for licensing of vehicles is at 99% as the budget was done for all the expected vehicles that were bought, however some were not delivered as at the end of March 2024.

The payment of capital assets is at 98% against the norm of 100.0% showing 2% under-spending. On buildings and other fixed structures, the remaining amount of R1.2 million is committed on parking bays under Revenue Enhancement allocation. A rollover has been requested from Treasury. Machinery and equipment is at 98% which 2% below the norm of 100%. The underspending is due to delay in delivery of ambulances, desktops and laptops. A rollover to this effect has requested from Treasury. "

4.3 Per conditional grant (Only report on the conditional grants applicable to the department)

Conditional grant	Final Budget	Actual Expenditure	Variance	Variance as a percentage of Final Budget
	R'000	R'000	R'000	%
District Health Component	466 959	466 949	10	0%
Malaria Elimination Grant	65 448	65 438	10	0%
Human Papillomavirus	33 821	33 821	0	0%
Community Outreach Services	367 690	367 690	0	0%
Comprehensive HIV/AIDS	1 857 887	1 857 863	24	0%
EPWP Incentive Grant	2 827	2 826	1	0%
Social Sector EPWP Grant	30 670	30 664	6	0%
National Health Insurance	129 682	129 661	21	0%
NHI (HP Contracting)	40 097	40 097	0	0%
NHI(Mental Health Component)	17 690	17 683	7	0%
NHI(Oncology Component)	71 895	71 880	15	0%
National Tertiary Services	478 528	478 527	1	0%
Health Professions Training	148 411	148 409	2	0%
Human Resources Capacitation	232 377	232 376	1	0%
Health Facilities Revitalisation Grants	518 809	518 807	2	0%
Total	3 866 150	3 866 082	68	0%

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2024**

		2023/24	2022/23
	Note	R'000	R'000
REVENUE			
Annual appropriation	1	24 605 795	23 515 407
Statutory appropriation	2	2 159	2 096
Departmental revenue	3	11 399	-
NRF Receipts		-	-
Aid assistance		-	-
TOTAL REVENUE		24 619 353	23 517 503
EXPENDITURE			
Current expenditure			
Compensation of employees	5	16 230 765	16 154 980
Goods and services	6	6 989 629	6 280 968
Interest and rent on land	7	174	235
Aid assistance	4	-	-
TOTAL EXPENDITURE		23 220 568	22 436 183
Transfers and subsidies			
Transfers and subsidies	9	208 818	234 214
Aid assistance	4	-	-
TOTAL TRANSFERS AND SUBSIDIES		208 818	234 214

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2024**

Expenditure for capital assets			
Tangible assets	10	1 158 011	743 174
Intangible assets	10	-	476
TOTAL EXPENDITURE FOR CAPITAL ASSETS		1 158 011	743 650
Unauthorised expenditure approved without funding			
Payments for financial assets	8	1 913	-
TOTAL EXPENDITURE		24 589 310	23 414 047
SURPLUS/(DEFICIT) FOR THE YEAR		30 043	103 456
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		18 644	103 456
Annual appropriation		18 576	54 137
Statutory appropriation		-	-
Conditional grants		68	49 319
Departmental revenue and NRF receipts	14	11 399	-
Aid assistance	4	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		30 043	103 456

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2024**

		2023/24	2022/23
	Note	R'000	R'000
ASSETS			
Current assets		20 788	103 587
Cash and cash equivalents	11	18 693	101 158
Other financial assets		-	-
Prepayments and advances		-	-
Receivables	12	2 095	2 429
Loans		-	-
Aid assistance prepayments	4	-	-
Aid assistance receivable	4	-	-
Non-current assets		57 603	57 629
Investments		-	-
Prepayments and advances		-	-
Receivables	12	57 603	57 629
Loans		-	-
Other financial assets		-	-
TOTAL ASSETS		78 391	161 216
LIABILITIES			
Current liabilities		34 212	119 070

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2024**

Voted funds to be surrendered to the Revenue Fund	13	18 644	103 462
Statutory Appropriation to be surrendered to the Revenue Fund		-	-
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	13 520	12 877
Bank overdraft		-	-
Payables	15	2 033	2 615
Aid assistance repayable	4	-	-
Aid assistance unutilised	4	15	116
Non-current liabilities			
Payables	16	29	205
TOTAL LIABILITIES		34 241	119 275
NET ASSETS		44 150	41 941
		2023/24	2022/23
	Note	R'000	R'000
Represented by:			
Capitalisation reserve		-	-
Recoverable revenue		44 150	41 941
Retained funds		-	-
Revaluation reserves		-	-
Unauthorised expenditure		-	-
TOTAL		44 150	41 941

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**STATEMENT OF CHANGES IN NET ASSETS
as at 31 March 2024**

		2023/24	2022/23
	Note	R'000	R'000
Recoverable revenue			
Opening balance		41 941	37 060
Transfers:		2 209	4 881
Irrecoverable amounts written off	8.3	-	-
Debts revised		-922	-202
Debts recovered (included in departmental revenue)		-8 289	-13 259
Debts raised		11 420	18 342
Closing balance		44 150	41 941
TOTAL		44 150	41 941

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**CASH FLOW STATEMENT
for the year ended 31 March 2024**

		2023/24	2022/23
	Note	R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		24 819 898	23 704 988
Annual appropriation funds received	1.1	24 607 127	23 515 413
Statutory appropriation funds received	2	2 159	2 096
Departmental revenue received	3	210 250	187 387
Interest received	3.3	362	92
NRF receipts		-	-
Aid assistance received	4	-	-
Net (increase)/decrease in net working capital		-248	-25 441
Surrendered to Revenue Fund		-326 058	-786 275
Surrendered to RDP Fund/Donor		-101	-
Current payments		-23 220 394	-22 435 948
Interest paid	7	-174	-235
Payments for financial assets		-1 913	-
Transfers and subsidies paid		-208 818	-234 214
Net cash flow available from operating activities	17	1 062 192	222 875
CASH FLOWS FROM INVESTING ACTIVITIES			
Distribution/dividend received		-	-
Payments for capital assets	10	-1 158 011	-743 650

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**CASHFLOW STATEMENT
for the year ended 31 March 2024**

Proceeds from sale of capital assets	3.4	11 295	11 426
(Increase)/decrease in loans		-	-
(Increase)/decrease in investments		-	-
(Increase)/decrease in other financial assets		-	-
(Increase)/decrease in non-current receivables	12	26	-10 515
Net cash flow available from investing activities		-1 146 690	-742 739
 CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		2 209	4 881
Increase/(decrease) in non-current payables		-176	-351
Net cash flows from financing activities		2 033	4 530
Net increase/(decrease) in cash and cash equivalents		-82 465	-515 334
Cash and cash equivalents at beginning of period		101 158	616 492
Unrealised gains and losses within cash and cash equivalents			
Cash and cash equivalents at end of period	18	18 693	101 158

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

PART A: ACCOUNTING POLICIES

Summary of significant accounting policies

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

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

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

1.	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2.	Going concern The financial statements have been 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

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7.	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>Appropriated funds are measured at the amounts receivable.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Departmental revenue is measured at the cash amount received.</p> <p>In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy.</p>
8.	Expenditure
8.1	Compensation of employees
8.1.1	Salaries and wages

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>
8.2	<p>Other expenditure</p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p> <p>Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.</p>
8.3	<p>Accruals and payables not recognised</p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.</p>
8.4	<p>Leases</p>
8.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
8.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <p>cost, being the fair value of the asset; or</p> <p>the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</p>
9.	<p>Aid assistance</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

9.1	<p>Aid assistance received</p> <p>Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.</p> <p>Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
9.2	<p>Aid assistance paid</p> <p>Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>
10.	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
11.	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost. Prepayments and advances are expensed when the amount are immaterial</p>
12.	<p>Loans and receivables</p> <p>Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
13.	<p>Financial assets</p>
13.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>At the reporting date, the 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.</p>
13.2	<p>Impairment of financial assets</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	<p>Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
14.	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
15.	<p>Capital assets</p>
15.1	<p>Immovable capital assets</p> <p>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.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
15.2	<p>Movable capital assets</p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
15.3	<p>Intangible capital assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value .</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
15.4	<p>Project costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	<p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
16.	Provisions and contingents
16.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
16.2	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
16.3	<p>Contingent assets</p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
16.4	<p>Capital commitments</p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>
17.	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p> <p>Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. <p>Unauthorised expenditure recorded in the notes to the financial statements comprise of</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	<ul style="list-style-type: none"> • 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.
18.	<p>Fruitless and wasteful expenditure</p> <p>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.</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of:</p> <ul style="list-style-type: none"> • 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.	<p>Irregular expenditure</p> <p>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.</p> <p>Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of:</p> <ul style="list-style-type: none"> • 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.	<p>Changes in accounting policies, estimates and errors</p> <p>Changes in accounting policies are applied in accordance with MCS requirements.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
21.	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
22.	<p>Principal-Agent arrangements</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	<p>The department is party to a principal-agent arrangement for [service delivery agreement] with department of Public Works, Roads and Infrastructure (LDPWRI). In terms of the arrangement, the department enters into agent agreement as may be required with other party such as the Independent Development Trust to provide the principal-agent with additional capacity and/or skills to assist implement the infrastructure programs of the department. 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.</p>
23.	<p>Departures from the MCS requirements</p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.</p>
24.	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
25.	<p>Related party transactions</p> <p>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.</p> <p>The full compensation of key management personnel is recorded in the notes to the financial statements.</p>
26.	<p>Inventories (<i>Effective from date determined by the Accountant-General</i>)</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance.</p> <p>Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>
27.	<p>Public-Private Partnerships</p> <p>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.</p> <p>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.</p>
28.	<p>Employee benefits</p>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

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

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

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

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

PART B: EXPLANATORY NOTES

1. Annual Appropriation

1.1. Annual Appropriation

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

Programmes	2023/24			2022/23		
	Final Budget	Actual Funds Received	Funds not requested / not received	Final Budget	Appropriation Received	Funds not requested / not received
	R'000	R'000	R'000	R'000	R'000	R'000
ADMINISTRATION	281 433	281 433	-	278 110	278 110	-
DISTRICT HEALTH SERVICES	15 877 397	15 878 729	-1 332	15 421 428	15 421 434	-6
EMERGENCY MEDICAL SERVICES	1 591 221	1 591 221	-	1 047 421	1 047 421	-
PROVINCIAL HOSPITAL SERVICES	2 902 486	2 902 486	-	2 718 856	2 718 856	-
CENTRAL HOSPITAL SERVICES	2 302 366	2 302 366	-	2 125 459	2 125 459	-
HEALTH SCIENCES AND TRAINING	597 751	597 751	-	659 288	659 288	-
HEALTH CARE SUPPORT SERVICES	164 899	164 899	-	225 277	225 277	-
HEALTH FACILITIES MANAGEMENT	888 242	888 242	-	1 039 568	1 039 568	-
Total	24 605 795	24 607 127	-1 332	23 515 407	23 515 413	-6

