



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

2024/25

ANNUAL REPORT

VOTE 7



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KWAZULU-NATAL DEPARTMENT OF HEALTH

2024/25

ANNUAL REPORT

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**SUBMITTING THE 2024/25 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE
AUTHORITY**

MEC for Health

KwaZulu-Natal Department of Health

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the period 1 April 2024 to 31 March 2025.



Accounting Officer

KwaZulu-Natal department of Health

Date: 27 August 2025

PART A: GENERAL INFORMATION

DEPARTMENT'S GENERAL INFORMATION

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ABBREVIATIONS/ACRONYMS

Abbreviation	Description
AGSA	Auditor-General of South Africa
AIP	Annual Implementation Plan
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Antiretroviral Therapy
AWG	Action Work Group
CARC	Cluster Audit and Risk Committee
CDC	Centres for Disease Control and Prevention
CEO	Chief Executive Officer
CHCs	Community Health Centres
CHE	Council for Higher Education
CHWs/CCGs	Community Care Givers/Health Workers
COE	Compensation of Employees
CoGTA	Cooperative Governance and Traditional Affairs
CSD	Central Supplier Database
DHMT	District Health Management Team
DNA	Deoxyribonucleic acid
DOE	Department of Education
DOPW	Department of Public Works
DPME	Department of Planning, Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
DS-TB	Drug-susceptible tuberculosis
EAC	Enhanced Adherence Counselling
EE	Employment Equity
e-Motive	Early Massage of the uterus Oxytocic drugs Tranexamic acid Intravenous fluids Visual examination to identify the source of bleeding Escalation to higher level of care if needed
EMS	Emergency Medical Services
ENC	Essential New-born Care
EPI	Expanded Programme on Immunisation
EPWP	Expanded Public Works Programme
FSL	Forensic Science Laboratory
HAST	Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STI) & Tuberculosis (TB) Control
HFRG	Health Facility Revitalisation Grant
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HRMS	Human Resource Management Services
HVAC	Heating, Ventilation, and Air Conditioning
HWSETA	Health and Welfare Sector Education and Training Authority

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Abbreviation	Description
ICRM	Ideal Clinic Realisation and Maintenance
IIA	Institute of Internal Auditors
IMCI	Integrated Management of Childhood Illnesses
IUCD	Intra-Uterine Contraceptive Device
KZN	KwaZulu-Natal
KZNDOH	KwaZulu-Natal Department of Health
LOGIS	Logistical Information System
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Committee
MOI	Matrix of Intervention
MUAC	Mid-Upper Arm Circumference
NCOP	National Council of Provinces
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NPA	National Prosecution Authority
OHS	Occupational health and safety
ORWOPS	Other Remunerative Work Outside the Public Service
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
PARC	Provincial Audit and Risk Committee
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PHC	Primary Health Care
PHSDCBC	Public Health and Social Development Sectoral Bargaining Council
PPH	Post-partum haemorrhage
PPP	Public Private Partnership
PPSD	Provincial Pharmaceutical Supply Depot
PSDF	Provincial Spatial Development Framework
PSETA	Public Service Sector Education and Training Authority
PSI	Patient Safety Incident
PTS	Patient Transport Services
RED	Reach Every District
RSA	Republic of South Africa
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SANC	South African Nursing Council
SAPS	South African Police Service
SBD	Supplier Business Declaration
SCM	Supply Chain Management
SCM	Supply Chain Management

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Abbreviation	Description
SCOPA	Standing Committee on Public Accounts
SMS	Senior Management Service
TB	Tuberculosis
TCCs	Thuthuzela Care Centres
U=U	Undetectable Equals Untransmittable
UHC	Universal Health Coverage
USA	United States of America
VTP	Vertical Transmission Prevention
WBOTs	Ward Based Outreach teams

FOREWORD BY THE MEC FOR HEALTH

This Annual Report marks the culmination of a five-year journey under the 2019–2024 Medium-Term Strategic Framework. This is a period that has tested our resolve, sharpened our focus, and strengthened our commitment to the people of KwaZulu-Natal.

At the core of our work has been the quest to *increase life expectancy* - not only by treating illness, but by reshaping how we think about health itself: promoting prevention, championing healthy living, improving access, and restoring dignity to the patient experience. In pursuit of this, our Department anchored its work around three key outcomes: *Universal Health Coverage, Improved Client Experience of Care, and Reduced Morbidity and Mortality*.

We have made steady and measurable progress - achieving just over 53% of our performance targets this past financial year. The areas where we saw the strongest results include Maternal and Child Health, Health Sciences and Training, and Healthcare Support Services. Through targeted interventions and partnerships, we've reduced deaths in children under five, expanded mental health screening, awarded bursaries to hundreds of aspiring nurses, and successfully averted critical medicine stockouts.

Equally encouraging is the improved Ideal Clinic status across most districts, with 595 of 608 clinics meeting national standards. This bears testimony to our frontline workers' dedication to quality and continuous improvement.

However, we must be honest and bold in acknowledging where we have fallen short. The ongoing challenges in Emergency Medical Services, TB drug-resistant cases, and low ART viral suppression rates, especially among children, highlight deep-seated systemic issues, including late presentation, poor adherence, and resource constraints. Furthermore, our ageing ambulance fleets, equipment breakdowns, and budget limitations have all placed strain on our service delivery platform.

But we remain undeterred.

Over the medium to long term, we are sharpening our focus on strengthening integration, improving efficiency, and using technology as a force multiplier. The acceleration of E-Health, mobile health platforms, and community-based outreach - including our interactive multimedia programme *KZN Health Chat* - are all the tools we intend to expand to reach more people, more quickly, and more effectively.

Our fight against the twin epidemics of HIV and TB remains a priority. Moving forward, we are intensifying our efforts to reduce late presentation, improve linkage to care, and empower communities through awareness, early screening, and adherence support.

We are also strengthening our relationships with *traditional leaders, faith-based groups, civil society, and our social partners* - because health outcomes are not created in clinics alone; they are forged in homes, schools, workplaces, and communities.

As we reflect on the progress we've made, I wish to thank every member of our health workforce - from community health workers and nurses, to specialists and administrative as well as other support staff - who continue to serve with courage and compassion, often under difficult circumstances. I also acknowledge

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the leadership of our acting Head of Department, Ms Penny Msimango, and our district management teams for their tireless efforts.

To our citizens: thank you for your patience, for your feedback, and for walking this road with us. We do not take your trust for granted.

The road ahead remains long. But with determination, humility, and collaboration, we will continue to build a healthier KwaZulu-Natal. A KwaZulu-Natal that protects the most vulnerable, restores dignity, and leaves no one behind.



A handwritten signature in black ink, appearing to read 'N. Simelane', written over a horizontal line.

Ms Nomagugu Simelane

MEC for Health: KwaZulu-Natal Department of Health

Date: 31 August 2025

REPORT OF THE ACCOUNTING OFFICER

Departmental overview

The 2024/25 financial year marks the final year of the new 5 years strategic planning cycle. The 2020-2025 Strategic Plan are aligned with the National Development Plan, the Medium-Term Strategic Framework, the Provincial Growth and Development Plan, as well as legislative and policy mandates and the burden of disease that determines needs and demands for health care in the province.

The Department of Health remains committed to develop and implement a sustainable, coordinated, integrated and comprehensive health care system through the primary health care approach, which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectorial collaboration.

In 2024/25, the policy priorities set out in the Annual Performance Plans (APP) were in line with three over-arching outcomes that seek to achieve the IMPACT of "Increased Life Expectancy". The outcomes are "Universal Health Coverage", "Improved Client Experience of Care" and "reduced Morbidity and Mortality".

Details of the actual performance of the Department during 2024/25 are included in the Annual Report, highlighting the achievements and challenges. During this financial year, the Department:

- 97.9% (595/608) of Primary Health Care (PHC) facilities (target 94.9%) have obtained Ideal Clinic status with the establishment of District Ideal Clinic Realisation and Maintenance (ICRM) champions that provide oversight on ideal clinic processes.
- Improved triage, case management, and increased access to respiratory support all contributed to the lower than projected deaths in children under 5. There were 2 948 deaths recorded against the projected 3 286.
- Infant PCR test positive around 6 months' rate of 0.29% was achieved (target 1%).
- Immunisation under 1-year coverage at 85.5% was underachieved against a target of 95%.
- 239 bursaries were awarded to first year nursing students exceeding a target of 120.
- 480 internal employees were awarded bursaries as planned.
- Both Pharmaceutical Services "Tracer Medicine Stock-Out" targets were achieved through:
 - Continuous engagement with suppliers to limit supply disruptions.
 - Close monitoring of stock levels.
 - Improved follow-up on suppliers with overdue orders.
 - Rationing the stock of products with supply constraints to ensure all facilities were covered.
- 133 capital infrastructure projects were completed during 2024/25 financial year.

Enabling Systems

Human Resources

The Department had 73,354 posts with a vacancy rate of 10 % as at 31st March 2025. It has been very difficult to reduce the vacancy rate in the Department due to inadequate funding allocation received. On a year-on-year basis, the average human resource headcount decreased by 1 112 which is consistent with the budget cuts being experienced.

It is unclear whether the trajectory will continue in the medium term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The Medium-Term Expenditure Framework allocation demonstrated the adverse impact of the continued reduction of the Compensation of Employees annual baselines, which will more likely persist over the medium-term, placing evermore pressure on the Department to fund its Human Resource capacity requirements within its own allocation.

Kwa-Zulu Natal Nursing College

The Department has a Nursing College being the KwaZulu-Natal College of Nursing, which offers Nurse Training. The total number of students currently on training is 908, of which 3 are enrolled in Legacy nursing programmes accredited by the South African Nursing Council (SANC). It must be noted that 630 students are registered for the Diploma in Nursing and 275 are enrolled in the Advanced Diploma in Midwifery (for the first time in 2024), both programmes form part of the New Nursing Qualifications being offered in the country and requires accreditation with the Council for Higher Education (CHE) and SANC.

The accreditation processes with the above-mentioned accreditation bodies are currently underway for the remaining Postgraduate Diploma (Nurse Specialist) programmes to be offered by the Department's College. Some Nurse Specialist programmes, including Nephrology, Mental Health, Adult Critical Care, Primary Care, Orthopaedics and Perioperative Care have been conditionally accredited by CHE with conditions including a CHE visit to the College, and availability of Learner Management System before the programmes are implemented. This requires allocation of additional budget to the College to enable commencement of Nurse Specialist programmes.

Human Resources Development

In a bid to address the skills shortage in the medical Professionals, the department has placed 37 bursary holders who trained in Cuba and 3 medical bursary holders who trained in South Africa. There are 16 bursary holders doing their 18 months' integration programme in Local universities. However, eight Cuba trained students are inactive due to various reasons at local universities. There are 47 bursary holders who are doing their community service, there is 1 student currently in Cuba continuing with his studies on 4th year. Within the same medical profession, 19 bursary holders who studied in Republic of South Africa (RSA) programme and 08 bursary holders are currently doing their internship. The 54 bursary holders inclusive of medical, pharmacy and allied professionals are currently in training at various universities.

The Department also provided bursaries to in-service employees to address critical skills shortage and improve employees' qualifications that is necessary to improve performance or compliance with professional bodies' requirements, 1 840 employees are currently studying under this training initiative, with 480 new bursaries awarded in January 2025.

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The Department also implemented various training and development initiatives, which was reported in the Annual Training Report submitted to the Public Service Sector Education and Training Authority (PSETA) and Health and Welfare Sector Education and Training Authority (HWSETA).

The total number of employees trained was 25 349 out of 25 870 planned. The beneficiaries from training include clinicians at all levels of care i.e. nurses, doctors, allied health care professionals; management and leadership; administrative staff as well as support staff at lower-level categories i.e. clerks, cleaners, etc. colleges.

Infrastructure

Project progress has been measured using the approved Annual Implementation Plan (AIP) 2024/25 and the end-of-year report. The AIP originally had 996 projects, but at the end of the financial year, there were 1130 projects. The increase in the number of projects is mainly due to the early loading of projects in preparation for the 2025/2026 AIP, as well as to the re-evaluation of project progress, expenditure trends, and re-prioritising of maintenance-type projects such as roof replacements, generators, and so on. Additional projects were added due to the severe storms experienced in 2024 and 2025.

Various infrastructure programs implemented are as follows:

Flood Recovery and Storm Damage Programmes

KwaZulu-Natal has experienced adverse weather events since 2022. Damages, including flooding, were reported at various health facilities across the province, with the majority of these damages occurring in the eThekweni District. Service delivery in many institutions has been compromised due to flooding of wards and other working areas.

Many facilities experienced flooding in isolated areas primarily due to roof leaks and box gutter leaks. An additional concern was that gutters and full bores appeared not to have been maintained and were, therefore, blocked. This caused overflowing and leaks in certain areas. Some Facilities have existing asbestos roof sheeting on certain buildings, which are now leaking.

Infrastructure Delivery was tasked with visiting these institutions to assess the extent of the damage and to determine the costs. Many damaged roofs are asbestos, and replacement of or repairs to the asbestos roofs/sheeting were considered. After the assessments were finalized and procurement by both the Department of Public Works as well as the Department of Health was undertaken. A total of 66 projects, totalling to an estimated cost of R 600,357,433 are being implemented and are at various stages of implementation

Roof Replacements Program

28 projects under the roof replacement programme are being implemented and are at various stages. These are valued at a total estimated cost of R 701,677,525. This programme excludes any flood or storm damage projects.

Staff Accommodation Program

16 projects valued at a total estimated cost of R1,525,291,028 are currently being implemented and are at various stages of implementation.

Reservoirs, Steel Water Tanks and Boreholes Program

23 Water storage Projects are currently being implemented in various stages to a total estimated cost of R 150,734,991.

Borehole Projects

12 Borehole Projects are currently being implemented in various stages to a total estimated cost of

R 96,819,384

HVAC Program

20 Projects are currently being implemented in various stages to a total estimated cost of R 846,329,808

Generator Program (including Maintenance)

53 Projects are currently being implemented in various stages to a total estimated cost of R 389,341,283

Lifts

5 Projects (28 x lifts) are currently being implemented in various stages to a total estimated cost of R 34,798,275

Wash bays

15 Projects are currently being implemented in various stages to a total estimated cost of R 227,819,726

The Department is also implementing 2 Priority Programmes:

1. Regionalisation and New Tertiary Hospital

The Regionalisation Initiative includes the upgrading of 4 District Hospitals to include Regional Care as follows:

- Dundee Hospital
- Bethesda Hospital
- Vryheid Hospital
- Christ the King Hospital

The programme also includes the project for the construction of a new tertiary hospital in Northern KwaZulu-Natal.

2. Programme 2: Primary Health Care

This programme includes the construction of 11 new clinics (of which 3 are on site) and a new Community Health Centre in Mtubatuba, which is in planning.

Revenue

The Department did not reach its revenue collection target for 2024/25; this was mainly due high unemployment rate and the challenges the Road Accident Fund is experiencing. While progress has been made in rolling out patient revenue systems in hospitals, the IT infrastructure and connectivity still poses a challenge. The set revenue target was under collected by R101,390 million, the budget revenue collection for 2024/25 was R358,973 million and the actual revenue collected was R257,583million.

Supply chain management

The process to revive the efficiency within the Supply Chain Management (SCM) component of the Department is ongoing and progress is beginning to be evident. The time that it has taken to process bids has been significantly reduced. The decentralization of delegations to institutions is yielding the desired results in that service delivery lead times have been greatly reduced. The system is now more responsive to end-user requests. Head Office SCM, as a result, is now better able to respond and process the bids quicker than previously.

Financial Management Improvements

In order to further increase the efficiencies in the system, the Department has embarked on a process of implementing the LOGIS system, which will assist in automating some critical aspects of the SCM system and thus allow for better monitoring and management. It is envisaged that implementation of the system will take up to two years due to the stringent requirements by National Treasury.

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Financial Performance

TABLE 1: DEPARTMENTAL RECEIPTS

Departmental receipts	2024/2025			2023/2024		
	Estimate	Actual Amount Collected	(Over)/ Under Collection	Estimate	Actual Amount Collected	(Over)/ Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	326,076	207,190	118,886	312,333	242,361	69,972
Fines, penalties and forfeits	88	43	45	84	33	51
Interest, dividends and rent on land	199	542	(343)	191	506	(315)
Sale of capital assets	10,280	25,513	(15,233)	9,847	1	9,846
Financial transactions in assets and liabilities	22,330	24,295	(1,965)	21,389	19,057	2,332
Total	358,973	257,583	101,390	343,844	261,958	81,886

Financial Performance

The Department generates its revenue mainly from patients' fees, which includes claims from medical aid for service rendered, Road Accident Fund for treatment patients injured on public roads and other health services rendered by hospital to patients and other departments. It also generates revenue from use Department facilities and accommodation by the staff which includes boarding fees, non-residents and parking fees.

During the previous financial years, the Department has seen substantial increase in collection from sale of goods and services because of concerted effort to ensure revenue recoveries and through provision of training to the institutions.

Tariff policy

The main source of revenue for the Department, over and above its voted amount, is patient fees, which are charged using Uniform Patient Fee Schedule as prescribed by the National Department of Health, and it is reviewed annually. Boarding fee is treated as part of housing allowance, which is negotiated at Bargaining Council.

Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and it includes primary health care services at all the Clinics, old age pensioners, children under six years and pregnant women who are not members of medical aid.

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TABLE 2: PROGRAMME EXPENDITURE

Programme Name	2024/2025			2023/2024			Reasons for Variance	
	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								
Current payment	1 629 358	1 669 476	(40 118)	1,107,011	1,023,299	83,712	Refer notes to the Appropriation Statement	
Transfers and subsidies	27 701	20 792	6 909	9,908	26,013	(16,105)		
Payment for capital assets	52 247	19 038	33 209	39,939	30,286	9.653		
Payment for financial assets	0	0	0	0	0	0		
Total	1 709 306	1 709 306	-	1,156,858	1,079,598	77,260		
District Health Services								
Current payment	26 561 702	26 705 847	(144 145)	26 097 690	26 842 859	(745 169)		
Transfers and subsidies	477 939	477 997	(58)	476 767	458 261	18 506		
Payment for capital assets	240 458	95 719	144 739	253 295	209 147	44 148		
Payment for financial assets	0	536	(536)	0	302	(302)		
Total	27 280 099	27 280 099	0	26 827 752	27 510 569	(682 817)		
Emergency Medical Services								
Current payment	1 662 883	1 677 912	15 029)	1 580 385	1 622 747	(42 362)		
Transfers and subsidies	7 137	6 490	647	6 830	7 202	(372)		
Payment for capital assets	93 569	79 080	14 489	90 400	61 595	28 805		
Payment for financial assets	0	107	(107)	22	22	0		
Total	1 763 589	1 763 589	0	1 677 615	1 691 566	(13 951)		
Provincial Hospital Services								
Current payment	13 239 699	13 388 785	(149 086)	12,409,024	13,025,048	(616,024)		

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Programme Name	2024/2025			2023/2024			Reasons for Variance	
	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		
Transfers and subsidies	84 458	88 710	(4 252)	90 205	91 587	(1 382)	Refer notes to the appropriation Statement	
Payment for capital assets	185 984	43 864	142 120	159 367	70 900	88 467		
Payment for financial assets	0	297	(297)	0	91	(91)		
Total	13 510 141	13 521 656	(11 515)	12 658 596	13 187 626	(529 030)		
Central Hospital Services								
Current payment	5 778 979	5 835 137	(56 158)	5 727 776	5 808 231	(80 455)		
Transfers and subsidies	52 743	26 274	26 469	45 687	13 395	32 292		
Payment for capital assets	76 422	46 663	29 759	63 562	38 177	25 385		
Payment for financial assets	0	70	(70)	0	142	(142)		
Total	5 908 144	5 908 144	0	5 837 025	5 859 945	(22 920)		
Health Science and Training								
Current payment	1 312 343	1 318 588	(6 245)	1 340 757	1 298 950	41 807		
Transfers and subsidies	69 705	69 705	-	39 965	39 440	525		
Payment for capital assets	8 688	2 443	6 245	12 104	2 232	9 872		
Payment for financial assets	0	0	0	0	0	0		
Total	1 390 736	1 390 736	0	1 392 826	1 340 622	52 204		
Health Care Support Services								
Current payment	328 820	317 482	11 338	342,258	351,910	(9,652)	Refer notes to the appropriation Statement	
Transfers and subsidies	991	1 419	(428)	948	1 603	(655)		
Payment for capital assets	1 643	1 038	605	11 461	2 664	8 797		
Payment for financial assets	0	0	0	0	34	(34)		
Total	331 454	319 939	11 515	354 667	356 211	(1 544)		

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Programme Name	2024/2025			2023/2024			Reasons for Variance
	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	
Health Facilities Management							
Current payment	746 613	832 939	(86 326)	832 617	1 100 387	(267 770)	
Transfers and subsidies	51	51	0	0	130	(130)	
Payment for capital assets	1 156 759	1 070 433	86 326	1 042 041	807 168	234 873	
Total	1 903 423	1 903 423	0	1 874 788	1 907 685	(32 897)	
Departmental Total	53 796 892	53 796 892	0	51 780 127	52 933 822	(1 153 695)	

UNAUTHORISED EXPENDITURE

Although the Department had a balanced, outcome saving under Programme 7 of R11,515,000.00 was declared as Unauthorized expenditure as there was overspending on Programme 4. In the prior year 2023/2024, the Department had an underspending on Programme 1 and Programme 6 which totaled R129,464,000.00 and had incorrectly set off these savings with over-expenditure on other programmes. However, the Provincial Treasury informed the department that this is not allowed. The total Unauthorized expenditure of R1,388,499,000.00 disclosed in the Annual report is awaiting the approval of the relevant committees.

Public Private Partnership

The Department has in place a Public Private Partnership (PPP) agreement with Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements.

Gifts and donations

Donations, gifts and sponsorships to value of R287 million were received and are reflected in the annexure to the Financial Statement as is utilised in accordance with the donor request. Aid assistance to value of R8,979 million was received from CDC (Centre's for Disease Control and Prevention) of the United States of America (USA).

Events after reporting date

No event subsequent to balance sheet date occurred.

Exemptions And Deviations Received from the National Treasury

The following exemptions have been obtained from the Provincial Treasury:

BAS/Persal reconciliation

The Provincial Treasury had approved a practice note on the compilation of the reconciliation. The Department was thereafter given approval to deviate from the practice note and utilize the original approach, which had been accepted by the Auditor-General

Other Matters

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The contingent liability has been disclosed under Contingent Liabilities Annexure.

Approval

The Annual Performance Information set out on pages 50 to 129 and the Annual Financial Statements set out on pages 223 to 305 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



A handwritten signature in black ink, appearing to read 'T.P. Msimango', written over a horizontal line.

Mrs T.P. Msimango
Acting Accounting Officer: Kwazulu-Natal Department of Health

Date: 30 August 2025

**STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF
ACCURACY OF THE ANNUAL REPORT**

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

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

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

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

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

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

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

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

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

Yours faithfully



Accounting Officer

KwaZulu-Natal Department of Health

STRATEGIC OVERVIEW

Vision

Optimal health for all persons in KwaZulu-Natal.

Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care (PHC) approach through the District Health System (DHS), to ensure universal access to health care

Core Values

1. Trustworthiness, honesty, and integrity
2. Open communication, transparency, and consultation
3. Professionalism, accountability, and commitment to excellence
4. Loyalty and compassion
5. Continuous learning, amenable to change and innovation
6. Respect

Constitutional Mandate

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places obligations on the state to progressively realise socio-economic rights, including access to (affordable and quality) health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

People also have the right to access information if it is required for the exercise or protection of a right.

This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and

This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

- (1) Everyone has the right to have access to:
 - (a) Health care services, including reproductive health care.
 - (b) Sufficient food and water; and
 - (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to “basic nutrition, shelter, basic health care services and social services.

Legislative and Other Mandates

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:

1. 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.
2. 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.
3. Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation.
4. 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
5. Create the foundation of the health care system, and understood alongside other laws and policies, which relate to health in South Africa.

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

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

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

Sterilization Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilizations, 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 and for the establishment of a council to regulate these professionals, including community service by these professionals.

Higher Education Act (Act No. 101 of 1997) as amended: Provides for the regulation of Higher Education Institutions and its registration, including the formation of governance structures guiding education and training of students.

National Qualifications Act (Act No. 67 of 2008): Provides for a single integrated system comprising three coordinated qualifications Sub-Frameworks

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.

KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.

Public Service Act No. 64 of 1994: To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus). Notice on the classification of the COVID-19 pandemic as a National Disaster based on the potential magnitude and severity of the COVID -19 pandemic on 15 March 2020.

Health sector policies and strategies over the five-year planning period

In early 2022, the Climate Change Bill which seeks to ensure that South Africa responds adequately to climate change, was introduced to Parliament.

In May 2023 a high court ruling was in favour of hospitals and clinics, schools and police stations being exempted from load shedding ensuring that these institutions do not have uninterrupted power supply for the efficient delivery of public services.

In June 2023 the National Health Insurance (NHI) Bill which makes provision for universal access to health care services in the country in accordance with the National Health Insurance White Paper was passed.

Whilst in the same month, the Public Procurement Bill was introduced to Parliament. The aim of this bill is to dissolve the current multilayered system found at different government spheres and to introduce a single regulatory framework for all public procurement across national, provincial, and local governments. This will assist in fighting corruption and mismanagement.

The following National and Provincial Policies, Frameworks and Strategies are relevant to 2020-2025:

- National Health Insurance (NHI) Bill
- National Development Plan (NDP): Vision 2030
- Sustainable Development Goals (SDGs) 2030
- Revised Medium Term Strategic Framework (MTSF) and NDP Implementation Plan 2019-
- 2024 Provincial Growth and Development Strategy/plan (PGDS/P) 2020
- Plan of Action to Mitigate a COVID-19 Resurgence in South Africa

- KZN Economic Recovery Plan for COVID-19
- Public Service Regulations
- Health Compact Pillars

National Health Insurance (NHI) Bill

One of the main objectives of the Bill is to establish the National Health Insurance (NHI) Fund that will purchase healthcare services for all users who are registered with it. The Bill aims to realise Universal Health Coverage for all. This will mean that all citizens will have the right to access comprehensive healthcare services for free at the point of care at accredited health facilities. On the 6th of December 2023, the National Council of Provinces (NCOP) passed the National Health Insurance Bill.

Provincial Strategy Alignment to the revised draft Department of Planning, Monitoring and Evaluation (DPME) Planning Framework

The following Impact and Outcomes were adopted by The KwaZulu-Natal Department of Health for the 2020/21 to 2024/25 planning cycle. The Impact and Outcomes are listed below:

Impact: *Increased Life Expectancy*

Outcome: *Universal Health Coverage*

Outcome: *Improved Client Experience of Care*

Outcome: *Reduced Morbidity and Mortality*

The Impact and Outcomes were confirmed through consultations at cluster planning workshops (Cluster sessions held between 21 August 2019 and 6 September 2019) and the Provincial Strategic planning workshop (12-13 October 2019).

Alignment of the KwaZulu-Natal Department of Health Impact and Outcome Statements to Health Sector Policies and Strategies

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The table below illustrates the alignment of the PDoH Impact and outcomes to Health Sector Policies and Strategies:

TABLE 3: ALIGNMENT OF THE PDOH IMPACT AND OUTCOMES TO HEALTH SECTOR POLICIES AND STRATEGIES

KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Strategy (PGDS) 2021	Health sector's strategy 2019-2024	National Annual Strategic Plan (NASP) Interventions for 2023/24
Impact: Increased Life Expectancy	Outcome: Progressive improvement in total life expectancy of South Africans	Goal 1: Life expectancy at birth increases to 70 years		Outcome: Progressive improvement in the total life expectancy of South Africans	Goal 1: Increase Life Expectancy improve Health and Prevent Disease <i>Inter sectoral collaboration to address social determinants of health</i>	6. Vaccination
Outcome: Universal Health Coverage	Outcome: Universal health coverage for all South Africans achieved by 2030	Goal 6: Complete Health Systems reforms Goal 8: NHI-Universal health care coverage achieved. Goal 6a: Strengthen the district health system Goal 7: Primary Health care teams provide care to families and communities Goal 9: Fill posts with skilled, committed and competent individuals	3.8 - Achieve universal health coverage (UHC) 3.7 Ensure universal access to sexual and reproductive health-care services	Outcome: Universal health coverage for all South Africans achieved by 2030 Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disabilities	Goal 2: Achieve UHC by Implementing NHI Strategic Objective (SO): <i>Progressively achieve Universal Health Coverage through NHI</i> SO: <i>Improve quality and safety of care</i> SO: <i>Provide leadership and enhance governance in the health sector for improved quality of care</i>	2. Jobs 5. Digitalization 6. Vaccination 10. Public procurement

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KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Strategy (PGDS) 2021	Health sector's strategy 2019-2024	National Annual Strategic Plan (NASP) Interventions for 2023/24
					<p>SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</p> <p>SO: Improve equity, training and enhance management of Human Resources for Health</p> <p>SO: Improving availability of medical products and equipment</p> <p>SO: Robust and effective health information systems to automate business processes and improve evidence-based decision making</p> <p>SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities</p>	

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KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Strategy (PGDS) 2021	Health sector's strategy 2019-2024	National Annual Strategic Plan (NASP) Interventions for 2023/24
Improved Client Experience of Care		Goal 9: Fill posts with skilled, committed and competent individuals			SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health	
Reduced Morbidity and Mortality	<p>Outcome: Reduce maternal and child mortality</p> <p>Priority 3: Education Skills and Health</p> <p>Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disabilities</p>	<p>Goal 1a: Improvement in evidence-based preventative and therapeutic intervention for HIV.</p> <p>Goal 2: Progressively improve TB prevention and cure</p> <p>Goal 3: Maternal Mortality <100 per 100 000 live births, Infant mortality < 20 per 1000 live births.</p> <p>Goal 4: Reduce prevalence on non-communicable chronic diseases by 28%</p> <p>Goal 5: Reduce Injury, accidents and violence</p>	<p>2.2 End all forms of malnutrition</p> <p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 By 2030, end preventable deaths of newborns and children under 5 years of age</p> <p>3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs)</p> <p>3.7 Ensure universal access to sexual and</p>	<p>Outcome: Progressive improvement in the total life expectancy of South Africans</p> <p>Outcome: Reduce maternal and child mortality</p> <p>Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disabilities</p>	<p>Goal 1: Increase Life Expectancy, improve Health and Prevent Disease</p> <p>SO: <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i></p>	6. Vaccination

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KZN DOH Impact and Outcome 2020-2025	Revised MTSF Outcomes 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	Provincial Growth and Development Strategy (PGDS) 2021	Health sector's strategy 2019-2024	National Annual Strategic Plan (NASP) Interventions for 2023/24
		by 50 percent from 2010 levels.	reproductive health-care services, By 2030, reduce by one third premature mortality from non-communicable diseases 3.5 Strengthen the prevention and treatment of substance abuse, 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents 3.7 Ensure universal access to sexual and reproductive health-care services, 3.9 Reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination			

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The Department of health responds to Priority 3: Education, Skills and health of the PGDS. The Action Work Group (AWG) E is led by the Department of Health and is supported by the Office of the Premier (OTP), Department of Social Development (DSD), Cooperative Governance and Traditional Affairs (CoGTA), Department of Education (DOE), Private facilities, Civil society including local business and The Active citizens organization.

TABLE 4: PGDS OUTCOMES

PGDS OUTCOMES	HEALTH INTERVENTIONS
Universal Health Coverage for all South Africans achieved by 2030	Expansion of UHC preparedness in all 10 KZN Districts plus 1 Metro
	Roll out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for NHI
	Mitigate the risks related to medical litigation
	Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme
	Implement HRH plan 2020/21- 2024/25 to address the human resources requirements, including filling critical vacant posts for full implementation of universal healthcare
	Maintain provincial nursing colleges
	Expand the primary healthcare system by contracting 10000 community health workers (CHWs) into the public health system ¹
	Strategic Health Infrastructure
	E-Health Systems
Progressive improvement in the total life expectancy of South Africans	Drive provincial health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health
	COVID-19 Mitigation
	Malaria Elimination Programme
	Healthy and Active Lifestyles Multisectoral Programme
Reduce maternal and child mortality	Provide good quality antenatal care
	Immunisation programme implemented
	Improve the integrated management of childhood disease services
Improved educational and health outcomes and skills development for all women, girls, youth and persons with disabilities	Targeted programmes to up-scale existing campaigns and programmes on new HIV infections among youth, women and persons with Disabilities
	Targeted programme on adolescent sexual and reproductive health and rights, including addressing teenage pregnancies and risky behaviour

¹ CHW integration/absorption is a national competency – KZN contribution is on contracting of CHWs) AWG E

National Development Plan: Vision 2030

The National Development Plan (NDP) (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework. The overarching goal that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The next 4 goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. The last 4 goals are tracking the health system that essentially measure inputs and processes to derive outcomes

Sustainable Development Goals

Goal 3. Ensure healthy lives and promote well-being for all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Department of Home Affairs Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

3.5 Medium Term Strategic Framework and NDP Implementation Plan 2019-2024

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the Revised Medium-Term Strategic Framework (MTSF) for the period 2019-2024.

Over the strategic 5-year period, the Provincial Department of Health's response is structured into One Impact and Three Outcomes. These Impacts and Outcomes are aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

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TABLE 5: ALIGNMENT OF OUTCOMES TO PILLARS OF PRESIDENTIAL HEALTH SUMMIT COMPACT

MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
Impact: Life expectancy of South Africans improved from 65 in 2019 to 67 by 2024	<p>Drive provincial health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health</p> <p>COVID-19 Mitigation (Due to the nature of COVID-19 and the continuous changes in strategy based on emerging bodies of evidence, the outer year targets may be revised)</p> <p>Implementation of the Malaria Elimination Programme</p> <p>Healthy and Active Lifestyles Multisectoral Programme</p>	<p><i>Impact: Increased Life Expectancy</i></p> <p><i>Outcome: reduced Morbidity and Mortality</i></p>	N/A
Impact: Universal Health Coverage for all South Africans progressively achieved by 2030	<p>Expansion of Universal Health Coverage (UHC) preparedness in all 10 KZN Districts plus 1 Metro</p> <p>Roll out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for (National Health Insurance) NHI</p> <p>Mitigate the risks related to medical litigation</p> <p>Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme</p> <p>Implement the HR plan 2021/22 to 2023/24 to address the human resources requirements, within the allocated funding envelope, including filling vacant funded posts for full implementation of universal healthcare</p> <p>Maintain provincial nursing colleges</p> <p>Expand the primary healthcare system by contracting 10 350 - community health workers (CHWs) into the public health system.</p> <p>Strategic Health Infrastructure</p> <p>Implementation of E-Health Systems</p>	<p><i>Outcome: Universal Health Coverage</i></p>	<p>Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and</p> <p>Pillar 6: Improve the efficiency of public sector financial management systems and processes</p>
		<p><i>Outcome: Universal Health Coverage</i></p>	<p>Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</p>
		<p><i>Outcome: Improved Client Experience of Care</i></p>	<p>Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels</p>
		<p><i>Outcome: Universal Health Coverage</i></p>	<p>Pillar 8: Engage and empower the community to ensure adequate and appropriate community-based care</p>
		<p><i>Outcome: Universal Health Coverage</i></p> <p><i>Outcome: Improved Client Experience of Care</i></p>	<p>Pillar 1: Augment Human Resources for Health Operational Plan</p> <p>Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery</p>

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MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
			<i>Pillar 6: Improve the efficiency of public sector financial management systems and processes</i>
		Outcome: Universal Health Coverage	<i>Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments</i>
		Outcome: Universal Health Coverage	<i>Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities</i>
Impact: All women, girls, youth and persons with disabilities enjoy good quality health care and better life opportunities	Targeted programme on adolescent sexual and reproductive health and rights, including addressing teenage pregnancies and risky behavior Targeted programmes to up-scale existing campaigns and programmes on new HIV infections among youth, women and persons with Disabilities Improve the integrated management of childhood disease services Immunization programme implemented Reduce Infant Mortality rate to <24 per 1 000 live births by 2024 Provide good quality antenatal care		

Provincial Strategy Alignment to the Provincial Spatial Development Framework

The Kwazulu-Natal Provincial Spatial Development Framework (PSDF) represents the long-term spatial vision of the province to be consistent with and be formulated within the context of the National Spatial Development Framework. The spatial expression of the KZN Provincial Growth and Development Strategy (PGDS) and provides spatial context for proposed strategic interventions. It must guide the spatial dimension to achieve the goals and objectives of the PGDS in a targeted and spatial coordinated manner.

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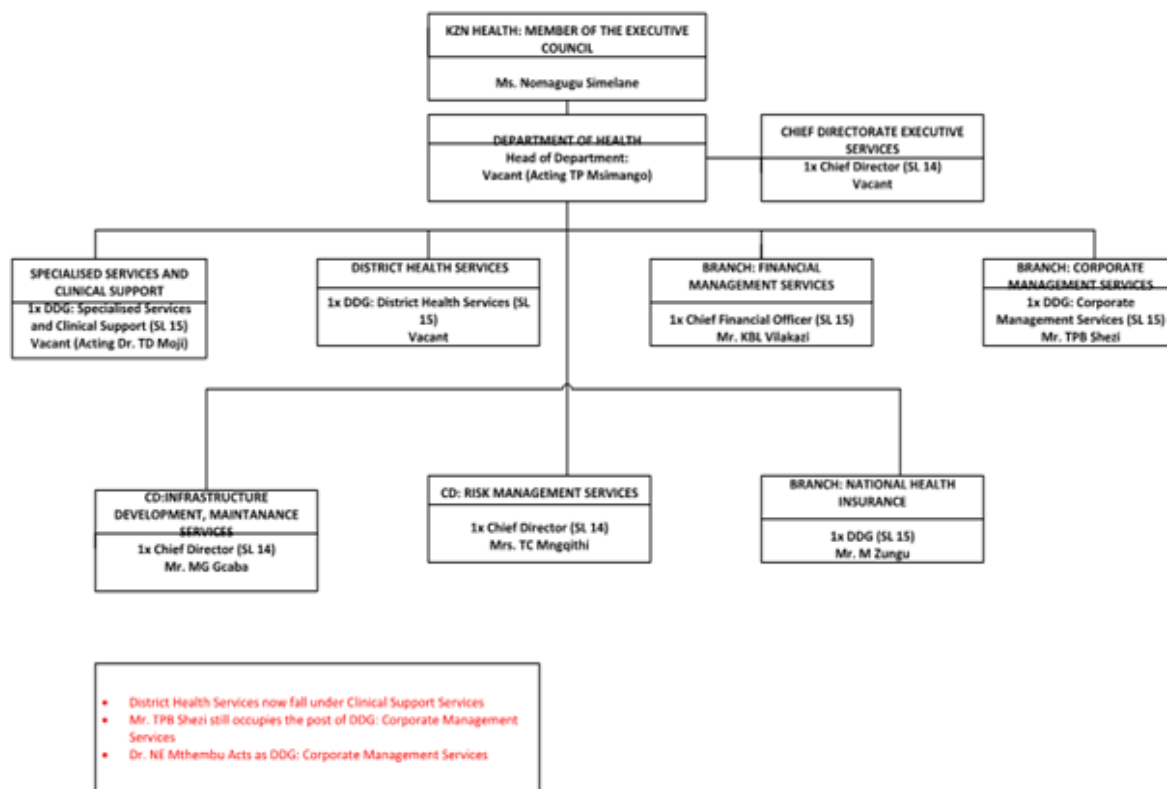
Envisaged Provincial Spatial Development Outcomes

- Integrated and Inclusive Province
- Sustainable Province
- Resilient Province
- Productive and Efficient Province
- Well-managed Province

The Department of Health has ensured alignment with this Framework through the planned regionalization of 4 District Hospitals in identified nodal areas of Ixopo, Dundee, Jozini and Vryheid. This will impact on all 5 Development outcomes, once commissioned. The implementation of the Infrastructure Master Plan will also give expression to this Framework, as equity in accessing health services will be improved.

Organisational Structure

FIGURE 1: MACRO ORGANISATIONAL STRUCTURE



Entities Reporting to the MEC for Health

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
N/A	N/A	N/A	N/A

PART B: PERFORMANCE INFORMATION

Auditor General Report on Predetermined Objectives

The Auditor-General of South Africa (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 pages 205 to 217 of the Report of the Auditor General, published as Part F: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Community-based services

Non-acute health services are provided at community and household level through Ward Based Outreach teams (WBOTs), School Health Teams, TB Surveillance and Multi Drug Resistant Tuberculosis (MDR-TB) Teams and Community Care Givers/Health Workers (CHWs/CCGs). Services include health promotion/ education; screening for health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; mental health and chronic care.

Phila Mntwana Centres, linked to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive health services targeting children. OSS is used as vehicle for inter-government service integration at community level including addressing the social determinants of health e.g., poverty eradication, provision of sanitation, water, electricity and waste removal.

'Ikhemisi Eduze Nawe' makes chronic medication available to patients at community level, close to where they reside. This decongests facilities, saves cost and travelling times to facilities and decreases waiting times at health facilities.

Services at truck stops, taxi ranks, and other high-risk areas increase access to basic and essential services e.g., testing for Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and other chronic conditions. Services offered at these easily accessible sites increases the possibility of timeous referral for appropriate clinical management of conditions at fixed facilities.

Primary Health Care (PHC) services

Nurse driven services are provided at fixed (clinics and Community Health Centres (CHCs) and mobile clinics covering a comprehensive range of curative, preventative, rehabilitative and palliative services. Included are services for minor ailments; maternal, child and women's health; communicable and non-communicable diseases and conditions; oral and dental health; environmental health and nutrition. Mobile services are used to improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from District Hospitals and services rendered by Private Practitioners increases access to clinical services at entry point.

Hospital Services

In and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access in especially rural areas.

Regional Hospitals render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and location of hospitals. Queen Nandi and Newcastle Hospitals provide mother and child services. McCord's Hospital is the Provincial Eye Care Hospital.

Specialised TB and Psychiatric hospitals provide acute and sub-acute services – for the two clinical disciplines.

The Step Down/ Sub-Acute Hospitals provide stepdown care.

Tertiary Hospitals and one Central Hospital provide highly specialised tertiary and quaternary services.

Outreach services are provided by level 2 and 3 hospitals to improve access to quality clinical management at lower levels of care. District hospitals provide outreach services to PHC clinics.

Emergency Medical Services (EMS) and Patient Transport Services (PTS)

Services include emergency response, special operations, communication, aeromedical services and patient transport services. Aeromedical services are provided by the use of all available aeromedical services in KwaZulu-Natal (KZN), namely Air Mercy Services, Netcare and Black Eagle. These are dispatched as and when required.

Forensic Pathology Services

Specialised Forensic Pathology Services are provided at Medico-Legal Mortuaries throughout the Province.

Clinical Forensic Medicine

Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services focusing on the management of survivors of violence (including rape and sexual assault) (23/24 AR). Also, there are Thuthuzela Care Centres (TCCs) which are one-stop facilities that have been introduced as a critical part of South Africa's anti-rape strategy.

The challenges encountered by the in provision of services to manage survivors of rape and sexual assault include:

- Infrastructural challenges: a number of the TCC's and CCC's are housed in prefab buildings which are aging with wear and tear to the floors, roofs, breakdowns in air conditioners, lack of network points and lack of storage space.
- There is no Deoxyribonucleic acid (DNA) laboratory for KZN resulting in the transportation of forensic specimens (after initial screening) over great distances to other provinces: to Gauteng and Western Cape
- As part of police investigation, there is incomplete investigation of drug-facilitated sexual assault cases as there is no kit for the toxicological examination of urine specimens in drug-facilitated sexual assault cases
- Not all doctors who are performing medico-legal examinations are well trained and competent to give expert testimony in court

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- Forensic Nurses who have been trained are not performing examinations on sexual assault patients because of the lack of registration with the SA Nursing Council

The proposed solutions to the identified challenges are as follows:

- Through the National Prosecution Authority (NPA) there is a public private partnership to relocate, renovate or build new structures at Madadeni Hospital (completed), RK Khan Hospital and Edendale hospital. The Spar Group has come on board to build a TCC at OThobothini CHC in Jozini.
- Hybrid TCC's are being considered as incremental development to start off with a site coordinator being provided by NPA
- NACOSA has funded two training programmes for Health Care workers (both doctors and nurses) on Sexual Offences. In addition, in-house training workshops are on-going for health care workers
- Numerous sites have been reviewed for the siting of a DNA laboratory for KZN. Done in conjunction with NPA, and South African Police Service (SAPS) Forensic Science Laboratory (FSL). Latest is that SAPS FSL has identified a site in Pinetown. This is a SAPS mandate.
- To strengthen inter-sectoral collaboration amongst the relevant stakeholders and to meet on a monthly basis to analyse statistics and case conference

Emergency Medical Services (EMS) are below the National norm of 1 ambulance per 10 000 population. This coupled with distance. The department plans to procure 30 ambulances in 2025/26. There is continuous engagement with Fleet Management and WesBank to improve turnaround times for vehicle repairs and maintenance.

There were no significant developments in the service delivery environment in the 1 April 2024 to 31 March 2025 period.

Service Delivery Improvement Plan

The Department has a Service Delivery Improvement Plan. The tables below highlight the service delivery improvement plan and the achievement to date.

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service		Actual achievement
Provision Of District Hospital Services: Complaints on Patient Care (number of)	All citizens residing in KZN, in particular the uninsured population. Citizens from other provinces and countries	552	515		436

Batho Pele arrangements with beneficiaries

Current/actual arrangements	Desired arrangements	Actual arrangements
Professional Standards - Public Servants: Complaints on Staff Attitude		

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Current/actual arrangements	Desired arrangements	Actual arrangements
348	334	406
Working Environment Standards: Complaints on hygiene and cleanliness		
69	54	71
Access Standards: Complaints on physical access		
46	39	29
Information Standards: Complaints on access to information		
120	115	93
Redress Standards: of Complaints resolved within 25 working days		
89.7%	91.4%	94%
Consultation Standards: % of District hospitals with functional hospital boards		
50%	90%	71%
Openness & Transparency Standards: Annual Report informing service recipients how departments are managed, how much is spent on service delivery to the public, and who is in charge published		
2021/22 Approved Annual Report (AR) Signed Off	2023/24 Approved Annual Report Signed Off	Approved 2023/24 Annual Report
Service Standards: Display the Service Charter so that clients know their rights and what kind of treatment to expect		
KZN DOH Service Charter Displayed	KZN DOH Service Charter Displayed	KZN DOH Service Charter Displayed
Value For Money: Audit Opinion		
Qualified	Unqualified	Qualified
Encouraging Innovation and Rewarding Excellence: Recognition of innovation and excellence		
Not Monitored	Recognition of innovation and excellence	The Service Excellence Awards conducted: Hospitals – 21 Districts - 5
Service Delivery Impact: Patient Experience of Care Satisfaction		
80.5%	85.1%	97.5%

Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
The department has a complaints management system	The department has a complaints management system	The department has a complaints management system

Organisational Environment

This section aims to provide users with a comprehensive understanding of the organizational challenges and successes experienced by the Department during the reporting period. It describes significant internal developments that may have impacted the Department's ability to deliver on its Strategic Plan and Annual Performance Plan. Given that these factors are internal and ostensibly within the Department's control, this section also outlines measures adopted to mitigate their impact on service delivery.

Human Resources Management and Staffing

During the reporting period, the Department faced significant human resource challenges, particularly concerning staffing levels and the ability to fill critical posts. The vacancy rate at the end of the reporting period stood at 10% (7,354 out of 73,354 positions). This challenge was compounded by a notable increase in exits, particularly among Professional Nurses, with 307 employees demising, 56 discharged due to ill health, and 801 retiring. This inability to immediately fill replacement posts due to limited budget allocations has negatively impacted service delivery, increasing workloads for existing staff and potentially affecting their well-being. The ratio of Professional Nurses per 100,000 population decreased to 145.5 against a target of 152.9, reflecting this challenge.

Despite these challenges, the department made strides in certain areas of staffing. The ratio of Medical Officers per 100,000 population improved to 33.92 against a target of 27.4. This improved performance is attributed to the increased allocation of Medical Interns and Community Service Medical Officers. Furthermore, the Department successfully made senior appointments, including the CEO of Port Shepstone Regional Hospital, bolstering leadership capacity. The Annual HR Planning Implementation Report was approved by the Head of Department and submitted to the OTP on 31 May 2024.

Staff Development and Training Initiatives

The Department is committed to enhancing the skills and capabilities of its workforce through various training and development initiatives. During 2024/25, a total of 27,978 employees (17,905 females and 10,073 males) underwent various training programmes, utilizing the Department's skill development budget. Specific training initiatives included 20 SMS Managers trained on Mentorship for Public Service Managers, 112 Managers and Supervisors on Initiating and Conducting Disciplinary Enquiries, 36 Managers on the Moderator Course, 40 Managers on the Assessor Course, 40 Managers on Emotional Intelligence, 57 Managers on Contract Management, and 7 Managers/Supervisors on Supply Chain Management. Furthermore, 1,861 employees participated in orientation and re-orientation programmes during the reporting period.

In terms of bursaries, the Department exceeded its target of 120 first-year nursing student bursaries, awarding 239. This increase was driven by the critical need for General Nurses to be trained to meet the human resource demands of the KwaZulu-Natal Department of Health (KZNDOH) and to be trained as Midwives. Of these, 153 were female, 86 were male, and all 239 were from the youth category. Additionally, 480 internal bursaries were awarded to existing employees, comprising 320 females, 160 males, and 2 employees with disabilities. However, training initiatives and intakes were constrained by limited funding, leading to no health sciences bursaries being awarded in 2024/25, highlighting a challenge in broader skill development.

Employee Wellness and Labour Relations

The Department prioritizes employee well-being and maintaining constructive labour relations. Support and awareness programs are continuously implemented, with a specific focus on substance abuse and mental health as priority issues, including awareness campaigns, training, and upskilling in these areas. To ensure compliance with labour relations prescripts, the Department conducted 108 labour relations workshops at various health facilities.

Regarding labour cases, the Department continues to collaborate with the Office of the Premier and other departments to finalize cases within prescribed periods. All precautionary suspensions were reviewed as directed, resulting in a reduction from 8 officials on precautionary suspension in April 2024 to 3 by the end of the reporting period. Four Public Health and Social Development Sectoral Bargaining Council (PHSDCBC) Chamber meetings were held during 2024/25, providing a crucial platform for addressing transversal challenges affecting employees and the Department. However, challenges persist due to a shortage of Investigating and Presiding Officers for the large volume of misconduct cases, coupled with frequent postponement requests and a shortage of dedicated Labour Relations Practitioners in health facilities, contributing to delays in case finalization.

Performance Management and Compliance

The Department demonstrated a strong commitment to performance management and compliance. The HOD's Performance Agreement was signed, uploaded onto the electronic system, and submitted to the DPME. Out of 84 SMS members, 77 (92%) complied with the submission of Performance Agreements by 31 August 2024. For the 5 non-compliant managers, disciplinary action will be implemented, and no pay progressions will be awarded. Two SMS members were on suspension during this period.

Furthermore, the Gender Equality Strategic Framework Report for 2023/2024 and the Gender Equality Strategic Framework Plan for 2024/25 were submitted to the Department of Public Service and Administration (DPSA) and OTP on 03 April 2024 and acknowledged on 05 April 2024. The Approved Annual Employment Equity (EE) Report was submitted to the Department of Employment and Labour on 05 December 2024, with an acknowledgment letter received. In implementing the Head of Department (HOD's) 8 Principles Action Plan for Public Service Women in Management Week, a successful meeting chaired by the HoD was held on 23 August 2024, underscoring the Department's commitment to gender equality and leadership development.

Key policy developments and legislative changes

During the 2024/2025 financial year, the Department approved several key policies aimed at enhancing operational efficiency and employee welfare. On May 9, 2024, the Financial Management Services directorate approved both the Supply Chain Management (SCM) Policy and the SCM Preferential Procurement Policy. Subsequently, on June 10, 2024, the Human Resource Management Services directorate approved four policies related to service conditions: the Attendance Register Policy, Normal Sick Leave Policy, Paternity Leave Policy, and Sabbatical Leave Policy. Later in the financial year, on January 14, 2025, the Resettlement Expenditure Policy was approved by Human Resource Management Services. The Corporate Management Services directorate approved the Other Remunerative Work Outside the Public Service (ORWOPS) policy on January 15, 2025. Finally, the Office of the HoD approved the Security Policy on January 20, 2025.

Progress towards Achievement of Institutional Impacts and Outcomes

This section details the institutional outcomes achieved by the Department between the 2018/19 baseline and the 2024/25 actual performance across various key indicators. Significant progress has been made in several areas, demonstrating the effectiveness of implemented strategies, while some challenges persist.

Audit and Financial Management

The regulatory audit outcome, as expressed by the Auditor-General of South Africa (AGSA), shows a sustained challenge in financial governance. For the 2018/19 financial year, the Department received a qualified audit opinion, which indicates that the financial statements were materially misstated or that there were significant limitations on the scope of the audit. Despite efforts during the period, the Department's audit opinion for the 2024/25 financial year remained qualified. This outcome suggests that a sustained effort is required to achieve a more favourable audit opinion. The contingent liability of medico-legal cases has substantially increased from R 20 billion in 2018/19 to R 31.7 billion in 2024/25. To mitigate this, the Department is proactively containing costs through the establishment of Centres of Excellence that offer specialized treatment to claimants, aiming to reduce future liabilities.

Healthcare Service Quality and Patient Experience

Significant improvements are evident in healthcare service delivery and patient satisfaction. The rate of Ideal Clinic Status obtained has surged from 75.6% in 2018/19 to an impressive 97.9% in 2024/25. This success is largely attributed to the support and coordination efforts of Ideal Clinic Realization and Maintenance (ICRM) Champions, including the implementation of Quality Improvement Plans (QIPs). The Patient Experience of Care satisfaction rate within District Health Services also saw a notable increase from 68.9% to 87.5%. Despite this progress, patient dissatisfaction with waiting times and staff attitude remains an area requiring attention. The Patient Safety Incident (PSI) case closure rate for District Health Services improved from 86.4% to 97.7%, indicating better management of patient safety concerns. A total of 77 patient safety incidents identified towards the end of the financial year are currently under investigation. Similar improvements were observed in Programme 4 and 5 with PSI case closure rates reaching 99.6% and 99.5% respectively, primarily due to functional Patient Safety Committees and rigorous monitoring mechanisms.

HIV/TB Management and Outcomes

The Department has achieved mixed results in its fight against Tuberculosis (TB) and Human Immunodeficiency Virus (HIV). All DS-TB Deaths have decreased from 3,593 in 2018/19 to 2,937 in 2024/25, although late presentation among co-infected patients continues to contribute to high mortality. The All DS-TB client treatment success rate saw a modest increase from 72.2% to 75.8%. The TB Rifampicin Resistant / Multidrug-resistant treatment success rate improved from 59.9% to 69.2%, despite being negatively impacted by high lost-to-follow-up and death rates due to late presentation and delayed referrals to Centres of Excellence. For TB Pre-XDR, which was not monitored in 2018/19, the 2024/25 success rate stands at 49.4%, with high death and lost-to-follow-up rates primarily due to patients presenting late with advanced disease.

In HIV management, the number of Antiretroviral Therapy (ART) clients remaining on ART at the end of the month increased from 1,387,688 to 1,569,199. However, retention in care remains a significant challenge due

to high loss-to-follow-up, exacerbated by support partner work interruptions impacting tracking and tracing of defaulting clients. The ART adult viral load suppressed rate (below 50 at 12 months) is 82.7% (not monitored in 2018/19), with poor adherence by patients being a key factor. The ART child viral load suppressed rate is 55.7% (also not monitored in 2018/19), where non-disclosure contributes to poor viral suppression in children. The ART death rate (6 months) remained constant at 1.2% in both periods, with suboptimal TB/HIV integration leading to delayed and late diagnosis of TB. The HIV positive 15-24 years (excluding ANC) rate is 1.6% (not monitored in 2018/19), with prevention efforts promoted through various media campaigns.

Maternal and Child Health

Outcomes in maternal and child health show areas of improvement and persistent challenges. The Maternal Mortality in Facility Ratio increased slightly from 88.4 per 100,000 live births in 2018/19 to 92.3 per 100,000 in 2024/25. Efforts to address this include the implementation of quality improvement projects such as Minimum Standards of Safe and Respective Care, Respective Labour Care, Online Education Sessions, and Early Massage of the uterus Oxytocic drugs Tranexamic acid Intravenous fluids Visual examination to identify the source of bleeding Escalation to higher level of care if needed (EMOTIVE) to improve the management of postpartum haemorrhage. Conversely, Maternal deaths in facility under Programme 4 decreased from 82 to 71, with hypertension and Post-Partum Haemorrhage being key contributors to deaths. Programme 5 also saw a slight reduction in maternal deaths from 29 to 27, attributed to complex medical and surgical conditions.

The Neonatal death in facility rate increased from 11.5 per 1,000 live births to 12.9 per 1,000, despite improved care immediately after birth, potentially due to the Essential New-born Care (ENC) training program. The Death under 5 years against live birth rate remained constant at 1.8%, supported by the implementation of the Essential Package of Paediatric care, improved case management, and effective outreach support. The Death in facility under 5 years rate saw a reduction from 3.9% to 3.5%, also due to the Essential Package of Paediatric care and improved case management. Similarly, under Programme 4, Death in facility under 5 years decreased from 1,566 to 1,274 due to improved triage, case management, and increased access to respiratory support. Programme 5 also experienced a slight decrease from 442 to 433, linked to earlier referrals and better access to respiratory support and oxygen.

Significant improvements were noted in child mortality rates from preventable diseases: the Child under 5 years diarrhoea case fatality rate dropped from 2.2% to 1.2% due to effective case management and compliance with clinical guidelines. Diarrhoea deaths under 5 years in Programme 4 decreased from 68 to 43, and in Programme 5 from 8 to 6, both indicating improved clinical management. The Child under 5 years pneumonia case fatality rate reduced from 2.3% to 1.5% due to increased access to respiratory support equipment, early identification of at-risk patients, and effective case management. Pneumonia deaths under 5 years in Programme 4 decreased from 100 to 52, attributed to a functional referral system and increased respiratory support. In Programme 5, these deaths reduced from 51 to 20, linked to improved access to respiratory support in regional and district hospitals. The Child under 5 years Severe Acute Malnutrition (SAM) case fatality rate improved from 7.8% to 6.4%, benefiting from increased access to respiratory support and effective case management. SAM deaths under 5 years in Programme 4 decreased from 76 to 45, following the implementation of training on inpatient management of SAM. However, Programme 5 saw an increase in SAM deaths from 9 to 11, primarily due to treatment failure from co-morbid conditions and late HIV diagnosis. The Still Birth in Facility Rate remained constant at 22.9 per 1,000, supported by the implementation of new vertical

transmission prevention program (VTP) guidelines on syphilis. The Malaria case fatality rate slightly increased from 0.5% to 0.6%, with mortality audit reports suggesting delays in patients seeking treatment.

Overall, the Department has demonstrated commendable progress in improving audit outcomes, enhancing clinic infrastructure, and improving patient safety incident closure rates. While advancements have been made in managing TB and HIV, challenges related to late presentation and retention in care persist. Maternal and child health outcomes show a mixed picture, with improvements in certain areas like child mortality from diarrhoea and pneumonia, but concerns remaining regarding maternal mortality and neonatal deaths. Continued focus on addressing patient satisfaction issues, strengthening referral systems, and tackling late presentation of diseases will be crucial for sustained improvement.

Transfer Payments

TABLE 6: TRANSFER PAYMENTS FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
eThekweni Municipal Clinic	eThekweni Metropolitan Municipality	Provision of the Primary Health Care Services in support of the Department in the compliance of the PFMA and MFMA	Yes	R 286,945	R 269,519	The PFMA does not make provision for a prepaid payment, meaning that payment in March 2025 cannot be paid in March 2025. This will be paid in the new financial Year 2025/26.
Austerville Halfway House NGO	NGO	Mental Health Services	Yes	R 713	R 709	The NGO was not paid the prescribed transfer payment amount on a monthly basis because they didn't comply with the provisions of the SLA, resulting a budget availability of R 5 285.00 at the end of the financial year.
Azalea House NGO	NGO	Mental Health Services	Yes	R 656	R 641	The NGO was not paid the full amount in May 2024 due to non-compliance with the provisions of the SLA, reflecting R 14 666.01. as a budget available at the end of the financial year.
Chatsworth Regional Hospice	NGO	Step-Down: Palliative Care	Yes	R 366	R 366	N/A
Claremont Day Care Centre NGO	NGO	Mental Health Services	Yes	R 509	R 509	N/A
Ekukhanyeni Clinic NGO	NGO	HIV & AIDS: Step-Down	Yes	R 1,304	R 1,304	N/A

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
Happy Hour Amaoti (DCMH) NGO	NGO	Mental Health Services	Yes	R 713	R 439	R 273 922.00 It was established that in the Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of mental health care users. In this regard a decision was taken to recover the overpaid amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025 see attached Annexure B.
Happy Hour Durban North NGO	NGO	Mental Health Services	Yes	R 594	R823	(R229 519.99) It was established that in Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of mental health care users. In this regard a decision was taken to recover the overpaid amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025.

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
Happy Hour KwaXimba (DCMH) NGO	NGO	Mental Health Services	Yes	R 509	R 289	R 219 861.01 It was established that in Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of mental health care users. In this regard a decision was taken to recover the overpaid amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025.
Happy Hour Mpumalanga (DCMH) NGO	NGO	Mental Health Services	Yes	R 0	R 0	There was a commitment of R 157 283.00 against a (R 0.00) zero budget allocation. No payment was made.
Happy Hour Phoenix NGO	NGO	Mental Health Services	Yes	R 339	R 230	R 108 700.95 It was established that in Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of mental health care users. In this regard a decision was taken to recover the overpaid

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
						amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025.
Highway Hospice (NGO)	NGO	Step-Down: Palliative Care	Yes	R 860	R 860	N/A
Hillcrest Aids Centre Trust	NGO	Step-Down: Palliative Care	Yes	R 920	R 920	N/A
Jona Vaughn Centre NGO	NGO	Mental Health Services	Yes	R 4 594	R 4 261	R 332 833.01 It was established that in Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of mental health care users. In this regard a decision was taken to recover the overpaid amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025.
Madeline Manor NGO	NGO	Mental Health Services	Yes	R 1,139	R 1,095	R 44 916.01 It was established that in Financial Year 2023/2024, DCMH facilities were found to be in breach of the terms and conditions of the (SLA) Service Level Agreements, primarily due to poor or non-attendance of

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
						mental health care users. In this regard a decision was taken to recover the overpaid amount of R773,516, with monthly deductions of R85,946 implemented from May 2024 to January 2025.
Matikwe Oblate NGO	NGO	PHC Services	Yes	R 638	R 638	(R 18 236.83) At the end the financial Year the Budget available should have read as R 34 937.17. There was a commitment on the system of R 53 174.00 resulting in an over expenditure of R 18 236.83.
Power of God (Philakade TLC NGO)	NGO	PHC Services	Yes	R 1,503	R 1,503	N/A
Ramakrishna Umzamo Home	NGO	Mental Health services	Yes	R 792	R 792	N/A
Scadifa Centre NGO	NGO	Mental Health Services	Yes	R 2,197	R 2,197	N/A
Sparkes Estate NGO	NGO	Mental Health Services	Yes	R 2,527	R 2,527	N/A
Still a Time	NGO	Mental Health Services	Yes	R 224	R 224	N/A
The Bekimpilo Trust NGO	NGO	PHC Services	Yes	R 2,441	R 813	Closed
Umlazi Halfway House NGO	NGO	Mental Health Services	Yes	R 469	R 469	N/A
Akehlulwa Lutho	NGO		Yes	R711	R711	N/A
Blessed Gerard Care Centre	NGO		Yes	R437	R437	N/A
CREAT	NGO		Yes	R836	R836	N/A
DPSA-Comm Based Rehab Project	NGO		Yes	R1,229	R1,229	N/A

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
DPSA - Wheelchair repair & maint	NGO		Yes	R1,112	R1,112	N/A
Duduza Care Centre	NGO		Yes	R920	R920	N/A
Estcourt Hospice	NGO		Yes	R690	R690	N/A
Ethembeni Stepdown Centre	NGO		Yes	R5,870	R5,870	N/A
Happy Hour Kwaximba	NGO		Yes	R509	R509	N/A
Hlanganani Ngothando DCC	NGO		Yes	R480	R480	N/A
Howick Hospice	NGO		Yes	R782	R782	N/A
I-Matter Foundation	NGO		Yes	R627	R627	N/A
Ikhwezi Cripple Care	NGO		Yes	R2,057	R2,057	N/A
Ikhayaletu Health and Edu Centre	NGO		Yes	R1,828	R1,828	N/A
Indulu Youkuphephela Skills Training	NGO		Yes	R684	R684	N/A
John Peattie House	NGO		Yes	R2,560	R2,560	N/A
KZN Blind and Deaf Society	NGO		Yes	R1,092	R1,092	N/A
Kwahilda Ongcwele	NGO		Yes	R315	R315	N/A
Lynn House	NGO		Yes	R1,511	R1,511	N/A
Ladysmith Hospice	NGO		Yes	R538	R585	N/A
Magaye School for the Blind	NGO		Yes	R836	R836	N/A
Mountain View Special Hospital	NGO		Yes	R4,000	R4,000	N/A
Ntokozweni Vill for Venerable	NGO		Yes	R188	R188	N/A
Nominated Disability ORG	NGO		Yes	R376	R376	N/A
Othandweni Cerebral Palsy Org	NGO		Yes	R444	R444	N/A
Philanjolo Hospice	NGO		Yes	R3,106	R3,106	N/A
Rachel Swart Fund	NGO		Yes	R000	R836	N/A
Rainbow Haven	NGO		Yes	R688	R688	N/A
SA Mobility Fund for the Blind	NGO		Yes	R000	R836	N/A
South Coast Hospice	NGO		Yes	R2,561	R2,561	N/A
Solid Found for Rural development	NGO		Yes	R810	R810	N/A

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Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
St. Lukes Home	NGO		Yes	R688	R688	N/A
Talitha Cumi Spec Need & Dev.	NGO		Yes	R711	R711	N/A
Tender Loving Care	NGO		Yes	R366	R366	N/A
The Word of God	NGO		Yes	R204	R204	N/A
Thembaletu Care Org	NGO		Yes	R314	R314	N/A
Sunfield Home	NGO		Yes	R316	R316	N/A
Still A Time	NGO		Yes	R224	R224	N/A
Unsuanduzi Hospice	NGO		Yes	R1,100	R1,100	N/A
Woza Moya Org	NGO		Yes	R386	R386	N/A

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

TABLE 7: TRANSFER PAYMENTS BUDGETED FOR PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Name of transferee	Type of organisation	Purpose for which the funds were to be used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
The Bekimpilo Trust NGO	NGO	PHC Services	R 6 031	R 1359	Closed

Conditional Grants

TABLE 8: DISTRICT PROGRAMME GRANT

Name of the Grant	Comprehensive HIV / AIDS Grant		
Department who transferred the Grant	National Department of Health (NDoH)		
Purpose of the Grant	<ul style="list-style-type: none"> To top up on the Provincial Department of Health's Equitable Share funding To implement and sustain HAST programmes in KZN To contain HIV and AIDS, TB epidemic in KZN To provide critical resources (human and physical) to drive the HIV and TB programme to reach their targets 		
Expected outputs of the Grant and actual achievements.	Indicators	Expected Outcomes (Target)	Actual Achievements 2024/25 FY
	1. Total number of fixed public health facilities offering ART services	892	938

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Name of the Grant	Comprehensive HIV / AIDS Grant		
	2.Total clients started on ART during this month – naïve	75 978	72 937
	3. Total clients remaining on ART	1 677 836	1 569 199
Amount per amended DORA (R'000)	R 7 367 534		
Amount received (R'000)	R 7 367 534		
Reasons if amount as per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 7 367 534 (100% spent)		
Reasons for the funds unspent by the entity	N/A		
Reasons for deviations on performance	<ul style="list-style-type: none"> • Poor implementation of targeted testing for men, children, adolescents and LGBTQI+ • Loss to follow-up • Low level viremia • Non-disclosure and poor enhanced adherence counselling • Low HIV positivity rate • Poor implementation of paediatric and adolescent Matrix of Intervention (MOI), linkage and retention strategies 		
Measures taken to improve performance	<ul style="list-style-type: none"> • Continued implementation of operation MBO • Ramping up of case finding through index contact testing, provider-initiated counselling and testing at PHC facilities and communities • Conduct early quarterly integrated TB & HIV warning indicator workshop • Monitor 1.1 million closing the treatment gap 		
Monitoring mechanism by the receiving Department	<p>Monthly</p> <p>The provinces convene monthly financial management meetings with Provincial and District Finance, HR, Clinical & Programmes, SCM and HAST & TB Programme. Officials are invited to attend so that the province can have an overview of the financial position of the grants including the procurement tracker reports at Provincial and District level. The province convened (6) monthly financial management meetings which were held during April 2024, July 2024, August 2024, October 2024, November 2024, and December 2024.</p> <p>Annually</p> <p>The province conducts annual Conditional Grant verifications for HIV and TB programmes at health facilities to check on ARV stock in line with the expenditure incurred, outstanding payment packs due to PPSD for payment processing. Staff linking all staff paid against the Comprehensive HIV/AIDS Component Grant and whether the staff performing the functions are linked correctly to the grant in alignment to the expenditure and the HR establishment reports as well as the framework of the grant. Condom stock is also counted at</p>		

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Name of the Grant	Comprehensive HIV / AIDS Grant
	facility level. Financial files are checked against the expenditure incurred for the facility and whether all relevant supporting documentation in line with the Conditional Grant SOP, is attached to the financial files.

TABLE 9: NATIONAL TERTIARY SERVICES GRANT

Name of the Grant	National Tertiary Services Grant	
Department who transferred the Grant	Health (Vote 18)	
Purpose of the Grant	To ensure provision of tertiary health services in South Africa. To compensate tertiary facilities for the additional costs associated with the provision of these services.	
Expected outputs of the Grant	Day patient separations – Total	58,272
	Inpatient days - Total	472,232
	Inpatient separations - Total	49,280
	Outpatient first attendances - Total	126,398
	Outpatient follow up attendances - Total	310,726
Actual outputs achieved	Day patient separations	103%
	Inpatient days	104%
	Inpatient separations	102%
	Outpatient first attendances	92%
	Outpatient follow up attendances	104%
Amount per amended DORA (R'000)	2 201 200	
Amount received (R'000)	2 201 200	
Reasons if amount as per DORA was not received	The funds were received as per the MTEF allocation letter.	
Amount spent by the Department (R'000)	2 201 200	
Reasons for the funds unspent by the entity	The grant was fully spent.	
Reasons for deviations on performance	No deviation on performance	
Measures taken to improve performance	Business Plans together with procurement plans are drawn in the beginning of the financial year. Any changes made are done during the adjustment period as per DOR.	
Monitoring mechanism by the receiving Department	Monthly variance reports are done and submitted to NDOH. Quarterly Financial reports are done and submitted NDOH. Quarterly patients' activity reports are done and submitted to NDOH.	