The variance is due to late transfer of 2020/2021 financial year funds, relating National Health Insurance grant ,received in the financial year 2023/2024

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

1.2. Conditional grants

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total grants received	46	3 866 150	4 444 329
Provincial grants included in total grants received		-	-

2. Statutory Appropriation

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Statutory Appropriation		2 159	2 096
Total		2 159	2 096
Actual Statutory Appropriation received		2 159	2 096
Statutory Appropriation not requested / not received		-	-

The statutory amount includes an amount of R61 114.00 relating to adjustment of salary for the financial year 2022/2023

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

3. Departmental revenue

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Tax revenue		-	-
Sales of goods and services other than capital assets	3.1	193 438	164 515
Fines, penalties and forfeits	3.2	1	-
Interest, dividends and rent on land	3.3	362	92
Sales of capital assets	3.4	11 295	11 426
Transactions in financial assets and liabilities	3.5	16 811	22 872
Transfers received	3.6	-	-
Total revenue collected		221 907	198 905
Less: Own revenue included in appropriation	19	210 508	198 905
Total		11 399	-

3.1. Sales of goods and services other than capital assets

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Sales of goods and services produced by the department		191 942	163 325
Sales by market establishment		47 569	45 662
Administrative fees		-	-
Other sales		144 373	117 663
Sales of scrap, waste and other used current goods		1 496	1 190
Total	3	193 438	164 515

3.2. Fines, penalties and forfeits

	<i>Note</i>	2023/24 R'000	2022/23 R'000

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Fines		-	-
Penalties		1	-
Forfeits		-	-
Total	3	1	-

3.3. Interest, dividends and rent on land

	Note	2023/24 R'000	2022/23 R'000
Interest		362	92
Dividends		-	-
Rent on land		-	-
Total	3	362	92

3.4. Sales of capital assets

	Note	2023/24 R'000	2022/23 R'000
Tangible capital assets		11 295	11 426
Buildings and other fixed structures		-	-
Machinery and equipment		11 295	11 426
Heritage assets		-	-
Specialised military assets		-	-
Land and subsoil assets		-	-
Biological assets		-	-
Intangible capital assets		-	-
Software		-	-
Mastheads and publishing titles		-	-
Patents, licences, copyright, brand names and trademarks		-	-
Recipes, formulae, prototypes, designs, models		-	-
Services and operating rights		-	-
Total	3	11 295	11 426

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

3.5. Transactions in financial assets and liabilities

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Loans and advances		-	-
Receivables		7 821	12 840
Forex gain		-	-
Other receipts including Recoverable Revenue		8 990	10 032
Gains on GFECRA		-	-
Total	3	16 811	22 872

3.6. Transfers received

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Other governmental units		-	-
Higher education institutions		-	-
Foreign governments		-	-
International organisations		-	-
Public corporations and private enterprises		-	-
Households and non-profit institutions		-	-
Total	3	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

3.6.1. Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)

	Note	2023/24 R'000	2022/23 R'000
	<i>Annex 1D</i>		
Gifts		-	-
Donations		15 791	29 814
Sponsorships		-	-
Total gifts, donations and sponsorships received in kind		15 791	29 814

4. Aid assistance

	Note	2023/24 R'000	2022/23 R'000
Opening balance		116	116
Prior period error			
As restated		116	116
Transferred from statement of financial performance		-	-
Transfers to or from retained funds			-
Paid during the year		-101	-
Closing balance		15	116

The amount of R101,000.00 relates to unutilised funds surrendered to Provincial Revenue Fund.

4.1. Analysis of balance by source

	Note	2023/24 R'000	2022/23 R'000
Aid assistance from RDP		-	-
Aid assistance from other sources		15	116
CARA Funds		-	-
Closing balance	4	15	116

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

The remaining balance is for audit fees related to the Japanese Embassy funded projects.

4.2. Analysis of balance

	Note	2023/24 R'000	2022/23 R'000
Aid assistance receivable		-	-
Aid assistance prepayments (not expensed)		-	-
Aid assistance unutilised		15	116
Aid assistance repayable		-	-
Closing balance	4	15	116
Aid assistance not requested/not received			

The remaining balance is for audit fees related to the Japanese Embassy funded projects.

Aid assistance prepayments (expensed)

Name of entity	2023/24				
	Amount as at 1 April 2023 R'000	Less: Received in the current year R'000	Less: Other R'000	Add Current year prepay- ments R'000	Amount as at 31 March 2024 R'000
Goods and services	-	-	-	-	-
Interest and rent on land	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-
Capital assets	-	-	-	-	-
Other	-	-	-	-	-
Total	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Name of entity	2022/23				Amount as at 31 March 2023 R'000
	Amount as at 1 April 2022 R'000	Less: Received in the current year R'000	Add / Less: Other R'000	Add Current year prepay-ments R'000	
Goods and services	-	-	-	-	-
Interest and rent on land	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-
Capital assets	-	-	-	-	-
Other	-	-	-	-	-
Total	-	-	-	-	-

5. Compensation of employees

5.1. Analysis of balance

	Note	2023/24 R'000	2022/23 R'000
Basic salary		10 556 696	10 053 197
Performance award		5 713	47 828
Service based		21 151	22 717
Compensative/circumstantial		885 835	833 435
Periodic payments		15 491	23 580
Other non-pensionable allowances		2 650 322	3 205 346
Total		14 135 208	14 186 103

5.2. Social contributions

Employer contributions	Note	2023/24 R'000	2022/23 R'000
Pension		1 206 297	1 128 309
Medical		881 269	832 739
UIF		5 623	5 219
Bargaining council		2 278	2 358
Official unions and associations		-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Insurance	90	252
Total	2 095 557	1 968 877
 Total compensation of employees	 16 230 765	 16 154 980
 Average number of employees	 29 298	 30 332

6. Goods and services

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Administrative fees		1 125	729
Advertising		1 380	3 703
Minor assets	6.1	5 720	11 561
Bursaries (employees)		-	-
Catering		776	1 260
Communication		79 065	78 066
Computer services	6.2	193 072	112 773
Consultants: Business and advisory services	6.9	103 770	157 762
Infrastructure and planning services		-	-
Laboratory services		728 849	605 381
Scientific and technological services		-	-
Legal services		149 614	26 763
Contractors		242 482	168 655
Agency and support / outsourced services		162 869	121 035
Entertainment		-	-
Audit cost - external	6.3	26 035	18 974
Fleet services		206 426	177 136
Inventories	6.4	3 040 394	2 781 409
Consumables	6.5	244 237	164 586
Housing		-	-
Operating leases		13 371	13 380
Property payments	6.6	1 424 876	1 478 943
Rental and hiring		50 012	33 076

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Transport provided as part of the departmental activities		3 589	4 261
Travel and subsistence	6.7	40 583	78 132
Venues and facilities		5 915	6 056
Training and development		330	391
Other operating expenditure	6.8	265 139	236 936
Total		6 989 629	6 280 968

The increase on Legal services is a result of long outstanding legal fees paid to State Attorney.

6.1. Minor assets

	Note	2023/24 R'000	2022/23 R'000
Tangible capital assets		5 720	11 561
Buildings and other fixed structures		-	-
Biological assets		-	-
Heritage assets		-	-
Machinery and equipment		5 720	11 561
Land and subsoil assets		-	-
Specialised military assets		-	-
Intangible capital assets			
Software		-	-
Mastheads and publishing titles		-	-
Patents, licences, copyright, brand names and trademarks		-	-
Recipes, formulae, prototypes, designs, models		-	-
Services and operating rights		-	-
Total	6	5 720	11 561

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

6.2. Computer services

	Note	2023/24 R'000	2022/23 R'000
SITA computer services		31	278
External computer service providers		193 041	112 495
Total	6	193 072	112 773

6.3. Audit cost - external

	Note	2023/24 R'000	2022/23 R'000
Regularity audits		26 035	18 974
Performance audits		-	-
Investigations		-	-
Environmental audits		-	-
Computer audits		-	-
Total	6	26 035	18 974

6.4. Inventories

	Note	2023/24 R'000	2022/23 R'000
Clothing material and accessories		4 491	4 722
Farming supplies		-	-
Food and food supplies		229 448	187 371
Fuel, oil and gas		78 173	70 599
Learning, teaching and support material		-	-
Materials and supplies		24 437	27 369
Medical supplies		721 562	671 983
Medicine		1 982 283	1 819 365
Medsas inventory interface		-	-
Other supplies	6.4.1	-	-
Total	6	3 040 394	2 781 409

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

6.4.1. Other supplies

	Note	2023/24 R'000	2022/23 R'000
Ammunition and security supplies			
Assets for distribution		-	-
Machinery and equipment		-	-
School furniture		-	-
Sports and recreation		-	-
Library material		-	-
Other assets for distribution		-	-
Other			
Total	6.4	-	-

6.5. Consumables

	Note	2023/24 R'000	2022/23 R'000
Consumable supplies		176 992	125 092
Uniform and clothing		53 315	51 376
Household supplies		88 930	50 180
Building material and supplies		31 483	21 387
Communication accessories		24	-
IT consumables		2 699	1 673
Other consumables		541	476
Stationery, printing and office supplies		67 245	39 494
Total	6	244 237	164 586

6.6. Property payments

	Note	2023/24 R'000	2022/23 R'000
Municipal services		297 420	266 232
Property management fees		-	-
Property maintenance and repairs		287 004	430 382

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Other		840 452	782 329
Total	6	1 424 876	1 478 943

Included in Other is:	
P/P: Gas	R 1 509 559.61
P/P: Laundry Services	R 46 911 859.40
P/P: Pest Control/ Fumigation	R 3 624 403.33
P/P: Safeguard & Security	R 787 921 090.52
P/P: Cleaning Services	R 179 400.00
P/P: Firefighting & Protect ser	R 305 668.14
TOTAL	R 840 451 981.00

6.7. Travel and subsistence

	Note	2023/24 R'000	2022/23 R'000
Local		39 208	77 402
Foreign		1 375	730
Total	6	40 583	78 132

6.8. Other operating expenditure

	Note	2023/24 R'000	2022/23 R'000
Professional bodies, membership and subscription fees		4 573	3 663
Resettlement costs		1 216	1 447
Other		259 350	231 826
Total	6	265 139	236 936

Included in Other is:	
O/P: Courier and delivery Services	R 58 456.57
O/P: Laundry services	R 289,657.91
O/P: Printing & Publications serv	R 624 158.58
O/P: Storage services	R 258 298 483.19
O/P: Freight Services TRSPRT Good	R 60 330.20
O/P : Non Life Insurance	R 19 823.99
TOTAL	R 259 350 910.44

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

6.9. Remuneration of members of a commission or committee of inquiry (Included in Consultants: Business and advisory services)

Name of Commission / Committee of Inquiry	Note	2023/24 R'000	2022/23 R'000
Risk Management Committee		62	82
Total		62	82