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TABLE 10: SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME (EPWP) INCENTIVE GRANT FOR PROVINCES

Name of the Grant	Social Sector EPWP Incentive Grant for Provinces															
Department who transferred the Grant	Department of Public Works and Infrastructure (Vote 13)															
Purpose of the Grant	To incentivise provincial departments to expand work creation efforts through the use of labour-intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines: <ul style="list-style-type: none"> • road maintenance including but not limited to block paving and pothole patching • maintenance of buildings • low traffic volume roads and rural roads • other economic and social infrastructure • tourism and cultural industries • sustainable land-based livelihoods • waste management and cleaning services • Energy including but not limited to retrofitting, solar 															
Expected outputs of the Grant	<ul style="list-style-type: none"> • Number of people employed, trained and receiving income through the EPWP • Number of days worked per work opportunity created • Number of Full-Time Equivalents (FTEs) to be created through the grant 															
Actual outputs achieved	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">PERFORMANCE INDICATOR</th> <th style="text-align: center;">TARGET</th> <th style="text-align: center;">ACTUAL</th> </tr> </thead> <tbody> <tr> <td>TOTAL JOBS CREATED</td> <td style="text-align: center;">3000</td> <td style="text-align: center;">3300</td> </tr> <tr> <td>NO OF WOMEN EMPLOYED</td> <td style="text-align: center;">1,500 (50%)</td> <td style="text-align: center;">1696</td> </tr> <tr> <td>NO OF YOUTH EMPLOYED</td> <td style="text-align: center;">1,500 (50%)</td> <td style="text-align: center;">1863</td> </tr> <tr> <td>DISABLED</td> <td style="text-align: center;">7 (0.002%)</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	PERFORMANCE INDICATOR	TARGET	ACTUAL	TOTAL JOBS CREATED	3000	3300	NO OF WOMEN EMPLOYED	1,500 (50%)	1696	NO OF YOUTH EMPLOYED	1,500 (50%)	1863	DISABLED	7 (0.002%)	0
PERFORMANCE INDICATOR	TARGET	ACTUAL														
TOTAL JOBS CREATED	3000	3300														
NO OF WOMEN EMPLOYED	1,500 (50%)	1696														
NO OF YOUTH EMPLOYED	1,500 (50%)	1863														
DISABLED	7 (0.002%)	0														
Amount per amended DORA (R'000)	6,951															
Amount received (R'000)	6,951															
Reasons if amount as per DORA was not received	-															
Amount spent by the Department (R'000)	6,951															
Reasons for the funds unspent by the Entity	-															
Reasons for deviations on performance	The department targeted to employ 3000 persons and employed 3300 persons. The grant funding was topped up using the provincial Equitable Share															
Measures taken to improve performance	-															
Monitoring mechanism by the receiving Department	Quarterly reports are compiled and submitted															

TABLE 11: HEALTH FACILITY REVITALISATION GRANT (HFRG)

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	Health (Vote 18)
Purpose of the Grant	The health facility revitalisation grant funds the construction and maintenance of health infrastructure, including large projects to modernise hospital infrastructure and equipment, general maintenance and infrastructure projects at smaller hospitals, and the refurbishment and upgrading of nursing colleges and schools.

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Name of the Grant	Health Facility Revitalisation Grant			
	<ul style="list-style-type: none"> To help to accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health To help on replacement and commissioning of health technology in existing and revitalised health facility 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"> Improved service delivery by provincial departments as a result of an enhanced and better quality of health services Improved quality and quantity of well-maintained health infrastructure (backlog and preventative maintenance) Improved rates of employment and skills development in the delivery of infrastructure Value for money and cost-effective design of facilities in line with the framework for infrastructure procurement and delivery management and Number of primary health care facilities constructed or revitalised Number of hospitals constructed or revitalised Number of facilities maintained, repaired and/or refurbished 			
Actual outputs achieved	INDICATOR	TARGET	ACTUAL	REASONS FOR DEVIATION
	NUMBER OF CAPITAL INFRASTRUCTURE PROJECTS COMPLETED	103	133	-
	PERCENTAGE OF PREVENTATIVE MAINTENANCE EXPENDITURE	48%	41%	Underperformance due to major breakdowns reported and misallocation of payments.
	APPOINTMENT OF PSP CONSULTANTS FOR THE DESIGN OF THE NEW TERTIARY HOSPITAL IN THE NORTH	1	0	Delayed procurement processes
	INITIATION REPORTS FOR PRIORITISED PROJECTS AS PART OF THE REGIONALISATION INITIATIVE DEVELOPED	4	6	-
	APPOINTMENT OF CONTRACTOR FOR THE DESIGN & CONSTRUCTION OF THE NEW ONCOLOGY CENTRE IN NGWELEZANA HOSPITAL	1	0	Slow progress in the completion of the concept report.
Amount per amended DORA (R'000)	1,458,192			
Amount received (R'000)	1,458,192			
Reasons if amount as per DORA was not received	The amount was received per DORA.			
Amount spent by the Department (R'000)	1,458,192			
Reasons for the funds unspent by the Entity	-			
Reasons for deviations on performance	-			
Measures taken to improve performance	<ul style="list-style-type: none"> Annual Implementation Plan programmed projects in line with current budget. Projects have been packaged as they are of a similar nature and are in proximity Infrastructure Technical committees have been appointed and tracking of projects in procurement is done on a monthly basis. Procurement alternatives are being implemented and investigated. Some of the interventions include contract and transversal contracts, packaged projects to reduce the number of tenders to be let, and design and build strategy with proven cost-based NEC contracts. Regular meetings with implementing agents are in place 			

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Name of the Grant	Health Facility Revitalisation Grant
Monitoring mechanism by the receiving Department	Various reports are submitted: <ul style="list-style-type: none"> • IRM Monthly reports • End of Year report - Annual • User Asset Management Plan • Infrastructure Programme Management Plan • Infrastructure Procurement Strategy Plan • Annual Implementation Plan Continuous reporting and monitoring of projects on PMIS

TABLE 12: OTHER GRANTS

Name of the Grant	Amount per amended DORA (R'000)	Amount received (R'000)	Amount spent by the Department (R'000)
Human Resource & Training Grant	769,534	769,534	769,534
Social Sector EPWP incentive Grant for Provinces	22,688	22,688	22,688
National Health Insurance	87,732	87,732	87,732

Donor Funds

TABLE 13: DONOR FUNDS RECEIVED

Astra Zeneca (Astra Zeneca Pharm)	
Full amount of the funding	R 196 000
Period of the commitment	Not specified.
Purpose of the funding	Drug Trials
Expected outputs	Drug Trials
Actual outputs achieved	The project is still in progress.
Amount carried over (R'000)	R26
Amount spent by the Department (R'000)	R 0
Reasons for the funds unspent	The project is still in progress.
Monitoring mechanism by the Donor	None
Conforth investments	
Full amount of the funding	R 151 000
Period of the commitment	Not specified.
Purpose of the funding	Improvement of the infection control unit in ward A4.
Expected outputs	Installation of access control doors and purchasing of furniture in the Haematology Department.
Actual outputs achieved	Installations of 2 access control doors and additional seating for patients in ward A4 west.
Amount carried over (R'000)	R 33
Amount spent by the Department (R'000)	R 0
Reasons for the funds unspent	The balance of the funding will be utilised in the 2025/26 financial year.
Monitoring mechanism by the Donor	None

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(PEPFAR): Centers for Disease Control and Prevention	
Full amount of the funding	R 15 262 500 (\$825 000) (29 September 2024 – 29 September 2025)
Period of the commitment	5-year project (01 January 2021 – 29 September 2026)
Purpose of the funding	Improving HIV/TB Policy Implementation in the KwaZulu Natal (KZN) Province in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR). Spending focus on HIV and TB.
Expected outputs	Signed SLA (Notice of Award) Availability of work plan Finalized monitoring tools % of staff Appointed % of staff orientated and in-serviced Introduced team to the provincial program managers % of the members of the team retained Number of capacity building completed Number stakeholder engagement meetings conducted Number of provincial quarterly meetings conducted Availability of HAST policy audit report Evidence of early detection of provincial administrative challenges Available data to inform progress
Actual outputs achieved	Signed SLA (Notice of Award) 50% of staff Appointed Work plan available Number of capacity building completed – 2 (Stakeholder engagement workshop (180 officials, incl. civil society) and Men's Health Workshop (183 officials)
Amount carried over (R'000)	R (1 646)
Amount received (R'000)	R11 191
Amount spent by the Department (R'000)	R 8 979
Reasons for the funds unspent	The carryover to the 2024/25 financial year reflects an overspend, however at the end of the financial year the department reflects an under spend. It should be noted that the funds received and spent are in line with the Donor's financial year. As previously mentioned, the Department and Donors financial year differ.

Capital Investment

TABLE 14: CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

Infrastructure Projects	2024/2025			2023/2024		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	121,137	149,573	-28,436	R165,323	R50,329	-R114,994
Existing infrastructure assets	-	-	-	-	-	-
Upgrades and additions	442,489	452,821	-10,332	R428,470	R322,541	-R105,929
Rehabilitation, renovations & refurbishment	268,928	257,837	11,091	R322,804	R263,648	-R59,156

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Infrastructure Projects	2024/2025			2023/2024		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Maintenance and repairs	611,123	530,056	81,067	R625,689	R888,886	R263,197
Infrastructure transfer	-	-	-	-	-	-
Current	-	-	-	-	-	-
Capital	-	-	-	-	-	-
Total	1 443,677	1 390,287	53,39	R1,542,286	R1,525,404	-R16,882

Progress is being made on implementing capital, investment, and asset management plan. The Department approved the Infrastructure Asset Management Policy on 15 December 2021. The following achievements are noted:

- In 2024/25, programme 8 managed to spend a total expenditure of R1,903,423 against a total adjusted budget of R1,971,979. The percentage spent is 97%.
- HFRG achieved a total expenditure of R1,458,192 against a total budget of R1,458,192. The percentage spent is 100%.
- Equitable Share achieved a total expenditure of R437,886 against a total budget of R506,836. The percentage spent is 86%.
- EPWP achieved a total expenditure of R6,951 against the R6,951 allocated budget. The percentage spent is 100%.

For non-infrastructure adjustment of the adjusted budget was based mostly on estimated cost. Therefore, actual expenditure in some instances reflects over-expenditure against the budget. Progress in 2024/2025 is summarised in the table below:

Project Status	No of project on original AIP	No of projects at end April 2025	Main Budget Appropriation	Adjusted Budget Appropriation	Actual Expenditure for the 2024/2025 year of
Identified	86	83	R107,645,377	R30,434,663	R11,312,853
Pre-feasibility	36	28	R44,252,000	R1,701,000	R12,611,703
Feasibility	54	83	R78,264,858	R83,882,287	R27,534,841
Design	54	51	R208,589,939	R63,523,202	R49,710,517
Tender	73	61	R489,136,462	R80,882,160	R35,073,903
Construction Started	29	4	R128,520,108	R63,789,692	R1,333,757
Construction 1% - 25%	36	26	R70,656,674	R357,291,686	R222,540,972
Construction 26% - 50%	431	36	R354,349,595	R209,355,885	R240,437,695
Construction 51% - 75%	27	506	R79,876,646	R539,724,482	R406,089,114
Construction 76% - 99%	71	29	R79,269,800	R159,602,776	R198,422,995
Practical Completion	54	44	R67,715,041	R111,162,309	R118,389,094
Handed Over	3	28	R160,000	R14,164,714	R19,593,901
Works Completion	9	30	R2,230,000	R84,777,844	R137,069,400
Final Completion	2	43	R450,000	R28,208,524	R24,468,239
Closed Out		38		R3,342,608	R12,745,311
HT Audit and analysis	4	4	R65,288,000	R250,000	R0
HT Commissioning	2	4	R20,750,000	R25,550,000	R121,799,993

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Project Status	No of project on original AIP	No of projects at end April 2025	Main Budget Appropriation	Adjusted Budget Appropriation	Actual Expenditure for the 2024/2025 year of
HT Planning	5	10	R12,800,000	R4,841,678	R0
HT Procurement	7	12	R17,700,000	R188,963,000	R167,973,084
HT Project Implementation Plan	1	1	R157,068,000		R0
Planning	1	1	R510,000	R2,000,000	R0
Implementation Started	2	1	R5,000,000		R0
	1		R1,000,000	R47,535,853	
Implementation 26 - 50%	4	4	R47,409,000	R46,000,000	R67,735,542
Implementation 51- 75%	1	1	R46,000,000	R500,000	R41,096,107
Implementation 76 - 99%	1	1	R500,000	R2,500,000	R428,684
On-going for project duration	2	1	R120,100,000	R5,257,637	R10,145,977
Total	996	1130	R2,205,241,500	R2,155,242,000	R1,926,513,682

The Department successfully completed 133 capital projects against a target of 103. The high number of completed projects is as a result of DOPW roll-over projects which were targeted to complete in the previous year 2023/24. Under the EPWP Programme, the Department targeted to create 3 000 work opportunities, and 3,300 work opportunities were created in the financial year. Positive deviation was due to improved bob creation reporting on capital projects and the appointment of a coordinator for reporting data on capital projects. The table below presents projects that are currently in construction and the anticipated practical completion dates.

No.	Project Name	FIDPM Stage	Estimated Project Cost	Construction Start Date	Estimated Construction End Date
1	Mpolweni Clinic - Construction of New Small Clinic	Stage 5: Works	83 683 185	2024/06/06	2026/05/29
2	Mosvold Hospital - Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Stage 5: Works	200 000 000	2025/05/21	2026/12/15
3	King Dinuzulu Hospital - New TB Complex (Completion Contract)	Stage 5: Works	157 496 812	2024/07/19	2025/12/31
4	Mpaphala Clinic - Construction of New Medium Clinic	Stage 5: Works	114 074 070	2024/08/02	2027/05/31
5	Newtown CHC - Conversion of CHC into Extra Large Clinic	Stage 5: Works	113 977 218	2024/11/04	2027/03/31
6	Benedictine Hospital - Construction of new staff accommodation - Phase 2	Stage 5: Works	89 751 406	2024/05/14	2026/09/30
7	Nyavini Clinic - Construction of a New Clinic	Stage 5: Works	80 886 115	2024/05/15	2027/07/30
8	King Cetshwayo District Clinics - Cluster 2 Asbestos Replacement Programme (6 Clinics)	Stage 5: Works	79 208 881	2023/05/31	2025/11/28
9	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	Stage 5: Works	77 112 605	2020/07/03	2025/08/29
10	Northdale Hospital - Renovate Existing Nurses Home and Construct new 28 Uni	Stage 5: Works	69 272 578	2023/01/23	2026/04/30
11	Madadeni Hospital - Upgrades to Student Accommodation	Stage 5: Works	67 461 225	2024/03/14	2027/05/31
12	Ngwelezana Hospital - Construction of New Orthotics and Prosthetics Centre with Parking Area	Stage 5: Works	57 444 967	2024/03/08	2027/03/31
13	Newcastle Hospital - Package D-CCTV cameras and access control, heat pumps, fire detection	Stage 5: Works	46 009 631	2022/06/01	2025/08/29

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No.	Project Name	FIDPM Stage	Estimated Project Cost	Construction Start Date	Estimated Construction End Date
14	Newcastle Hospital - Package E Upgrade to Bulk Sewer, Stormwater , Hot and Cold-water reticulation	Stage 5: Works	45 345 737	2023/04/17	2025/08/29
15	Cato Manor Regional Laundry - Installation of Laundry Equipment	Stage 5: Works	44 490 915	2024/11/01	2025/09/05
16	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	Stage 5: Works	40 562 964	2022/06/17	2026/12/05
17	Government Provincial - Purchase 16 Portable Standby Disaster Management Generators Sets	Stage 5: Works	37 184 037	2024/08/23	2028/08/01
18	Dundee Hospital - Assessment and Upgrade of HVAC System	Stage 5: Works	34 809 812	2024/02/15	2026/02/13
19	Murchison Hospital- Alterations and Renovations to Staff Accommodation	Stage 5: Works	34 561 565	2022/09/14	2026/08/31
20	Madadeni Hospital - Replacement of Reservoir Tank	Stage 5: Works	32 157 795	2022/01/21	2026/07/17
21	Sokhela Clinic - Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Stage 5: Works	31 347 856	2022/06/09	2026/11/28
22	Various Clinics - Programme for the Construction of Standard Waste Areas in 67 Clinics 2025	Stage 5: Works	26 399 167	2025/05/02	2026/10/30
23	Mseleni Hospital - Sewer Upgrade	Stage 5: Works	21 021 225	2024/02/02	2026/03/31
24	Wentworth Hospital - Flood Damage Recovery 2022	Stage 5: Works	20 701 530	2024/09/02	2025/08/30
25	Clairwood Hospital - Flood Damage Recovery 2022	Stage 5: Works	19 524 397	2023/07/18	2025/09/29
26	Phoenix CHC - Flood Damage Recovery project 2022	Stage 5: Works	15 135 291	2023/05/29	2025/08/30
27	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	Stage 5: Works	13 882 430	2023/08/01	2025/08/31
28	GJ Crooke's Hospital - Flood Damage Recovery 2022	Stage 5: Works	12 412 510	2023/07/03	2025/12/15
29	KwaMagwaza Hospital - New Perimeter fence	Stage 5: Works	11 943 077	2023/11/30	2025/12/12
30	Prince Mshiyeni Hospital - Installation of Treatment Plant	Stage 5: Works	11 030 500	2024/02/17	2025/08/31
31	Nkandla Hospital - Construction of New EMS Wash Bay	Stage 5: Works	10 714 871	2023/11/30	2025/08/30
32	Victoria Mxenge Hospital - Flood Damage Recovery 2022	Stage 5: Works	10 621 450	2023/07/21	2025/08/31
33	Church of Scotland Hospital - Renovation of Existing EMS Wash Bay	Stage 5: Works	10 291 663	2023/11/23	2025/08/30
34	Hlabisa EMS Station - Construction of New Wash Bay	Stage 5: Works	10 151 541	2023/11/30	2025/09/31
35	Empangeni EMS Station - Construction of New Wash Bay	Stage 5: Works	9 820 895	2023/11/30	2025/08/30
36	EDumbe CHC - Construction of New EMS Wash Bay	Stage 5: Works	9 434 431	2023/11/30	2025/08/30
37	KwaMagwaza Hospital - 72 Hour Emergency Water Storage and Fire Reticulation	Stage 5: Works	8 927 089	2025/02/03	2025/08/29
38	Mfundo Arnold Lushaba CHC - Construction of New EMS Wash Bay	Stage 5: Works	8 729 753	2023/11/22	2025/09/25
39	Ndwedwe EMS Station - Construction of New EMS Wash Bay	Stage 5: Works	8 486 718	2024/03/06	2025/09/25
40	uMkhanyakude District - Installation Of 12 x 20kl Elevated Water Tanks	Stage 5: Works	8 415 819	2025/02/03	2025/12/31
41	Bethesda Hospital - Flood Damage Recovery 2022	Stage 5: Works	7 825 369	2025/02/13	2026/03/15
42	Halambu Clinic - Flood Damage Recovery Project	Stage 5: Works	7 537 580	2025/07/10	2025/12/15

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No.	Project Name	FIDPM Stage	Estimated Project Cost	Construction Start Date	Estimated Construction End Date
43	Mseleni Hospital - 72 Hour Emergency Water Storage	Stage 5: Works	7 466 672	2024/09/03	2025/08/30
44	Port Shepstone Hospital - Installation of a reservoir and a borehole	Stage 5: Works	7 387 350	2024/08/19	2025/08/31
45	RK Khan - Replace Steam Dependent Equipment with Electrical	Stage 5: Works	6 654 565	2024/09/11	2025/08/29
46	GJGMRH(Stanger) - Upgrade and Replacement of the MV switchgears and upgrade to the distribution syst	Stage 5: Works	6 039 430	2024/08/06	2025/08/06
47	Harry Gwala District - Installation Of 7 x 20kl Elevated Water Tanks	Stage 5: Works	5 957 708	2024/08/16	2025/08/04
48	eThekweni, uGu and iLembe Mortuaries - Replacement of Fridges in 6 Mortuaries	Stage 5: Works	5 595 277	2024/10/15	2025/12/12
49	Wentworth Hospital - Generator Replacement	Stage 5: Works	5 396 818	2025/02/07	2025/09/30
50	Harry Gwala District - Installation Of 5 x 20kl Elevated Water Tanks	Stage 5: Works	4 871 033	2024/08/19	2025/10/14
51	PPSD - Flood Damage Recovery 2022	Stage 5: Works	4 696 018		2027/05/31
52	Hlengisizwe CHC - Supply, Installation and Commissioning of Staff Park homes	Stage 5: Works	4 226 403	2024/09/02	2025/08/30
53	Midlands Regional Laundry - Major Upgrades and Additions to the Laundry Building	Stage 5: Works	4 186 559	2024/10/18	2026/02/23
54	Ekuhlengeni Psychiatric Hospital - Flood Damage Recovery 2022	Stage 5: Works	3 290 780	2025/03/11	2025/08/10
55	Various Clinics - Programme for the Construction of New Septic Tanks & Works in 15 Clinics 2025	Stage 5: Works	3 000 000	2025/05/02	2026/03/31
56	Singisi Clinic: Various Maintenance at the Clinic	Stage 5: Works	3 000 000	2024/04/03	2025/08/22
57	Mbongolwane Hospital - New Borehole	Stage 5: Works	2 917 435	2025/01/13	2025/08/30
58	Addington Hospital - Replace All Fire Door	Stage 5: Works	2 681 636	2024/08/12	2025/07/31
59	Harry Gwala District - Installation Of 3 x 20kl Elevated Water Tanks	Stage 5: Works	2 499 988	2020/06/01	2031/03/31
60	KZN Central provincial Laundry - Epoxy application at PMMH KZN PCL	Stage 5: Works	1 906 766	2024/05/24	2025/09/16
61	Cato Manor - Painting of the entire CHC	Stage 5: Works	1 818 608		2025/11/28
62	Queen Nandi Hospital - Replacement of a Generator with 2 x larger prime units	Stage 5: Works	1 412 357	2025/02/21	2025/08/31
63	Various Clinics - Programme for Painting in 18 Clinics & 2 CHC 2025	Stage 5: Works	1 263 040	2025/02/24	2026/03/31
64	Various Clinics - Programme for the Installation of Solar & Inverters in 5 Clinics 2025	Stage 5: Works	992 373	2025/03/03	2026/03/31
65	Victoria Mxenge Hospital - Installation of geyser with heat pumps	Stage 5: Works	982 037	2025/01/31	2025/08/31
66	Port Shepstone - Conversion of Admin Offices to Renal Unit	Stage 5: Works	980 875	2025/03/04	2025/08/30
67	Various Hospitals - Programme for the Construction of Standard Waste Areas in 5 Hospitals 2025	Stage 5: Works	960 210	2025/05/02	2026/03/31
68	Various Clinics - Programme for New & Replacement Perimeter Fence & / Lighting in 18 Clinics 2025	Stage 5: Works	847 219	2025/02/20	2026/03/31
69	Fort Napier Hospital - Roof and ceiling repairs and stormwater management	Stage 5: Works	748 545	2024/05/06	2025/08/29
70	Mpofana Clinic - Installation of New 20kVA Generator Set	Stage 5: Works	500 000	2025/04/03	2025/08/31
Total: 1 892 126 380					

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There are plans to convert St Margarets TB Hospital to a Community Health Centre. Maintenance is ongoing. The Department makes provision for maintenance activities in all health facilities in four maintenance categories as follows:

- Category A: Day to Day/Reactive Maintenance programme
- Category B: Preventative Maintenance Programme
- Category C: Minor Maintenance Projects
- Category D: Material Supply

The implementation of three-year preventative maintenance contracts for mission-critical engineering equipment has been ongoing since the 2022/2023 financial year. The aim is to ensure that time-based maintenance is performed after fixed time-intervals, whether a problem is apparent or not, in order to avoid failure of the items during operation.

The Department utilizes these maintenance contracts to minimize the amount of reactive maintenance, thereby allowing other maintenance practices to become cost-effective. The goal is to ultimately achieve 60% expenditure on preventative maintenance against 40% reactive maintenance out of the total maintenance budget.

The ongoing implementation of the Infrastructure User Asset management is expected to improve the maintenance of health infrastructure assets across the Province. The Department liaises with Strategic Planning in verifying existing assets. A Programme for Condition assessments on all hospitals has commenced, and to date 6 assessments are complete and 5 are in the tender process. Health Technology Services tracks and maintains all HTS assets. Of the 12 active condition assessments, four have been completed, 3 are in progress, and five are in the tender process. The current audit is out of date and therefore does not give a correct picture.

Major maintenance projects that have been undertaken during the period under review include:

- Addington Nursing College - Replacement of Flat Roof Waterproofing and Full-bores (Flood damage 2022)
- Dannhauser CHC - Structural Repairs
- GJG Mpanza Regional Hosp- Replacement of Roof at Core Block Flood Damage Recovery 2022
- King Cetshwayo District Clinics - Cluster 3 Asbestos Replacement Programme (5 Clinics)
- Mahatma Gandhi Hospital - Flood Damage Recovery 2022
- McCord Provincial Eye Hospital - Major refurbishment on Sinikithemba and Administration buildings
- Natalia Building - Replacement of flat roof waterproofing and full-bores
- Natalia Building: Replacement of 4 x Generator Sets
- Nkandla Hospital - Flood Damage Recovery 2022
- Northdale Hospital - Replacement of Roofs
- Victoria Mxenge Hospital - Replacement of 8 Lifts

The programme to address maintenance backlog largely focusing on primary healthcare facilities is being concluded. These are as follows:

- Amajuba District Clinics- (Backlog Maintenance 2022)
- Amajuba District Nursing College- (Backlog Maintenance 2022)
- eThekweni Centers of Excellence (Backlog Maintenance)
- eThekweni District Clinics - (Backlog Maintenance 2022)

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- eThekweni District Nursing College- Backlog Maintenance (2022)
- Harry Gwala District Clinics: (Backlog Maintenance 2022) - CANCELLED
- iLembe District Clinics - Backlog Maintenance (2022)
- King Cetshwayo District Clinics: Backlog Maintenance (2022)
- King Cetshwayo District Nursing College- Backlog Maintenance (2022)
- Ugu District Clinics- Backlog Maintenance (2022)
- Ugu District Nursing College - Backlog Maintenance (2022)
- uMgungundlovu District Clinics - Backlog Maintenance (2022)
- uMgungundlovu District Nursing College- Backlog Maintenance (2022)
- uMkhanyakude District Clinics -(Backlog Maintenance 2022)
- uMzinyathi District Clinics: Backlog Maintenance (2022)
- uThukela District Clinics: Backlog Maintenance (2022)
- Zululand District Clinics - Backlog Maintenance (2022)
- Zululand District Nursing College- Backlog Maintenance (2022)

In 2024/25, Programme 8 managed to spend a total of R1,903,423 against a total adjusted budget of R1,971,979. The percentage spent is 97%. HFRG achieved a total expenditure of R1,458,192 against a total budget of R1,458,192. Equitable Share achieved a total expenditure of R437,886 against a total budget of R506,836. The percentage spent is 86%. EPWP achieved a total expenditure of R6,951 against the R6,951 allocated budget. For the non-infrastructure, the adjusted budget was based mostly on estimated costs. Therefore, actual expenditure in some instances reflects over-expenditure against the budget.

PROGRAMME 1 - ADMINISTRATION

Programme Description & Purpose

Conduct the strategic management and overall administration of the Department of Health.

There are no changes to the Programme 1 structure.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Render advisory, secretarial and administrative support, and public relations, communication, and parliamentary support

Sub-Programme 1.2: Management

Policy formulation, overall leadership, management and administration support of the Department and the respective districts and institutions within the Department.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

The department has successfully managed its contingent liability for medico-legal cases, keeping the actual liability at R31 billion, which is R1 billion below the R32 billion target. This positive outcome is attributed to the establishment of Centres of Excellence, which provide treatment to some claimants and help contain costs. Similarly, the department exceeded its target for expenditure paid to businesses owned by women, achieving 15.4% against a target of 14.7%. This success is a result of ongoing supplier development information sessions designed to help these businesses become more competitive in the bidding process.

The department experienced several challenges, particularly in the implementation of its e-Health initiatives. The target for hospitals implementing e-Health beyond Module 1 was 90.5%, but the actual figure was only 78.6%. A significant factor contributing to this shortfall is the limited number of system administrators, which negatively affects monitoring and support. Furthermore, the goal of having 55.6% of hospitals implement e-Health for the first time (at least Module 1) was not met, with an actual rate of 0%.

The department also faced significant challenges in its financial operations. The target was to pay 96.2% of supplier invoices within 30 days, but the actual rate was only 48.8%. This major deviation is a direct result of cash-flow restrictions stemming from budget cuts in previous financial years. These financial constraints have reduced the department's ability to pay suppliers promptly.

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TABLE 15: OUTCOME INDICATORS (PROGRAMME 1)

APP 2024/25: Page 113: Table 31								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
I	Audit outcome for regulatory audit expressed by AGSA for the previous FY		Unqualified	Unqualified	Unqualified	Qualified	Not achieved	See Auditor-General's Report on page 205
	<i>Audit opinion for Provincial DoH</i>		-	-	<i>Unqualified</i>	<i>Qualified</i>		
	<i>No denominator</i>		-	-	-	-		
II	Contingent liability of medico-legal cases	Medico-legal case management system	R 29 444 363 341	R 30 264 726 610	R 32 bn	R 31 708 160 894	R 291 839 106	The Department is containing costs through the establishment of Centres of Excellence that offer treatment to claimants.

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TABLE 16: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)

APP 2024/25: Page 32: Table 113								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Hospitals implementing the e-Health System	1.	Percentage of hospitals implementing E Health beyond Module 1 (Phase 1)	Not monitored	Not monitored	90.5%	78.6%	(12%)	Limited number of system administrators which negatively impacts monitoring and support.
		<i>Number of hospitals implementing e-health beyond Module 1 (Phase 1)</i>	-	-	38	33		
		<i>Number of hospitals included in Phase 1 of the E-Health project</i>	-	-	42	42		
Hospitals implementing the e-Health System	2.	Percentage of hospitals implementing E Health for the first time (At least Module 1)	Not monitored	Not monitored	55.6%	0%	(1)	Implementation delayed by budgetary constraints.
		<i>Number of hospitals implementing e-health for the first time (At least Module 1)</i>	-	-	15	0		
		<i>Number of hospitals included in Phase 2 of the E-Health project</i>	-	-	27	27		
Supplier invoices paid within 30 days	3.	Percentage of supplier invoices paid within 30 Days	95.9%	96.1%	96.2%	48.8%	(47%)	The Department has cash-flow restrictions emanating from budget cuts in previous financial years, thereby reducing the number of supplier invoices that can be paid within 30 days.
		<i>Suppliers paid within 30 days (R '000)</i>	R 326 902	R 300 381	R 314 400	R 10 176 482 253		
		<i>Suppliers paid within the given month (period) (R '000)</i>	R 340 875	R 312,469	R 326800	R 20 864 330 648		

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APP 2024/25: Page 32: Table 113								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
Expenditure spent on businesses owned by women	4.	Proportion of expenditure paid to businesses owned by women	Not monitored	Not monitored	14.7%	15.4%	1%	Continued use of supplier development information sessions to capacitate women-owned businesses to be more competitive in bid offers to the Department.
		<i>The Departments ACTUAL spend on procurement for businesses owned by women (R '000)</i>	-	-	R 2 350 459	R 2 868 961 245		
		<i>The total amount of procurement done by the Department for the same period as numerator (R '000)</i>	-	-	R 15 950 244	R 18 677 146 754		

Strategies to overcome areas of under-performance

- Appointment of additional system administrators, which will be dependent on available funding.
- Motivate for adequate budget in 2025/26 for network upgrades and hardware, provision of additional resources and implementing change management.
- Continue to implement the cost saving measures to ensure adequate cash flow in the new financial year.

Linking performance with budget

TABLE 17: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
1.1	Office of the MEC	24,686	23,443	1,243	28,159	28,159	-
1.2	Management	1,684,620	1,685,863	-1,243	1,128,699	1,051,439	77 260
	Total	1,709,306	1,709,306	-	1,156,858	1,079,598	77 260

Source: Annual Financial Statements

PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme Description & Purpose

There are no changes to the structure of Programme 2.

Programme Purpose

To render Primary Health Care and District Hospital Services.

Sub-Programmes

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods, procedures and exercising district control.

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics.

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry.

Sub-Programme 2.4: Community-Based Service

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

Sub-Programme 2.5: Other Community Services

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

Sub-Programme 2.6: HIV and AIDS

Render a primary health care service in respect of HIV and AIDS campaigns and special projects.

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines nutrition specific and nutrition sensitive interventions to address malnutrition.

Sub-Programme 2.8: Coroner Services

Render forensic & medico legal services to establish the circumstances and causes of unnatural death

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level.

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Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

District Health Services

Performance across key healthcare quality and patient safety indicators shows a mixed picture of success and areas requiring improvement. On the positive side, significant progress was made in achieving and maintaining ideal clinic status. The Ideal Clinic status obtained rate exceeded its target of 94.9%, achieving an impressive 97.9%. This positive deviation is a testament to the effective support and coordination provided by Ideal Clinic Realization and Maintenance (ICRM) Champions, who have successfully implemented Quality Improvement Plans to enhance facility standards.

Conversely, patient satisfaction remains a challenge, particularly in the area of service delivery. The Patient Experience of Care satisfaction rate fell slightly short of its 89.6% target, reaching 87.5%. The primary reasons for this deviation were identified as patient dissatisfaction with waiting times and staff attitudes, indicating a need for focused interventions to improve operational efficiency and communication with patients.

In the domain of patient safety, the data highlights a commitment to incident investigation, though with some delays. The Patient Safety Incident (PSI) case closure rate for District Health Services was marginally below its target, at 97.7% against a 97.8% target. This slight deviation is not indicative of a backlog, but rather reflects a meticulous approach, as 77 incidents identified late in the financial year are still undergoing investigation in strict adherence to established guidelines. However, a more significant challenge exists in the prompt reporting of critical incidents. The Severity Assessment Code (SAC) 1 incident reported within 24 hours rate was 94.0%, missing the 100% target. This shortfall is attributed to the various channels through which incidents are reported, including the Complaints Management System, media, and clinical audits, which have contributed to delays in capturing these incidents within the stipulated 24-hour timeframe.

HAST

The data reflects a mixed performance across various health indicators, with notable successes in some areas offset by persistent challenges in others. The primary areas of concern relate to patient mortality, retention in care, and adherence to treatment plans, while positive trends are observed in treatment success and lost-to-follow-up rates for certain patient groups.

Mortality remains a significant challenge, particularly among co-infected patients. The target for All DS-TB Deaths was exceeded, with 2,937 deaths against a target of 2,840. This is attributed to late presentation for care among co-infected individuals, which is also a contributing factor to the high ART death rate, which slightly exceeded its target at 1.2% versus 1.0%. The reason for this deviation points to sub-optimal TB/HIV integration, leading to delayed or late diagnosis of TB in HIV-positive patients. High death rates are also a major reason for the failure to meet success rate targets for drug-resistant TB, as patients present late with advanced disease.

Positive progress was made in the management of drug-susceptible tuberculosis (DS-TB). The All DS-TB client treatment success rate surpassed its target of 72.1%, achieving an impressive 75.8% due to consistent improvements in patient management. In contrast, treatment success rates for drug-resistant TB continue to fall

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short of targets. The TB Rifampicin Resistant / Multidrug-resistant treatment success rate was 69.2% against a 72.0% target, while the TB Pre-XDR treatment success rate was 49.4% against a 55.0% target. Both deviations are largely due to high death and lost-to-follow-up rates, driven by late presentation and delayed referrals.

For ART patients, adherence remains a significant challenge. The ART adult viral load suppressed rate was 82.7%, missing the ambitious 95.0% target, primarily due to poor adherence to treatment plans. This issue is even more pronounced in children, where the ART child viral load suppressed rate was only 55.7% against a 90.0% target, with the primary reason cited as non-disclosure.

Retention in care is a consistent challenge across the ART program, with the number of ART clients remaining on ART at the end of the month and the ART adult remain in care rate both missing their respective targets. High rates of loss to follow-up are a key factor, with work interruptions for support partners negatively impacting the tracking and tracing of defaulting clients. Similarly, the TB Rifampicin Resistant / Multidrug - Resistant lost to follow up rate slightly exceeded its target, pointing to limitations in linking all patients to outreach teams and non-adherence to appointment systems.

However, significant improvements have been made in reducing lost-to-follow-up rates for other groups. The All DS-TB client LTF rate and the TB Pre-XDR Lost to follow up Rate both performed better than their targets, dropping to 6.8% and 16.5% respectively. This success is credited to improved follow-up and the linkage of patients to outreach teams. The ART child remain in care rate also exceeded its target, reaching 80.3% due to the successful implementation of the "Know Your Child" and Matrix of Intervention (MOI) strategies.

A positive trend was observed in HIV prevention among the youth. The HIV positive 15-24 years rate was 1.6% against a 1.8% target, a positive deviation attributed to the successful promotion of HIV prevention through various media campaigns.

MCWH

The department has demonstrated significant success in improving several key health indicators, exceeding its targets in numerous areas. The maternal mortality ratio was reduced to 92.3 per 100,000 live births, bettering the target of 98. This was achieved through the implementation of quality improvement projects such as the Minimum Standards of Safe and Respective Care and the Early Massage of the uterus Oxytocic drugs Tranexamic acid Intravenous fluids Visual examination to identify the source of bleeding Escalation to higher level of care if needed (EMOTIVE) program for managing postpartum hemorrhage.

The department also made remarkable progress in reducing infant and child mortality rates. The neonatal death rate fell to 12.9 per 1,000 live births, surpassing the 13.9 target, thanks to the Essential New-born Care training program. Similarly, the death rate for children under five was reduced from a target of 2.0% to an actual 1.8%, with the in-facility rate also dropping to 3.5% against a 5.4% target. These improvements were driven by the Essential Package of Paediatric Care and enhanced case management.

Significant strides were also made in addressing specific childhood illnesses. The case fatality rate for diarrhoea was lowered to 1.2% (target 1.6%) and for pneumonia to 1.5% (target 1.8%). These positive outcomes are a result of effective case management, compliance with clinical guidelines, and increased access to respiratory support equipment. The severe acute malnutrition case fatality rate also improved to 6.4% from a target of 7.1%, thanks to the Severe Acute Malnutrition (SAM) inpatient training course and the Family Mid-Upper Arm Circumference (MUAC) Project.

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Furthermore, the stillbirth rate dropped to 22.9 per 1,000 births, a notable improvement from the 26.8 target, due to the implementation of new Vertical Transmission Prevention (VTP) guidelines on syphilis. In reproductive health, Intra-Uterine Contraceptive Device (IUCD) uptake far exceeded its target, with 38,399 uptakes against a target of 27,216. This was driven by increased health education and the availability of services. The department also saw a reduction in deliveries for girls aged 10-14, with the actual number at 523, below the 632 target, following the implementation of a strategy to curb early pregnancies.

The department achieved outstanding results in HIV/AIDS prevention and antenatal care. The rate of infants testing positive for HIV at 6 and 18 months was significantly lower than the targets of 1.0% and 1.5%, with actual rates of 0.3% and 0.1% respectively. This success is attributed to continued education for mothers on avoiding mixed feeding and consistent viral load monitoring.

Antenatal care visits before 20 weeks exceeded the target of 75.0%, reaching 78.5%, due to improved household and in-facility pregnancy testing and better linkage to care. Similarly, the rate of mother postnatal visits within 6 days was an impressive 87.1%, well above the 73.6% target, thanks to the implementation of a post-natal care register.

Despite the numerous successes, some areas still require attention. The Expanded Programme on Immunisation (EPI) faced challenges, with both immunisation coverage for children under one and the second measles dose falling short of the 95.0% target, reaching 85.5% and 88.2% respectively. This was primarily due to resource constraints hindering the full implementation of catch-up drives.

The cervical cancer screening coverage also fell just short of its 70.0% target, reaching 69.7%. The department identified several barriers for eligible women, including a lack of transportation and limited awareness of the benefits of screening and Human Papillomaviruses (HPV) Deoxyribonucleic Acid (DNA) testing. Addressing these access and awareness issues will be crucial for meeting future targets.

Disease Prevention And Control

The malaria case fatality rate was 0.6%, which deviated from the target of 0.0%. A mortality audit revealed that this deviation was primarily due to a delay in patients seeking timely treatment. This suggests a need to improve community awareness and accessibility to healthcare services to encourage earlier presentation of malaria cases. Conversely, the Primary Healthcare (PHC) Mental Disorders Treatment Rate for new cases exceeded its target, achieving an actual rate of 0.04% against a target of 0.01%. This positive deviation is attributed to the success of continued training programs focused on Mental Health and Substance Abuse screening, cascade, and indicators. The enhanced skills and knowledge of healthcare providers have led to more effective identification and treatment of new mental disorder cases within the PHC setting.

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SUB-PROGRAMME: DISTRICT HEALTH SERVICES

TABLE 18: OUTCOMES INDICATORS (DISTRICT HEALTH SERVICES)

APP 2024/25: Page 124: Table 37								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
III	Ideal clinic status obtained rate	Ideal Health Facility Software	93.4%	97.9%	94.9%	97.9%	3%	Ideal Clinic Realization and Maintenance (ICRM) Champions support and co-ordinate ICRM activities, including implementation of Quality Improvement Plans (QIPs).
	<i>Fixed PHC health facilities have obtained Ideal Clinic status</i>	<i>Ideal clinic report</i>	565	595	577	595		
	<i>Fixed PHC clinics or fixed CHCs and or CDCs</i>		605	608	608	608		
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
IV	Patient Experience of Care satisfaction rate	Patient surveys data base	Not monitored	Not monitored	89.6%	87.5%	(2%)	Clients unsatisfied with waiting times and staff attitude.
	<i>Patient Experience of Care survey satisfied responses (Total Responses)</i>	<i>Patient Surveys</i>	-	-	2 105 200	1 073 987		
	<i>Patient Experience of Care survey total responses</i>		-	-	2 350 000	1 226 897		

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No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
V	Patient Safety Incident (PSI) case closure rate –District Health Services	Patient Safety Incidence Software	Not monitored	Not monitored	97.8%	97.7%	(0%)	77 Patient safety incidents, identified towards the end of the financial year, are still under investigation in line with the guidelines.
	<i>Patient Safety Incident (PSI) case closed – District Health Services</i>	<i>Patient Safety Incidence Reports</i>	-	-	2 441	3 327		
	<i>Patient Safety Incident (PSI) case Reported – District Health Services</i>		-	-	2 495	3 404		

TABLE 19: : OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISTRICT HEALTH SERVICES)

APP 2024/25: Page 125: Table 38

Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Severity assessment code (SAC) 1 incident reported within 24 hours	5.	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not monitored	Not monitored	100.0%	94.0%	(6%)	Patient Safety incidents received through the Complaints Management System, media

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APP 2024/25: Page 125: Table 38

Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
		Severity assessment code (SAC) 1 incident reported within 24 hours	-	-	692	787		and Clinical audits contributed to poor performance.
		Severity assessment code (SAC) 1 incident reported	-	-	692	837		

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SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL

TABLE 20: OUTCOMES INDICATORS (HAST)

APP 2024/25: Page 127: Table 40								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
VI	All DS -TB Deaths	DS clinical stationary	2 888	3 138	2 840	2 937	(97)	Late presentation among co-infected patients continues to contribute to high mortality.
VII	All DS-TB client treatment success rate	DHIS	82.6%	74.3%	72.1%	75.8%	4%	Consistent improvements in the management of DS-TB patients.
	All DS- TB client successfully completed treatment	DS clinical stationary	31 264	35 687	37 500	34 248		
	All DS-TB treatment start	DS clinical stationary	37 840	48 026	52 000	45 204		
VIII	TB Rifampicin Resistant / Multidrug - resistant treatment success rate	EDR.Web	Not monitored	67.4%	72.0%	69.2%	(3%)	Performance negatively impacted by the high lost to follow-up and death rates due to late presentation for treatment, resulting in delayed referrals to the Centre of Excellence.
	TB Rifampicin resistant / Multidrug resistant successfully completed treatment	DS clinical stationary	-	1 079	1 008	1 203		
	TB Rifampicin resistant / Multidrug resistant client started on treatment	DS clinical stationary	-	1 601	1 400	1 739		
IX	TB Pre-XDR treatment success rate		Not monitored	53.1%	55.0%	49.4%	(6%)	High death and lost-to-follow-up rates have contributed to the non-achievement of the success rate target. Treatment failure as patients present late with advanced
	TB Pre-XDR client who successfully completed treatment DS clinical	DS clinical stationary	-	34	33	39		

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No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
	<i>TB Pre-XDR client started on treatment</i>	<i>DS clinical stationary</i>	-	64	60	79		disease and demise within a short period of being referred to the Centres of Excellence.
X	ART client remain on ART end of month – sum	ART register	1 561 281	1 560 530	1 677 836	1 569 199	(108 637)	<ul style="list-style-type: none"> Retention in care remains the main challenge as loss to follow up is still high. Support partner work interruptions impacting negatively on tracking and tracing defaulting clients.
XI	ART adult viral load suppressed rate - below 50 (12 months)	DHIS	Not monitored	81.1%	95.0%	82.7%	(12%)	Poor adherence by patients to their treatment plan.
	<i>ART adult viral load under 50</i>	<i>ART paper register</i>	-	43 401	91 200	35 808		
	<i>ART adult viral load done</i>	<i>ART paper register</i>	-	53 538	96 000	43 310		
XII	ART child viral load suppressed rate - below 50 (12 months)	DHIS	Not monitored	51.7%	90.0%	55.7%	(34%)	Non-Disclosure contributes to poor viral suppression in children.
	<i>ART child viral load under 50</i>	<i>ART paper register</i>	-	700	2 250	599		
	<i>ART child viral load done</i>	<i>ART paper register</i>	-	1 354	2 500	1 076		
XIII	ART death rate (6 months)	DHIS	Not monitored	Not monitored	1.0%	1.2%	0%	TB/HIV integration is not optimally implemented

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No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
	<i>ART cumulative death – total</i>	<i>ART register, TIER.net</i>	-	-	2 029	1 038		resulting in delayed and late diagnosis of TB due to low suspicion index
	<i>ART start minus cumulative transfer out</i>	<i>ART register, TIER.net</i>	-	-	202 938	84 977		
XIV	HIV positive 15-24 years (excl ANC) rate	DHIS	1.8%	1.8%	1.8%²	1.6%	1%	Promotion of HIV prevention through commercial and community radio stations, and billboard campaigns.
	<i>HIV positive 15 – 24 years (excl ANC)</i>	<i>PHC Comprehensive tick register, HTS register</i>	21 029	17 603	14 058	13 922		
	<i>HIV test 15 – 24 years (excl ANC)</i>	<i>PHC Comprehensive tick register, HTS register</i>	1 156 282	951 514	781 000	872 421		

² The target for HIV positive 15-24 years (excl. ANC) was incorrectly captured as “1” in table 40 on the APP. The corrected target of “1.8” was reflected in Table 42 of the APP and formed the basis of the reporting during the year.

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TABLE 21: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)

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Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
All DS-TB client loss to follow-up	6.	All DS-TB client LTF rate	9.1%	7.5%	9.0%	6.8%	2%	Improved follow-up on patients who missed appointments and linkage of patients to outreach teams
		<i>All DS-TB client loss to follow-up</i>	3 457	3 610	4 680	3 072		
		<i>All DS-TB treatment start</i>	37 840	48 026	52 000	45 204		
TB Rifampicin resistant / multidrug-resistant lost to follow-up	7.	TB Rifampicin resistant / Multidrug - Resistant lost to follow up rate	Not monitored	14.2%	15.0%	15.3%	(0%)	Limitations to linking of all drug resistant TB patients to outreach teams and non-adherence by patients to the appointment system has impact on lost to follow up.
		<i>TB Rifampicin resistance / multi-drug resistant client loss to follow-up</i>	-	228	210	266		
		<i>TB Rifampicin Resistant / Multi-drug resistant client started on treatment</i>	-	1 601	1 400	1 739		
TB Pre-XDR loss to follow up	8.	TB Pre-XDR Loss to follow up Rate	Not monitored	20.3%	21.7%	16.5%	5%	Improved follow-up on Pre-XDR TB patients between decentralised site transfers
		<i>TB Pre-XDR clients who are loss to follow-up</i>	-	13	13	13		
		<i>TB Pre-XDR clients started on treatment</i>	-	64	60	79		
ART adult remain in care - total	9.	ART adult remain in care rate [12 months]	67.5%	67.4%	75.0%	67.8%	(7%)	• Retention in care remains the main challenge as loss to

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APP 2024/25: Page 128: Table 41

Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
		<i>ART adult remain in care – total</i>	67 907	63 124	75 000	52 516		follow up is still high. • Support partner work interruptions impacting negatively on tracking and tracing defaulting clients.
		<i>ART adult start minus cumulative transfer out</i>	100 530	93 598	100 000	77 441		
ART child remain in care - total	10.	ART child remain in care rate [12 months]	77.7%	78.5%	80.0%	80.3%	0%	Implementation of the “Know Your Child” and Matrix of Intervention (MOI) strategies.
		<i>ART child remain in care – total</i>	1 506	1 545	1 600	1 261		
		<i>ART child start minus cumulative transfer out</i>	1 939	1 968	2 000	1 571		

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SUBPROGRAMME: MATERNAL, WOMAN AND CHILD HEALTH INCLUDING NUTRITION (MCWHN)

TABLE 22: OUTCOME INDICATORS (MCWH&N)

APP 2024/25: Page 132: Table 43								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
XV	Maternal Mortality in facility Ratio - per 100 000 live births	DHIS	31.5/100 000	93.6/100 000	98/100 000	92.3/100 000	6	Implementation of quality improvement project in health facilities e.g., Minimum Standards of Safe and Respective Care, Respective Labour Care, Online Education Sessions, EMOTIVE to improve management of postpartum haemorrhage
	<i>Maternal death in facility</i>	<i>Maternal death register</i>	171	169	170	155		
	<i>Live births known to facility</i>	<i>Delivery register</i>	209 912	180 490	173 464	167 855		
XVI	Neonatal death in facility rate (per 1 000 live births)	DHIS	12.9/1 000	13.8/1000	13.9/1000	12.9/1000	1	Improved care immediately after birth which may be due to the Essential New-born Care training (ENC) programme.
	<i>Neonatal deaths (under 28 days) in facility</i>	<i>Midnight report</i>	2 558	2 363	2 300	2 070		
	<i>Live birth in facility</i>	<i>Delivery register</i>	198 319	171 486	165 464	160 218		
XVII	Death under 5 years against live birth rate	DHIS	1.9%	2.0%	2.0%	1.8%	0%	<ul style="list-style-type: none"> • Implementation of the Essential Package of Paediatric care. • Improved case management. • Effective outreach support.
	<i>Death in facility under 5 years total</i>	<i>Delivery register</i>	3 738	3 420	3 286	2 948		
	<i>Live birth in facility</i>		198 319	171 486	165 464	160 218		
XVIII	Death in facility under 5 years rate	DHIS	Not monitored	4.2%	5.4%	3.5%	2%	

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No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
	<i>Death in facility under 5 years</i>	<i>Midnight report</i>	-	3 420	3 286	2 948		<ul style="list-style-type: none"> • Implementation of the Essential Package of Paediatric care. • Improved case management. • Effective outreach support.
	<i>Inpatient separations under 5 years</i>	<i>Ward register</i>	-	81 808	60 750	83 197		
XIX	Child under 5 years diarrhoea case fatality rate	DHIS	1.8%	1.2%	1.6%	1.2%	0%	Effective case management and compliance with clinical guidelines.
	<i>Diarrhoea death under 5 years</i>	<i>Midnight report</i>	184	127	152	121		
	<i>Diarrhoea separation under 5 years</i>	<i>DHIS</i>	10 170	10 338	9 500	10 162		
XX	Child under 5 years Pneumonia case fatality rate	DHIS	1.9%	2.0%	1.8%	1.5%	0%	Increased access to respiratory support equipment; early identification of at-risk patients and effective case management
	<i>Pneumonia death under 5 years</i>	<i>Midnight report</i>	220	222	217	143		
	<i>Pneumonia separation under 5 years</i>	<i>Ward register</i>	11 443	10 840	11 914	9 831		
XXI	Child under 5 years Severe acute malnutrition case fatality rate	DHIS	9.2%	6.9%	7.1%	6.4%	1%	Uptake of the SAM inpatient training course and implementation of the Family Mid-Upper Arm Circumference (MUAC) Project are key strategies in the early case detection and improved management of SAM.
	<i>Severe acute malnutrition (SAM) death under 5 years</i>	<i>Midnight report</i>	206	149	139	118		
	<i>Severe acute malnutrition inpatient separation under 5 years</i>	<i>Ward Register</i>	2 236	2 159	1 965	1 857		
XXII	Still Birth in Facility Rate (Per 1 000 births)	DHIS	24/1000	24.1/1000	26.8/1000	22.9/1000	4	Implementation of the new vertical transmission program (VTP) guidelines on syphilis.
	<i>Still birth in facility</i>	<i>Midnight report</i>	4 884	4 232	4 562	3 763		

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APP 2024/25: Page 132: Table 43

No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
	Total births in facility (include still birth in facility)	Ward register	203 203	175 718	170 026	163 981		

TABLE 23: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)

APP 2024/25: Page 134: Table 44

Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Couple Year Protection	11.	IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	Not monitored	Not monitored	27 216	38 399	11 183	<ul style="list-style-type: none"> Health education in communities and facilities increased demand for IUCD services. Increased availability of IUCD services and trained providers.
		<i>Number IUCD Inserted</i>	-	-	27 216	38 399		
		<i>No denominator</i>	-	-	-	-		
Delivery 10 - 14 years in facility	12.	Delivery 10 - 14 years in facility	Not monitored	Not monitored	632	523	109	Implementation of the KZN Strategy to curb early pregnancies and Integrated Multi Stakeholder Health Promotion Strategy in all 11 districts.
		<i>Number Delivery 10 - 14 years in facility</i>	-	-	632	523		
		<i>No denominator</i>	-	-	-	-		

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APP 2024/25: Page 134: Table 44

Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
Antenatal 1st visit before 20 weeks	13.	Antenatal 1st visit before 20 weeks rate	73.8%	76.3%	75.0%	78.5%	3%	Household and in-facility pregnancy testing with improved linkage to care.
		<i>Antenatal 1st visit before 20 weeks</i>	161 876	143 747	138 750	139 178		
		<i>Antenatal 1st visit – total</i>	219 299	188 430	185 000	177 353		
Mother postnatal visit within 6 days	14.	Mother postnatal visit within 6 days rate	83.5%	83.2%	73.6%	87.1%	13%	Implementation of Post-natal care register, including at delivering hospitals to record care offered to those who stay beyond 3-6 days in hospitals. Integration with Outreach Teams to remind mothers to attend postnatal care.
		<i>Mother postnatal visit within 6 days after delivery</i>	168 633	144 570	123 048	141 173		
		<i>Delivery in facility total</i>	201 873	17 756	167 120	162 142		
Infant PCR test positive under 5 years	15.	Infant PCR test positive around 6 months rate	Not monitored	0.3%	1.0%	0.3%	1%	<ul style="list-style-type: none"> • Education to mothers to avoid mixed feeding continues. • Viral load is completed as required at specific intervals for breast feeding women.
		<i>Infant PCR test positive around 6 months</i>	-	106	336	86		
		<i>Infant PCR test around 6 months</i>	-	33 642	33 580	29 565		
HIV test positive under 5 years	16.	HIV Test positive around 18 months rate	Not monitored	0.3%	1.5%	0.1%	1%	<ul style="list-style-type: none"> • Education to mothers to avoid mixed feeding continues. • Viral load is completed as required at specific intervals for breast feeding women.
		<i>HIV Test positive around 18 months</i>	-	243	871	145		
		<i>HIV tests done around 18 months</i>	-	85 313	58 040	111 401		
Immunised fully under 1 year	17.	Immunisation under 1 year coverage	92.2%	94.6%	95.0%	85.5%	(9%)	Expanded Programme on Immunisation (EPI) catch-up

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APP 2024/25: Page 134: Table 44								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
		<i>Immunised fully under 1 year new</i>	234 249	238 928	238 284	215 122		drive activities not fully implemented by all districts due to resource constraints.
		<i>Population under 1 year</i>	254 035	252 494	250 824	251 511		
Measles 2nd dose	18.	Measles 2nd dose 1 year coverage	89.5%	95.8%	95.0%	88.2%	(7%)	Expanded Programme on Immunisation (EPI) catch-up drive activities not fully implemented by all districts due to resource constraints.
		<i>Measles 2nd dose</i>	227 178	241 840	238 320	221 963		
		<i>Target population 1 year</i>	253 879	252 554	250 860	251 547		
Cervical cancer screening	19.	Cervical Cancer Screening Coverage	Not monitored	Not monitored	70.0%	69.7%	(0%)	<ul style="list-style-type: none"> • Eligible women may face barriers in accessing cervical cancer screening services, such as lack of transportation. • Some women may not be aware of the importance of cervical cancer screening or may not understand the benefits of human papillomaviruses (HPV) deoxyribonucleic acid (DNA) testing, leading to low uptake of screening services
		<i>Cervical cancer screening done³</i>	-	-	274 940	257 952		
		<i>[(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)</i>	-	-	392 773	370 066		

³ The cervical cancer screening done refers to cervical cancer screening in non-HIV woman 30 - 50 years + cervical cancer screening in HIV positive women 20 years and older. These definitions are indicated in the NIDS and reported accordingly at all levels.

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SUB-PROGRAMME: DISEASE PREVENTION AND CARE

TABLE 24: OUTCOMES INDICATORS (DPC)

APP 2024/25: Page 138: Table 46								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
XXIII	Malaria case fatality rate	Manual calculation	1.7%	1.2%	0.0%	0.6%	(1%)	Mortality Audit report suggests a delay in patients seeking treatment.
	<i>Malaria deaths reported</i>	<i>PHC tick register; Malaria Register</i>	13	12	0	4		
	<i>Malaria cases reported</i>	<i>PHC Register</i>	783	1 013	600	695		

TABLE 25: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL)

APP 2024/25: Page 138: Table 47								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
PHC mental disorders treated	20.	PHC Mental Disorders Treatment Rate New	Not monitored	Not monitored	0.01%	0.04%	0%	Continued training on Mental Health and Substance Abuse screening, cascade and indicators.
		<i>PHC client treated for mental disorders - new</i>	-	-	2 220	9 085		
		<i>PHC headcount - total</i>	-	-	22 246 464	24 246 619		

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Strategies to overcome areas of under-reporting

District Health Services (Primary Health Care [PHC], Community Health Centres [CHC], District Hospitals)

- Quality improvement plans, training and strategies to focus on these areas.
- Districts to continue with weekly monitoring and review of strategies to mitigate risk factors and conduct support visits.
- Provincial QA undertook technical support visits to Harry Gwala and uMkhanyakude Districts to assist in reviving Patient Safety Committees.
- Regional Patient Safety Indaba was conducted in March 2025 where strategies were developed by commissions for implementation by facilities and monitoring by the District Health Management Team (DHMT).

Sub-Programme: Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STI) & Tuberculosis (TB) Control (HAST)

- Implementation of:
 - targeted universal TB testing policy.
 - shorter TB preventative treatment amongst the HIV positive patients
- Social mobilisations to create awareness on signs and symptoms of TB, the importance of early diagnosis and treatment, and of TB preventive treatment amongst contacts and people living with HIV.
- Community awareness campaigns on early clinic presentation for TB screening and treatment, with emphasize on the importance of adherence throughout treatment.
- Implementation of the shorter DR-TB regimen which has shown an 82% success rate for MDR TB and less than 10% death rate Provincially.
- Decanting of eligible men and children to support retention of these sub populations.
- Implementation of community ART in all districts.
- A sustainability plan has been implemented by the department to mitigate further risk of partner exit.
- Adherence planning with clients.
- Implementation of Undetectable Equals Untransmittable (U = U) in collaboration with Civil Society to foster treatment literacy.
- Supporting viral load literacy in communities through psychosocial support (facility and in community).
- Implementation of disclosure and enhanced adherence counselling (EAC) in all facilities.
- Co-ordinate psycho- social activities at hospital/CHC to improve support at facilities and in communities (family visits).
- Facilitate Allied Worker grounding on HIV management to improve support.
- Provision of adherence planning and support to improve retention and therefore less opportunistic infections.
- Implementation of integrated TB HIV management to improve observed late diagnosis.
- Implementation of the TB literacy material especially at Ugu, eThekweni and Harry Gwala Districts.
- Social mobilisation on importance of adherence to treatment.

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Maternal, Child & Women's Health & Nutrition [MCWHN]

- Implement the Reach Every District (RED) strategy to reach children who missed their vaccination doses in the community.
- Expand screening services to more locations, including rural and underserved areas, and consider mobile screening units or outreach programs to reach eligible women.
- Public awareness campaigns to educate women on the importance of cervical cancer screening and the benefits of HPV DNA testing.
- Provide educational materials and counselling to women at healthcare facilities.

Disease Prevention and Control

- Community awareness campaigns on the importance of seeking treatment early.
- Malaria Control Programme to conduct malaria case management webinar for Clinicians during World Malaria Day in April 2025.

Linking performance with budget

TABLE 26: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
2.1	District Management	374,277	402,250	-27,973	371,834	371,834	-
2.2	Community Health Clinics	5,136,487	5,120,180	16,307	5,644,577	5,644,577	-
2.3	Community Health Centres	2,323,122	2,301,696	21,426	2,303,984	2,296,610	7 374
2.4	Community Based Services	1,173,623	1,189,021	-15,398	1,088,355	1,069,747	18 608
2.5	Other Community Services	1,420,721	1,419,412	1,309	1,526,691	1,878,222	-351 531
2.6	HIV and AIDS	6,661,021	6,618,248	42,773	6,172,841	6,172,076	765
2.7	Nutrition	25,261	23,458	1,803	35,812	31,547	4 265
2.8	Coroner Services	298,961	296,300	2,661	286,304	300,017	-13 713
2.9	District Hospitals	9,866,626	9,909,534	-42,908	9,397,354	9,745,939	-348 585
	Total	27,280,099	27,280,099	-	26,827,752	27,510,569	-682 817

Source: Annual Financial Statements

PROGRAMME 3 - EMERGENCY MEDICAL SERVICES

Programme Description & Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

Sub-Programme 3.1: Emergency Services

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The performance of Emergency Medical Services (EMS) in both urban and rural areas fell short of its targets. The P1 urban response rate under 30 minutes was 37.0%, missing its 42.0% target. Similarly, the P1 rural response rate under 60 minutes was 44.9%, below the 48.0% target. This deviation is primarily due to an insufficient number of operational ambulances and response units, which are unable to meet the high demand for services. A major contributing factor is the aging fleet of emergency vehicles, which has led to an increase in the frequency of repairs and subsequent vehicle downtime, further exacerbating the operational challenges.

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TABLE 27: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)

APP 2024/25: Page 150: Table 52								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons on Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
EMS P1 urban response under 30 minutes	21.	EMS P1 urban response under 30 minutes rate	41.9%	41.5%	42.0%	37.0%	(5%)	<ul style="list-style-type: none"> • Insufficient operational ambulances and response units available to attend to the demand for services • The majority of emergency vehicles are aged increasing the frequency of repairs and vehicle downtime
		<i>EMS P1 urban response under 30 minutes</i>	39 676	40 403	46 200	30 390		
		<i>EMS P1 urban responses</i>	94 781	97 467	110 000	82 037		
EMS P1 rural response under 60 minutes	22.	EMS P1 rural response under 60 minutes rate	48.2%	46.6%	48.0%	44.9%	(3%)	<ul style="list-style-type: none"> • Insufficient operational ambulances and response units available to attend to the demand for services • The majority of emergency vehicles are aged increasing the frequency of repairs and vehicle downtime
		<i>EMS P1 rural response under 60 minutes</i>	70 063	66 474	67 200	59 991		
		<i>EMS P1 rural responses</i>	145 497	142 744	140 000	133 714		

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Strategies to overcome areas of under-performance

- Regular engagement with Fleet Section and the fleet maintenance service provider.

Linking performance with budget

TABLE 28: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
3.1	Emergency Services	1,520,350	1,514,567	5,783	1,450,928	1,443,564	7 364
3.2	Planned Patient Transport	243,239	249,022	-5,783	226,687	248,002	-21 315
	Total	1,763,589	1,763,589	-	1,677,615	1,691,566	-13 951

Source: Annual Financial Statements

PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

Programme Description & Purpose

Programme Purpose

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

There are no changes to the Programme 4 structure.

Sub-Programme 4.1: General (Regional) Hospitals

Render hospital services at a general specialist level and provides a platform for training of health workers and research.

Sub-Programme 4.2: Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

Sub-Programme 4.3: Psychiatric/Mental Hospitals

Render a specialist psychiatric hospital service for people with mental illness and intellectual disability and provide a platform for the training of health workers and research.

Sub-Programme 4.4: Sub-Acute, Step down and Chronic Medical Hospitals

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Dental Training Hospital

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

Within Regional Hospital Services, performance was mixed, with notable successes and significant challenges. The Patient Experience of Care satisfaction rate was 82.2%, falling below the 86.1% target, with the deviation attributed to client dissatisfaction with waiting times and staff attitude. A major area of concern is the high number of maternal deaths, which reached 71 against a target of 25, primarily due to complications from hypertension and Post-Partum Haemorrhage. The hospital also missed its target for Severity Assessment Code (SAC) 1 incident reporting within 24 hours, achieving a rate of 98.2% against a 100% target, with the deviation linked to poor performance from incidents reported through various channels including the Complaints Management System. In contrast, several key indicators showed positive results. The Patient Safety Incident (PSI)

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case closure rate exceeded its target, reaching 99.6% against a 98.1% target, thanks to functional Patient Safety Committees and close monitoring. Furthermore, there was a significant reduction in deaths for children under five, including overall deaths (1,274 vs. target of 1,710), pneumonia deaths (52 vs. target of 103), and severe acute malnutrition (SAM) deaths (45 vs. target of 49). These successes are a result of improved triage, case management, increased access to respiratory support, and the implementation of training on the inpatient management of SAM.

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TABLE 29: OUTCOME INDICATORS (PROGRAMME 4 COMBINED)

APP 2022/23: Page 156: Table 57								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
XXIV	Patient Experience of Care satisfaction rate	Patient Safety Incidence Software	Not monitored	Not monitored	86.1%	82.2%	(4%)	Clients were unsatisfied with waiting times and staff attitude
	<i>Patient experience of care survey satisfied responses (Total Responses)</i>	Patient Safety Incidence Report	-	-	107 308	95 227		
	<i>Patient experience of care survey total responses</i>		-	-	124 700	115 876		
XXV	Patient Safety Incident (PSI) case closure rate	Patient Survey Database	Not monitored	Not monitored	98.1%	99.6%	1%	<ul style="list-style-type: none"> • Functional Patient Safety Committees; • Close monitoring through Provincial Biweekly Service Delivery meetings; • Monthly Monitoring of PSI registers with feedback to Districts for intervention.
	<i>Patient Safety Incident (PSI) case closed</i>	Patient Surveys	-	-	2 707	2 646		
	<i>Patient Safety Incident (PSI) case reported</i>		-	-	2 760	2 657		
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
XXVI	Maternal deaths in facility	Maternal death register	Not monitored	Not monitored	25	71	(46)	Hypertension and Post-Partum Haemorrhage contributed to deaths
	<i>Number Maternal death in facility</i>		-	-	25	71		
	<i>No denominator</i>		-	-	-	-		
XXVII	Death in facility under 5 years	Midnight report	Not monitored	Not monitored	1 710	1 274	436	Improved triage and case management, and increased access to respiratory support at District hospitals.
	<i>Number Death in facility under 5 years total</i>		-	-	1 710	1 274		
	<i>No denominator</i>		-	-	-	-		

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APP 2022/23: Page 156: Table 57

No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
XXVIII	Diarrhoea death under 5 years	Midnight report	Not monitored	Not monitored	48	43	5	Compliance with clinical management guidelines
	<i>Number diarrhoea death under 5 years</i>		-	-	48	43		
	<i>No denominator</i>		-	-	-	-		
XXIX	Pneumonia death under 5 years	Midnight report	Not monitored	Not monitored	103	52	51	Reduction in deaths is associated with a functional referral system and increased access to respiratory support
	<i>Number Pneumonia death under 5 years</i>		-	-	103	52		
	<i>No denominator</i>		-	-	-	-		
XXX	Severe acute malnutrition (SAM) death under 5 years	Midnight report	Not monitored	Not monitored	49	45	4	Implementation of training on inpatient management of SAM
	<i>Number Severe acute malnutrition (SAM) death under 5 years</i>		-	-	49	45		
	<i>No denominator</i>		-	-	-	-		

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TABLE 30: OUTPUT INDICATORS AND MTEF TARGETS (PROGRAMME 4)

APP 2022/23: Page 157: Table 58								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviation
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs	23.	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not monitored	Not monitored	100.0%	98.2%	(2%)	Patient Safety incidents received through the Complaints Management System, media and Clinical audits contributed to poor performance
		<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	261	218		
		<i>Severity assessment code (SAC) 1 incident reported</i>	-	-	261	222		
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Cervical cancer screening	24.	Cervical Cancer screening	Not monitored	Not monitored	6 700	6 496	(204)	Some women may not be aware of the importance of cervical cancer screening or may not understand the benefits of human papillomaviruses (HPV) deoxyribonucleic acid (DNA) testing, leading to low uptake of screening services
		<i>Number Cervical Cancer Screening done</i>	-	-	6 700	6 496		
		<i>No denominator</i>	-	-	-	-		

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Strategies to overcome areas of under-reporting

- Quality improvement plans, training and strategies to focus on waiting times and staff attitudes.
- Implementation of EMOTIVE protocol to reduce severe post-partum haemorrhage (PPH), as part of minimum standards for safe and respectful care during labour.
- Regional Patient Safety Indaba was conducted in March 2025 where strategies were developed by commissions for implementation by facilities and monitoring by the District Health Management Team (DHMT).
- Public awareness campaigns to educate women on the importance of cervical cancer screening and the benefits of HPV DNA testing. Provide educational materials and counselling to women at healthcare facilities.