The remuneration stated for the Risk Management Committee is for one member only.(Chairperson)

The following are committees within the department

HOD-DDGs committee
Branch committees
Financial misconduct board committee
Ethics Committee
Risk Management committee
Departmental Performance Review committee
Audit Steering Committee
Departmental budget advisory committee

The department is sharing for the Audit Committee services provided by Provincial Treasury

7. Interest and rent on land

	Note	2023/24 R'000	2022/23 R'000
Interest paid		174	235
Rent on land		-	-
Total		174	235

The prior balance has been adjusted for correct classification.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

8. Payments for financial assets

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Material losses through criminal conduct		-	-
Theft	8.4	-	-
Other material losses	8.1	-	-
Purchase of equity		-	-
Extension of loans for policy purposes		-	-
Other material losses written off	8.2	-	-
Debts written off	8.3	1 913	-
Forex losses	8.5	-	-
Debt take overs		-	-
Losses on GFECRA		-	-
Total		1 913	-

8.1. Other material losses

Nature of other material losses	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total	8	-	-

8.2. Other material losses written off

Nature of losses	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total	8	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

8.3. Debts written off

Nature of debts written off	Note	2023/24 R'000	2022/23 R'000
Irregular expenditure written off		-	-
Total		-	-
Recoverable revenue written off			
Total		-	-
Other debt written off			
Staff debt		1 913	-
Total		1 913	-
Total debt written off	8	1 913	-

The amount written off relates to identified irrecoverable deceased staff debts

8.4. Details of theft

Nature of theft	Note	2023/24 R'000	2022/23 R'000
Total	8	-	-

8.5. Forex losses

Nature of losses	Note	2023/24 R'000	2022/23 R'000
Total	8	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

9. Transfers and subsidies

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Provinces and municipalities	<i>47,48</i>	2 500	2 230
Departmental agencies and accounts	<i>Annex 1B</i>	41 379	42 891
Higher education institutions	<i>Annex 1C</i>	-	-
Foreign governments and international organisations	<i>Annex 1E</i>	-	-
Public corporations and private enterprises	<i>Annex 1D</i>	-	-
Non-profit institutions	<i>Annex 1F</i>	-	-
Households	<i>Annex 1C</i>	164 939	189 093
Total		208 818	234 214

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

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Gifts		-	-
Donations		-	-
Sponsorships		-	-
Total		-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

10. Expenditure for capital assets

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Tangible capital assets		1 158 011	743 174
Buildings and other fixed structures		314 734	338 496
Heritage assets		-	-
Machinery and equipment		843 277	404 678
Specialised military assets		-	-
Land and subsoil assets		-	-
Biological assets		-	-
Intangible capital assets		-	476
Software		-	476
Mastheads and publishing titles		-	-
Patents, licences, copyright, brand names and trademarks		-	-
Recipes, formulae, prototypes, designs, models		-	-
Services and operating rights		-	-
Total		1 158 011	743 650
The following amounts have been included as project costs in Expenditure for capital assets			
Compensation of employees		-	-
Goods and services		-	-
Total		-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

10.1. Analysis of funds utilised to acquire capital assets - Current year

Name of entity	2023/24		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible capital assets	1 158 011	-	1 158 011
Buildings and other fixed structures	314 734	-	314 734
Heritage assets	-	-	-
Machinery and equipment	843 277	-	843 277
Specialised military assets	-	-	-
Land and subsoil assets	-	-	-
Biological assets	-	-	-
Intangible capital assets			-
Software	-	-	-
Mastheads and publishing titles	-	-	-
Patents, licences, copyright, brand names and trademarks	-	-	-
Recipes, formulae, prototypes, designs, models	-	-	-
Services and operating rights	-	-	-
Total	1 158 011	-	1 158 011

10.2. Analysis of funds utilised to acquire capital assets - Prior year

Name of entity	2022/23		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible capital assets	743 174	-	743 174
Buildings and other fixed structures	338 496	-	338 496
Heritage assets	-	-	-
Machinery and equipment	404 678	-	404 678
Specialised military assets	-	-	-
Land and subsoil assets	-	-	-
Biological assets	-	-	-
Intangible capital assets	476	-	476

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Software	476	-	476
Mastheads and publishing titles	-	-	-
Patents, licences, copyright, brand names and trademarks	-	-	-
Recipes, formulae, prototypes, designs, models	-	-	-
Services and operating rights	-	-	-
Total	743 650	-	743 650

10.3. Finance lease expenditure included in Expenditure for capital assets

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Tangible capital assets			
Buildings and other fixed structures		-	-
Heritage assets		-	-
Machinery and equipment		-	-
Specialised military assets		-	-
Land and subsoil assets		-	-
Biological assets		-	-
Total		-	-

11. Cash and cash equivalents

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General Account		18 678	101 001
Cash receipts		-	-
Disbursements		15	157
Cash on hand		-	-
Investments (Domestic)		-	-
Investments (Foreign)		-	-
Total		18 693	101 158

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

12. Receivables

	<i>Note</i>	2023/24			2022/23		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	12.1	-	-	-	-	-	-
Trade receivables	12.2	-	-	-	-	-	-
Recoverable expenditure	12.3	222	5 450	5 672	486	5 712	6 198
Staff debt	12.4	1 847	48 313	50 160	1 942	49 651	51 593
Other receivables	12.5	26	3 840	3 866	1	2 266	2 267
Total		2 095	57 603	59 698	2 429	57 629	60 058

12.1. Claims recoverable

	<i>Note</i>	2023/24 R'000	2022/23 R'000
National departments		-	-
Provincial departments		-	-
Foreign governments		-	-
Public entities		-	-
Private enterprises		-	-
Higher education institutions		-	-
Households and non-profit institutions		-	-
Local governments		-	-
Total	12	-	-

12.2. Trade receivables

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total	12	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

12.3. Recoverable expenditure

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Sal:Tax debt		692	1 056
Sal:Medical aid		8	20
Disall Damages and Losses		4 951	4 951
Sal: Pension Fund		21	170
Sal :Reversal Control			1
Total	12	5 672	6 198

12.4. Staff debt

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Breach of Contracts		31 532	31 533
GG Accident		459	458
Salary Overpayment		17 391	18 791
Official House Rentals		267	157
Losses & Damages		25	25
Employees		486	629
Total	12	50 160	51 593

12.5. Other receivables

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Unauthorised expenditure			
Irregular expenditure		103	140
Fruitless and wasteful expenditure		28	10
Suppliers		3 735	2 117

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Total	12	3 866	2 267
--------------	----	-------	-------

The prior period on irregular expenditure has been adjusted for correct classification.

12.6. Impairment of receivables

	Note	2023/24 R'000	2022/23 R'000
Estimate of impairment of receivables		3 745	3 385
Total		3 745	3 385

13. Voted funds to be surrendered to the Revenue Fund

	Note	2023/24 R'000	2022/23 R'000
Opening balance		103 462	570 534
Prior period error	13.2		
As restated			
Transferred from statement of financial performance (as restated)		103 462	570 534
Add: Unauthorised expenditure for the current year		18 644	103 456
Voted funds not requested/not received	1.1	1 332	6
Transferred to retained revenue to defray excess expenditure (Parliament/Legislatures)	13.1	-	-
Paid during the year		-104 794	-570 534
Closing balance		18 644	103 462

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

13.1. Voted funds / (Excess expenditure) transferred to retained funds (Parliament / Legislatures ONLY)

	Note	2023/24 R'000	2022/23 R'000
Opening balance			
Transfer from statement of financial performance			
Transfer from Departmental Revenue to defray excess expenditure	15		
Total	13		

13.2. Prior period error

Nature of prior period error	Note	2022/23 R'000
Relating to 2021/22 [affecting the opening balance]		-
Relating to 2022/23		-
Total prior period errors		-

13.3. Reconciliation on unspent conditional grants

	Note	2023/24 R'000	2022/23 R'000
Total conditional grants received	1.2	3 866 150	4 444 329
Total conditional grants spent		-3 866 082	-4 395 010
Unspent conditional grants to be surrendered		68	49 319
Less: Paid to the Provincial Revenue Fund by Provincial department			-
Approved for rollover			-
Not approved for rollover			-
Due by the Provincial Revenue Fund		68	49 319

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

14. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2023/24 R'000	2022/23 R'000
Opening balance		12 877	29 713
Prior period error	14.1		
As restated		12 877	29 713
Transferred from statement of financial performance (as restated)		11 399	-
Own revenue included in appropriation		210 508	198 905
Transfer from aid assistance	4	-	-
Transferred to voted funds to defray excess expenditure (Parliament/Legislatures)	13.1	-	-
Paid during the year		-221 264	-215 741
Closing balance		13 520	12 877

14.1. Prior period error

Nature of prior period error	Note	2022/23 R'000
Relating to 2021/22 [affecting the opening balance]		-
Relating to 2022/23		-
Total prior period errors		-

15. Payables - current

	Note	2023/24 R'000	2022/23 R'000
Amounts owing to other entities			
Advances received	15.1	179	279

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Clearing accounts	15.2	1 734	2 336
Other payables	15.3	120	-
Total		2 033	2 615

15.1. Advances received

		2023/24	2022/23
	Note	R'000	R'000
National departments		-	-
Provincial departments		-	-
Public entities		-	-
Other institutions		179	279
Total	15	179	279

15.2. Clearing accounts

		2023/24	2022/23
Description	Note	R'000	R'000
<i>Identify major categories, but list material items</i>			
Sal: Acb Recalls		568	570
Sal:GEHS Refund Control		1 166	1 755
Sal:Finance Other institutions		-	11
Total	15	1 734	2 336

15.3. Other payables

		2023/24	2022/23
Description	Note	R'000	R'000
Unallocated Receipts		120	-
Total	15	120	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

16. Payables - non-current

	Note	2023/24			2022/23
		One to two years	Two to three years	Older than three years	Total
		R'000	R'000	R'000	R'000
Amounts owing to other entities					
Advances received	16.1	29	-	-	29
Other payables	16.2		-	-	
Total		29	-	-	29

16.1. Advances received

	Note	2023/24 R'000	2022/23 R'000
National departments		-	-
Provincial departments		-	-
Public entities		-	-
Other institutions		29	205
Total	16	29	205

16.2. Other payables

Description	Note	2023/24 R'000	2022/23 R'000
Total	16	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

17. Net cash flow available from operating activities

	Note	2023/24 R'000	2022/23 R'000
Net surplus/(deficit) as per Statement of Financial Performance		30 043	103 456
Add back non-cash/cash movements not deemed operating activities		1 032 149	119 419
(Increase)/decrease in receivables		334	-249
(Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables - current		-582	-25 192
Proceeds from sale of capital assets		-11 295	-11 426
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		1 158 011	743 650
Surrenders to Revenue Fund		-326 058	-786 275
Surrenders to RDP Fund/Donors		-101	-
Voted funds not requested/not received		1 332	6
Statutory Appropriation not requested/not received		-	-
Own revenue included in appropriation		210 508	198 905
Other non-cash items		-	-
Net cash flow generated by operating activities		1 062 192	222 875

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

	Note	2023/24 R'000	2022/23 R'000
Consolidated Paymaster General account		18 678	101 001
Fund requisition account		-	-
Cash receipts		-	-
Disbursements		15	157
Cash on hand		-	-
Cash with commercial banks (Local)		-	-
Cash with commercial banks (Foreign)		-	-
Total		18 693	101 158

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

19. Contingent liabilities and contingent assets

19.1. Contingent liabilities

Liable to	Nature	<i>Note</i>	2023/24 R'000	2022/23 R'000
Motor vehicle guarantees	Employees	<i>Annex 3A</i>	-	-
Housing loan guarantees	Employees	<i>Annex 3A</i>	-	31
Other guarantees		<i>Annex 3A</i>	-	-
Claims against the department		<i>Annex 3B</i>	9 904 070	8 862 446
Intergovernmental payables		<i>Annex 5</i>	59 303	161 996
Environmental rehabilitation liability		<i>Annex 3B</i>	-	-
Other		<i>Annex 3B</i>	-	-
Total			9 963 373	9 024 473

The prior year balances on medico-legal has been adjusted down by R119 011 179,00 resulting from cases incorrectly classified

The prior year balances on other litigations has been adjusted down R49 318 000,00 resulting from changes in assessment methodology and omitted case.