Linking performance with budget

TABLE 31: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
4.1	General (Regional) Hospitals	11,557,303	11,607,512	-50,209	10,750,058	11,297,258	-547 200
4.2	Tuberculosis Hospitals	396,799	394,982	1,817	428,613	424,957	3 656
4.3	Psychiatric / Mental Hospitals	1,167,065	1,158,228	8,837	1,125,030	1,115,945	9 085
4.4	Chronic Medical Hospitals	370,107	342,067	28,040	334,489	329,060	5 429
4.5	Dental Training Hospitals	18,867	18,867	-	20,406	20,406	-
	Total	13,510,141	13,521,656	-11,515	12,658,596	13,187,626	-529 030

Source: Annual Financial Statements

PROGRAMME 5 – CENTRAL AND TERTIARY HOSPITALS

Programme Description & Purpose

Programme Purpose

To provide tertiary health services and create a platform for training of health professionals

There are no changes to the structure of Programme 5.

Sub-Programmes

Sub-Programme 5.1: Central Hospital Services

Render highly specialised medical health tertiary and quaternary services on a national basis and serve as platform for the training of health workers and research.

Sub-Programme 5.2: Provincial Tertiary Hospital Services

To provide tertiary health services and create a platform for the training of Specialist Health Professionals.

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

At the Tertiary and Central Hospitals, a mixed performance was observed across key indicators. The Patient Experience of Care satisfaction rate was 86.8%, slightly below the 88.2% target, with the deviation attributed to client dissatisfaction with waiting times and staff attitude. A significant area of concern is the increase in maternal deaths, which rose to 27 against a target of 13, primarily due to complex medical and surgical conditions. The number of diarrhoea deaths under 5 years also exceeded its target (6 deaths versus a target of 4), linked to late presentation for treatment. Similarly, Severe Acute Malnutrition (SAM) deaths under 5 years were higher than the target (11 deaths versus a target of 8), resulting from treatment failure due to co-morbidities like cardiac conditions, cerebral palsy, and late diagnosis of HIV. The Severity Assessment Code (SAC) 1 incident reported within 24 hours rate was 95.6%, falling short of the 100% target, as incidents reported through various channels contributed to the poor performance. However, there were also notable successes. The Patient Safety Incident (PSI) case closure rate surpassed its target, achieving 99.5% against a 97.4% target, a result of functional Patient Safety Committees and close monitoring. Furthermore, a reduction in the overall death in facility under 5 years was achieved (433 deaths versus a target of 458), thanks to earlier referrals and improved access to respiratory support. The number of Pneumonia deaths under 5 years was also significantly reduced to 20, well below the target of 34, a positive outcome attributed to improved access to respiratory support at regional and district hospitals, which lessened the number of severe cases referred to central facilities.

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SUB-PROGRAMME: CENTRAL AND TERTIARY HOSPITALS

TABLE 32: OUTCOME INDICATORS (PROGRAMME 5)

APP 2024/25: Page 170: Table 63								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
XXXI	Patient Experience of Care satisfaction rate	Patient Safety Incidence Software	Not monitored	Not monitored	88.2%	86.8%	(1%)	Clients were unsatisfied with waiting times and staff attitude
	<i>Patient experience of care survey satisfied responses (Total Responses)</i>	Patient Safety Incidence Report	-	-	52 920	29 227		
	<i>Patient experience of care survey total responses</i>		-	-	60 000	33 673		
XXXII	Patient Safety Incident (PSI) case closure rate	Patient Survey Database	Not monitored	Not monitored	97.4%	99.5%	2%	<ul style="list-style-type: none"> • Functional Patient Safety Committees; • Close monitoring through Provincial Biweekly Service Delivery meetings; • Monthly Monitoring of PSI registers with feedback to Districts for intervention.
	<i>Patient Safety Incident (PSI) case closed</i>	Patient Surveys	-	-	2 192	1 030		
	<i>Patient Safety Incident (PSI) case reported</i>		-	-	2 250	1 035		
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
XXXIII	Maternal deaths in facility	Maternal death register	Not monitored	Not monitored	13	27	(14)	Complex medical and surgical conditions contributed to maternal deaths
	<i>Number Maternal death in facility</i>		-	-	13	27		
	<i>No denominator</i>		-	-	-	-		
XXXIV	Death in facility under 5 years	Midnight report	Not monitored	Not monitored	458	433	25	Earlier referrals, better access to respiratory support and oxygen

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APP 2024/25: Page 170: Table 63								
No.	Indicator Name	Data Source	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from planned 2024/25 Target	Reasons for Deviations
	<i>Number Death in facility under 5 years total</i>		-	-	458	433		continue to lessen the number of deaths at this level.
	<i>No denominator</i>		-	-	-	-		
XXXV	Diarrhoea death under 5 years	Midnight report	Not monitored	Not monitored	4	6	(2)	Late presentation for treatment with advanced disease
	<i>Number diarrhoea death under 5 years</i>		-	-	4	6		
	<i>No denominator</i>		-	-	-	-		
XXXVI	Pneumonia death under 5 years	Midnight report	Not monitored	Not monitored	34	20	14	Improved access to respiratory support in regional and district hospitals contributed to the reduction in referrals to and deaths at these hospitals
	<i>Number Pneumonia death under 5 years</i>		-	-	34	20		
	<i>No denominator</i>		-	-	-	-		
XXXVII	Severe acute malnutrition (SAM) death under 5 years	Midnight report	Not monitored	Not monitored	8	11	(3)	Treatment failure due to co-morbid conditions such as cardiac conditions, cerebral palsy and late diagnosis of HIV
	<i>Number Severe acute malnutrition (SAM) death under 5 years</i>		-	-	8	11		
	<i>No denominator</i>		-	-	-	-		

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TABLE 33: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 5)

APP 2024/25: Page 64: Table 171								
Output	No.	Indicator Name		Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE								
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs	25.	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not monitored	Not monitored	100.0%	95.6%	(4%)	Patient Safety incidents received through the Complaints Management System, media and Clinical audits contributed to poor performance
		<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	136	87		
		<i>Severity assessment code (SAC) 1 incident reported</i>	-	-	136	91		
OUTCOME: REDUCED MORBIDITY AND MORTALITY								
Cervical cancer screening	26.	Cervical cancer screening	Not monitored	Not monitored	1 480	1 102	(378)	Some women may not be aware of the importance of cervical cancer screening or may not understand the benefits of human papillomaviruses (HPV) deoxyribonucleic acid (DNA) testing, leading to low uptake of screening services
		<i>Number Cervical Cancer Screening Done</i>	-	-	1 480	1 102		
		<i>No denominator</i>	-	-	-	-		

Strategies to overcome areas of under-reporting

- Quality improvement plans, training and strategies to focus on waiting times and staff attitudes.
- Implementation of new national Maternal and perinatal care guidelines for improved case management and prompt referrals to higher levels of care.
- Community awareness campaigns on the importance of early presentation to health facilities for treatment.
- Maintain existing PHC programmes and oral rehydration corners in every clinic and CHC.
- Strengthen early identification and referral.

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- Continue with Integrated Management of Childhood Illnesses (IMCI) training for early case detection of illness in children, and referral to higher level of care as needed, and inpatient management of SAM.
- Regional Patient Safety Indaba was conducted in March 2025 where strategies were developed by commissions for implementation by facilities and monitoring by the District Health Management Team (DHMT).
- Public awareness campaigns to educate women on the importance of cervical cancer screening and the benefits of HPV DNA testing. Provide educational materials and counselling to women at healthcare facilities.

Linking performance with budget

TABLE 34: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
5.1	Central Hospital Services	2,775,643	2,775,643	-	2,758,100	2,758,100	-
5.2	Provincial Tertiary Hospitals Services	3,132,501	3,132,501	-	3,078,925	3,101,845	-22 920
	Total	5,908,144	5,908,144	-	5,837,025	5,859,945	-22 920

Source: Annual Financial Statements

PROGRAMME 6 - HEALTH SCIENCES AND TRAINING

Programme Description & Purpose

Render training and development opportunities for actual and potential employees of the Department of Health.

There are no changes to the structure of Programme 6.

Sub-Programme 6.1: Nurse Training Colleges

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees.

Sub-Programme 6.2: EMS Training Colleges

Train rescue and ambulance personnel. Target group includes actual and potential employees.

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels targeting actual and potential employees

Sub-Programme 6.4: Primary Health Care Training

Provision of bursaries for health science training programmes at under-and postgraduate levels, targeting actual and potential employees

Sub-Programme 6.5: Training Other

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The Health Sciences and Training programme successfully exceeded its target for awarding bursaries to first year nursing students, providing 239 bursaries against a target of 120. This significant deviation is a proactive response to the increased demand for General Nurses, aiming to meet the human resources needs of the department and to train a greater number of midwives. Additionally, the programme met its target for awarding bursaries to internal employees, providing 480 bursaries as planned. This demonstrates a balanced approach to both new recruitment and the professional development of existing staff.

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TABLE 35: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 6)

APP 2024/25: Page 180: Table 69								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Bursaries awarded to First Year Nursing Students	27.	Number of Bursaries awarded to first year nursing students	160	160	120	239	119	The increased demand for General Nurses to be trained to meet the human resources needs of the Department and to be trained as midwives
Bursaries awarded to internal employees	28.	Number of internal employees awarded bursaries	462	480	480	480	0	No deviation

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Strategies to overcome areas of under-reporting

- Not applicable

Linking performance with budget

TABLE 36: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
6.1	Nursing Training Colleges	230,031	229,979	52	234,551	229,952	4 599
6.2	EMS Training Colleges	30,650	26,924	3,726	31,082	23,391	7 691
6.3	Bursaries	49,417	53,934	-4,517	28,076	25,360	2 716
6.4	Primary Health Care Training	35,387	34,648	739	44,325	32,588	11 737
6.5	Training Other	1,045,251	1,045,251	-	1,054,792	1,029,331	25 461
	Total	1,390,736	1,390,736	-	1,392,826	1,340,622	52 204

Source: Annual Financial Statements

PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES

Programme Description & Purpose

To render support services required by the Department to realise its aims.

There are no changes to the structure of Programme 7.

Sub-Programme 7.1: Medicine Trading Account

To Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account.

Sub-Programme 7.2: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.3: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The Health Care Support Services programme successfully maintained a low Tracer Medicine Stock-Out Rate across both the Provincial Pharmaceutical Supply Depot (PPSD) and individual facilities. The actual stock-out rate at both levels was 1.9%, which is well below the target of 5%. This positive outcome at the PPSD is a direct result of continuous engagement with suppliers to prevent supply disruptions. At the facility level, the success is attributed to proactive measures, including close monitoring of stock levels, improved follow-up on overdue supplier orders, and the PPSD's strategic rationing of products with supply constraints to ensure all facilities received necessary medications.

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TABLE 37: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)

APP 2024/25: Page 188: Table 74								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Tracer medicine stock out rate - PPSD	29.	Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	3.9%	2.5%	≤5%	1.9%	3%	Continuous engagement with suppliers to limit supply disruptions
		<i>Number of medicines out of stock</i>	36	23	Varies	18		
		<i>Total number of tracer medicines expected to be in stock</i>	924	924	Varies	924		
Tracer medicine stock out rate at facilities	30.	Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	1.4%	1.9%	≤5%	1.9%	3%	<ul style="list-style-type: none"> • Stock levels were closely monitored. • Improved follow-up on suppliers with overdue orders. • PPSD rationed the stock of products with supply constraints to ensure all facilities were covered.
		<i>Number of Tracer medicines stock out in bulk store</i>	8 160	12 812	Varies	11 773		
		<i>Number of tracer medicines expected to be stocked in the bulk store</i>	577 068	687 906	Varies	624 681		

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Strategies to overcome areas of under-reporting

- Not applicable

Linking performance with budget

TABLE 38: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
7.1	Medicine Trading Accounts	75,372	75,372	-	82,152	86,930	-4 778
7.2	Laundry Services	196,719	185,204	11,515	209,979	209,979	-
7.3	Orthotic and Prosthetic Services	59,363	59,363	-	62,536	59,302	3 234
	Total	331,454	319,939	11,515	354,667	356,211	-1 544

Source: Annual Financial Statements and BAS

PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT

Programme Description & Purpose

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

There are no changes to the structure of Programme 8.

Sub-Programme 8.1: Community Health Facilities

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

Sub-Programme 8.2: District Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.3: Emergency Medical Services

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

Sub-Programme 8.4: Provincial Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialised Hospitals

Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

Sub-Programme 8.6: Other Facilities

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

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The Health Facilities Management programme demonstrated mixed performance across its key indicators. The percentage of preventative maintenance expenditure was 40.6%, falling short of the 48.0% target. This deviation is a result of an over-expenditure on Category A maintenance due to major breakdowns, which in turn led to an under-expenditure on preventative maintenance. Conversely, the programme significantly exceeded its target for the number of Capital Infrastructure Projects completed, finishing 133 projects against a target of 103. This positive deviation is attributed to the successful completion of a high number of roll-over projects from the Department of Public Works (DOPW) that were originally targeted for completion in the previous financial year.

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TABLE 39: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)

APP 2024/25: Page 195: Table 79								
Output	No.	Indicator Name	Actual 2022/23	Actual 2023/24	Target 2024/25	Actual 2024/25	Deviation from Planned 2024/25 Target	Reasons for Deviations
OUTCOME: UNIVERSAL HEALTH COVERAGE								
Preventative maintenance activities to prevent failure	31.	Percentage of preventative maintenance expenditure	49.9%	Not monitored	48.0%	40.6%	(7%)	Major breakdowns reported resulting in over-expenditure in Category A and under-expenditure on preventative maintenance
		<i>Expenditure on Preventative Maintenance Activities (R '000)</i>	R 131 667 200	-	R 120 000	R 87 190 085		
		<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance (R '000)</i>	R 263 780 585	-	R 250 000	R 214 622 169		
Renovated and refurbished projects completed	32.	Number of Capital Infrastructure Projects completed	Not monitored	Not monitored	103	133	30	High number of completed projects as a result of Department of Public Work (DOPW) roll-over projects which were targeted to be complete in the 2023/24 financial year

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Strategies to overcome areas of under-reporting

- Institutions to service machinery and equipment regularly.

Linking performance with budget

TABLE 40: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2024/25			2023/24		
		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
8.1	Community Health Facilities	470,237	470,237	-	541,616	719,183	-177 567
8.2	District Hospital Services	351,593	351,593	-	321,166	368,081	-46 915
8.3	Emergency Medical Services	-	-	-	-	-	-
8.4	Provincial Hospital Services	595,601	595,601	-	517,912	442,925	74 987
8.5	Central Hospital Services	125,525	125,525	-	70,287	52,967	17 320
8.6	Other Facilities	360,467	360,467	-	423,807	324,529	99 278
	Total	1,903,423	1,903,423	-	1,874,788	1,907,685	-32 897

Source: Annual Financial Statements

PART C: GOVERNANCE

Risk Management

The department has a risk management framework that includes both a formal policy and a detailed strategy. To ensure the effectiveness of this strategy, regular risk assessments are conducted to identify new threats and evaluate the current mitigation efforts. The department's commitment to risk management is further supported by a Risk Management Committee, which is chaired by the Head of Department and meets quarterly to advise management on the overall system. Additionally, the Audit Committee provides independent oversight and guidance on risk management. While significant progress has been made in managing risks, there is still room for improvement. To enhance its capabilities, the department recently implemented a new risk management software tool that is expected to deliver further benefits and improve overall performance.

Fraud and Corruption

The Department had a Fraud Prevention Plan together with its implementation plan which was approved in January 2024. It had also developed Fraud Prevention Strategy, Fraud Prevention Policy and a Whistleblowing Policy in order to complement the plan during its implementation.

The Department has commenced with the implementation of these policies by broadcasting them on the intranet for the entire staff to be able to access and read through. The Fraud prevention plan forms part of the presentation that is shared during the fraud prevention awareness workshops. During the financial year 2024/2025, eleven (11) workshops were conducted in various districts. The participants of these workshops were District Directors, District Management teams as well as the CEOs of institutions within the targeted district together with the senior management teams as well as officials from within the finance, supply chain management and human resources sections from those facilities. The participants were exposed to the applicable legislation, the tools to identify (red flags) and report incidents of fraud as well as mechanisms to prevent fraud.

It is envisaged that through these interventions the recurrence of these incidents would be addressed.

The following mechanism are in place for the department to report the fraud and corruption cases:

Departmental hotline e-mail - fraudline@kznhealth.gov.za

Departmental fax number – 033 346 6434

Departmental Call Centre – 0800 005 133

National Anti-Corruption Hotline (NACH) – 0800 701 701

The department has an approved Whistleblowing Policy in place which accommodates the reporting of incidents "Anonymously" for the reporter not to identify his/her details. Even if the reporter has provided his/her name, the investigator/s has a duty to conduct investigations and treat the matter with confidentiality.

The cases are reported through the abovementioned mechanism or through management at different levels. The reported cases are investigated by the Departmental Investigations Services Unit (Internally) or referred to other law enforcement offices like Office of the Premier, SAPS, Hawks, etc.

Subject to legal constraints, information about outcomes of any investigation and disciplinary process is disseminated on a "need to know" basis.

Minimising Conflict of Interest

There are several instances where conflict of interest (direct or perceived) may be prevalent.

1. Conducting business with the State in that officials are registered as Directors/Owners/Members of Companies that are registered on the Central Supplier Database (CSD).

A CSD report is accessed for each potential bidder or service provider who quotes through the procurement processes. If a government employee is identified as being part of the company/service provider this would be considered a conflict of interest and therefore involvement in such companies is expressly prohibited.

The Supplier Business Declaration (SBD) 4 form which is a supplier business declaration form, is another important tool in managing the conflict of interest in the Supply Chain Management (SCM) environment. The SBD 4 form is required to be completed by a potential supplier and makes provision for listing of relatives of bidders who are employed by the State. At this point the respective SCM Committees must exercise due diligence and examine for potential and/or direct conflict of interest.

2. Conflict of interest is also managed through the separation of functions at a SCM level.
3. Instances of direct conflict as identified through audits and internal control processes are also another source of information. In this regard, once the list is sent to the Ethics Office, communication is addressed to the identified officials reminding them of the provisions of the Public Service Regulations as well as the Public Administration Management Act and instructing them to deregister the company from CSD or resign as a member/Director of the company and/or resign from Public Service. The Legislation is also clear that the act of conducting business with state is a criminal offence and an offender could be prosecuted accordingly. This is the final step, should officials not show any indication of willingness to comply.

Such cases are then referred to Labour Relations for disciplinary action and if need be, to the Departmental Investigations Unit for further investigation with the intention of recovery.

4. The Provincial Other Remunerative Work Outside the Public Service (ORWOPS) Committee receives all applications for ORWOPS and makes recommendations to the Accounting Officer based on the information supplied. Any potential/ perceived / actual and direct conflict of interest are highlighted, and such applications are not recommended. This includes a CSD check and any official who has a company listed on CSD, has their application for ORWOPS rejected. A further level of intervention to avoid conflict of interest is the inclusion of an Addendum that the supervisor and Chief Executive Officer (CEO) signs off, committing to monitoring, reporting and motivating for the revoking of the approved ORWOPS should any conflict of interest and/or compromising of service delivery arise.
5. Conflict of interest in the HRM recruitment and selection space is managed through completion of declarations or recusals. A further control measure is the completion of the Recruitment Declaration form by shortlisted candidates and personnel security screening which is conducted by the Security Management Services Directorate.
6. All gifts, sponsorships and donations have to be declared on a monthly basis and the delegation for the acceptance resides with the Accounting Officer. The acceptance process is managed through

the Ethics Office and a Donation/Gift/Sponsorship register is maintained. The register is collated and submitted on a monthly basis to the Accounting Officer and to the Finance Office for recording in the Financial Statements of the Department.

7. Conflict of interests are also managed through the process of Financial Disclosure by employees and any potential conflict of interest is addressed when identified and if need be referred for possible lifestyle review in terms of Section 15(5) of the Public Administration Management Act, 2014.
8. The Department has an approved Policy on Conducting Business with the State which gives effect to the Regulation 13(c) of the Public Service Regulations (PSR), 2016. This Policy outlines the Statutory Mandate and serves to promote ethical behaviour among employees, eradicate and prevent unethical behaviour and reduce possible/perceived and potential conflicts of interest.
9. The Public Service Regulations Chapter 2 which focuses on conduct, financial disclosures, anti-corruption and Ethics Management and the Public Administration Management Act Chapter 3(8) is widely workshopped to all levels of employees in order to bring awareness to possible contraventions. The Department has further developed posters as well as a booklet on Ethics in the Workplace and these are distributed to all facilities and available on the intranet for downloading.
10. The Department has a Whistleblowing Policy which takes cognisance of the fact that every employer and employee has a responsibility to disclose criminal and/or any other irregular conduct in the workplace. This Policy provides users with the various avenues in which misconduct/fraud/irregular conduct can be reported anonymously. A dedicated fraud hotline is made available for anonymous reporting of fraud, corruption and unethical behaviour and/or conduct.
11. The Department has an approved Fraud Prevention Plan which is the cornerstone of all fraud prevention enablers that exists to support the implementation of fraud risk management at both strategic and operational levels in the Department.

Code of Conduct

Section 195 of the Constitution of the Republic of South Africa outlines the democratic values and principles governing the Public Administration. The Public Service Code of Conduct is directional in nature and is the standard of behaviour that is expected from all public servants.

As such a breach of the Code of conduct is dealt with via the progressive disciplinary process. Progressive discipline allows the supervisor/ manager implement consequence management, depending on the nature of the misconduct, and ranges from counselling up to dismissal.

The Department has developed a Code of Ethical Conduct handbook for employees which is informed by the Legislative framework governing the Public Service, the Code of Conduct for the Public Service, the Batho Pele Principles and the Integrity Management Framework for the Public Service amongst others. The principles of ethics and good conduct in the workplace which are outlined in the handbook seeks to promote an ethical Organisational Culture. The Code of Ethical Conduct is widely workshopped amongst all levels of employees. Additionally, the Department has developed posters on the code of conduct which include the relationship between the employee and the public as well as relationships between employees.

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The Department has implemented a standardised employee Orientation and Re-Orientation programme which is rolled out in all Districts for all newly appointed employees. This programme seeks to provide the employee with a basic understanding of the Public Service as well as expectations of the Department in terms of code of conduct and any other changes and developments in prescripts and policies and an emphasis of the applicable Public Service Regulations and other prescripts, as well as compliance thereof.

Where direct conflict of interest cases are identified either through Audits and/or Internal Control, communication is addressed to the identified officials outlining the provisions of the Public Service Regulations as well as the Public Administration Management Act. They are given an opportunity to deregister the company from the Central Supplier Database and/or to resign as a member/director of the company. This is the final step taken by the Department to implement the prescribed disciplinary action.

In some cases, the matter will be referred to the Departmental Investigations Unit for further investigation and possible recovery of funds.

The Provincial Other Remunerative Work Outside the Public Service (ORWOPS) Committee receives all applications for ORWOPS and makes recommendations to the Accounting Officer based on the information supplied. Any potential/ perceived / actual and direct conflict of interest are highlighted, and such applications are not recommended. This includes a CSD check and any official who has a company listed on CSD, has their application for ORWOPS rejected. A further level of intervention to avoid conflict of interest is the inclusion of an Addendum that the supervisor and CEO signs off, committing to monitoring, reporting and motivating for the revoking of the approved ORWOPS should any conflict of interest and/or compromising of service delivery arise.

The Department has developed an ORWOPS (Other Remunerative Work Outside the Public Service) Policy which has been approved, and the intention is to workshop all employees on the Policy.

Conflict of interest in the HRM recruitment and selection space is managed through completion of declarations or recusals. A further control measure is the completion of the Recruitment Declaration form by shortlisted candidates and personnel security screening which is conducted by the Security Management Services Directorate.

All gifts, sponsorships and donations must be declared on a monthly basis and the delegation for the acceptance resides with the Accounting Officer. The acceptance process is managed through the Ethics Office and a Donation/Gift/Sponsorship register is maintained. The register is collated and submitted on a monthly basis to the Accounting Officer and to the Finance Office for recording in the Financial Statements of the Department.

Conflict of interests are also managed through the process of Financial Disclosure by employees, and any potential conflict of interest is addressed when identified and if need be referred for possible lifestyle audit in terms of Section 15(5) of the Public Administration Management Act, 2014.

Health and Safety and Environmental Issues

Non-compliance with OHS Act,

Noncompliance has resulted in institutions being served with contravention notices by Department of Employment and Labour. There are further work-related injuries and diseases that have been reported in various institutions.

The department has employed Safety Officers in institutions to reinforce compliance and to advise management on Occupational health and safety (OHS) issues. Crucial Stakeholders like Department of Employment and Labour, Fire Department and UKZN Occupational and Environmental Health Department has been roped in to train CEOs on OHS

Poor uptake of Medical Surveillance

Data collected from institution demonstrate that although there is a functional medical surveillance program in the institution, there are still challenges in ensuring that all staff members are under the medical surveillance, and this include senior management.

The consequence to this is unfit employees assigned to duties that may be demanding and that may possibly aggravate already existing conditions, leading to increased occupational injuries and diseases. The department will then be expected to spend more on medical bills of employees, at the same time dealing with staff shortage and unwell staff members.

Circular on Medical Surveillance has been issued that guide institutions on how to manage medical surveillance. Training of staff members and supervisors on the importance of being under medical surveillance. New strategies are being implemented to enforce compliance.

Non-Compliance to Fire Safety

Institutions do not fully comply with the fire safety requirements in terms of the structural design, e.g. narrow passages, fewer alternative emergency exit, fire detection and alarm system not installed in all buildings and poor servicing of firefighting equipment. This has resulted in the damage of infrastructure, the loss of life and interrupted service delivery in 2024/2025. OHS audits are being conducted in all institutions and quality improvement plans are closely monitored.

Poor ventilation

Ventilation is a challenge in most institution and mechanical ventilation is not adequately maintained or surveyed to determine its effectiveness. Staff members, thus become exposed to hazardous biological agent like tuberculosis, SARS-cov-2, etc. this has detrimental effect on employees as well as patients as these biological agents are communicable. While implementing infection, prevention and control measures, the department is further ensuring that institutions have functional HVAC systems.

Dilapidated buildings and congested facilities

There are still institutions with buildings which are in disrepair state and are a health hazard to users. Most of these buildings do not possess compliance certificates, e.g., certificate of occupancy, health and safety compliance certificates, electrical compliance certificates, fire safety certificates, etc.

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Additionally, the physical expansion of facilities is not in line with the expansion of services provided in the health facilities, thus leading to congestion. This has led to inability for the health facility to adequately protect staff and patients from communicable diseases, emergency evacuation has become a huge challenge. In high rise buildings, congestion is further putting strain on the stability of the structures.

The department has projects aimed at revamping the infrastructure, however budgetary constraints are slowing the progress.

Health Portfolio Committee

The dates of the meetings are as follows:

- 2nd August 2024
- 22nd October 2024 – HPC workshop
- 15th November 2024
- 20th November 2024, 22nd November 2024, 10th December 2024 – Festive Oversight
- 17th January 2025
- 4th February 2025
- 20th March 2025 – Oversight visit.

The following matters were raised by the Health Portfolio Committee:

- Negative effective of wage agreement on the Department.
- budget cuts to be provided and the impact on the service delivery.
- Unfunded filled posts report required noting that the Department is underfunded.
- Noting the budget constraints, a report on how the Department will improve efficiency across programmes to align with the budget.
- Medico-legal claims report required as the claims are negatively affecting the Department.
- Mental Health detailed report to be provided.

The department provided the following response:

- Report on the negative effective of wage agreement on the Department
- Developing of the cost savings plan in lieu of budget constraints
- Engagement of the Office of the Premier and Provincial Treasury on additional funding for posts
- Report provided on medico-legal claims as well as the strategy to address the medico-legal claims
- Provided a report on mental health care

Standing Committee on Public Accounts (SCOPA) Resolutions

TABLE 41: SCOPA RESOLUTIONS SUMMARY

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
REPORT OF THE STANDING COMMITTEE ON PUBLIC ACCOUNTS ON THE HEARINGS ON THE 2023/2024 REPORTS OF THE AUDITOR-GENERAL HELD IN OCTOBER 2024 - VOTE 7: DEPARTMENT OF HEALTH				
173/2024	Uncertainty Relating to Future Outcome of Litigation	The Accounting Officer report to the committee by 31 January 2025 on: [1] The breakdown of the medico-legal claims, per hospital, as well as the age, value, and nature of each claim. [2] The number and value of the claims that were successfully defended in 2023/24.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>[3] An assessment of the impact of the lack of proper record-keeping on the liability of the department for claims paid in 2023/24 and the two financial years prior thereto, either by way of court order or a settlement.</p> <p>[4] Outcome of strategies adopted by the department to mitigate its liability in respect of medico-legal claims, including but not limited to early investigation and settlement of claims where liability is established, improved record-keeping for evidential purposes, use of alternative dispute resolution mechanisms, use of private sector expert legal practitioners to defend claims, contingency fee arrangements and training of staff to avoid future claims, and the like.</p> <p>[5] Progress made in law reform and legislative interventions pertaining to medico-legal claims in the public health sector, including capping of claims and other interventions as proposed by National Treasury in 2020.</p>		
174/2023	Unauthorised Expenditure (R1.5 billion)	That the accounting officer report to the committee by 31 January 2025 on the outcome of strategies and measures put in place to respond to the findings on unauthorised expenditure and measures implemented to prevent future recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
175/2023	Payables Not Recognised: R879.80 million	That the accounting officer report to the committee by 31 January 2025 on: [1] The outcome of strategies and measures implemented to mitigate the impact. [2] The outcome of ongoing discussions with Provincial Treasury on the impact of budget cuts on service delivery in the department; and [3] The effectiveness of the steps taken to ensure all invoices are paid within 30 days.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
176/2024	Compliance With Key Legislations: Expenditure Management	The accounting officer report to the committee by 31 January 2025 on the outcome of the strategies adopted and measures implemented by the department to address the finding and measures implemented to mitigate future occurrences.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
177/2024	Compliance With Key Legislations: Expenditure Management: Payments Within 30 Days	The accounting officer report to the committee by 31 January 2025 on the outcome of the strategies adopted and measures implemented by the department to address the finding and measures implemented to mitigate future occurrences.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
178/2024	Compliance With Key Legislations: Revenue Management	The accounting officer report to the committee by 31 January 2025 on the outcome of the strategies adopted and measures implemented by the department to address the finding and	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		measures implemented to mitigate future occurrences.		
179/2024	Compliance With Key Legislations: Procurement and Contract Management	That the accounting officer report to the committee by 31 January 2025 on: - [1] Progress made and outcome of the implemented measures to address the findings on procurement and contract management and the adequacy and effectiveness thereof to avoid a recurrence of the findings. [2] A list of all transactions above R1 million awarded without inviting competitive bids where deviations were approved, the value of those transactions and the reasons for the deviations; and [3] Details of disciplinary action taken against officials who had a private or business interest in contracts awarded by the department who failed to disclose such interest as well as officials whose close family members, partners or associates had a private or business interest in contracts awarded by the department and who failed to disclose such interest, the value of the contracts.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
180/2024	Compliance With Key Legislations: Consequence Management	The accounting officer report to the committee by 31 January 2025 on: [1] Disciplinary steps taken against the officials responsible for the unauthorized expenditure in terms of section 38(1)(h) of the Public Finance Management Act, 1999, read with Treasury Regulation 9.1.3. [2] Steps taken to recover any losses from the officials responsible in terms of section 38(1)(c) of the Public Finance Management Act, 1999, read with Treasury Regulation 9.1.4 and 12. [3] Measures put in place to avoid future recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
181/2024	Strategic Planning and Performance Management	The accounting officer report to the committee by 31 January 2025 on the outcome of the strategies adopted and measures implemented by the department to address the finding and measures implemented to mitigate future occurrences.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
182/2024	Irregular Expenditure In 2023/24: R3.06 billion	The accounting officer report to the committee by 31 January 2025 on: [1] Progress made in the determination testing of the irregular expenditure, as required in terms of the PFMA Compliance and Reporting Framework issued under National Treasury Instruction Note 4 of 2022/23 and time frames for concluding the determination testing, and [2] If the determination testing has been concluded, the outcomes thereof, including: <ul style="list-style-type: none"> ▪ the root causes of the expenditure. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ul style="list-style-type: none"> ▪ measures implemented to address any deficiencies in internal control to avoid a recurrence and the effectiveness of the measures. ▪ disciplinary action taken against the officials responsible for the irregular expenditure and the sanctions imposed. ▪ steps taken to recover any losses. ▪ the outcome of any criminal investigation and steps taken pursuant thereto; and ▪ the time frames for concluding the above processes. <p>[3] Progress made in submitting a request for condonation to the relevant authority and the outcome of the condonation request.</p>		
183/2024	Irregular Expenditure: Cumulative Balance Incurred in Prior Financial Years Not Yet Condoned: R21.67 billion	<p>The accounting officer report to the committee by 31 January 2025 on:</p> <p>[1] Progress made in submitting all outstanding information to Provincial Treasury relating to the condonation requests.</p> <p>[2] Progress made in submitting all remaining irregular expenditure not yet submitted for condonation and time frames for making the submissions.</p> <p>[3] Overall progress made in the finalisation of all condonation requests; and</p> <p>[4] Details of consequence management implemented, and sanctions imposed, where applicable.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
184/2024	Fruitless And Wasteful Expenditure In 2023/24: R 3 948 180,66	The accounting officer report to the committee by 31 January 2025 on the outcome of strategies and measures put in place to respond to the findings on unauthorised expenditure and measures implemented to prevent a future recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
185/2024	Material Findings on Performance Information: Programme 2: District Health Services	The accounting officer report to the committee by <u>31 January 2025</u> on the outcome and progress made in the implementation of the audit improvement plan and the adequacy and effectiveness of these measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
186/2024	Material Findings on Performance Information: Programme 2: District Health Services - Various Indicators	The accounting officer report to the committee by 31 January 2025 on the outcome and progress made in the implementation of the audit improvement plan and the adequacy and effectiveness of these measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
187/2024	Material Findings on Performance Information: Programme 2: District Health Services - Ideal Clinic Status Rate (KwaMsane)	The accounting officer report to the committee by 31 January 2025 on progress made and outcome of the implementation of the SOP and standardised assessment practices and the adequacy and effectiveness of these measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Clinic and Khayelihle Clinic)			
188/2024	Material Findings on Performance Information: Programme 4: Provincial Hospital Services - Various Indicators	The accounting officer report to the committee by 31 January 2025 on the outcome of the implementation of the measures intended to address these findings and the adequacy and effectiveness of the measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
189/2024	Achievement Of Planned Targets: Key Service Delivery Indicators Not Achieved: Programme 2: District Health Services and Programme 4: Provincial Hospital Services	The accounting officer report to the committee by 30 June 2024 on progress made in the implementation of the remedial plans intended to address these findings and the adequacy and effectiveness of the implemented plans.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
190/2024	Material Misstatement: Annual Performance Management	The accounting officer report to the committee by 31 January 2025 on progress made in the implementation of the audit improvement plan and the adequacy and effectiveness thereof in addressing this audit finding and avoiding a recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
191/2024	Material Irregularities: Interest on Overdue Accounts: R2.09 million	The accounting officer report to the committee by 31 January 2025 on the outcome of the investigation relating to the balance of R640 000, the findings and recommendations and steps taken to implement the recommendations, including disciplinary steps against the officials responsible, the sanctions imposed, steps taken to recover the losses and measures put in place to avoid a recurrence, as well as time frames for concluding all processes.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
192/2024	Investigations	The accounting officer report to the committee by 31 January 2025 on: [1] The findings and recommendations of completed investigations. [2] Steps taken to implement the recommendations and the outcomes of finalised investigations, including disciplinary steps and the sanctions imposed, steps taken to recover any losses, opening of criminal cases where criminal conduct was found, and remedial steps taken to avoid a recurrence; and [3] The anticipated time frame for completion of all ongoing and outstanding investigations and implementation of all recommendations.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
193/2024	Infrastructure Projects: Upgrade of	The accounting officer report to the committee by 31 January 2025 on:	Refer to the detailed responses	Refer to the detailed responses

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Nkonjeni Hospital	<p>[1] Measures implemented to finalise the defective work and the timelines for completion.</p> <p>[2] How did Department of Health hold DoPW as the implementing agent and provider of project management (SDA clause 6.1.6) responsible for the delays.</p> <p>[3] Whether investigation was done on the circumstances resulting in the delay of the project and the role/s of the project team (both internal and external) and whether the necessary corrective actions (consequence management/ contractual measures) were taken.</p>	submitted to the SCOPA	submitted to the SCOPA
194/2024	Infrastructure Projects: Construction of Dr Pixley Ka Seme Memorial Hospital	The accounting officer report to the committee by 31 January 2025 on the outcome of the implemented turnaround plans and steps taken to remedy the outstanding and defective work and to complete the additional work, as well as timelines for completion of all work and implementation of the Auditor-General's recommendations.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
195/2024	Ideal Hospital: Church of Scotland and Charles Johnson Memorial Hospitals	The accounting officer report to the committee by 31 January 2025 on the outcome of the measures and steps taken to ensure quality improvement plans are implemented by the hospitals and are monitored, as well as steps taken to implement consequence management for non-compliance by officials responsible.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
196/2024	Ideal Hospital: Medico-Legal Claims	The accounting officer report to the committee by 31 January 2025 on the outcome of measures and steps implemented to address the finding and implementation of all recommendations to ensure that medico-legal claims are managed efficiently.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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
Unqualified Audit Opinion	2022/23	Improvement Strategy and Plan developed to sustain the Unqualified Audit Opinion
Unqualified Audit Opinion	2023/24	Improvement Strategy and Plan developed to continue to sustain the Unqualified Audit Opinion and to move towards a "Clean Audit"
Irregular Expenditure (Qualified)	2024/25	The Department has developed an Audit Improvement Plan (AIP) to ensure the complete and accurate recording and disclosure of all Irregular Expenditure.

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
Immovable Tangible Capital Assets	2024/25	The Department has developed an Audit Improvement Plan (AIP) to ensure the complete and accurate recording and disclosure of all Irregular Expenditure.

Internal Control Unit

The Directorate: Audit and Internal Control which consists of two sub-directorates, namely Audit Management and Internal Control has been responsible for the following functions:

1. Audit Management
2. Internal Control
3. Co-ordination and collation of information for the compilation of reports to the Oversight Committees

Audit Management

Audit and Internal Control is responsible for the management of all audit assignments that are undertaken in the Department by the Auditor-General and the Internal Audit Unit. In this regard, the component is responsible for ensuring that all audit queries/findings as identified by the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury are analysed, co-ordinated and responded to, as well as to create and maintain a working relationship with both the Office of the Auditor-General and the Internal Audit Unit.

The component is also responsible for the compilation of the Audit Improvement Plans relative to the audits that were undertaken, undertaking validations / follow-ups of the implemented actions through assessments as well as the reporting on the status of implemented actions management and the Cluster Audit and Risk Committee (CARC).

Internal Control

The Component is responsible for the undertaking and finalising of internal control assessments in respect of all administrative disciplines as well providing management at Head Office, Districts and Institutions with information concerning the various risk areas that prevail within their institutions/areas of responsibility as well as developing strategies and actions to ensure that the identified control weaknesses are mitigated.

Internal Control Assessments are undertaken on an ongoing basis, and meetings are subsequently convened with the management teams from the facilities that were reviewed who are then required to provide explanations regarding the findings of the assessments. The developed improvement plans are also discussed during these engagements.

Audit and Internal Control has also been assessing financial performance at institutions through the review of information that is collated by the CEO's and Finance Managers through the Management Reporting packs.

Further to the above, the component has also been undertaking Employee Verifications / Headcount exercises in the Department.

Co-ordination and reporting to the Oversight Committees

The Component is also responsible for the drafting of reports to the Standing Committee on Public Accounts (SCOPA) and the Cluster Audit and Risk Committee (CARC) relative to the reports of the Auditor-General and that of the Internal Audit Unit. Further, the Component is also responsible for the co-ordination, formulation and finalisation of all responses to resolutions of the Finance Portfolio Committee and the Health Portfolio Committee.

Internal Audit Function

Purpose and mandate

The purpose of the Internal Audit function is to provide independent, objective assurance and consulting services designed to add value and improve the Department 's operations. It achieves this by systematically evaluating and improving the effectiveness of governance, risk management, internal controls, and operational processes to help the Department accomplish its objectives. The Internal Audit function acts as a key control and oversight mechanism, providing analyses, appraisals and recommendations to management and audit committee.

The mandate of Internal Audit Function entails:

- examining and evaluating internal controls, risk management and governance processes.
- reporting its findings, analysis and recommendations independently and objectively.
- maintaining independence and objectivity, ensuring freedom from interference in audit selection, scope, procedures, frequency, timing and reporting.
- enhancing Departmental accountability, transparency and efficiency.

Dual Reporting

The Internal Audit Unit reports functionally to the Audit Committee, ensuring independence as the Audit Committee oversees Internal Audit Plans, Independence, Scope and Findings. The Audit Committee approves the Internal Audit Charter, Work Plan, Budget and reviews Audit Results. The Audit Committee also acts as the direct interface for issues affecting Internal Audit's independence and effectiveness. For operational and administrative purpose such as Human Resources, budgeting, and logistical support, Internal Audit reports to the Accounting Officer. This dual reporting structure balances the need for Internal Audit's operational support with its independence and accountability.

Vision and strategy:

The Internal Audit strategic drive is envisaged to impact on the Department's ability to achieve on its strategic objectives. Internal Audit has made these strategic objectives an integral part of its coverage, and in particular the identification of the Internal Audit universe of functional areas.

Charter, methodology and internal audit plans:

The Charter, methodology and internal audit plans were reviewed and approved. 3-year rolling plan is reviewed and approved on annual basis

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Independence and objectivity:

The Internal Audit Function through the Acting Chief Audit Executive confirmed the organisational independence by reporting to the Audit committee and Management by completing a declaration of independence form for each audit assignment that was conducted in the year under review.

Internal audit modality

The Internal Audit is currently co-sourced. The Internal Audit Function has developed an organogram which is in the process of being approved. In-sourcing will be done piecemeal until the IAF is fully capacitated. The Unit currently has an Acting Chief Audit Executive, one Deputy Director, and Interns assisting at ad hoc basis. The IAF utilizes service providers from the panel of internal audit and risk management to fulfill the co-sourced function. This panel was appointed in October 2023 for a period of three years

Staffing

The Unit currently has one Acting Chief Audit Executive who served articles and is a qualified Associate General Accountant South Africa (AGA(SA)) and one Deputy Manager. The IAF also sources service providers from the panel who are qualified CA(SA)'s and CIA's.

Quality Assurance and Improvement Program:

The Department utilises the Quality Improvement Guide which provides a shared framework and tools for quality improvement across Health Institutions. Quality Assurance undertaken includes internal self-assessment and external assessments are conducted in a 5-year cycle facilitated by the Institute of Internal Auditors (IIA).

The IAF has relationships with the following stakeholders:

- **Audit Committee** - Internal Audit reports functionally to the Audit Committee, which provides an oversight on audit plans, findings and independence.
- **Accounting Officer**- The Internal Audit Unit reports administratively, receiving logistical support, Human Resources, and budget support.
- **External Auditors (Auditor General SA)** – The Internal Audit Function collaborates with external auditors, sharing findings and coordinating audit efforts to reduce duplication, promote efficiency and provide comprehensive assurance over financial and operational controls.
- **Risk Management Unit** – The Internal Audit Function works alongside the Risk Management Unit to align audit activities with the Department's risk priorities, ensuring a comprehensive coverage of key risk areas affecting service delivery and governance

Planned and completed audits

The IAF had planned 12 assignments for 2024/2025 Financial Year. As at 31 March 2025, eight (8) audit assignments were completed which translates to 67% and four (4) audit assignments were at reporting stage where the fieldwork was completed which translates to 33%. The following table lists all audit assignments completed during the 2024/25 financial year:

The following audits were completed during 2024/25	Quarter	Rating
Legislated Audits		
Performance Management	Q4	N/A
Follow-up Audits		
Follow-up on Resolved AG Audit Findings	Q4	N/A
Risk Based Audits		

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The following audits were completed during 2024/25	Quarter	Rating
Generic Health Care	Q2	Critical
Infection Prevention and Control	Q1	Critical
Maternal, Child and Women Health (MCWH)	Q2	Major
Financial Management Services	Q3	Critical
Mental Health and Psychiatry	Q2	Major
TB / HIV and AIDS	Q3	Critical
Mortuary and Forensic Pathology Services	Q4	N/A
Ideal Hospital Realisation	Q4	N/A
Financial Audit		
Management of Key Accounts 2023/2024		
<ul style="list-style-type: none"> • Annual Performance Review 	Q1	Insignificant
<ul style="list-style-type: none"> • Contingent Liabilities 	Q1	Major
<ul style="list-style-type: none"> • Capital Commitments 	Q1	Insignificant
<ul style="list-style-type: none"> • Capital Work-in-Progress 	Q1	Major
<ul style="list-style-type: none"> • Irregular Expenditure 	Q1	Critical
Review of Annual Financial Statements	Q1	Insignificant

There were no roll-overs of the period under review and no ad-hoc projects were conducted.

The details of value-add by the IAF include the following:

- The internal aims to act as a catalyst for improvement by identifying system weaknesses, inefficiencies and risk that hinder Healthcare Delivery and Resource optimization.
- Provide data-driven insights and actionable recommendations to enhance financial management, Operational Performance and Quality of Service.
- Help prioritize Management attention on key Risk Areas such as Patient Safety, Supply Chain Management, and Revenue Integrity.

The constraints that impede optimal IAF performance are as follows:

- **Resource constraints:** Limited financial and human resources restrict the ability of Internal Audit Function to cover all critical areas adequately.
- **Manual and inefficient systems:** Heavy reliance on manual processes and poor record keeping lead to unreliable performance data.
- **Risk of Fraud, Corruption, and Irregularities:** Exposure to fraud, tender irregularities, and corruption places strain on the audit function both in detecting issues and following up on corrective actions.
- **Coordination and communication gaps:** Insufficient integration and communication among assurance providers sometimes lead to duplication of efforts or audit gaps.

Internal Audit and Audit Committees

Internal Audit Committee

Purpose and mandate

The KwaZulu-Natal Provincial Internal Audit Services (PIAS) was set up as a hybrid function, under the leadership and support of the Provincial Audit and Risk Committee (PARC) in terms of the Public Finance Management Act No. 1 of 1999 as amended by Act No. 29 of 1999 (PFMA). PIAS provides independent,

objective assurance and consulting services to enhance KZNPG operations. It evaluates and improves financial and performance reporting, risk management, internal controls, and governance processes. The Internal Audit Charter, approved by the PARC and endorsed by the MEC for Finance, defines PIAS's role, authority, and scope, serving as its mandate to add value to KZNPG departments.

Vision and strategy

The vision of PIAS is to be a trusted and indispensable partner, delivering insightful, innovative and exceptional internal audit services. PIAS aligns with constitutional principles, Batho Pele, and King IV, aiming to improve KZNPG efficiency and governance. It adheres to the International Professional Practices Framework (IPPF), focusing on internal audit principles, ethics, and standards. PIAS develops a risk-based three-year strategic plan and annual operational plan, approved by the PARC, to support KZNPG goals, including alignment with the KZN Provincial Growth and Development Plan (PGDP) and National Development Plan (NDP), while evaluating governance and value-for-money.

Charter, methodology and internal audit plans

The Internal Audit Charter outlines the PIAS's role, authority, and scope, approved by the PARC and endorsed by the MEC for Finance, and is updated at least annually. The PIAS follows a disciplined, systematic approach, developing a three-year strategic plan and annual operational plan based on risk assessments. Methodology includes developing an audit manual to guide staff, ensuring audits are performed with proficiency and due care, and keeping manuals updated with technological advances

Independence and objectivity

Independence is achieved through the structure of PIAS, ensuring that audit work is conducted with impartiality and unbiased judgment. The Chief Audit Executive (CAE) reports administratively to the Head of the Department of Treasury and functionally to the Provincial Audit and Risk Committee (PARC), enhancing independence. PIAS staff refrain from performing operational duties, approving accounting transactions, directing employees outside PIAS, or designing and implementing systems or policies, limiting their involvement to an advisory capacity only

Internal audit modality

Operating as a hybrid model, PIAS provides in-house, outsourced, or co-sourced services like operational audits, IT audits, risk assessments, performance audits and governance reviews, It offers advisory services, such as policy reviews and strategic planning support.

Staffing

The MEC for Finance, in consultation with the PARC, appoints the Chief Audit Executive (CAE) under the Public Service Administration Act, with the CAE's performance evaluated according to the Performance Management Development System. The CAE oversees recruitment for the Provincial Internal Audit Services (PIAS) by determining the necessary skills, education, and experience, and decides whether to utilise outsourcing or co-sourcing to achieve PIAS objectives. PIAS maintains a highly skilled auditing team equipped with the knowledge, competencies, and systems needed to fulfil its responsibilities effectively. Internal auditors are required to join professional bodies such as the IIA (SA) to keep abreast of the latest developments in the field. Additionally, the CAE submits an Annual Performance Plan, staffing plan, and budget to KZN Provincial Treasury and the PARC for their approval.

Quality assurance and improvement program

PIAS implements a quality assurance program to evaluate compliance with ISPIA and the Code of Ethics, assessing efficiency and identifying improvements. The CAE communicates results of internal and external assessments (every five years) to the PARC and Accounting Officers. The PARC annually evaluates PIAS on plan achievement, standards compliance, reporting timeliness, staffing adequacy, and budget adherence

Stakeholder relationships

PIAS fosters positive and collaborative relationships with management, the Provincial Audit and Risk Committee (PARC)/Cluster Audit and Risk Committees (CARCs), and the Auditor General, while steadfastly maintaining its independence and objectivity. The Chief Audit Executive (CAE) facilitates information sharing, coordinates activities, and evaluates reliance on other assurance providers to ensure comprehensive coverage and minimise duplication of efforts. The CAE works closely with Accounting Officers to develop the three-year strategic and annual operational plans, ensuring a thorough planning process. PIAS delivers audit reports to management, engages in discussions to refine the content, and incorporates feedback before finalizing the reports. The CAE maintains regular communication with the chairpersons of CARCs and PARC, providing quarterly updates through CARCs to the PARC on material findings, progress, internal controls, and significant audit issues. Additionally, PIAS collaborates with the Auditor-General to reduce duplication by holding periodic meetings to discuss audit plans and reliance, sharing working papers, management letters, and risk areas, and issuing opinions in coordination with the CAE, CARCs, and PARC.

Audit Committee

Purpose and mandate

The Provincial Audit and Risk Committee Charter serves as the Terms of Reference for the Provincial Audit and Risk Committee (PARC) and the three Cluster Audit and Risk Committees (CARCs), detailing their roles, responsibilities, composition, and meeting protocols. These Committees support the KwaZulu-Natal Provincial Government (KZNPG) by overseeing the integrity of financial and performance reporting, maintaining strong internal controls, managing audit processes, ensuring legal compliance, upholding the Code of Conduct, preventing fraud, managing risks, and promoting good governance.

Independence

The Committees prioritise independence. The chairpersons of both the PARC and CARCs must not be employed by the KZNPG, the broader public sector, or hold positions as office bearers in any political party, which enhances transparency, openness, accountability, and impartiality in their operations. To prevent conflicts of interest, members are strictly prohibited from engaging in any business dealings or financial transactions with KZNPG departments or related entities, safeguarding the Committees' objectivity. Members are required to disclose any actual, potential, or perceived conflicts of interest promptly at the start of meetings, with the chair maintaining detailed records of these declarations. Those with conflicts are excused from related discussions and deliberations to maintain the integrity of the decision-making process.

Protecting the independence of the internal audit function

The Committees actively protect the independence of the internal audit function by ensuring direct communication with key audit figures. They have the authority to engage directly with the Chief Audit Executive (CAE) and the Auditor-General to investigate matters requiring further action. The PARC specifically

reviews and approves the Provincial Internal Audit Services (PIAS) Charter and its three-year rolling and annual audit plans to ensure alignment with governance standards. To maintain quality, PIAS undergoes internal and external quality reviews, overseen by the PARC. The CARCs assess and report any potential or actual limitations on the internal audit scope to the PARC, ensuring issues are addressed at a higher level.

Performance against statutory duties

The PARC is established by the Provincial Executive Council under sections 76 and 77 of the Public Finance Management Act (PFMA), reporting directly to the MEC for Finance. The Committees perform critical roles, including reviewing internal audit reports, financial statements, risk management strategies, and fraud prevention measures, ensuring compliance with PFMA, Treasury Regulations, and the principles of King IV on corporate governance

Composition of the audit committee

The PARC consists of 5 to 13 independent members, while each CARC has at least 3, all of whom must not be employed by the KZNPG under the Public Service Act, 1994. Members collectively require expertise in financial management, internal financial controls, external and internal audit processes, corporate law, risk management, sustainability, integrated reporting, IT governance, performance reporting, and fraud/ethics risk management.

The chairpersons of both PARC and CARCs are appointed by the MEC for Finance, with the PARC chair appointed in consultation with the Provincial Executive Council, ensuring they have no affiliations with the public sector or political parties to maintain impartiality.

The PARC includes permanent or invited members such as the Head of Provincial Treasury, Provincial Accountant General, Auditor-General South Africa (AGSA), and CAE, while CARCs involve Heads of Departments, Chief Financial Officers, Chief Risk Officers, Heads of Internal Control, Compliance, Legal Services, and IT, along with CAE, PIAS officials, and AGSA.

Members serve three-year terms, with PARC members limited to two consecutive terms and CARC members to two terms total, with termination possible for resignation, conflicts of interest (disclosed or undisclosed), non-attendance of two meetings, or unsatisfactory performance, all requiring concurrence from the MEC for Finance and consultation with the Executive Council.

Voting rights are restricted to Committee members, and remuneration is determined by the MEC for Finance, specified in individual contracts.

Meeting attendance

The PARC holds at least two meetings per year, with the flexibility to convene additional meetings as circumstances require, requiring a quorum of four members, including the Chairperson or a delegated Chairperson. The CARCs meet at least four times annually, with a quorum of one member plus the Chairperson or delegated Chairperson. Accounting Officers, Chief Financial Officers, other assurance providers, and professional advisors may attend meetings by invitation but do not have voting rights. The CAE (or their representative) and the Auditor-General are required to attend all PARC and CARC meetings, including in-committee sessions, without voting rights. In-committee meetings with PIAS and the Auditor-General are held before each CARC meeting and as deemed necessary for the PARC, with minutes thoroughly documented and distributed to relevant recipients within two weeks, circulated within 10 working days. Members of either Committee may attend External Audit Steering Committee meetings on an ad-hoc basis by invitation. Failure

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to attend at least two meetings, with or without an apology, results in automatic removal, subject to concurrence from the MEC for Finance and consultation with the Executive Council.

Combined assurance

The PARC ensures the application of a combined assurance model across the province to address all significant risks facing the KZNPG, providing a comprehensive approach to risk management. The CARCs, at the departmental level, ensure a coordinated approach to all assurance activities by verifying that the combined assurance model is appropriate for addressing significant risks specific to each department. They also monitor the relationship between external and internal assurance providers and provide commentary on the effectiveness of the combined assurance model, ensuring a holistic oversight of risk and assurance processes.

Resolution of audit committee recommendations

The PARC directs Accounting Officers to provide statutory reports detailing progress on implementing the Committee's recommendations and actively follow up on these recommendations. Both Committees have the authority to communicate any concerns deemed necessary to executive authorities, the Head of Provincial Treasury.

Audit committee performance evaluation

The effectiveness of the PARC is evaluated annually by the MEC for Finance, while CARC members are assessed annually by the relevant Accounting Officers. The Auditor-General provides an independent annual report on the effectiveness and efficiency of the Committees, offering an external perspective on their performance. Furthermore, the assessment of the Committees is integrated into the independent Quality Assurance Review of the PIAS, conducted in accordance with IIA standards, ensuring a comprehensive evaluation of their operations.

TABLE 42: AUDIT COMMITTEE MEMBERS

Name	Qualifications	Professional Affiliation (e.g. SAICA, IIA, IOD(SA))	Appointment: Term of Office		No. of meetings attended 2024/25	Has the AC member declared private and business interests in every meeting? (Yes/No)	Is the AC member an employee of an organ of state? (Yes / No)	No. of other ACs that the member served on during the reporting period (whether in the public sector or not)	No. of other governance structures the member served on during the reporting period, e.g. Boards, Risk Committee, IT Committee, etc, whether in this or any other institution(s)
			Start date	End Date					
Ms Priscilla Ramphal	CA (SA)	SAICA	18 May 2022	31 May 2025	4 of 4	Yes	No	0	0
Mr Simiso Magagula	Masters (Geography & Urban Planning)	IODSA	4 Sept 2023	30 Sept 2026	4 of 4	Yes	No	0	0
Mr Sibusiso Mthethwa	B Compt [Hon]	CPrac (SA) SAIPA	18 May 2022	31 May 2025	4 of 4	Yes	No	1	0

Remuneration of audit committee members

- Rate for the Chairperson: R2 373 per hour
- Rate for Members: R2 136 per hour

Report of The Audit & Risk Committee on Vote 7 – Health

The Audit and Risk Committee herewith presents its report for the financial year ended 31 March 2025, as required by Treasury Regulation 3.1.13 read with section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999).

The Provincial Audit and Risk Committee (PARC) is the shared audit and risk committee for provincial departments and is further subdivided into three Cluster Audit & Risk Committees (CARCs). The Audit and Risk Committee reports that it has adopted formal terms of reference contained in its Audit and Risk Committee Charter. The Committee complied with its responsibilities arising from the Public Finance Management Act and Treasury Regulations.

1. Audit Committee Members and Attendance

The PARC which consisted of the members listed hereunder; and of which three of its members are specifically assigned to the Cluster responsible for the Department; have met as reflected below.

#	Name of Member	Ordinary Meetings Attended	Special Meetings Attended	CARC Meetings Attended
1.	Mr Z Zulu – PARC Chairperson	4 of 4	1 of 1	N/A
2.	Mr S Mthethwa – CARC Chairperson	4 of 4	1 of 1	4 of 4
3	Ms P Ramphal – CARC member	4 of 4	1 of 1	4 of 4
4	Mr S Magagula – CARC member	4 of 4	1 of 1	4 of 4
5.	Ms S Makhathini	4 of 4	1 of 1	N/A
6.	Dr M Zakwe	4 of 4	1 of 1	N/A
7.	Mr S Maharaj	4 of 4	1 of 1	N/A
8.	Mr L Mangquku	3 of 4	1 of 1	N/A
9.	Ms B Jojo	4 of 4	1 of 1	N/A

2. Effectiveness of Internal Control

The Committee has reviewed the reports of the Internal Audit Unit, the Audit Report on the Annual Financial Statements and the Management Report of the Auditor General of South Africa (AGSA) and has noted with concern the weaknesses in controls in the following:

- General Health Care
- Mental Health and Psychiatry
- TB, HIV and Aids
- Management of Key Accounts
- Expenditure Management

- Asset Management
- Revenue Management
- Strategic Planning
- Procurement and contract management
- Consequence Management
- Litigation
- Accruals and Payables

The Committee considered the appropriateness of management's planned interventions to improve the overall system of controls and advised management to implement these measures urgently, to avoid the recurrence of audit findings.

3. Effectiveness of Internal Audit

The Internal Audit Unit has been decentralised and was under the full control of the department. The activities of the Unit were reviewed by the Committee during the special PARC and CARC monitoring processes. The Committee evaluated Internal Audit Units' reports detailing the assessment of the adequacy and effectiveness of controls designed to mitigate the risks associated with the operational and strategic activities of the department.

The Internal Audit Unit planned to conduct 14 audit assignments for the period under review, of which six were finalised and eight were carried over to the 2025/26 financial year.

The Committee was not satisfied with the Internal Audit Units' performance due to audits that were not finalised during the period under review. During the 2025/26 financial year, the Committee will continue to monitor the progress made by the Internal Audit Unit against its operational plans to ensure that it continues to fulfil its mandate and add value to the Department.

4. Risk Management

The Committee's risk management responsibilities are outlined in its Charter. During the reporting period, these duties primarily involved quarterly oversight of the Department's risk register and monitoring the Department's compliance with the minimum risk management standards set out in the provincial risk management framework. The tables below summarise a) The Department's risk register, including the number of risk mitigation plans implemented and b) The status of compliance with the minimum risk management standards.

Table A:

Risk Register Summary	Risk Grouping					
Focus Area	Critical	Major	Moderate	Minor	Insignificant	Total
Number of risks identified	58	98	28	14	4	202
Number of agreed-upon risk mitigation plans	106	173	41	10	0	330
Number of implemented risk mitigation plans	5	20	7	1	0	33
% of implemented risk mitigation plans	5%	12%	17%	10%	N/A	10%

Table B:

Compliance with Minimum Risk Management Standards and related Guidelines	Status of compliance			
	Number of risk management standards	Number of guidelines	Number of guidelines fully complied with	% compliance
	15	76	59	78%

The Department has implemented only 10% of its agreed-upon risk mitigation plans, a massive concern to the audit and risk committee and complied with 78% of the prescribed minimum risk management standards. To further improve its risk management practices, the Department is advised to:

- To promptly address the slow implementation of risk mitigation plans and to institute consequence management against employees who have failed to address agreed-upon risk mitigation plans.
- Delegate management of some of its risks to hospitals and/or district offices. The Department should, therefore, establish appropriate governance structures and reporting protocols to ensure the timely identification and management of risks by hospital boards and management, with only transversal and critical risks escalated to the head office. Each hospital should, with the support of risk management champions, develop and manage its risk register.
- Increase efforts to ensure full compliance with all minimum risk management standards.
- Adopt a holistic and integrated approach to risk management through the adoption and implementation of the provincial combined assurance framework. The Department should report quarterly progress on this initiative during the 2025/26 financial year.

5. Quality of in-year monitoring and monthly/quarterly reports

The Committee was satisfied with the content and quality of quarterly reports in respect of in year monitoring and quarterly performance, prepared and issued by the Accounting Officer of the Department during the year under review, in terms of the PFMA and the Division of Revenue Act. However, the Committee raised concerns over the unauthorised expenditure of R 11.5 million incurred during the year relating to Programme 4: Provincial Hospital Services. The over-expenditure was due to the current staff not being fully funded because of the carry-through impact of the 2021/2022 budget cuts, and the salary increase not being fully funded. The auditors raised concerns on some programs' achievement, which

were over than the planned target, and expressed doubt on the correctness of the achieved targets, and the Committee advised management to address the matter. The department did not provide evidence to auditors to support reported achievement for various indicators, and the auditors were concerned about the correctness of the achieved targets. The Committee advised management to maintain a file of portfolio of evidence to support reported targets.

There was a finding by the auditor regarding the safeguard of assets, and the Committee advised management to adhere to its Asset Management Policy regarding the safeguard of assets.

The Committee monitored the implementation of corrective actions in respect of the detailed findings emanating from the previous regulatory audit, as well as the Internal Audit, on a quarterly basis through the CARC processes.

6. Review of the Annual Financial Statements

The Committee has:

- Reviewed and discussed the Annual Financial Statements, including the audit report, with the Accounting Officer, Auditor General and Internal Audit Unit.
- Reviewed the Auditor General's Management Report.
- Reviewed the Department's processes for compliance with legal and regulatory provisions, where concerns have been noted with asset management, expenditure management, consequence management, revenue management, procurement and contract management and the failure to implement effective steps to prevent irregular expenditure; and
- Reviewed the conclusion on the usefulness and reliability of performance information resulting from the audit of the Department.

The Committee noted with concern that two matters had been emphasised in the report and related to uncertainty relating to the future outcomes of medic-legal litigation of R3.46 billion and payables not recognised of R1.35 billion regarding payments that had exceeded the 30-day term of payment.

The Committee noted with concern the repeated material findings in respect of the availability of evidence to support reported performance and material differences between actual and reported performance. The material misstatements were not all corrected by the Department, resulting in the material findings reported. The department had spent its full budget; however, only 55.7% of the targets had been achieved for the two programmes subjected to the audit.

In addition, the committee noted with concern the repeated lack of improvement in the department's processes to prevent irregular expenditure. Furthermore, the Committee noted with concern the

regression on immovable capital assets wherein the disclosure in the AFS was understated by R1,32 billion, resulting from incorrect application of the methodology in the reclassification of the projects and the ineffective review and reconciliation of the source documents. The Committee noted with concern the issue of the quality of the preparation of the AFS and advised management to address the matter of quality review of the AFS.

The Committee noted that in respect of the three-material irregularity (MI) identified in the prior years, the efforts implemented by the Department have been deemed sufficient to resolve the MIs.

7. Forensic Investigations

In terms of forensic investigations, the Office of the Premier was performing investigations relating to allegations of supply chain management irregularities in awarding the service provider and irregularities in staff appointments. The investigation covered the period July 2013 to November 2024, which was still in progress, and recommendations were still being implemented. In addition, the Special Investigations Unit was conducting investigations into possible fraudulent medico-legal claims, with some of the investigations finalised and referred for criminal prosecution. Furthermore, the department was performing internal investigations relating to Supply Chain Management. The Committee will follow up on these matters throughout the 2025/26 financial year as part of conducting its oversight responsibilities.


8. Auditor-General's Report

The Committee has met with the Auditor General of South Africa to discuss and evaluate the issues that emanated from the current regulatory audit. The Committee will ensure that corrective actions in respect of the detailed findings emanating from the current regulatory audit continue to be monitored on a quarterly basis through the CARC processes.

The Committee concurs with and accepts the conclusion of the Auditor General's opinion on the Annual Financial Statements of a qualified audit opinion and is of the opinion that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

9. Appreciation

The Committee wishes to express its appreciation to the management of the Department, the Auditor General of South Africa, and the Provincial Internal Audit Services for the co-operation and support provided in enabling the Committee to fulfil its mandate.



Mr L M Mangquku CA (SA)

Chairperson: Provincial Audit and Risk Committee

14 August 2024

B-BBEE Compliance performance information

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?	Yes	The Department is issuing licences in respect of Private Health Care services as outlined on the Department of Health policies.
Developing and implementing a preferential procurement policy?	Yes	The policy was implemented as outlined on the PPPFA
Determining qualification criteria for the sale of state-owned enterprises?	No	The Department is providing Health Care Services, is not mandated to sell state owned enterprises
Developing criteria for entering into partnerships with the private sector?	No	The Department is providing Health Care Services, is not mandated to sell state owned enterprises
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	The Department is providing Health Care Services, is not mandated to award incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?

PART D: HUMAN RESOURCES OVERSIGHT REPORT

Introduction

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

Human Resource Management Services (HRMS) endeavoured to pursue its strategic intent by aligning internal human resource processes to Government's human resource policies and strategies, to ensure the execution of the Department's mandated functions. In doing so, HRMS accomplished significant achievements in some areas whilst the most prominent challenge experienced related to the Compensation of Employees (CoE) budget allocation received.

Overview of Human Resources

Achievements

- The vacancy rate at the end of the reporting period was 10% (7 354/73 354).
- The Annual HR Planning Implementation Report was approved by the Head of Department on 31 May 2024 and submitted to the OTP on 31 May 2024.
- To ensure the availability of staff with scarce skills in the Department, the ratio of Medical Officers per 100 000 population had an improved performance as follows during 2024/25. The improved performance can be ascribed to the increased allocation of Medical Interns and Community Service Medical Officers:
 - The actual performance of Medical Officers was 33.92 / 100 000 against a target of 27.4.
- The Job Access Strategic Framework Report for 2023/2024 and the Job Access Strategic Framework Plan for 2024/25 were submitted to the DPSA and OTP on 03 April 2024 and acknowledged by the DPSA on 05 April 2024.
- The Gender Equality Strategic Framework Report for 2023/2024 and the Gender Equality Strategic Framework Plan for 2024/25 were submitted to the DPSA and OTP on 03 April 2024 and acknowledged by the DPSA on 05 April 2024.
- The Approved Annual Employment Equity Report was submitted to Department of Employment and Labour on 05 December 2024, and an acknowledgement letter was received. With regards to the implementation of the Head of Department's 8 Principles Action Plan for Public Service Women in Management Week, a successful meeting was held on 23 August 2024 which was chaired by the HoD.
- The HOD's Performance Agreement has been signed and uploaded on the electronic system and submitted to the DPME.
- Of 84 SMS members 77 (92%) SMS members have complied with the submission of Performance Agreements by 31 August 2024. 2 SMS members are on suspension and 5 were non-compliant. No payment of pay progressions and disciplinary action will be implemented for non-compliant Managers.
- Four PHSDCBC Chamber meetings were held during 2024/25 between the employer and trade unions so as to create a platform to address transversal challenges affecting employees and the Department.
- A total of 27 978 employees (17 905 females and 10 073 males) has undergone various training and development initiatives during 2024/25 utilising the Department's skill development budget.
- 20 SMS Managers were trained on Mentorship for Public Service Managers.
- 112 Managers and Supervisors were trained on Initiating and Conducting Disciplinary Enquiries.

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- 36 Managers were trained on the Moderator Course.
- 40 Managers were trained on the Assessor Course.
- 40 Managers were trained on Emotional Intelligence.
- 57 Managers Were trained on Contract Management.
- 7 Managers/Supervisors were trained on Supply Chain Management.
- A total of 1 861 employees were subjected to orientation and re-orientation programmes during the reporting period.
- The target of 120 first year bursaries nursing students was exceeded. 239 bursaries were awarded. The number of 120 was surpassed due to the need in the Department for General Nurses to be trained who would be available to meet the Human Resources needs of the KZNDOH and to be trained as Midwives. Of the 239 students, 153 are female, 86 are male, no disabled students and all 239 are from the youth category.
- 480 Internal bursaries were awarded to employees of which 320 were Females, 160 were Males and 2 employees with Disabilities.
- As part of the Department's interventions, support and awareness programs are being implemented on a continuous basis. EHW has identified substance abuse and mental health as priority issues. Focus is therefore on awareness, training and upskilling on these issues.
- The Department conducted 108 labour relations workshops at health facilities in the Department with the aim of ensuring compliance with labour relations prescripts.
- The Department continues to partner with the Office of the Premier and work with other Departments in ensuring ways to finalise labour cases within the prescribed period. The Department reviewed all precautionary suspensions as directed by the Office of the Premier. As at April 2024, the Department had 8 officials on precautionary suspensions. By the end of the reporting period, 3 officials are on precautionary suspension.
- The senior appointments made in the Department for the reporting period were for the posts of CEO: Port Shepstone Regional Hospital.