The balance of R9,9 billion is categorized as follows:

Cerebral Palsy = R7,5 billion;

Obstetrics and Gynae= R746 million;

Orthopaedic = R534 million;

Surgical = R647 million

Other(Pulmonology etc) =R252 million

Medical =R 95 million

Interdepartmental claims = R59 million

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

The uncertainties of amount and timing are due to litigations that are awaiting court processes to be finalised and interdepartmental payables that have been disputed/unconfirmed by the department.

All classes of contingencies are dependent on the finalization/occurrence of events that are not wholly within the department's control.

19.2. Contingent assets

Nature of contingent asset	<i>Note</i>	2023/24 R'000	2022/23 R'000
General claims- damages to Vehicles		271	271
Procurement related claims		3 276	3 276
Property damages		20	20
Salary Overpayment		497	497
Labour related -Fraud		2 442	2 442
Labour related- Commuted Overtime		503	503
Rentals		1 633	1 132
Total		8 642	8 141

The prior year balance on procurement related claims has been adjusted down by R13 000.00 on a case erroneously disclosed.

The prior year balance on Rentals has been adjusted down by R 1,397,000,00 as a result of balances from 2013/14 to 2018/19 financial year

without documentation to support existence of the amount owed and interest which was reversed on all contingent asset items not concluded as debts.

20. Capital commitments

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Buildings and other fixed structures		54 083	80 132

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Heritage assets	-	-
Machinery and equipment	157 417	26 996
Specialised military assets	-	-
Land and subsoil assets	-	-
Biological assets	-	-
Intangible assets	-	-
Total	211 500	107 128

11 projects of the disclosed commitments relate to capital refurbishment projects that are implemented through panel of contractors.
3 projects relate to projects currently on site and not planned for completion in the next financial year. The rest of the projects with panel of contractors are expected to be completed within the next financial year.

The rest of the projects with panel of contractors are expected to be completed within the next financial year.

The prior period balance has been adjusted by R1 471 000,00 which results from:

a) 4 projects completed for less than the contract value as at March 2023

b) Calculation and capturing errors on Bosele EMS, Lebowakgomo EMS, and Pietersburg ICU respectively.

21. Accruals and payables not recognised

21.1. Accruals

Listed by economic classification	<i>Note</i>	2023/24			2022/23
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Goods and services		256 582	23 667	280 249	316 312
Interest and rent on land		-	-	-	-
Transfers and subsidies		4 448		4 448	785
Capital assets		12 102	518	12 620	4 697
Other		-	-	-	-
Total		273 132	24 185	297 317	321 794

Listed by programme level	<i>Note</i>	2023/24	2022/23
		R'000	R'000
Administration		60 226	26 441
District Health Services		148 643	162 255
Emergency Medical Services		9 319	7 419

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Provincial Hospital Services	22 680	28 764
Central Hospital Services	35 760	85 318
Health Science and Training	1 510	972
Health Care Support	4 313	7 696
Health Facilities Management	14 866	2 929
Total	297 317	321 794

21.2. Payables not recognised

Listed by economic classification	<i>Note</i>	2023/24			2022/23
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Goods and services		107 218	-	107 218	403 852
Interest and rent on land		-	-	-	-
Transfers and subsidies		-	-	-	21 825
Capital assets		82 383	-	82 383	19 567
Other		-	-	-	-
Total		189 601	-	189 601	445 244

Listed by programme level	<i>Note</i>	2023/24	2022/23
		R'000	R'000
Administration		24 417	56 931
District Health Services		32 293	122 793
Emergency Medical Services		35 617	5 162
Provincial Hospital Services		5 681	7 664
Central Hospital Services		6 773	36 104
Health Science and Training		-	21 825
Health Care Support		17 178	67 967
Health Facilities Management		67 642	126 798
Total		189 601	445 244

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

<i>Included in the above totals are the following:</i>	<i>Note</i>	2023/24 R'000	2022/23 R'000
Confirmed balances with other departments	<i>Annex 5</i>	-	42
Confirmed balances with other government entities	<i>Annex 5</i>	13 238	-
Total		13 238	42

22. Employee benefits

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Leave entitlement		655 728	611 292
Service bonus		400 605	366 737
Performance awards		73	73
Capped leave		402 630	440 883
Other		468 196	464 744
Total		1 927 232	1 883 729

Leave entitlement is R 655,728,257.82 (R 673,277,458.48 as leave entitlements as at 31st March 2024 minus R17,549,200,66 as leave instated after 31st March 2024)

Capped leave entitlements is R 402,629,639,83(R405,508,749.69 as capped leave as at 31st March 2024 minus R 2,879,109,86 as leave instated after 31st March 2024).

Negative balances on current leave days are when employees utilized their leave days more than they accrued and the amount ofR-11,739,256.48 is for the period 20230401-20240331. The negatives will be liability to the employees when they terminate services.

A negative balance on capped leave days to the amount of R-701,618.79 as at 31st March 2024 is subjected to re-auditing when the employees terminate services.

The balance of R73,000.00 on performance bonus is relating to ex-employees awaiting approval by National Treasury.

The prior year balance on OTHER has been adjusted by R 122,286.83 relating to Pay progression for SMS incorrectly disclosed.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

--

		2023/24	2022/23
<i>Included in the above totals are the following:</i>	Note	R'000	R'000
Confirmed balances with other departments	Annex 5	556	-
Confirmed balances with other government entities	Annex 5	-	-
Total		556	-

23. Lease commitments

23.1. Operating leases

	2023/24				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	1 059	291	1 350
Later than 1 year and not later than 5 years	-	-	-	32	32
Later than 5 years	-	-	-	-	-
Total lease commitments	-	-	1 059	323	1 382

	2022/23				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	1 053	3 344	4 397
Later than 1 year and not later than 5 years	-	-	-	323	323

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Later than 5 years	-	-	-	-	-
Total lease commitments	-	-	1 053	3 667	4 720

The department is leasing five(4) office accommodation spaces. One of the four rentals has an agreement that is inclusive of an escalation rate of 8% in December that is implemented annually. Although the department is occupying the rented spaces, the Department of Public Works is still in the process of reviewing the lease agreements for all rental spaces the department is occupying.

Machinery and Equipment

The department is currently leasing 69 photocopiers for a period 36 months with a 0% escalation rate. (58 photocopiers are under RT3/2018 and 11 on TCLP01/2019)

	Note	2023/24 R'000	2022/23 R'000
Rental earned on sub-leased assets	3		
Total			

23.2. Finance leases **

	2023/24				
	Specialised military equipment R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year					
Later than 1 year and not later than 5 years					
Later than 5 years					
Total lease commitments					
	2022/23				

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year					
Later than 1 year and not later than 5 years					
Later than 5 years					
Total lease commitments					

	Note	2023/24 R'000	2022/23 R'000
Rental earned on sub-leased assets	3	-	-
Total		-	-

23.3. Operating lease future revenue

	2023/24				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year					
Later than 1 year and not later than 5 years					
Later than 5 years					
Total operating lease revenue receivable	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	2022/23				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year					
Later than 1 year and not later than 5 years					
Later than 5 years					
Total operating lease revenue receivable	-	-		-	-

24. Accrued departmental revenue

	Note	2023/24 R'000	2022/23 R'000
Tax revenue		-	-
Sales of goods and services other than capital assets		778 184	658 308
Fines, penalties and forfeits		-	-
Interest, dividends and rent on land		-	-
Sales of capital assets		-	-
Transactions in financial assets and liabilities		-	-
Transfers received		-	-
Other		-	-
Total		778 184	658 308

24.1. Analysis of accrued departmental revenue

	Note	2023/24 R'000	2022/23 R'000
Opening balance		658 308	526 943
Less: amounts received		118 676	91 874
Less: services received in lieu of cash		-	-
Add: amounts recorded		346 400	324 462

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Less: amounts written off/reversed as irrecoverable	107 848	101 223
Less: amounts transferred to receivables for recovery	-	-
Other (<i>Specify</i>)	-	-
Closing balance	778 184	658 308

The opening balance has been adjusted by R 13,993,000.00 as a result of Patient Fees transactions relating to prior year discovered after year end and recorded in 2023/2024 financial year

24.2. Accrued departmental revenue written off

		2023/24	2022/23
Nature of losses	<i>Note</i>	R'000	R'000
Patient fees		107 848	101 223
		-	-
Total		107 848	101 223

24.3. Impairment of accrued departmental revenue

		2023/24	2022/23
	<i>Note</i>	R'000	R'000
Estimate of impairment of accrued departmental revenue		687 136	576 677
Total		687 136	576 677

The opening balance has been adjusted by R 6,457,000.00 as a result of Patient Fees transactions relating to prior year but discovered and recognised in the year under review.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

25. Unauthorised, Irregular and Fruitless and wasteful expenditure

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Unauthorised expenditure - current year		-	-
Irregular expenditure - current year		1 390 744	816 556
Fruitless and wasteful expenditure - current year		334	313
Total		1 391 078	816 869

The Fruitless and Wasteful expenditure incurred in 2023/2024 was due to interest charged by Eskom, municipalities and plaintiffs for late payment of court orders. Included in the amount incurred, a total amount of R153,956.36 was recovered/written off.

The Irregular Expenditure incurred relates to Security contract awarded in 2021. The contract was subjected to a re-audit in 2022/23.

Request for condonation was submitted in January 2024.

The Irregular

Expenditure incurred relates to Panel of contractors and groceries was reported to AGSA. Request for condonation was submitted in January 2024.