Challenges

- The ratio of Professional Nurses per 100 000 population has decreased due to the Department's inability to fill posts as a result of the limited budget allocations. The situation was further compounded by the recent increased number of exits amongst the Professional Nurse category:
 - The actual performance of Professional Nurses was 145.5 / 100 000 against a target of 152.9.
- 307 employees demised whilst 56 employees were discharged as a result of ill-health and 801 employees retired during the reporting period.
- There is a shortage of Investigating Officers and Presiding Officers to handle the large volume of misconduct cases. There are also numerous requests for postponements by parties. Additionally, there is a shortage of dedicated Labour Relations Practitioners in health facilities which adds to delays in finalizing misconduct cases.
- Training initiatives and training intakes are limited due to the constricting funding envelope, and this is evidenced by the fact that the Department did not award any health sciences bursaries during 2024/25.
- The Department's inability to fill posts as a result of the limited budget allocations has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which, consequently, has a negative impact on staff well-being as well as service delivery backlogs as a result of having vacant posts. The situation was compounded by the recent increased number of exits amongst the Professional Nurse category.

1.1 Personnel related expenditure

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

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

TABLE 43: (3.1.1) PERSONNEL EXPENDITURE BY PROGRAMME FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
Administration	1 709 306	536 081	0,00	0,00	23,8	577,00
Central Hospital Services	5 908 144	3 625 752	0,00	0,00	61,5	655,00
District Health Services	27 280 099	18 437 032	0,00	0,00	67,5	397,00
Emergency Medical Services	1 763 589	1 313 456	0,00	0,00	74,5	462,00
Health Care Support Services	319 939	175 985	0,00	0,00	84,4	396,00
Health Facilities Management	1 903 423	107 952	0,00	0,00	5,3	28,00
Health Sciences & Training	1 390 736	1 243 368	0,00	0,00	89,5	420,00
Provincial Hospital Services	13 521 656	10 304 676	0,00	0,00	75,9	593,00
Total as on Financial Systems (BAS)	53 796 892	35 744 302	0,00	0,00	65.8	446,00

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 44: 3.1.2 PERSONNEL COSTS BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary band	Personnel expenditure (R'000) ⁴	% of total personnel cost	No. of employees	Average personnel cost per employee
Lower skilled (Levels 1-2)	817 644,00	2	3 350	244 073,00
Skilled (Levels 3-5)	8 147 791,00	23	25 154	323 916,00
Highly skilled production (Levels 6-8)	8 582 681,00	24	18 059	475 258,00
Highly skilled supervision (Levels 9-12)	15 060 979,00	42	14 636	1 029 037,00

⁴ Personnel Expenditure includes Transfers

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Salary band	Personnel expenditure (R'000) ⁴	% of total personnel cost	No. of employees	Average personnel cost per employee
Senior management (Levels >= 13)	116 710,00	0	79	1 477 342,00
Other	180 144,00	1	335	537 743,00
Contract (Levels 1-2)	19 126,00	0	61	313 541,00
Contract (Levels 3-5)	109 039,00	0	146	746 842,00
Contract (Levels 6-8)	305 934,00	1	793	385 793,00
Contract (Levels 9-12)	1 873 149,00	5	1975	948 430,00
Contract (Levels >= 13)	8 538,00	0	4	2 134 500,00
Contract Other	57 891,00	0	1132	51 140,00
Periodical Remuneration	92 968,00	0	625	148 675,00
Abnormal Appointment	643 553,00	2	13876	46 380,00
Total	36 016 149,00	100	80 225⁵	448 940,00

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 45: (3.1.3) SALARIES, OVERTIME, HOMEOWNERS ALLOWANCE AND MEDICAL AID BY PROGRAMME FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Programme	Salaries		Overtime		Homeowners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Administration	488 055,00	83,00	4 604,00	0,80	11 487,00	2,00	24 647,00	4,20
Central Hospital Services	2 728 876,00	74,90	305 929,00	8,40	96 953,00	2,70	178 911,00	4,90
District Health Services	14 668069,00	78,60	551 426,00	3,00	680 110,00	3,60	1 076217,00	5,80
Emergency Medical Services	890 000,00	67,30	159 526,00	12,10	59 073,00	4,50	105 438,00	8,00
Health Care Support Services	127 011,00	70,90	5 757,00	3,20	9 243,00	5,20	19 121,00	10,70
Health Facilities Management	15 178,00	21,40	0,00	0,00	42,00	0,10	113,00	0,20
Health Sciences & Training	988 518,00	78,80	216 264,00	17,20	6 376,00	0,50	12 217,00	1,00
Provincial Hospital Services	7 841 865,00	75,10	823 076,00	7,90	302 217,00	2,90	554 086,00	5,30
Total	27 747 572,00	76,70	2 066 582,00	5,70	1 165 502,00	3,20	1 970 752,00	5,50

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

⁵ Please note that this number includes all categories of employees with all natures of appointments e.g. permanent, temporary, contract, abnormal appointments, etc.

TABLE 46: (3.1.4) SALARIES, OVERTIME, HOMEOWNERS ALLOWANCE AND MEDICAL AID BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary band	Salaries		Overtime		Homeowners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Lower skilled (Levels 1-2)	567 436,00	69,40	1 473,00	0,20	72 408,00	8,90	101 181,00	12,40
Skilled (Levels 3-5)	5 888 702,00	72,00	140 358,00	1,70	516 929,00	6,30	851 772,00	10,40
Highly skilled production (Levels 6-8)	6 650 426,00	77,10	134 887,00	1,60	363 945,00	4,20	617 377,00	7,20
Highly skilled supervision (Levels 9-12)	11 754 340,00	77,80	1 379 031,00	9,10	210 566,00	1,40	397 851,00	2,60
Senior management (Levels >= 13)	101 879,00	85,20	2 154,00	1,80	541,00	0,50	688,00	0,60
Other	177 614,00	98,00	304,00	0,20	263,00	0,10	685,00	0,40
Contract (Levels 1-2)	18 750,00	98,00	107,00	0,60	66,00	0,30	55,00	0,30
Contract (Levels 3-5)	107 628,00	97,90	346,00	0,30	213,00	0,20	269,00	0,20
Contract (Levels 6-8)	300 408,00	97,90	3 122,00	1,00	234,00	0,10	600,00	0,20
Contract (Levels 9-12)	1 441 467,00	76,90	404 827,00	21,60	338,00	0,00	274,00	0,00
Contract (Levels >= 13)	7 669,00	86,00	- 35,00	- 0,40	0,00	0,00	1,00	0,00
Contract Other	57 882,00	99,90	6,00	0,00	0,00	0,00	0,00	0,00
Periodical Remuneration	92 944,00	93,20	0,00	0,00	0,00	0,00	0,00	0,00
Abnormal Appointment	580 427,00	90,20	0,00	0,00	0,00	0,00	0,00	0,00
Total	27 747 572,00	76,70	2 066 582,00	5,70	1 165 502,00	3,20	1 970 752,00	5,50

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

1.2 Employment and Vacancies

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

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

This information is presented in terms of three key variables:

- programme
- salary band

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- critical occupations (see definition in notes below).

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

TABLE 47: (3.2.1) EMPLOYMENT AND VACANCIES BY PROGRAMME AS ON 31 MARCH 2025

Programme	Number of posts ⁶ on approved establishment	Number of posts ⁷ filled	Vacancy Rate	Number of employees additional ⁸ to the establishment
Administration	1 098	923	16	179
Central Hospital Services	6 674	5 523	18	6
District Health Services	41 550	35 750	14	1 330
Emergency Medical Services	3 128	2 839	9	0
Health Care Support Service	617	444	28	2
Health Facilities Management	4	4	0	0
Health Sciences & Training	3 219	2 927	9	3 123
Provincial Hospital Services	19 953	17 314	13	80
Total	76 243	65 724	13.80⁹	4 720

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 48: (3.2.2) EMPLOYMENT AND VACANCIES BY SALARY BAND AS ON 31 MARCH 2025

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment ¹⁰
Lower Skilled (Levels 1-2)	3 862	3 350	13,30	126
Skilled (Levels 3-5)	29 000	25 154	13,30	174
Highly Skilled Production (Levels 6-8)	20 470	18 059	11,80	52
Highly Skilled Supervision (Levels 9-12)	18 350	14 636	20,30	6

⁶ These are actual Posts on Persal. Organograms are not captured to ensure compliance with Cabinet Resolution to keep vacancy rates below 10%.

⁷ This refers to filled posts. Please note that more than one sessional employee may occupy a post.

⁸ Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment in addition to additional to employment posts.

⁹ Please note that the actual vacancy rate is 10% (7354/73354) as the DPSA who have revised the calculation of vacancy rates in the Public Service where frozen posts are now excluded from the calculation of vacancy rates. This Vulindlela data table will be updated by the DPSA and National Treasury.

¹⁰ Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment in addition to additional to employment posts.

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Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment ¹⁰
Senior Management (Levels >= 13)	115	79	31,30	0
Other	1 467	1 467	0,00	1 673
Contract (Levels 1-2)	61	61	0,00	63
Contract (Levels 3-5)	146	146	0,00	128
Contract (Levels 6-8)	793	793	0,00	787
Contract (Levels 9-12)	1 975	1 975	0,00	1 710
Contract (Levels >= 13)	4	4	0,00	1
Total	76 243	65 724	13,80	4 720

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 49: (3.2.3) EMPLOYMENT AND VACANCIES BY CRITICAL OCCUPATIONS AS ON 31 MARCH 2025

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Artisan	451	346	23,28%	0
Chiropracist	2	2	0%	0
Dentist	163	148	9,2%	39
Dietician	218	200	7,8%	41
EMRS	3 032	2 752	9,23%	0
Engineer	60	43	28,33%	5
Environmental Health	110	97	11,82%	19
Head Of Department	1	0	100%	0
Medical Practitioners	4 648	4 032	9,40%	1288
Medical Physicist	10	8	20%	0
Medical Specialist	945	660	21,06%	0
Medical Technician / Technologist	113	110	1,77%	100
Nurse Professional	20 772	17 298	16,72%	65
Nutritionist	22	21	4,55%	0
Occupational Therapist	249	175	29,72%	67
Optometrist	73	64	12,33%	1
Oral Hygienist	34	26	23,53%	0
Pharmacist	1 104	1 021	7,34%	289
Physiotherapist	333	303	9,01%	0
Psychologist	130	92	28,46%	29
Radiographer	794	641	18,89%	62
Social Worker	294	263	10,54%	4

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Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Speech Therapy & Audiology	233	232	5,56%	95
Grand Total	33 824	28 534	14,83%	2 104

Source: PERSAL Establishment report as at 31/03/2025

1.3 Filling of SMS Posts

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

TABLE 50: (3.3.1) SMS POST INFORMATION AS ON 31 MARCH 2025

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/Head of Department	1	0	0%	1	100%
Salary Level 16 ¹¹	1	1	100%	0	0%
Salary Level 15	7	4	57%	3	43%
Salary Level 14	21	14	67%	7	33%
Salary Level 13	89	64	72%	25	28%
Total	119	83	70%	36	30%

Source: PERSAL Establishment Report 31/03/2025 and Acting Assistant Director: PERSAL Control

TABLE 51: (3.3.2) SMS POST INFORMATION AS ON 30 SEPTEMBER 2024

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/Head of Department	1	1	100%	0	0%
Salary Level 16	1	1	100%	0	0%
Salary Level 15	7	4	57%	3	43%
Salary Level 14	21	14	67%	7	33%
Salary Level 13	89	67	75%	22	25%
Total	119	87	73%	32	27%

Source: PERSAL Establishment Report 30/09/2024 and Acting Assistant Director: PERSAL Control

¹¹ MEC Post

TABLE 52: (3.3.3) ADVERTISING AND FILLING OF SMS POSTS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/Head of Department	1	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	1	0	0
Salary Level 13	3	0	3
Total	4	0	3

Source: Deputy Director HR Practices

TABLE 53: (3.3.4) REASONS FOR NOT HAVING COMPLIED WITH THE FILLING OF FUNDED VACANT SMS - ADVERTISED WITHIN 6 MONTHS AND FILLED WITHIN 12 MONTHS AFTER BECOMING VACANT FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Reasons for vacancies not advertised within six months
Cost containment measures by National Treasury and Budget Constrains.

Reasons for vacancies not filled within twelve months
Cost containment measures by National Treasury and Budget Constrains.

Source: Deputy Director HR Practices

TABLE 54: (3.3.5) DISCIPLINARY STEPS TAKEN FOR NOT COMPLYING WITH THE PRESCRIBED TIMEFRAMES FOR FILLING SMS POSTS WITHIN 12 MONTHS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Reasons for vacancies not advertised within six months
None – in line with Treasury note on cost containment measures.

Reasons for vacancies not filled within six months
Cost containment measures by National Treasury and Budget Constrains.

Source: Deputy Director HR Practices

1.4 Job Evaluation

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

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TABLE 55: (3.4.1) JOB EVALUATION BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower Skilled (Levels 1-2)	3 862	0	0	0	0	0	0
Skilled (Levels 3-5)	29 000	0	0	1	100	0	0
Highly Skilled Production (Levels 6-8)	20 470	1	0	1	0	0	0
Highly Skilled Supervision (Levels 9-12)	18 350	0	0	0	0	0	0
Senior Management Service Band A	84	0	0	0	0	0	0
Senior Management Service Band B	20	0	0	0	0	0	0
Senior Management Service Band C	8	0	0	0	0	0	0
Senior Management Service Band D	3	0	0	0	0	0	0
Other	1 467	0	0	0	0	0	0
Contract (Levels 1-2)	61	0	0	0	0	0	0
Contract (Levels 3-5)	146	0	0	0	0	0	0
Contract (Levels 6-8)	793	0	0	0	0	0	0
Contract (Levels 9-12)	1 975	0	0	0	0	0	0
Contract Band A	3	0	0	0	0	0	0
Contract Band B	1	0	0	0	0	0	0
Total	76 243	1	0	2	50	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2025 and Director: Organisational Efficiency Services

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

TABLE 56: (3.4.2) PROFILE OF EMPLOYEES WHOSE POSITIONS WERE UPGRADED DUE TO THEIR POSTS BEING UPGRADED FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

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

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Gender	African	Asian	Coloured	White	Total
Employees with a Disability	0	0	0	0	0
Total	0	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2025 and Director: Organisational Efficiency Services

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

TABLE 57: (3.4.3) EMPLOYEES WITH SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION BY OCCUPATION FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Elementary	10	Level 2 to 5	Level 3 to 6	Grade Progression
Clerical Support Workers	464	Level 3 to 10	Level 5 to 9	Grade Progression
Managers	6	Level 12 to 14	Level 13 to 16	Head hunting/retention
Professionals	349	Level 3 to 11	Level 6 to 12	Grade Progression/ OSD implementation
Protect Rescue Social Health Science Support Personnel	913	Level 2 to 10	Level 3 to 11	Grade Progression/ OSD implementation
Skill Agri Fores Fish Craft Related Trades Workers	4	Level 6 to 8	Level 7 to 9	Grade Progression/ OSD implementation
Technicians & Associate Technical Occupations	153	Level 3 to 9	Level 4 to 12	Grade Progression/ OSD implementation
Total number of employees whose salaries exceeded the level determined by job evaluation				1 899
Percentage of total employed				2.90%

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

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

TABLE 58: (3.4.4) PROFILE OF EMPLOYEES WHO HAVE SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Gender	African	Asian	Coloured	White	Total
Female	1172	72	19	9	1272
Male	577	45	4	1	627
Total	1749	117	23	10	1899
Employees with a disability	4	1	0	0	5

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

Total number of Employees whose salaries exceeded the grades determine by job evaluation	1899
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Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

Employment Changes

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

TABLE 59: (3.5.1) ANNUAL TURNOVER RATES BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary band	Number of employees at beginning of period- 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower Skilled (Levels 1-2)	3 728	11	110	3
Skilled (Levels 3-5)	26 080	420	781	3
Highly Skilled Production (Levels 6-8)	17 756	238	849	4,8
Highly Skilled Supervision (Levels 9-12)	14 984	707	1 203	8
Senior Management Service Band A	60	1	3	5
Senior Management Service Band	12	0	1	8,3
Senior Management Service Band C	5	0	0	0
Senior Management Service Band D	2	0	0	0
Other	944	1 052	460	48,7
Contract (Levels 1-2)	152	3	10	6,6
Contract (Levels 3-5)	715	66	385	53,8
Contract (Levels 6-8)	868	666	895	103,1
Contract (Levels 9-12)	2 087	1 271	1 268	60,8
Contract Band A	3	1	1	33,3
Contract Band B	2	0	0	0
Contract Band D	1	0	1	100
Total	67 399	4 436	5 967	8,9

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 60: (3.5.2) ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Critical occupation	Number of employees at beginning of period- April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
All Artisans in The Building Metal Machinery Etc.	431	5	22	5,10
Ambulance and Related Workers	2 699	43	92	3,40
Dentist	152	47	48	31,60
Dietician	195	58	45	23,10

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Critical occupation	Number of employees at beginning of period- April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Engineers and Related Professionals	75	5	12	16,00
Environmental Health	88	20	7	8,00
Head of Department	1	0	1	100,00
Head of Provincial Government	1	0	0	0,00
Medical Practitioners	3 956	1 241	1 128	28,50
Medical Specialists	1 155	117	176	15,2
Medical Technicians/Technologists	112	3	4	3,60
Occupational Therapy	181	68	73	40,30
Optometrists and Opticians	65	4	5	7
Oral Hygiene	26	0	0	0,00
Pharmacists	1036	304	323	31,20
Physicists	9	0	1	11,1
Physiotherapy	340	80	82	24,10
Professional Nurse	18 044	637	1 620	9,00
Psychologists and Vocational Counsellors	92	36	27	29,30
Radiography	687	81	125	18,20
Senior Managers	86	1	9	10,50
Social Work and Related Professionals	258	11	8	3,10
Speech Therapy and Audiology	231	89	93	40,30
Total	29 886	2 850	3 901	13,10

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

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

TABLE 61: (3.5.3) REASONS WHY STAFF LEFT THE DEPARTMENT FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Termination Type	Number	% of Total Resignations
Death	257	4,31
Resignation	1 778	29,8
Expiry of contract	2 715	45,5
Transfers, Permanent	3	0,05
Discharged due to ill health, Permanent	49	0,82
Dismissal-misconduct, Permanent	70	1,17
Retirement, Permanent	1 046	17,53
Other	49	0,82
Total	5 967	100
Total number of employees who left as a % of total employment	9,08	

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 62: (3.5.4) PROMOTIONS BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Occupation	Employees 1 April 2024	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
All Artisans in the Building Metal Machinery Etc.	431	0	0	105	24,4
Ambulance and Related Workers	2 699	3	0,1	1 474	54,4
Dental Practitioners	152	0	0	78	51,3
Dieticians and Nutritionists	195	0	0	122	62,6
Engineers and Related Professionals	41	1	2,4	18	43,9
Environmental Health	88	0	0	58	65,9
Head of Provincial Department	1	0	0	0	0
Head of Provincial Government Component	1	0	0	0	0
Medical Practitioners	3 956	23	0,6	1 266	32
Medical Specialists	1 155	28	2,4	373	32,3
Medical Technicians/Technologists	112	2	1,8	84	75
Occupational Therapy	181	0	0	71	39,2
Optometrists and Opticians	65	0	0	40	61,5
Oral Hygiene	26	0	0	21	80,8
Pharmacists	1 036	1	0,1	431	41,6
Physicists	9	0	0	4	44,4
Physiotherapy	340	0	0	199	58,5
Professional Nurse	18 044	85	0,5	5 685	31,5
Psychologists and Vocational Counsellors	92	0	0	41	44,6
Radiography	687	5	0,7	445	64,8
Senior Managers	86	0	0	0	0
Social Work and Related Professionals	258	0	0	118	45,7
Speech Therapy and Audiology	231	0		103	44,6
Total	29 886	148	0,5	10 736	35,9

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

TABLE 63: (3.5.5) PROMOTIONS BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary Band	Employees 1 April 2024	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees by salary bands
Lower Skilled (Levels 1-2)	3 728	0	0,00	1 467	39,40
Skilled (Levels 3-5)	26 080	3	0,00	12 476	47,80

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Salary Band	Employees 1 April 2024	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees by salary bands
Highly Skilled Production	17 756	27	0,20	8 617	48,50
Highly Skilled Supervision	14 984	129	0,90	6 519	43,50
Senior Management (Levels >= 13)	79	3	3,80	6	7,60
Other	944	0,	0,00	57	6,00
10 Contract (Levels 1- 2), Permanent	152	0	0,00	1	0,70
11 Contract (Levels 3- 5), Permanent	715	0	0,00	52	7,30
12 Contract (Levels 6- 8), Permanent	868	1	0,10	34	3,90
13 Contract (Levels 9- 12), Permanent	2 087	3	0,10	36	1,70
14 Contract (Levels >= 13), Permanent	6	0	0,00	1	16,70
Total	67 399	166	0,20	29 266	43,40

Source: Vulindlela HR Oversight Report extracted on 05/05/2025

Employment Equity

TABLE 64: (3.6.1) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL CATEGORIES AS ON 31 MARCH 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials and Managers	0	0	0	0	1	0	0	0	1
Professionals	11	0	5	0	17	0	1	0	34
Technicians and Associate Professionals	13	0	1	0	47	0	1	2	64
Clerks	3	0	0	0	10	0	0	0	13
Service Shop and Market Sales Workers	15	0	1	0	60	0	0	0	76
Plant and Machine Operators and Assemblers	2	0	0	0	2	0	0	0	4
Labourers and Related Workers	50	0	1	0	89	1	0	0	141
Clerical Support Workers	2 769	34	212	11	4 816	93	314	47	8 296
Elementary	1 487	20	103	12	2 316	17	59	4	4 018
Managers	290	5	27	13	239	5	20	11	610
Plant & Machine Operators & Assemblers	360	3	30	1	20	0	1	0	415
Professionals	4 895	87	959	216	17 337	410	2 396	391	26 691

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Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Protect Rescue Social Health Science Support Pers	4557	34	329	5	16 202	93	271	20	21 511
Skill Agri Fores Fish Craft Related Trades Workers	194	8	8	3	25	1	1	0	240
Technicians & Associate Technical Occupations	1241	18	160	7	1847	32	281	24	3 610
Total	15 887	209	1 836	268	43 028	652	3 345	499	65 724
Employees with disabilities	194	3	34	9	175	3	25	6	449

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Deputy Director: Employment Equity

TABLE 65: (3.6.2) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL BANDS AS ON 31 MARCH 2025

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	6	0	0	0	1	0	0	0	7
Senior Management	30	0	5	2	33	0	3	3	76
Professionally qualified and experienced specialists and mid-management	3 545	83	879	199	9 322	274	1 991	322	16 615
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	4 108	56	525	25	13 989	244	917	139	20 003
Semi-skilled and discretionary decision making	7 145	62	404	40	17 377	128	422	23	25 601
Unskilled and defined decision making	1 053	8	23	2	2 306	6	12	1	3 411
Total	15 887	209	1 836	268	43 028	652	3 345	499	65 724

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Deputy Director: Employment Equity

TABLE 66: (3.6.3) RECRUITMENT FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	1	0	0	0	1	0	0	0	2
Professionally qualified and experienced specialists and mid-management	893	21	174	52	1 567	34	227	62	3 030
Skilled technical and academically qualified workers, junior management, supervisors,	223	2	15	2	544	18	55	45	861

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Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
foremen and superintendents									
Semi-skilled and discretionary decision making	51	1	0	0	430	2	2	0	486
Unskilled and defined decision making	7	0	0	0	7	0	0	0	14
Total	1 175	24	189	54	2 549	54	284	107	4 436
Employees with disabilities	5	0	0	0	3	0	0	0	8

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Deputy Director: Employment Equity

TABLE 67: (3.6.4) PROMOTIONS FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	1
Senior Management	4	0	1	0	4	0	0	0	9
Professionally qualified and experienced specialists and mid-management	1 397	42	420	91	3 561	121	955	157	6 744
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	1 940	38	310	15	5 791	101	419	45	8 659
Semi-skilled and discretionary decision making	4 186	39	189	14	7 785	70	252	16	12 551
Unskilled and defined decision making	480	6	11	0	965	2	4	0	1 468
Total	8 008	125	931	120	18 106	294	1 630	218	29 432
Employees with disabilities	137	2	15	3	99	1	13	4	274

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Deputy Director: Employment Equity

TABLE 68: (3.6.5) TERMINATIONS FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	0
Senior Management	0	0	1	1	3	0	0	97	102
Professionally qualified and experienced specialists and mid-management	795	20	55	19	921	51	276	62	2 199
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	362	9	45	5	1 443	44	111	4	2 023
Semi-skilled and discretionary decision making	330	3	14	1	449	10	18	0	825

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Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Unskilled and defined decision making	37	0	2	0	78	0	3	0	120
Total	1 525	32	255	69	3 410	105	408	163	5 967
Employees with disabilities	11	0	4	0	11	0	1	2	29

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Deputy Director: Employment Equity

TABLE 69: (3.6.6) DISCIPLINARY ACTION FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Final written warning	39	0	0	0	45	1	2	0	87
Dismissals	8	0	0	1	8	0	0	1	18
Counselling	4	0	0	0	21	1	1	0	27
Abscondment	1	0	0	0	4	0	0	0	5
Written warning	28	2	0	0	16	1	1	0	48
Withdrawn	14	0	0	0	9	0	1	1	25
Not guilty	4	0	0	0	5	0	0	0	9
Suspension without pay	25	0	1	1	18	0	0	0	45
Verbal warning	2	0	0	0	4	1	0	0	7
Demotion	1	0	0	0	0	0	0	0	1
Total	126	2	1	2	130	4	5	2	272

Source: FOSAD and Director Labour Relations

TABLE 70: (3.6.7) SKILLS DEVELOPMENT FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	535	13	71	7	963	20	59	22	1 690
Professionals	1 756	20	102	28	5 794	126	463	58	8 347
Technicians and associate professionals	4 057	63	784	16	4 652	40	125	18	9 755
Clerks	1 080	3	19	9	2 220	23	30	10	3 394
Service and sales workers	392	0	0	1	1 222	1	6	1	1 623
Skilled agriculture and fishery workers	19	0	0	0	7	0	0	0	26
Craft and related trades workers	81	2	2	2	18	0	0	0	105
Plant and machine operators and assemblers	33	0	1	1	11	0	0	0	46

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Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Elementary occupations	175	0	1	0	186	1	0	0	363
Total	8 128	101	980	64	15 073	211	683	109	25 349
Employees with disabilities									68¹²

Source: Acting Director: HRD

1.5 Signing of Performance Agreements by SMS Members

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

TABLE 71: (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	1	1	100%
Salary Level 16	1	1	0	0
Salary Level 15	4	4	3	75%
Salary Level 14	14	14	13	93%
Salary Level 13	63	63	56	88%
Total	83	83	73	88%

Source: Acting Director: HRD

NB: Due to the National Election in May 2024, the deadline for submission of Performance Agreements for SMS members was extended to 31 August 2024.

TABLE 72: (3.7.2) REASONS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS FOR ALL SMS MEMBERS AS ON 31 MARCH 2025

Reasons
1 SMS member is the MEC who reports to OTP.
2 SMS members were suspended - 1 at level 15 and 1 at level 14.
1 SMS member was on prolonged sick leave.
1 submitted after the deadline date.
5 were non – compliant.

Source: Acting Director: HRD

¹² The source document template, the Annual Training Report, only provides distribution by race only and not gender for PWDs, hence only total PWDs were provided (of the 68 there are African-32, Coloured-0, Indian-12, White-24).

TABLE 73: (3.7.3) DISCIPLINARY STEPS TAKEN AGAINST SMS MEMBERS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS AS ON 31 MARCH 2025

Reasons
Disciplinary letters were issued to all non-complaint Managers.
Non- payment of the pay progression for the 2024/2025 cycle for non-compliant Managers.

Source: Acting Director: HRD

1.6 Performance Rewards

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

TABLE 74: (3.8.1) PERFORMANCE REWARDS BY RACE, GENDER AND DISABILITY FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Race and gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African, Female	0	42 853	0	0	0
African, Male	0	15 693	0	0	0
Asian, Female	0	3 320	0	0	0
Asian, Male	0	1 802	0	0	0
Coloured, Female	0	649	0	0	0
Coloured, Male	0	206	0	0	0
Total Blacks, Female	0	46 822	0	0	0
Total Blacks, Male	0	17 701	0	0	0
White, Female	0	493	0	0	0
White, Male	0	259	0	0	0
Employees with a disability	0	449	0	0	0
Total	0	65 724	0	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Acting Director: HRD

TABLE 75: (3.8.2) PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SENIOR MANAGEMENT SERVICE FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Lower Skilled (Levels 1-2)	0	3 327	0	0	0	0
Skilled (Levels 3-5)	0	24 957	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	17 692	0	0	0	0

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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	
Highly Skilled Supervision (Levels 9-12)	0	13 941	0	0	0	0
Other	0	1 410	0	0	0	0
Contract (Levels 1-2)	0	59	0	0	0	0
Contract (Levels 3-5)	0	146	0	0	0	0
Contract (Levels 6-8)	0	789	0	0	0	0
Contract (Levels 9-12)	0	1 963	0	0	0	0
Total	0	64 284	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Acting Director: HRD

TABLE 76: (3.8.3) PERFORMANCE REWARDS BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Artisan	0	451	0	0	0
Chiropracist	0	2	0	0	0
Dentist	0	163	0	0	0
Dietician	0	218	0	0	0
EMRS	0	3 032	0	0	0
Engineer	0	60	0	0	0
Environmental Health	0	110	0	0	0
Head Of Department	0	1	0	0	0
Medical Practitioners	0	4 648	0	0	0
Medical Physicist	0	10	0	0	0
Medical Specialist	0	945	0	0	0
Medical Technician / Technologist	0	113	0	0	0
Nurse Professional	0	20 772	0	0	0
Nutritionist	0	22	0	0	0
Occupational Therapist	0	249	0	0	0
Optometrist	0	73	0	0	0
Oral Hygienist	0	34	0	0	0
Pharmacist	0	1 104	0	0	0
Physiotherapist	0	333	0	0	0
Psychologist	0	130	0	0	0
Radiographer	0	794	0	0	0
Social Worker	0	294	0	0	0

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Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Speech Therapy & Audiology	0	233	0	0	0
Total	0	33 791	0	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2024, Acting Director: HRD

TABLE 77: (3.8.4) PERFORMANCE RELATED REWARDS (CASH BONUS), BY SALARY BAND FOR SENIOR MANAGEMENT SERVICE FOR THE PERIOD 1 APRIL 2024 TO 31 MARCH 2025

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	59	0	0	0	0
Band B	0	14	0	0	0	0
Band C	0	5	0	0	0	0
Band D	0	2	0	0	0	0
Total	0	80	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

1.7 Foreign Workers

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

TABLE 78: (3.9.1) FOREIGN WORKERS BY SALARY BAND FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Salary band	01 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Highly skilled production (Levels 6-8)	3	10	0	0	-3	37,5
Highly skilled supervision (Levels 9-12)	26	86,7	17	77,3	-9	112,5
Lower skilled (Levels 1-2)	0	0	0	0	0	0
Other	1	3,3	5	22,7	4	- 50
Senior management (Levels 13-16)	0	0	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0	0	0
Total	30	100	22	100	-8	100

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

TABLE 79: (3.9.2) FOREIGN WORKERS BY MAJOR OCCUPATION FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Major occupation	01 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative Office Workers	0	0	0	0	0	0
Craft and Related Trades Workers	0	0	0	0	0	0
Elementary Occupations	0	0	0	0	0	0
Other Occupations	0	0	2	9,1	2	- 25
Professionals and Managers	28	93,3	20	90,9	-8	100
Social Natural Technical and Medical Sciences + Support	0	0	0	0	0	0
Technicians and Associated Professionals	2	6,7	0	0	-2	25
Total	30	100	22	100	-8	100

Source: Vulindlela HR Oversight Report extracted on 05/05/2024 and Establishment Report

1.8 Leave utilisation

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

TABLE 80: (3.10.1) SICK LEAVE FOR THE PERIOD 1 JANUARY 2024 TO 31 DECEMBER 2024

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	632	76,3	106	0,2	6	429
Contract (Levels 13-16)	2	50	2	0	1	11
Contract (Levels 3-5)	3 430	77,3	600	1,2	6	3 406
Contract (Levels 6-8)	4 321	64,1	947	1,8	5	5 344
Contract (Levels 9-12)	9 511	62,7	1 835	3,5	5	23 276
Contract Other	1 110	74,2	386	0,7	3	310
Highly skilled production (Levels 6-8)	106 991	82	14 180	27,3	8	175 576
Highly skilled supervision (Levels 9-12)	88 503	79,3	11 837	22,8	7	283 712
Lower skilled (Levels 1-2)	20 120	86,2	2576	5	8	14 534
Other	104	76,9	11	0	9	236
Senior management (Levels 13-16)	320	85	44	0,1	7	1 564
Skilled (Levels 3-5)	145 270	82,2	19 401	37,4	7	154 401
Total	380 314	80,9	51 925	100	7	662 799

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

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TABLE 81: (3.10.2) DISABILITY LEAVE (TEMPORARY AND PERMANENT) FOR THE PERIOD 1 JANUARY 2024 TO 31 DECEMBER 2024

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	22	100	2	0,1	11	15,00
Contract (Levels 3-5)	126	100	6	0,2	21	132,00
Contract (Levels 6-8)	91	100	8	0,3	11	121,00
Contract (Levels 9-12)	428	100	19	0,6	23	1 216,00
Contract Other	16	100	2	0,1	8	6,00
Highly skilled production (Levels 6-8)	29 660	100	941	30,3	32	49 419,00
Highly skilled supervision (Levels 9-12)	25 539	100	860	27,7	30	79 521,00
Lower skilled (Levels 1-2)	3 755	100	116	3,7	32	2 820,00
Other	2	100	1	0	2	6,00
Senior management (Levels 13-16)	163	100	2	0,1	82	754,00
Skilled (Levels 3-5)	34 054	100	1 144	36,9	30	36 918,00
Total	93 856	100	3 101	100	30	170 927,00

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

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

TABLE 82: (3.10.3) ANNUAL LEAVE FOR THE PERIOD 1 JANUARY 2024 TO 31 DECEMBER 2024

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Contract (Levels 1-2)	2 490,92	17	145
Contract (Levels 13-16)	62	12	5
Contract (Levels 3-5)	10 652,68	14	760
Contract (Levels 6-8)	17 441	13	1 294
Contract (Levels 9-12)	36 952,20	17	2 211
Contract Other	11 723	14	830
Highly skilled production (Levels 6-8)	457 539,12	25	18 332
Highly skilled supervision (Levels 9-12)	369 261,69	24	15 217
Lower skilled (Levels 1-2)	82 158,22	22	3 690
Other	409	26	16
Senior management (Levels 13-16)	1 776	23	78
Skilled (Levels 3-5)	616 374,85	24	25 831
Total	1 606 840,68	23	68 409

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

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TABLE 83: (3.10.4) CAPPED LEAVE FOR THE PERIOD 1 JANUARY 2024 TO 31 DECEMBER 2024

Salary band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2025
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	0
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	330,25	63	5	40
Highly skilled supervision (Levels 9-12)	266,25	72	4	40
Lower skilled (Levels 1-2)	0	0	0	12
Other	12,25	6	2	31
Senior management (Levels 13-16)	0	0	0	66
Skilled (Levels 3-5)	350,70	46	8	36
Total	959,45	187	5	39

Source: Vulindlela HR Oversight Report extracted on 05/05/2024

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

TABLE 84: (3.10.5) LEAVE PAY-OUTS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Reason	Total amount (R'000)	Number of employees	Average per employee (R)
Annual - Discounting With Resignation (Workdays)	35 439	1235	28 696
Annual - Discounting: Contract Expiry (Workdays)	597	38	15 711
Annual - Gratuity: Death/Retirement/Medical Retirement (Work)	51 496	1 238	41 596
Annual - Head Of Departments (Gratuity) (Workdays) ¹³	13	1	13 000
Capped - Gratuity: Death/Retirement/Medical Retirement (Work)	50 179	561	89 446
Total	137 723		

¹³ Payment is in relation to leave discounting on resignation and Persal Code is being corrected.