26. Related party transactions

Revenue received	<i>Note</i>	2023/24 R'000	2022/23 R'000
Tax revenue		-	-
Sales of goods and services other than capital assets		-	-
Fines, penalties and forfeits		-	-
Interest, dividends and rent on land		-	-
Sales of capital assets		-	-
Transactions in financial assets and liabilities		-	-
Transfers received		-	-
Total		-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Payments made	<i>Note</i>	2023/24 R'000	2022/23 R'000
Compensation of employees		-	-
Goods and services		-	-
Interest and rent on land		-	-
Expenditure for capital assets		-	-
Payments for financial assets		-	-
Transfers and subsidies		-	-
Total		-	-

Year end balances arising from revenue/payments	<i>Note</i>	2023/24 R'000	2022/23 R'000
Receivables from related parties		-	-
Payables to related parties		-	-
Total		-	-

Loans to/from related parties	<i>Note</i>	2023/24 R'000	2022/23 R'000
Non-interest bearing loans to/(from)		-	-
Interest bearing loans to/(from)		-	-
Total		-	-

Other	<i>Note</i>	2023/24 R'000	2022/23 R'000
Guarantees issued/received		-	-
<i>List other contingent liabilities between the department and related party</i>		-	-
Total		-	-

2023/24 2022/23

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

In-kind goods and services (provided)/received	Note	R'000	R'000
<i>List in-kind goods and services between the department and related party</i>			
Provincial Treasury(Audit Committee)		692	672
Provincial Treasury(Internal Audit)		4 244	4 538
Total		4 936	5 210

The department make use of buildings belonging to the Provincial Department of Public Works. The Provincial department of Public Works does not charge the department any rental for the use of these buildings.

The department is sharing office accommodation and other services with department of Social Development and the department of Health is paying for all other services shared with Social Development , without reimbursement.

The department is related to all provincial departments and government entities within the province as they operate together to achieve common objectives determined by the provincial legislature The relationship with Provincial Treasury for services of Audit Committee and Internal Audit and an amount of R 691 880,14 and R 4,244,319,00 was paid respectively.

27. Key management personnel

	2023/24 R'000	2022/23 R'000
Political office bearers (<i>provide detail below</i>)		
Officials:	2 159	2 096
Level 15 to 16	9 286	11 259
level 14	22 884	20 476
		-
Family members of key management personnel	11 481	10 779
Total	45 810	44 610

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Key management personnel (Parliament/Legislatures)	2023/24 R'000	2022/23 R'000
Speaker to Parliament/Legislature	-	-
Deputy Speaker	-	-
Secretary to Parliament/Legislature	-	-
Deputy Secretary	-	-
Chief Financial Officer	-	-
Legal advisor	-	-
Other	-	-
Total	-	-

28. Provisions

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Retentions		4 209	3 577
Litigations		78 431	53 375
Total		82 640	56 952

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

28.1. Reconciliation of movement in provisions - Current year 2023/24

	2023/24				
	Retentions	Litigations	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000		R'000
Opening balance	3 577	53 375	-	-	56 952
Increase in provision	632	50 168	-	-	50 800
Settlement of provision	-	-25 202	-	-	-25 202
Unused amount reversed	-	-	-	-	-
Reimbursement expected from third party	-	-	-	-	-
Change in provision due to change in estimation of inputs	-	90	-	-	90
Closing balance	4 209	78 431	-	-	82 640

Reconciliation of movement in provisions - Prior year 2022/23

	2022/23				
	Retentions	Litigations	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000		R'000
Opening balance	1 658	35 500	-	-	37 158
Increase in provision	1 919	-	-	-	1 919
Settlement of provision	-	-	-	-	-
Unused amount reversed	-	-	-	-	-
Reimbursement expected from third party	-	-	-	-	-
Change in provision due to change in estimation of inputs	-	17 875	-	-	17 875
Closing balance	3 577	53 375	-	-	56 952

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24				Closing balance
	Opening balance	Value adjustm ents	Additions	Disposals	
	R'000	R'000	R'000	R'000	
HERITAGE ASSETS	-		-	-	-
Heritage assets	-		-	-	-
MACHINERY AND EQUIPMENT	2 529 365		850 098	105 873	3 273 590
Transport assets	691 692		467 389	60 221	1 098 860
Computer equipment	127 600		16 787	4 214	140 173
Furniture and office equipment	59 997		2 880	1 118	61 759
Other machinery and equipment	1 650 076		363 042	40 320	1 972 798
SPECIALISED MILITARY ASSETS	-		-	-	-
Specialised military assets	-		-	-	-
BIOLOGICAL ASSETS	-	-	-	-	-
Biological assets	-	-	-	-	-
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	2 529 365	-	850 098	105 873	3 273 590

Additions as per the ledger is R843,277,146.52

Add : Non-cash items (donations) = R9,052,673.80

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Less : Reclassification of Examination lamps from movable to Immovable =R155 614,43	Less : NQI =
R2,076 417,20	
Total = 850,097,788.69	
Disposals in the current year consists of write off of duplicate assets and auctioned assets.	

Movable Tangible Capital Assets under investigation

	Number	Value
<i>Note</i>		R'000
Included in the above total of the movable tangible capital assets per the asset register that are under investigation:		
Heritage assets	-	-
Machinery and equipment	6 579	252 746
Specialised military assets	-	-
Biological assets	-	-
Total	6 579	252 746

Assets under investigations consists of assets which were not physically verified and assets which were picked up from the floor during verification. Asset Management is still investigating the matters and relevant steps will be taken once reasonable information is obtained.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

29.1. MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
MACHINERY AND EQUIPMENT	2 190 370	23 196	408 112	92 313	2 529 365
Transport assets	616 591	-5 339	127 288	46 848	691 692
Computer equipment	116 069	3 121	10 745	2 335	127 600
Furniture and office equipment	56 512	2 849	753	117	59 997
Other machinery and equipment	1 401 198	22 565	269 326	43 013	1 650 076
SPECIALISED MILITARY ASSETS	-	-	-	-	-
Specialised military assets	-	-	-	-	-
BIOLOGICAL ASSETS	-	-	-	-	-
Biological assets	-	-	-	-	-
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	2 190 370	23 196	408 112	92 313	2 529 365

29.1.1. Prior period error

Nature of prior period error	Note	2022/23 R'000
Relating to prior years other than 2022/23(affecting the opening balance)		23 196
Calculation errors		-8 064
Disposal incorrectly accounted for		-18 280
Correction of misclassification		49 540
Relating to 2022/23		-
Total prior period errors		23 196

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

29.2. Minor assets

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

2023/24

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	241 391	-	241 391
Value adjustments					-	-
Additions	-	-	-	5 816	-	5 816
Disposals	-	-	-	10 982	-	10 982
Total Minor assets	-	-	-	236 225	-	236 225

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	-	-	-
Total number of minor assets	-	-	-	-	-	-

Minor capital assets under investigation

	Number	Value R'000
	<i>Note</i>	
Included in the above total of the minor capital assets per the asset register that are under investigation:		
Specialised military assets		
Intangible assets		
Heritage assets		
Machinery and equipment	14 343	19 124
Biological assets		

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Additions as per the ledger is R5,719,716.88

Add : Non-cash items (donations) =R1,041,269.48

Less : NQI =R944 948,16

Total =R5,816, 038,20

Disposals in the current year consists of write off of duplicate assets and auctioned assets.

Assets under investigations consists of assets which were not physically verified and assets which were picked up from the floor during verification. Asset Management is still investigating the matters relevant steps will be taken once reasonable information is obtained.

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

2022/23

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	298 124	-	298 124
Prior period error	-	-	-	-48 934	-	-48 934
Additions	-	-	-	3 252	-	3 252
Disposals	-	-	-	11 051	-	11 051
Total Minor assets	-	-	-	241 391	-	241 391

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	-	-	-
Total number of minor assets	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

29.2.1. Prior period error

Nature of prior period error	<i>Note</i>	2022/23 R'000
Relating to prior years other than 2022/23 (affecting the opening balance)		-48 934
Calculations error		6 575
Misclassification minor and major		-53 790
Disposal not accounted for		-1 719
Relating to 2022/23		-
Total prior period errors		-48 934

29.3. Movable tangible capital assets written off

MOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023

	2023/24					
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
Total movable assets written off	-	-	-	-	-	-

MOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023

	2022/23					
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
Total movable assets written off	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

29.4. Movable tangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

		2023/24			
		Opening balance 1 April 2023	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2024
Note		R'000	R'000	R'000	R'000
	Heritage assets	-	-	-	-
	Machinery and equipment	-	-	-	-
	Specialised military assets	-	-	-	-
	Biological assets	-	-	-	-
	Total	-	-	-	-

Payables not recognised relating to Capital WIP

		2023/24	2022/23
		R'000	R'000
Note			
	Total	-	-

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

		2022/23				
		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
Note		R'000	R'000	R'000	R'000	R'000
	Heritage assets	-	-	-	-	-
	Machinery and equipment	-	-	-	-	-
	Specialised military assets	-	-	-	-	-
	Biological assets	-	-	-	-	-
	Total	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
SOFTWARE	32 431			32 431
MASTHEADS AND PUBLISHING TITLES	-	-	-	-
PATENTS, LICENCES, COPYRIGHT, BRAND NAMES, TRADEMARKS	-	-	-	-
RECIPES, FORMULAE, PROTOTYPES, DESIGNS, MODELS	-	-	-	-
SERVICES AND OPERATING RIGHTS	-	-	-	-
TOTAL INTANGIBLE CAPITAL ASSETS	32 431			32 431

Intangible Capital Assets under investigation

	Number	Value
	<i>Note</i>	R'000
Included in the above total of the intangible capital assets per the asset register that are under investigation:	-	-
Software		
Mastheads and publishing titles		
Patents, licences, copyright, brand names, trademarks		
Recipes, formulae, prototypes, designs, models		
Services and operating rights		

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

30.1. MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	31 955	-	476	-	32 431
MASTHEADS AND PUBLISHING TITLES	-	-	-	-	-
PATENTS, LICENCES, COPYRIGHT, BRAND NAMES, TRADEMARKS	-	-	-	-	-
RECIPES, FORMULAE, PROTOTYPES, DESIGNS, MODELS	-	-	-	-	-
SERVICES AND OPERATING RIGHTS	-	-	-	-	-
TOTAL INTANGIBLE CAPITAL ASSETS	31 955	-	476	-	32 431

30.1.1. Prior period error

Nature of prior period error	Note	2022/23 R'000
Relating to 2021/22 <i>[affecting the opening balance]</i>		-
Relating to 2022/23		-
Total prior period errors		-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

30.2. Intangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	<i>Note</i>	Opening balance 1 April 2023 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	Closing balance 31 March 2024 R'000
Intangible assets	<i>Annex 7</i>				
Total		-	-	-	-

Payables not recognised relating to Capital WIP	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total		-	-

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

	<i>Note</i>	Opening balance 1 April 2022 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	Closing balance 31 March 2023 R'000
Intangible assets						
Total		-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3 746 553	203 060	-	3 949 613
Dwellings	621 382	2 805	-	624 187
Non-residential buildings	2 814 084	78 723	-	2 892 807
Other fixed structures	311 087	121 532	-	432 619
HERITAGE ASSETS	-	-	-	-
Heritage assets	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-
Land	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	3 746 553	203 060	-	3 949 613

The capital expenditure for buildings and other fixed structures amount to R 314 733 536.38

The additions are made up of the cash and non-cash additions as at the end of March 2024.

The additions include:

a) FAR cash expenditure of R88 611 191.96

b) Non Cash additions resulting from transfer of completed projects from the capital works in progress register amounting to R90,972,886.37

c) Non cash additions of R200,000.00 which is a donation.

Payables (invoices received but not yet paid) on completed projects amounting to R23 120 927.84

Reclassification of examination lamps from movable to immovable of R155 614.43

R226,122,343.93 of the total capital expenditure relates to projects that are recorded and disclosed in capital works in progress in 40.2 below

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Immovable Tangible Capital Assets Under investigation

	Number	Value R'000
<i>Note</i>		
Included in the above total of the immovable tangible capital assets per the asset register that are under investigation:		
Buildings and other fixed structures		
Heritage assets		
Land and subsoil assets		
Total		

31.1. MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	2022/23				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3 656 739	2 722	87 092	-	3 746 553
Dwellings	620 942	-	440	-	621 382
Non-residential buildings	2 803 708	-	10 376	-	2 814 084
Other fixed structures	232 089	2 722	76 276	-	311 087
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-	-
Land	-	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	3 656 739	2 722	87 092	-	3 746 553

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

31.1.1. Prior period error

Nature of prior period error	Note	2022/23 R'000
Relating to prior years other than 2021/22 [affecting the opening balance]		2 722
Incorrectly classified as movable assets		2 722
Relating to 2022/23		3 665
Incorrect classification of expenditure		2 134
Incorrectly classified as movable		1 531
		6
Total prior period errors		387

31.2. Immovable tangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	2023/24			
	Opening balance 1 April 2023	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2024
Note Annex 7	R'000	R'000	R'000	R'000
Heritage assets	-	-	-	-
Buildings and other fixed structures	871 791	226 122	90 973	1 006 940
Land and subsoil assets	-	-	-	-
Total	871 791	226 122	90 973	1 006 940

The additions include cash additions of R226,122,352.93

A project amounting R478,931,086.61 relating to Maphutha Malatji Hospital is included in the opening balance above.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

The project relating to Maphutha Malatji Hospital OPD has been transferred from Vote 7 to Vote 9 for completion of the project by the Implementing Agent (LDPWR&I)

Once the project is finalised and transferred back to LDoH, LDoH will initiate a section 42 transfer to the custodian (LDPWR& I Property Management).

Payables not recognised relating to Capital WIP	<i>Note</i>	2023/24 R'000	2022/23 R'000
Total		-	-

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

		2022/23				
	<i>Note</i>	Opening balance 1 April 2022 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	Closing balance 31 March 2022 R'000
Heritage assets		-	-	-	-	-
Buildings and other fixed structures		624 024	-	255 317	7 550	871 791
Land and subsoil assets		-	-	-	-	-
Total		624 024	-	255 317	7 550	871 791

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

31.3. Immovable tangible capital assets written off

IMMOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023

	2023/24			
	Buildings and other fixed structures	Heritage assets	Land and subsoil assets	Total =
	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-
Total immovable capital assets written off	-	-	-	-

IMMOVABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023

	2022/23			
	Buildings and other fixed structures	Heritage assets	Land and subsoil assets	Total
	R'000	R'000	R'000	R'000
Assets written off				
Total immovable capital assets written off	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

32. Principal-agent arrangements

32.1. Department acting as the principal

	Note	2023/24 R'000	2022/23 R'000
Independent Development Trust		1	-
Development Bank of Southern Africa		1 908	-
Total		1 909	-

The Limpopo Department of Health engaged the Limpopo Department of Public works, Road and Infrastructure (LPDPWR&I) as an implementing agent for Infrastructure development. The Executive Council (EXCO) approved the infrastructure Delivery Management System (IDMS) on 29 May 2012. The adopted IDMS serves as a framework for the delivery of infrastructure in the Limpopo Province. Furthermore Limpopo Province approved the Standard for infrastructure Procurement and Delivery Management (SIDPM) that is applicable within the province .

The Independent Development Trust was appointed to assist in the completion of projects that were in progress when the implementing agent's contract was terminated. IDT was appointed to minimise the impact of the termination on service delivery expected from the projects. There are projects from initial contract which are still in place. The management fee above relates to management of the remaining projects.

32.2. Department acting as the agent

32.2.1. Revenue received for agency activities

	Note	2023/24 R'000	2022/23 R'000
Total		-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

32.2.2. Reconciliation of funds and disbursements - Current year

Category of revenue or expenditure per arrangement	2023/24	
	Total funds received	Expenditure incurred against funds
	R'000	R'000
Total	-	-

Reconciliation of funds and disbursements - Prior year

Category of revenue or expenditure per arrangement	2022/23	
	Total funds received	Expenditure incurred against funds
	R'000	R'000
Total	-	-

32.2.3. Reconciliation of carrying amount of receivables and payables - current year

Receivables

Name of principal entity	2023/24				
	Opening balance 1 April 2024	Revenue principal is entitled to	Less: Write offs / settlements / waivers	Cash received on behalf of principal	Closing balance 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Total	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Payables

2023/24				
	Opening balance 1 April 2023	Expenses incurred on behalf of the principal	Cash paid on behalf of the principal	Closing balance 31 March 2024
Name of principal entity	R'000	R'000	R'000	R'000
Total	-	-	-	-

Reconciliation of carrying amount of receivables and payables - prior year

2022/23					
	Opening balance 1 April 2023	Revenue principal is entitled to	Less: Write offs / settlements / waivers	Cash received on behalf of principal	Closing balance 31 March 2024
Name of principal entity	R'000	R'000	R'000	R'000	R'000
Total	-	-	-	-	-

Payables

2022/23				
	Opening balance 1 April 2022	Expenses incurred on behalf of the principal	Cash paid on behalf of the principal	Closing balance 31 March 2023
Name of principal entity	R'000	R'000	R'000	R'000
Total	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

33. Prior period errors

33.1. Correction of prior period errors

		2022/23		
		Amount bef error correction	Prior period error	Restated
Note		R'000	R'000	R'000

Revenue: (E.g. Annual Appropriation, Departmental revenue, Aid assistance, etc.)

Line item 1 affected by the change

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

		2022/23		
		Amount bef error correction	Prior period error	Restated
Note		R'000	R'000	R'000

Expenditure: (E.g. Compensation of employees, Goods and services, Tangible capital assets, etc.)

Line item 1 affected by the change

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

Net effect

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

		2022/23		
		Amount bef error correction	Prior period error	Restated
Note		R'000	R'000	R'000

Assets: (E.g. Receivables, Investments, Accrued departmental revenue, Movable tangible capital assets, etc.)

Accrued departmental revenue	24	644 315	13 993	658 308
				576 677

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Accrued departmental revenue impairment	24	570 220	6 457	
Movable Capital Assets(Major)	29	2 506 169	23 196	2 529 365
Minor Assets	29	290 325	-48 934	241 391
Immovable Assets	31	3 737 444	6 387	3 743 831
Contingent Assets	19	9 551	-1 410	8 141
Net effect		7 758 024	-311	7 757 713

The opening balance on accrued departmental revenue has been adjusted by patient fees transactions discovered and recorded in the 2022/23 financial year

The impairment has been adjusted with transactions discovered and recognised in the period under review.

The prior year adjustment on capital movable assets and minor assets results from incorrect classification

The prior year balances on contingent assets has been adjusted due to an incorrectly classified case

The prior year adjustment on capital immovable assets results from incorrect classification

	Note	2022/23		
		Amount bef error correction	Prior period error	Restated
		R'000	R'000	R'000
Liabilities: (E.g. Payables current, Voted funds to be surrendered, Commitments, Provisions, etc.)				
Contingent Liabilities	19	9 192 802	-168 329	9 024 473
Employee benefits	22	1 883 851	-122	1 883 729
Commitment	20	108 599	-1 471	107 128
Provisions	28	37 158	19 794	56 952
Net effect		11 222 410	-150 128	11 072 282

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

The adjustment on contingent liabilities is as a result of cases previously incorrectly assessed

The prior year balance on Employee benefits relates to Pay progression erroneously disclosed

The prior period balance has been adjusted by R1 471 000,00 which results from:

- a) 4 projects completed for less than the contract value as at March 2023
- b) Calculation and capturing errors on Bosele EMS, Lebowakgomo EMS, and Pietersburg ICU respectively.

The prior period balance on Provision for litigations and Retentions has been adjusted by R19,794,000.00 relating to change in provision due to change in estimation inputs change in provision due to change in estimation inputs and Retentions erroneously undisclosed.

The prior year balances on medico legal has been adjusted down by R119 011 179,00 resulting from cases incorrectly classified

The prior year balances on other litigations has been adjusted down R49 318 000,00 resulting from changes in assessment methodology and omitted cases.

		2022/23		
		Amount bef error correction	Prior period error	Restated
<i>Note</i>		R'000	R'000	R'000
Other: (E.g. Unauthorised expenditure, Irregular expenditure, Fruitless and wasteful expenditure, etc.)				
	Line item 1 affected by the change	-	-	-
	Net effect	-	-	-

LIMPOPO DEPARTMENT OF HEALTH
VOTE 7

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

34. Statement of conditional grants received

Name of grant	2023/24						2022/23				
	GRANT ALLOCATION			SPENT			Division of Revenue Act / Provincial grants	R'000	R'000	R'000	Amount spent by department
	Division of Revenue Act / Provincial grants	Roll overs	DOR A Adjts	Other Adjts	Total Available	Amount received by department					
R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
District Health Component	466 959	-	-	-	466 959	466 959	466 949	10	100,0%	R'000	R'000
Malaria Elimination Grant	65 448	-	-	-	65 448	-	65 438	10	-	694 785	687 741
Human Papillomavirus	33 821	-	-	-	33 821	-	33 821	0	-	-	-
Community Outreach Services	367 690	-	-	-	367 690	-	367 690	0	-	-	-
Comprehensive HIV/AIDS	1 857 887	-	-	-	1 857 887	1 857 887	1 857 863	24	100,0%	2 021 500	2 019 996
EPWP Incentive grant	2 827	-	-	-	2 827	2 827	2 826	1	-	2 978	2 977
Social Sector EPWP grant	30 670	-	-	-	30 670	30 670	30 664	6	-	33 847	33 843
National Health Insurance	108 970	-	-	-	129 682	129 682	129 661	21	100,0%	100 312	67 936
NHI (HP Contracting)	40 097	-	-	-	40 097	-	40 097	0	-	-	-
NHI(Mental Health Component)	17 690	-	-	-	17 690	-	17 683	7	-	-	-
NHI(Oncology Component)	51 183	20 712	-	-	71 895	-	71 880	15	-	-	-
National Tertiary Services	478 528	-	-	-	478 528	478 528	478 527	1	100,0%	512 058	503 691

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Health Professions Training	148 411	-	-	-	148 411	148 411	148 409	2	100,0%	151 242	151 237
Human Resources Capacitation	232 377	-	-	-	232 377	232 377	232 376	1	100,0%	221 457	221 456
Health Facilities Revitalisation Grants	518 809	-	-	-	518 809	518 809	518 807	2	100,0%	706 150	706 133

TOTAL	3 845 438	20 712	-	-	3 866 150	3 866 150	3 866 082	68	-	4 444 329	4 395 010
--------------	------------------	---------------	----------	----------	------------------	------------------	------------------	-----------	----------	------------------	------------------

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

35. Statement of conditional grants and other transfers paid to municipalities

Name of municipality	2023/24					2022/23		
	GRANT ALLOCATION			TRANSFER		DORA and other transfers	DORA and other transfers	Actual transfer
	Roll overs	Adjustments	Total Available	Actual transfer	Funds withheld			
R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Mopani District Municipality	167	-	210	377	375	-	190	187
Sekukhune District Municipality	169	-	6	175	173	-	164	161
Capricorn District Municipality	1 960	-	-416	1 544	1 514	-	1 483	1 484
Waterberg District Municipality	154	-	58	212	212	-	187	187
Vhembe District Municipality	164	-	63	227	225	-	211	211
TOTAL	2 614	-	-79	2 535	2 500	-	2 235	2 230

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

36. Broad Based Black Economic Empowerment performance

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

37. Natural disaster or relief expenditure

	<i>Note</i>	2023/24 R'000	2022/23 R'000
Compensation of employees		-	476 592
Goods and services		-	602 706
Transfers and subsidies		-	-
Expenditure for capital assets		-	73 796
Other		-	-
Total	<i>Annex 11</i>	-	1 153 094

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES**

Name of Municipality	2023/24						2022/23						
	GRANT ALLOCATION			TRANSFER			SPENT						
	DoRA and Other transfers R'000	Roll overs R'000	Adjustments R'000	Total Available R'000	Actual transfer R'000	Funds withheld R'000	Re-allocations by National Treasury or National department %	Amount received by department R'000	Amount spent by department R'000	Unspent funds R'000	% of available funds spent by department %	DORA and other transfers R'000	Actual transfers R'000
Mopani District Municipality	167	-	210	377	375	-	-	-	-	-	-	190	187
Sekhukhune District Municipality	169	-	6	175	173	-	-	-	-	-	-	164	161
Capricorn District Municipality	1 960	-	(416)	1 544	1 514	-	-	-	-	-	-	1 483	1 484
Waterberg District Municipality	154	-	58	212	212	-	-	-	-	-	-	187	187
Vhembe District Municipality	164	-	63	227	225	-	-	-	-	-	-	211	211

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	2 614	-	(79)	2 535	2 500	-	-	-	-	2 235	2 230
TOTAL											

**ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS**

Departmental Agency or Account	2023/24						2022/23	
	TRANSFER ALLOCATION			TRANSFER			Final Budget	Actual transfer
	Adjusted Budget	Roll overs	Adjustments	Total Available	Actual transfer	% of available funds transferred		
R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Departmental HWSETA	42 000		(613)	41 387	41 379	100,0%	42 900	42 891
TOTAL	42 000	-	(613)	41 387	41 379		42 900	42 891

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 1C
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

Household	2023/24					2022/23	
	TRANSFER ALLOCATION			EXPENDITURE		Final Budget R'000	Actual transfer R'000
	Adjusted Budget R'000	Roll overs R'000	Adjustments R'000	Total Available R'000	Actual transfer R'000		
Transfers							
H/H: Leave Gratuity	82 739		18 418	101 157	101 107	105 577	105 242
H/H: Bursaries	27 975		(10 506)	17 469	17 456	66 895	47 309
H/H: Claims against the state	65 299		(18 921)	46 378	46 376	36 730	36 542
Total	176 013	-	(11 009)	165 004	164 939	209 202	189 093
Subsidies							
Total	176 013	-	(11 009)	165 004	164 939	209 202	189 093
TOTAL							

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 1D
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

Name of organisation	2023/24	2022/23
	R'000	R'000
<u>Received in cash</u>		
Gifts		
Total gifts	-	-
Donations		
Total donations	-	-
Sponsorships		
Total sponsorships	-	-
Subtotal - received in cash	-	-
<u>Received in kind</u>		
Gifts		

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Total gifts

Donations

INVENTORY			
Global Fund Grant	Inventory		2 383
Interactive Research and Development Southy Africa	Inventory		13
Right to Care	Inventory		546
The Church Of Jesus Christ of the latter day saints	Inventory		89
National Dept of Health	Inventory		2 299
MOVEABLE ASSETS			
DG Murray Trust	Computer Equipment		2 978
Fulcrum Consortium	Domestic Equipment		53
Interactive Research and Development Southy Africa	Medical Equipment		492
Right to Care	Medical Equipment		28
The Church Of Jesus Christ of the latter day saints	Medical Equipment		1 695
Solidarity Response Fund NPC	Other Machinery & Equipment		18 463
The Church Of Jesus Christ of the latter day saints	Other Machinery & Equipment		775
National Dept of Health	Inventory	5 502	
SIOC	Motor Vehicle	459	
Hollywood Foundation	Infrastructure	200	
Limpopo Provincial Treasury	Other Machinery & Equipment	2 362	89
National Dept of Health	Computer	394	
National Dept of Health	Furniture	1 885	
National Dept of Health	Other Machinery & Equipment	4 649	
ANOVA	Computer	340	
Total donations		15 791	29 814

Sponsorships

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Total sponsorships		
Subtotal – received in kind	15 791	29 814
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED		
	15 791	29 814

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 1E
STATEMENT OF AID ASSISTANCE RECEIVED**

Name of donor	Purpose	Opening balance	Revenue	Expenditure	Paid back on /	Closing balance
		R'000	R'000	R'000	by 31 March R'000	R'000
Aid assistance received in cash						
The Japanese Embassy	Medical Equipment & maintenance	116	-	101	-	15
Subtotal		116	-	101	-	15
Aid assistance received in kind						
Subtotal						
TOTAL AID ASSISTANCE RECEIVED		116	-	101	-	15

LIMPOPO DEPARTMENT OF HEALTH
VOTE 7

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 - LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2023	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2024	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2024
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Motor vehicles								
	Subtotal	-	-	-	-	-	-	-	-
	Housing								
	Subtotal	-	31	-	31	-	-	-	-
	Other								
	Subtotal	-	31	-	31	-	-	-	-
	Subtotal								
	TOTAL	-	31	-	31	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 3A (Continued)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 - FOREIGN**

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount		Guarantees draw downs during the year	Guarantees repaid/cancelled/reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2024	Revaluation due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2024
		R'000	R'000						
	Motor vehicles								
	Subtotal								
	Housing								
	Subtotal								
	Other								
	Subtotal								
	TOTAL								

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 3B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2024**

Nature of liability	Opening balance 1 April 2023 R'000	Liabilities incurred during the year R'000	Liabilities paid / cancelled / reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing balance 31 March 2024 R'000
Claims against the department					
Claims against the department(Other)	13 637	10 700	435		23 902
Claims against the department(Medico related)	8 848 809	1 089 516	58 157		9 880 168
Subtotal	8 862 446	1 100 216	58 592	-	9 904 070
Environmental liability					
Subtotal	-	-	-	-	-
Other					
Subtotal	-	-	-	-	-
TOTAL	8 862 446	1 100 216	58 592	-	9 904 070

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

ANNEXURE 3B (continued)

Nature of liabilities recoverable	Details of liability and recoverability	Opening balance 1 April 2023	Movement during the year	Closing balance 31 March 2024
		R'000	R'000	R'000
TOTAL				

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

The prior year balances on Other litigations has been adjusted down by R49 317 000,00 due to changes in the assessment methodology, 1 case that was omitted from the register and reclassification of 27 cases from general litigations to Medico legal litigations.

DESCRIPTION	'000
Opening balance(Other litigations)	62 955
Prior period error	(49 318)
Adjusted opening balance	<u>13 637</u>

The prior year balances on Medico related has been adjusted down by R 119 011 179,00 resulting from cases incorrectly classified,

DESCRIPTION	'000
Opening balance(Medico related)	8 967 820
Cases incorrectly assessed	(119 011)
Adjusted opening balance	<u>8 848 809</u>

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 4
CLAIMS RECOVERABLE**

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24*	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Eastern Cape Health	-	-	77	77	77	77	-	-
Gauteng Health	-	74	203	402	203	476	-	-
Limpopo Sports, Arts and Culture	-	-	-	23	-	23	-	-
Limpopo Education	-	-	-	46	-	46	-	-
Limpopo Public Works	-	-	47	159	47	159	-	-
North West Education	-	-	-	40	-	40	-	-
Northern Cape Health	-	-	60	60	60	60	-	-
Mpumalanga Health	-	-	288	69	288	69	-	-
National Department of Public works	-	-	19	19	19	19	-	-
KwaZulu Natal Health	-	-	-	121	-	121	-	-
National department of health	-	-	4 081	30 614	4 081	30 614	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Department of Correctional Services	-	4 521	-	4 521	-	-
National Department of Justice and Constitutional Development	-	13 714	-	13 714	-	-
South African National Defence Force	-	2 906	-	2 906	-	-
South African Police Service	-	9 922	-	9 922	-	-
Department of Labour - workman compensation	-	13 824	-	13 824	-	-
Department of International Relation and Cooperation	-	35	-	35	-	-
	74	49 697	31 630	49 697	31 704	-
Subtotal						
Other Government Entities						
Subtotal						
TOTAL	-	74	49 697	31 630	49 697	31 704

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 5
INTERGOVERNMENT PAYABLES**

	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24*
	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000	31/03/2024 R'000	31/03/2023 R'000	
GOVERNMENT ENTITY							
							Payment date up to six (6) working days after year end
							Amount
							R'000
DEPARTMENTS							
Current							
Gauteng Health	109	-	320	101	429	101	
Department of Justice & Constitutional Development	-	-	40 714	129 630	40 714	129 630	
South African Police Service	44	42	-	-	44	42	
Limpopo Department of Public Works Roads and Infrastructure	403	-	-	-	403	-	
Subtotal	556	42	41 034	129 731	41 590	129 773	
Non-current							
							-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Subtotal	-	-	-	-	-	-	-	-	-
Total Departments	556	42	41 034	129 731	41 590	129 773	-	-	-
OTHER GOVERNMENT ENTITIES									
Current									
SITA	11 771	-	-	32 265	11 771	32 265			
Special Investigating Unit	-	-	18 269	-	18 269	-			
Government Printing	1 467	-	-	-	1 467	-			
Subtotal	13 238	-	18 269	32 265	31 507	32 265	-	-	-
Non-current									
Subtotal									
Total Other Government Entities	13 238	-	18 269	32 265	31 507	32 265	-	-	-
TOTAL INTERGOVERNMENT PAYABLES	13 794	42	59 303	161 996	73 097	162 038	-	-	-

* For the Cash in transit columns - Please note the following:

- Provincial departments must only reflect payments to departments within their province
- National departments must only reflect payments to other national departments

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

ANNEXURE 6

INVENTORIES

	Uniform and Protec Clothing	Food supplies	Material supplies	Medi and Medical Supplies	Total
	R'000	R'000	R'000	R'000	R'000
Inventories for the year ended 31 March 2024					
Opening balance	319	5 709	3 239	759 072	768 339
Add/(Less): Adjustments to prior year balances	-	-	-	-	-
Add: Additions/Purchases - Cash	4 491	229 449	102 610	2 703 844	3 040 394
Add: Additions - Non-cash	-	-	608	22	630
(Less): Disposals	-	-	-	(7 355)	(7 355)
(Less): Issues	(4 844)	(227 895)	(95 262)	(2 544 668)	(2 872 669)
Add/(Less): Received current, not paid; (Paid current year, received prior year)	219	(882)	(4 901)	(108 217)	(113 781)
Add/(Less): Adjustments	-	-	-	-	-
Closing balance	185	6 381	6 294	802 698	815 558

Inventory to the value of R630 275.00 was received as donation from National Department of Health and was donated to Magwedza clinic and Makonde clinic
Inventory to the value of R7,355,286.75 was disposed in various pharmacies including Pharmaceutical Depot with the approval from the Head of Department.

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

	Uniform and Protec Clothing	Food supplies	Material supplies	Medi and Medical Supplies	Total
	R'000	R'000	R'000	R'000	R'000
Inventories for the year ended 31 March 2023					
Opening balance	1 295	6 976	3 910	570 363	582 544
Add/(Less): Adjustments to prior year balances	-	-	-	-	-
Add: Additions/Purchases - Cash	4 722	187 371	97 968	2 491 347	2 781 408
Add: Additions - Non-cash	-	-	-	5 331	5 331
(Less): Disposals	-	-	-	(1 260)	(1 260)
(Less): Issues	(5 724)	(192 083)	(100 582)	(2 433 620)	(2 732 009)
Add/(Less): Received current, not paid; (Paid current year, received prior year)	26	3 445	1 943	126 911	132 325
Add/(Less): Adjustments	-	-	-	-	-
Closing balance	319	5 709	3 239	759 072	768 339

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 7
MOVEMENT IN CAPITAL WORK IN PROGRESS**

Movement in capital work in progress for the year ended 31 March 2024

	Opening balance	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
HERITAGE ASSETS	-	-	-	-
Heritage assets	-	-	-	-
MACHINERY AND EQUIPMENT	-	-	-	-
Transport assets	-	-	-	-
Computer equipment	-	-	-	-
Furniture and office equipment	-	-	-	-
Other machinery and equipment	-	-	-	-
SPECIALISED MILITARY ASSETS	-	-	-	-
Specialised military assets	-	-	-	-
BIOLOGICAL ASSETS	-	-	-	-
Biological assets	-	-	-	-
BUILDINGS AND OTHER FIXED STRUCTURES	871 791	226 122	90 973	1 006 940
Dwellings	-	-	-	-
Non-residential buildings	871 791	226 122	90 973	1 006 940
Other fixed structures	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-
Land	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-
SOFTWARE	-	-	-	-
Software	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

MASTHEADS AND PUBLISHING TITLES	-	-	-	-
Mastheads and publishing titles	-	-	-	-
PATENTS, LICENCES, COPYRIGHT, BRAND NAMES, TRADEMARKS	-	-	-	-
Patents, licences, copyright, brand names, trademarks	-	-	-	-
RECIPES, FORMULAE, PROTOTYPES, DESIGNS, MODELS	-	-	-	-
Recipes, formulae, prototypes, designs, models	-	-	-	-
SERVICES AND OPERATING RIGHTS	-	-	-	-
Services and operating rights	-	-	-	-
TOTAL	871 791	226 122	90 973	1 006 940

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

	Opening balance	Prior period error	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
HERITAGE ASSETS	-	-	-	-	-
Heritage assets	-	-	-	-	-
MACHINERY AND EQUIPMENT	-	-	-	-	-
Transport assets	-	-	-	-	-
Computer equipment	-	-	-	-	-
Furniture and office equipment	-	-	-	-	-
Other machinery and equipment	-	-	-	-	-
SPECIALISED MILITARY ASSETS	-	-	-	-	-
Specialised military assets	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

BIOLOGICAL ASSETS	-	-	-	-	-
Biological assets	-	-	-	-	-
BUILDINGS AND OTHER FIXED STRUCTURES	624 024	-	255 317	(7 550)	871 791
Dwellings	-	-	-	-	-
Non-residential buildings	624 024	-	255 317	(7 550)	871 791
Other fixed structures	-	-	-	-	-
LAND AND SUBSOIL ASSETS	-	-	-	-	-
Land	-	-	-	-	-
Mineral and similar non-regenerative resources	-	-	-	-	-
SOFTWARE	-	-	-	-	-
Software	-	-	-	-	-
MASTHEADS AND PUBLISHING TITLES	-	-	-	-	-
Mastheads and publishing titles	-	-	-	-	-
PATENTS, LICENCES, COPYRIGHT, BRAND NAMES, TRADEMARKS	-	-	-	-	-
Patents, licences, copyright, brand names, trademarks	-	-	-	-	-
RECIPES, FORMULAE, PROTOTYPES, DESIGNS, MODELS	-	-	-	-	-
Recipes, formulae, prototypes, designs, models	-	-	-	-	-
SERVICES AND OPERATING RIGHTS	-	-	-	-	-
Services and operating rights	-	-	-	-	-
TOTAL	624 024	-	255 317	(7 550)	871 791

**(NAME OF NATIONAL/PROVINCIAL DEPARTMENT)
VOTE**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 20ZZ**

ANNEXURE 8A

INTERENTITY ADVANCES PAID (Note 13)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/3/2024	31/03/2023	31/3/2024	31/03/2023	31/3/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Subtotal	-	-	-	-	-	-
PROVINCIAL DEPARTMENTS						
Subtotal	-	-	-	-	-	-
PUBLIC ENTITIES						
Subtotal	-	-	-	-	-	-
OTHER ENTITIES						
Subtotal	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

ANNEXURE 8B

INTERENTITY ADVANCES RECEIVED (Note 15 AND Note 16)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/3/2024	31/03/2023	31/3/2024	31/03/2023	31/3/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
Subtotal	-	-	-	-	-	-
Non-current						
Subtotal	-	-	-	-	-	-
PROVINCIAL DEPARTMENTS						
Current						
Subtotal	-	-	-	-	-	-
Non-current						
Subtotal	-	-	-	-	-	-
PUBLIC ENTITIES						
Current						
Subtotal	-	-	-	-	-	-
Non-current						
Subtotal	-	-	-	-	-	-
OTHER ENTITIES						
Current						
AWOG Team Solution	36	48	-	-	36	48
Mablesz Projects(PTY)LTD	-	10	-	-	-	10

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Mablesz Projects(PTY)LTD	-	29	-	-	-	29
Ndzalama CC	27	36	-	-	27	36
Udovhuya Holdings (PTY) LTD	36	56	-	-	36	56
Udovhuya Holdings (PTY) LTD	42	42	-	-	42	42
Udovhuya Holdings (PTY) LTD	2	22	-	-	2	22
Andesa General Supplier CC	36	36	-	-	36	36
Subtotal	179	279	-	-	179	279
Non-current						
AWOG Team Solution	-	36	-	-	-	36
Ndzalama CC	-	27	-	-	-	27
Udovhuya Holdings (PTY) LTD	-	36	-	-	-	36
Udovhuya Holdings (PTY) LTD	23	64	-	-	23	64
Andesa General Supplier CC	6	42	-	-	6	42
	29	205	-	-	29	205
Subtotal						
TOTAL	208	484	-	-	208	484
Current	179	279	-	-	179	279
Non-current	29	205	-	-	29	205

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

**ANNEXURE 11
NATURAL DISASTER OR RELIEF EXPENDITURE
Per quarter and in total**

Expenditure per economic classification	2023/24					2022/23
	Q1	Q2	Q3	Q4	Total	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	-	-	-	-	-	476 592
Goods and services	-	-	-	-	-	602 706
<i>List all applicable SCOA level 4 items</i>	-	-	-	-	-	2
Administrative Fees: Payments	-	-	-	-	-	2 664
Advertising	-	-	-	-	-	11
Catering:Departml Activities	-	-	-	-	-	-
Minor Assets	-	-	-	-	-	6 176
Communication-	-	-	-	-	-	1 080
Computer Services	-	-	-	-	-	12 750
Consult:Business&Advisory Serv	-	-	-	-	-	22 000
Laboratory Services	-	-	-	-	-	70 342
Contractors	-	-	-	-	-	83
Agency&Suprt/Outsourced Services	-	-	-	-	-	32 167
Fleet Services(F/Ser)	-	-	-	-	-	18 618
Inv:Food & Food Supplies	-	-	-	-	-	546
Inv:Chemsfueloilgaswood&Coal	-	-	-	-	-	97 747
Inv:Medical Supplies-	-	-	-	-	-	50 000
Inv: Medicine	-	-	-	-	-	3 859
Inv:Other Supplies	-	-	-	-	-	11 300
Cons Supplies	-	-	-	-	-	-
Cons:Sta,Print&Off Sup	-	-	-	-	-	-
Operating Leases	-	-	-	-	-	32 998
Rental & Hiring	-	-	-	-	-	227 339
Property Payments	-	-	-	-	-	12 918
Travel And Subsistence	-	-	-	-	-	52
Venues And Facilities	-	-	-	-	-	55
Operating Payments	-	-	-	-	-	-
Advertising	-	-	-	-	-	-
Training And Development	-	-	-	-	-	-

**LIMPOPO DEPARTMENT OF HEALTH
VOTE 7**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024**

Transfers and subsidies

List all applicable SCOA level 4 items

-	-	-	-	-
-	-	-	-	-

Expenditure for capital assets

List all applicable SCOA level 4 items

Buildings & Other Fix Struct

Buildings-

Machinery And Equipment

Transport Equipment

Other Machinery

-	-	-	-	-	-
-	-	-	-	-	8 326
-	-	-	-	-	-
-	-	-	-	-	26 748
-	-	-	-	-	38 723
-	-	-	-	-	-

Other expenditure not listed above

List all applicable SCOA level 4 items

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

**TOTAL NATURAL DISASTER OR
RELIEF EXPENDITURE**

-	-	-	-	-	-
					1 153 094