1.9 HIV/AIDS & Health Promotion Programmes

TABLE 85: (3.11.1) STEPS TAKEN TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
<ul style="list-style-type: none"> The Department has a pool of employees in the childbearing age. These are most likely to have unprotected sex and get exposed to HIV/AIDS/STIs. The other group is that of employees who work off site for the longest period. Since they are away from their partners for longest period, the risk is higher of them engaging in extra spousal sexual relations and contracting sexually transmitted diseases. Healthcare workers who use sharps /needles. Any person exposed to bodily fluids. <p>The Department is also seeing an increase in mental health issues. Some of these present with impulsive and risk-taking behaviour. So, these are at risk in case decision making and negotiating for safe sexual engagement</p>	<ul style="list-style-type: none"> Aggressive awareness on HIV/AIDS &STI. Continuous distribution of condoms. Prevention and treatment programmes Training on strict procedure on how to handle and dispose sharps. Training on IPC procedures. Emphasize on Mental Health awareness programmes.

Source: Director: EH&W

TABLE 86: (3.11.2) DETAILS OF HEALTH PROMOTION AND HIV/AIDS PROGRAMMES (TICK THE APPLICABLE BOXES AND PROVIDE THE REQUIRED INFORMATION)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Dr Nokuthula Dlamini, Director
2. Does the department have a dedicated unit, or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		Director Employee Health and Wellness 4 Deputy Directors responsible for: <ol style="list-style-type: none"> Individual wellness Organizational wellness Spiritual wellness and Occupational health and Safety The unit also has a Wellness Practitioner, Safety Officer, Assistant Director Occupational Health, Occupational Health Nurse, Data Capturer and an Administrator. Budget is still a serious challenge, which makes it hard to implement some programmes.
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	Yes		Counselling services on personal and work-related issues Organizational wellness including work and play programme. Personal Finance Management programme.

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Question	Yes	No	Details, if yes
			HIV/AIDS Programme Occupational Health and Safety Health & Productivity Management
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	Yes		The EHW and OHS committee is made up as follows: Priya Lallupersad (Corporate services) Nokuthula Dlamini (EHW) General Dladla (Security) Nontuthuzelo Bhengu (OHS) Sibusiso Ngubane (Safety Officer)
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		HIV Policy and Wellness Policy OHS POLICY Wellness Policy Health and productivity policy Substance abuse policy
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		An HIV/AIDS policy is in place. The policy clearly outlines that discrimination on the basis of HIV status is prohibited. Education and awareness around the issue of HIV/AIDS also assists in dealing with some of the misconceptions and myths around HIV/AIDS. We also have an open-door policy where at any time an HIV positive employee can come and discuss his/her concerns. We also have the behaviour change programme, stigma fighting programme and human rights programme.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	Yes		The Department is vigorously encouraging HCT in the department and the response has been very positive. We can pin this success of this program to the stigma and behaviour change programs that we have in the department. More people have participated in the program. The unit had planned to

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Question	Yes	No	Details, if yes
			reach 75% of our staff, however; due to financial challenges, and glitches with the sponsors like GEMS, who also had their internal challenges therefore could not support. For 2025/26 there is positive commitment from GEMS to support, however we are reducing the target to 30% to accommodate the terms given by GEMS.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		Monitoring the use of sick and vacation leave. Monitor the attendance of wellness sessions, analyse data from case work to see how many were successfully closed

Source: Director: EH&W

1.10 Labour Relations

TABLE 87: (3.12.1) COLLECTIVE AGREEMENTS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Subject matter	Date
PSCBC Resolution 2 of 2024 (Amendment of Resolution 3 of 2017) – Negotiations protocol agreement	09/07/2024
PSCBC Resolution 1 of 2025 – Agreement on payment of salary adjustment	17/02/2025
PSCBC Resolution 2 of 2025 – Agreement to matters referred to further process for research, investigations and negotiations in the financial year 2025/26	17/02/2025
PHSDSBC Resolution 1 of 2024 (Amendment of Resolution 2 of 2023) – Agreement on provision of token of appreciation	21/10/2024
PHSDSBC Resolution 1 of 2025 (Further extension of Resolution 3 of 2014, as previously extended by Resolution 2 of 2024) – Agreement on increase	01/03/2025

Source: Director: Labour Relations, PSCBC and PHSDSBC

Total number of Collective agreements	5
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The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

TABLE 88: (3.12.2) MISCONDUCT AND DISCIPLINARY HEARINGS FINALISED FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	27	9.9%
Verbal warning	07	2.6%

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Outcomes of disciplinary hearings	Number	% of total
Written warning	48	17.6%
Final written warning	87	32%
Suspended without pay	45	16.5%
Abscondment	05	1.8%
Dismissal	18	6.6%
Not guilty	09	3.3%
Case withdrawn	25 ¹⁴	9.2%
Demotion	1	0.4%
Total	272	100%

Source: FOSAD and Director Labour Relations

TABLE 89: (3.12.3) TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Type of misconduct	Number	% of total
Absenteeism	47	17.3%
Assault	07	2.6%
Drunk on duty	08	2.9%
Failure to control drugs	04	1.5%
Derelection of duty	04	1.5%
Dissertation of duties	03	1.1%
Failure to ensure oxygen and suction checked	04	1.5%
Insubordination	11	4%
Insulting patients	03	1.1%
Late coming	02	0.7%
Misuse of state property	06	2.2%
Negative attitude	02	0.7%
Negligence	25	9.2%
Non-compliance with financial disclosure	34	12.5%
Failure to manage patients	03	1.1%
Poor performance	08	2.9%
Sexual harassment	04	1.5%
Theft	08	2.9%
RWOPS	03	1.1%
Unauthorised strike for certain hours	14	5.1%
Unprofessional behaviour	11	4%
Flouting Departmental Recruitment and Selection Policy	02	0.7%
Other	59	21.9%
Total	272	100%

Source: FOSAD and Director Labour Relations

¹⁴ Cases withdrawn are made up of 15 cases withdrawn due to lack of evidence and new evidence emerged that contradicts initial findings, and 9 resignations, 1 retirement and 1 contract expiry during the disciplinary process.

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TABLE 90: (3.12.4) GRIEVANCES LOGGED FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Grievances	Number	% of Total
Number of grievances resolved	148	60%
Number of grievances not resolved	99	40%
Total number of grievances lodged	247	100%

Source: FOSAD and Director Labour Relations

TABLE 91: (3.12.5) DISPUTES LOGGED WITH COUNCILS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Disputes	Number	% of Total
Number of disputes upheld	7	4%
Number of disputes dismissed	38	22%
Total number of disputes lodged	172¹⁵	

Source: PHSDSBC and Director Labour Relations

TABLE 92: (3.12.6) STRIKE ACTIONS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Total number of persons working days lost	00
Total costs working days lost	00
Amount recovered as a result of no work no pay (R'000)	00

Source: Director: Labour Relations

TABLE 93: (3.12.7) PRECAUTIONARY SUSPENSIONS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Number of people suspended	17
Number of people whose suspension exceeded 30 days	9
Average number of days suspended	83 ¹⁶
Cost of suspension (R'000)	R 4 444 842, 61

Source: FOSAD and Director Labour Relations

1.11 Skills development

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

TABLE 94: (3.13.1) TRAINING NEEDS IDENTIFIED FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Occupational category	Gender	Number of employees as at 1 April 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials, and managers	Female	55	0	1 004	39	1 043
	Male	50	0	844	35	879
Professionals	Female	4 426	0	7 660	1 335	8 995
	Male	3 517	0	3 034	494	3 528

¹⁵ 127 Cases are pending.

¹⁶ The average number of days suspended is impacted by three employees who were suspended between 5 and 15 months.

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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
Technicians and associate professionals	Female	20 493	0	2 517	580	3 097
	Male	4 519	0	1 180	358	1 538
Clerks	Female	5 190	0	1 784	316	2 100
	Male	3 046	0	1 108	196	1 304
Service and sales workers	Female	14 316	0	1 402	276	1 678
	Male	4 106	0	811	93	904
Craft and related trades workers	Female	17	0	9	12	21
	Male	412	0	77	40	117
Plant and machine operators and assemblers	Female	192	0	47	10	57
	Male	518	0	143	13	156
Elementary occupations	Female	4 174	0	266	45	311
	Male	2 368	0	250	155	405
Sub Total	Female	48 863	0	14 689	2 613	17 302
	Male	18 536	0	7 447	1 384	8 831
Total		67 399	0	22 136	3 997	26 133

Source: Acting Director: HRD and WSP 2024/25 Section E3 & G

TABLE 95: (3.13.2) TRAINING PROVIDED FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Occupational category	Gender	Number of employees as at 1 April 2024	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	55	0	1 064	19	1083
	Male	50	0	626	19	645
Professionals	Female	4 426	0	6 441	552	6 993
	Male	3 517	0	1 906	184	2 090
Technicians and associate professionals	Female	20 493	0	4 835	205	5 040
	Male	4 519	0	4 920	108	5 028
Clerks	Female	5 190	0	2 283	910	3 193
	Male	3 046	0	1 111	401	1 512
Service and sales workers	Female	14 316	0	1 230	93	1 323
	Male	4 106	0	393	39	432
Craft and related trades workers	Female	17	0	18	31	49
	Male	412	0	87	28	115
Plant and machine operators and assemblers	Female	192	0	11	9	20
	Male	518	0	35	10	45
Elementary occupations	Female	4 174	0	187	17	204
	Male	2 368	0	176	30	206
Sub Total	Female	48 863	0	16 069	1 836	17 905

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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
	Male	18 536	0	9 254	819	10 073
Total		67 399	0	25 323	2 655	27 978

Source: Acting Director: HRD and ATR 2024/25 Section F3 & F11

1.12 Injury on duty

The following tables provide basic information on injury on duty.

TABLE 96: (3.14.1) INJURY ON DUTY FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Nature of injury on duty	Number	% of total
Required basic medical attention only	374	96%
Temporary Total Disablement	17	4%
Disablement	0	0%
Fatal	0	0%
Total	391	100%

Source: Acting Director: Service Conditions

1.13 Utilisation of Consultants

The following tables relates information on the utilisation of consultants in the department.

In terms of the Public Service Regulations "consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

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

TABLE 97: (3.15.1) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Project title	Total number of consultants that worked on project	Duration (workdays)	Contract value in Rand
Medico-Legal Matters	2 Firms	308	R25 168 985,23
Civil Matters: Various	3 Firms	44	R1 325 003,26
Civil and Labour Matters	1 Firm	22	R481 461,38
Forensic Investigation: Medico-Legal Claims	1 Firm	264	R18 333 333,33
Forensic Investigations: Maladministration and Corruption	1 Firm	44	R1 703 107,40
Internal Audit Assignments	6 Firms	330	R16 562 464,23

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Total number of projects	Total individual consultants	Total duration Workdays	Total contract value in Rand
6	14 Firms	1 012	R63 574 354,83

TABLE 98: (3.15.2) ANALYSIS OF CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Medico-Legal Matters	50%	50%	1
Civil Matters: Various	100%	100%	3
Civil and Labour Matters	100%	100%	1
Forensic Investigation: Medico-Legal Claims	100%	100%	1
Forensic Investigations: Maladministration and Corruption	100%	100%	1
Internal Audit Assignments	100%	100%	6

TABLE 99: (3.15.3) REPORT ON CONSULTANT APPOINTMENTS USING DONOR FUNDS FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

Project title	Total Number of consultants that worked on project	Duration (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 100: (3.15.4) ANALYSIS OF CONSULTANT APPOINTMENTS USING DONOR FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

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

1.14 Severance Packages

TABLE 101: (3.16.1) GRANTING OF EMPLOYEE-INITIATED SEVERANCE PACKAGES FOR THE PERIOD 1 APRIL 2024 AND 31 MARCH 2025

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

Source: Vulindlela HR Oversight Report extracted on 05/05/2025, Acting Director: Service Conditions

PART E: PFMA COMPLIANCE REPORT

IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	21 679 965	18 621 473
Prior period error	0	
AS Restated	0	1 8621 473
Add: Irregular expenditure confirmed	2 337 844	3 058 492
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	0	0
Less: Irregular expenditure recoverable	0	0
Less: Irregular expenditure not recovered and written off (prior Years)		0
Closing balance	24 017 809	21 679 965

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure that was under assessment in 2024/25	574 443	0
Irregular expenditure that relates to 2021/22 and identified in 2022/23	0	0
Irregular expenditure for the current year	2 337 844	3 058 492
Total	2 912 287	3 058 492

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

Description ¹⁷	2024/2025	2023/2024
	R'000	R'000
Irregular expenditure under assessment	574 443	719 440
Irregular expenditure under determination	0	0
Irregular expenditure under investigation	0	0
Total¹⁸	574 443	719 440

¹⁷ Group similar items

¹⁸ Total unconfirmed irregular expenditure (assessment), losses (determination), and criminal conduct (investigation)

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c) Details of current and previous year irregular expenditure condoned

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

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

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

e) Details of current and previous year irregular expenditure recovered

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

f) Details of current and previous years irregular expenditure written off (irrecoverable)

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

Additional disclosure relating to Inter-Institutional Arrangements

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

Description	
Total	Nil

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

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

Disciplinary steps taken
None

Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	5 074	2 700
Add: Fruitless and wasteful expenditure confirmed	11 198	3 948
Less: Fruitless and wasteful expenditure written off	6 333	0
Less: Fruitless and wasteful expenditure recoverable	12	0
Closing balance	9 927	5 074

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2024/25	0	0
Fruitless and wasteful expenditure that relates to 2023/24 and identified in 2024/25	0	0
Fruitless and wasteful expenditure for the current year	4 865	3 948
Total	4 865	3 948

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

Description ¹⁹	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure under assessment	0	0
Fruitless and wasteful expenditure under determination	0	1 724
Fruitless and wasteful expenditure under investigation		
Total ²⁰	0	1 724

¹⁹ Group similar items

²⁰ Total unconfirmed fruitless and wasteful expenditure (assessment), losses (determination), and criminal conduct (investigation)

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

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure recovered	12	0
Total	12	0

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

Description	2024/2025	2023/2024
	R'000	R'000
Fruitless and wasteful expenditure written off	6 333	1 574
Total	6 333	1 574

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

Disciplinary steps taken
None
Total

Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2024/2025	2023/2024
	R'000	R'000
Opening balance	1 376 984	93 825
Add: unauthorised expenditure confirmed	11 515	1 153 695
Add: Prior Period Error		129 464
Less: unauthorised expenditure approved with funding		
Less: unauthorised expenditure approved without funding		
Less: unauthorised expenditure recoverable		
Less: unauthorised not recovered and written off ²¹		
Closing balance	1 388 499	1 376 984

Overspending of the Vote

²¹ This amount may only be written off against available savings

Reconciling notes

Description	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure that was under assessment	0	0
Unauthorised expenditure that relates to 2023/24 and identified in 2024/25		129 464
Unauthorised expenditure for the current year	11 515	1 153 695
Total	11 515	1 183 159

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

Description ²²	2024/2025	2023/2024
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0
Unauthorised expenditure under investigation	0	0
Total²³	0	0

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

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

Material losses through criminal conduct	2024/2025	2023/2024
	R'000	R'000
Theft	0	0
Other material losses	0	0
Less: Recovered	0	0
Less: Not recovered and written off	0	0
Total	0	0

b) Details of other material losses

Nature of other material losses	2024/2025	2023/2024
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
Nil	0	0

²² Group similar items

²³ Total unconfirmed unauthorised expenditure (assessment), losses (determination), and criminal conduct (investigation)

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Nature of other material losses	2024/2025	2023/2024
	R'000	R'000
Total	0	0

c) Other material losses recovered

Nature of losses	2024/2025	2023/2024
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
None	0	0
Total	0	0

d) Other material losses written off

Nature of losses	2024/2025	2023/2024
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
None	0	0
Total	0	0

LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated Value
		R'000
Valid invoices received	239 046	20 864 331
Invoices paid within 30 days or agreed period	117 132	10 176 482
Invoices paid after 30 days or agreed period	121 914	10 687 848
Invoices older than 30 days or agreed period (<i>unpaid and without dispute</i>)	38 688	1 745 598
Invoices older than 30 days or agreed period (<i>unpaid and in dispute</i>)	0	0

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SUPPLY CHAIN MANAGEMENT

Contract variations and expansions

Project description	Name of supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
3-year SLA	Energy X-Ray	Variation	ZNB14/8/3/1 (2240) ZNB9655/2018	R599,232.00		
3-year SLA	DRGEM Africa	Variation	14/8/3/1 (2240)	R20,481,026.50		
3-year SLA	Lodox	Variation	14/8/3/1 (2240) ZNQ/HOH/1781/24	R927,010.68	R0.00	R0.00
Dr Pixley Ka Isaka Seme Memorial Hospital	PMSA	Variation		R375,660,772.96	R292,895,950.25	R128,914,450.69
Urgent repair to leaking nurses' residence roof R. K. Khan Hospital	Sihlahasiya'Hluma Construction	Expansion	ZNB5029/2022 OR-001399	R3,342,916.97	R0.00	R993,618.95
Assess & repair Air Press for Tunnel Washer	Nkosinathi Projects	Variation	ZNQ/HOH/1069/24-25	R86,710.00	R0.00	R0.00
Construction of Mpolweni Clinic-Architect	TJ Architects South Coast	Variation	ZNB5662/2023 OR-002239			
Construction of Mpolweni Clinic – Quantity Surveyor	DPV Consultants	Variation	ZNB5662/2023 OR-002220	R1,532,769.00	R0.00	R1,200,000.00
Replacement of doors – Umlanga Hospital	Mashumini	Expansion	ZNQ/HOH/1223/24-25 OR-003873	R996,500.00	R0.00	R80,480.00
Upgrade civil works – Richmond Hospital	Highpana Projects	Variation	ZNQ/HOH/075/20-21 E0283480	R92,509,255.33	R0.00	R1,045,245.16
Alteration/Renovations of staff accommodation – Murchison Hospital	Naidu Consulting	Expansion	ZNQ/HOH/0221/22 E0348885	R7,308,683.00	R0.00	R1,153,538.09
Pre-Filtration for renal water purification	Jalo Enterprise	Expansion	ZNQ/HOH/1158/24-25 OR-003792	R10,270,266.37		
Renewal of annual licence from Uniclox	Uniclox	Variation	ZNQ/HOH/973/24-25	R18,827.94	R0.00	
Emergency repairs to damaged electrical panel	Martin & Son Engineering	Variation	ZNQ/HOH/1242/24-25 OR-003874	R809,740.00	R0.00	

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Project description	Name of supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
Repair distribution board & issue compliance – Natalia Building	Igagasi National Electrical	Variation	ZNQ/HOH/1359/24-25 OR3964	R528,350.03	R0.00	
Faulty cold-rooms and freezers – Phoenix Mortuary	African Spear Trading 203	Variation	ZNQ/HOH/0878/24	R246,441.92	R0.00	
Installation of new generator set for two Central Laundries – eThekweni Districts	Burlington Electrical	Expansion	ZNB5026/2022 OR-001551	R8,805,693.29	R0.00	
Maintenance & operating chiller system during weekend – Natalia Building	Golden Touch	Variation	ZNB5480/2022 OR-004063	R11,592.00		
Repairs to storm damage – Peacevale Clinic	LVR Construction	Expansion	ZNQ/HOH/1410/24	R852,736.50		
Assess & repair dryer 2 – Laundry Services	Nkosinathi Projects	Variation	ZNQ/HOH/1332/24-25	R122,568.33		
Design of 72-hour portable, fire water storage & reticulation appointment – Ceza Hospital	Ukuza Construction	Expansion	ZNQ/HOH/1053/23-24 OR-002277	R984,687.01	R0.00	R272,053.20
Gastroscope upper and lower	Tecmed	Variation	ZNQ/HOH/1624/24-25 OR-004174	R10,297,121.42		
Replacement of sewer & water reticulation at Richmond Hospital	Map Africa Consulting Engineers	Variation	ZNQ/HOH/532/20-21	R3,958,917.68	R783,865.70	R173,850.22
				R539,004,442.58	293,679,815.95	R133,833,236.31

Note:

This total is not an actual amount but estimated figure, the actual amount will occur as and when each procuring institution issues an order.

PART F: FINANCIAL INFORMATION



AUDIT REPORT

Department of Health
2024-25



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

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 223 to 273, which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets and the cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of my report the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2025 and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) as prescribed by National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 24 of 2024 (Dora).

Basis for qualified opinion

Immovable tangible capital assets

3. I was unable to obtain sufficient appropriate audit evidence for the prior period error of R1,08 billion included in immovable tangible capital assets because of the poor status of accounting records. I was unable to confirm immovable tangible capital assets by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to the immovable tangible capital assets of R8,10 billion in note 30 as well as the prior period error of R1,08 billion in note 30.1 of the financial statements.

Irregular expenditure

4. The department did not record all irregular expenditure incurred as required by section 40(3)(b)(i) of the PFMA, although there were contraventions of supply chain management legislation. I was unable to determine the impact on irregular expenditure stated at R2,34 billion in note 25 of the financial statements as it was impracticable to do so.

Context for opinion

5. 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.
6. 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.

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

Emphasis of matters

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

Accruals and payables not recognised

9. As disclosed in note 21 to the financial statements, accruals and payables not recognised of R1,75 billion exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount would have constituted unauthorised expenditure had the amounts due been paid on time.

Contingent liabilities

10. As disclosed in note 19, the department is a defendant in various litigation matters estimated at R6,33 billion. The ultimate outcome of these matters could not be determined and no provision for any liability that may result was made in the financial statements.

Other matter

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

Unaudited supplementary schedules

12. The supplementary information set out on pages 274 to 305 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 thereon.

Responsibilities of the accounting officer for the financial statements

13. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
14. 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

15. 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.

16. 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 on page 13, forms part of my auditor’s report.

Report on the audit of the annual performance report

17. 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.

18. I selected the following programmes presented in the annual performance report for the year ended 31 March 2025 for auditing. I selected programmes that measure the department’s performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
Programme 2: District health services	83 - 102	To render primary health care and district hospital services.
Programme 4: Provincial hospital services	107 - 112	To deliver hospital services, that are accessible, appropriate, and effective and provide general specialist services, including specialised rehabilitation services, as well as a platform for training health professionals and research.

19. 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.

20. 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.

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

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

District health services

Ideal clinic status obtained rate

23. An achievement of 97,9% was reported against a target of 94,9%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the target was not achieved.

Malaria case fatality rate

24. An achievement of 0,6% was reported against a target of 0%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Various indicators

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

Indicator	Target	Reported achievement
HIV positive 15-24 year (excl ANC)	1,8%	1,6%
Cervical cancer screening coverage	70%	69,7%
Measles 2nd dose 1 year coverage	95%	88,2%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	94%

Various indicators

26. Based on my audit evidence, the actual achievements for five indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially more.

Indicator	Target	Reported achievement
All DS-TB client loss to follow up rate	9%	6,8%
Delivery 10 - 14 years in facility	632	523
HIV test positive around 18 months rate	1,5%	0,1%
PHC mental disorders treatment rate new	0,01%	0,04%
IUCD Uptake (IUCD - Intra uterine contraceptive device)	27 216	38 399

Various indicators

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

Indicator	Target	Reported achievement
ART child remain in care rate (12 months)	80%	80,3%
TB Pre-XDR loss to follow-up rate	21,7%	16,5%

Various indicators

28. Based on my audit evidence, the actual achievements for two indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially less.

Indicator	Target	Reported achievement
Child under 5 years diarrhoea case fatality rate – total	1,6%	1,2%
Child under 5 years pneumonia case fatality rate – total	1,8%	1,5%

Provincial hospital services

Cervical cancer screening

29. An achievement of 6 496 was reported against a target of 6 700. However, my audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the underachievement on the target was more than reported.

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

30. An achievement of 94% was reported against a target of 100%. However, my audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the underachievement on the target was more than reported.

Other matters

31. I draw attention to the matters below.

Achievement of planned targets

32. 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.

33. The tables that follow provide information on the achievement of planned targets and lists the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any under-achievement of targets are included in the annual performance report on pages 50 to 129.

District health services

<i>Targets achieved: 56,8%</i>		
<i>Budget spent: 100%</i>		
Key service delivery indicator not achieved	Planned target	Reported achievement
Patient experience of care satisfaction rate	89,6%	87,5%
Patient Safety Incident (PSI) case closure rate –district health services	97,8%	97,7%
Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	94%
TB Rifampicin resistant / multidrug - resistant treatment success rate	72%	69,2%
TB Pre-XDR treatment success rate	55%	49,4%
ART adult viral load suppressed rate - below 50 (12 months)	95%	82,7%

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<i>Targets achieved: 56,8%</i>		
<i>Budget spent: 100%</i>		
Key service delivery indicator not achieved	Planned target	Reported achievement
ART child viral load suppressed rate - below 50 (12 months)	90%	55,7%
TB Rifampicin resistant / multidrug - resistant lost to follow up rate	15%	15,3%
ART adult remain in care rate [12 months]	75%	67,8%
Immunisation under 1 year coverage	95%	85,5%
Measles 2nd dose 1 year coverage	95%	88,2%
Cervical cancer screening coverage	70%	69,7%
Malaria case fatality rate	0,0%	0,6%

Provincial hospital services

<i>Targets achieved: 55,6%</i>		
<i>Budget spent: 100,1%</i>		
Key service delivery indicator not achieved	Planned target	Reported achievement
Patient experience of care satisfaction rate	86,1%	82,2%
Maternal deaths in facility	25	71
Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	98,2%
Cervical cancer screening	6 700	6 496

Material misstatements

34. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for the district health services and provincial hospital services programmes. Management did not correct all the misstatements, and I reported material findings in this regard.

Report on compliance with legislation

35. 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.

36. 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.
37. 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.
38. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual financial statements

39. The financial statements submitted for auditing were not supported by full and proper records as required by section 40(1)(a) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected and the supporting records could not be provided, which resulted in the financial statements receiving a qualified opinion.

Expenditure management

40. Effective and appropriate steps were not taken to prevent unauthorised expenditure disclosed in note 25 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.
41. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for the qualified opinion the full extent of the irregular expenditure could not be quantified. The majority of the irregular expenditure disclosed in the financial statements was as a result of the continued use and payments made on expired contracts and various non compliances with SCM prescripts.
42. Effective steps were not taken to prevent fruitless and wasteful expenditure, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on late payments and expired stock that the department was required to dispose of.
43. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.
44. Public money was spent without the approval of the accounting officer or a properly delegated officer, as required by treasury regulation 8.2.1.

Revenue management

45. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.

Asset management

46. Proper control systems were not in place to ensure the safeguarding and maintenance of assets, as required by section 38(1)(d) of the PFMA.
47. Processes and procedures were not in place for the effective use of the institution's assets, as required by treasury regulation 10.1.2.

Strategic planning

48. 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).

Procurement and contract management

49. Some of the goods and services of a transaction value above R1 million were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by treasury regulation 16A6.1, paragraph 3.3.1 of NT instruction note 2 of 2021-22, paragraph 4.1 of NT instruction note 3 of 2021-22 and treasury regulation 16A6.4. Similar non-compliance was also reported in the prior year.
50. Some of the contracts were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by treasury regulation 16A9.1(d).
51. Some contracts and quotations were awarded to bidders based on evaluation criteria that were not stipulated and differed from those stipulated in the original invitation for bidding and quotations as required by treasury regulation 16A6.3(a) and (b). Similar non-compliance was also reported in the prior year.
52. Contracts and quotations were awarded to bidders based on preference points that were not allocated and calculated in accordance with the requirements of the Preferential Procurement Policy Framework Act 5 of 2000 and Preferential Procurement Regulations 2017 and 2022. Similar non-compliance was also reported in the prior year.
53. Some persons in service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4 and the Public Service Regulation 18(1). Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.
54. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Consequence management

55. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular as well as fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was because investigations into unauthorised, irregular as well as fruitless and wasteful expenditure were not performed.

56. Investigations were not conducted into all allegations of financial misconduct committed by some of the officials, as required by treasury regulation 4.1.1.

Other information in the annual report

57. The accounting officer is responsible for the other information included in the annual report which includes the general information, foreword by the member of the executive committee (MEC), report of the accounting officer, strategic overview, governance report (which includes the audit committee's report), human resources oversight report and PFMA compliance report. The other information 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.
58. My opinion on the financial statements and my reports on the audit of the annual performance report and 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 or conclusion on it.
59. 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.
60. The other information I obtained prior to the date of this auditor's report is the accounting officer's report and PFMA compliance report. The general information, foreword by the MEC, strategic overview, governance report (which includes the audit committee's report) and human resources oversight report are expected to be made available to me after 31 July 2025.
61. If, based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.
62. When I do receive and read the general information, foreword by the MEC, strategic overview, governance report (which includes the audit committee's report), human resources oversight report, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

63. 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.
64. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the material findings on the annual performance report and the material findings on compliance with legislation included in this report.

65. Leadership did not enforce consequence management to avoid repeat transgressions on non-compliance. Additionally, leadership oversight and monitoring of audit action plans was not done on an ongoing basis and in effective manner to address previously reported significant internal control weaknesses on financial and performance management.
66. Management did not effectively implement proper document management and record keeping systems to ensure that complete, relevant and accurate information was accessible and available to support the financial statements, performance reporting and compliance with legislation.

Other reports

67. I draw attention to the following engagements conducted. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
68. The Office of the Premier is performing investigations relating to allegations of supply chain management (SCM) irregularities in the awarding of contracts and irregularities in staff appointments. The investigations cover the period July 2013 to November 2024 and was still in progress and recommendations were still being implemented at the date of my report.
69. The Special Investigating Unit is conducting investigations into possible fraudulent medical legal claims. Some of the investigations have been finalised and have been referred for criminal prosecution.
70. There are various internal investigations being carried out by the department into allegations of improper conduct by SCM officials, financial misconduct, ghost employees, irregularities in recruitment processes, theft of stock, abuse of fuel cards, and improper conduct in SCM by suppliers. The investigations cover the period April 2023 to January 2025. Some of the investigations have been concluded resulting in criminal cases being opened, disciplinary action against officials and some officials' employment being terminated.

Auditor - General.

Pietermaritzburg

31 July 2025



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor’s report

The annexure includes the following:

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

Auditor-general’s responsibility for the audit

Professional judgement and professional scepticism

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

Annual financial statements

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

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

Communication with those charged with governance

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

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

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999	Section 1; 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(f); 38(1)(h)(iii); 39(1)(a); 39(2)(a); 40(1)(a); 40(1)(b); 40(1)(c)(i); 43(1); 43(4); 44; 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3; 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1; 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b); 7.2.1; 8.1.1; 8.2.1; 8.2.3; 8.4.1; 9.1.1; 9.1.4; 10.1.1(a); 10.1.2; 11.4.1; 11.4.2; 11.5.1; 12.5.1; 15.10.1.2(c); 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a); 16A6.2(b); 16A6.3(a); 16A6.3(b); 16A 6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A7.1; 16A7.3; 16A7.6; 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A 9.1(d); 16A 9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii); 17.1.1; 18.2; 19.8.4
Construction Industry Development Board Act 38 of 2000	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17; 25(7A)
Division of Revenue Act 24 of 2024	Section 11(6)(a); 12(5); 16(1); 16(3); 16(3)(a)(i); 16(3)(a)(ii)(bb)
National Health Act 61 of 2003	Section 13
National Treasury Instruction No. 5 of 2020/21	Paragraph 4.8; 4.9; 5.3
Second amendment National Treasury Instruction No. 5 of 2020/21	Paragraph 1
Erratum National Treasury Instruction No. 5 of 2020/21	Paragraph 2
National Treasury Instruction No. 1 of 2021/22	Paragraph 4.1
National Treasury Instruction No. 4 of 2015/16	Paragraph 3.4
National Treasury SCM Instruction No. 4A of 2016/17	Paragraph 6
National Treasury SCM Instruction No. 03 of 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4(a); 4.17; 7.2; 7.6
National Treasury SCM Instruction No. 11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.
National Treasury Practice Note 5 of 2009/10	Paragraph 3.3

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Legislation	Sections or regulations
National Treasury Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1; 2.1(a); 2.1(f)
Preferential Procurement Regulation, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulation, 2017	Regulation 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; 6.6; 6.8; 7.1; 7.2; 7.3; 7.6; 7.8; 8.2; 8.5; 9.1; 10.1; 10.2; 11.1; 11.2
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
Public Service Regulations, 2016	Regulation 18(1); 18(2); 25(1)(e)(i); 25(1)(e)(iii)
State Information Technology Agency Act 88 of 1998	Section 7(3)

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

APPROPRIATION STATEMENT
For the year ended 31 March 2025

Appropriation per programme									
	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Programme									
1 ADMINISTRATION	1,352,931	336,467	19,908	1,709,306	1,709,306	-	100.0%	1,156,858	1,079,598
2 DISTRICT HEALTH SERVICES	27,486,321	-116,393	-89,829	27,280,099	27,280,099	-	100.0%	26,827,752	27,510,569
3 EMERGENCY MEDICAL SERVICES	1,789,779	-	-26,190	1,763,589	1,763,589	-	100.0%	1,677,615	1,691,566
4 PROVINCIAL HOSPITAL SERVICES	13,340,137	-186,184	356,188	13,510,141	13,521,656	-11,515	100.1%	12,658,596	13,187,626
5 CENTRAL HOSPITAL SERVICES	5,992,972	-33,890	-50,938	5,908,144	5,908,144	-	100.0%	5,837,025	5,859,945
6 HEALTH SCIENCES AND TRAINING	1,502,497	-	-111,761	1,390,736	1,390,736	-	100.0%	1,392,826	1,340,622
7 HEALTH CARE SUPPORT SERVICES	360,276	-	-28,822	331,454	319,939	11,515	96.5%	354,667	356,211
8 HEALTH FACILITIES MANAGEMENT	1,971,979	-	-68,556	1,903,423	1,903,423	-	100.0%	1,874,788	1,907,685
Programme sub total	53,796,892	-	-	53,796,892	53,796,892	-	100.0%	51,780,127	52,933,822
Statutory Appropriation									
TOTAL	53,796,892	-	-	53,796,892	53,796,892	-	100.0%	51,780,127	52,933,822
Reconciliation with Statement of Financial Performance									
Add:	Departmental receipts			257,583				261,958	
	NRF Receipts			-				-	
	Aid assistance			8,979				14,608	
	Actual amounts per Statement of Financial Performance (Total Revenue)			54,063,454				52,056,693	
Add:	Aid assistance				8,979				14,608
	Prior year unauthorised expenditure approved without funding								
	Actual amounts per Statement of Financial Performance Expenditure				53,805,871				52,948,430

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

APPROPRIATION STATEMENT
For the year ended 31 March 2025

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	51,202,028	-	58,369	51,260,397	51,746,166	-485,769	100.9%	49,437,518	51,073,431
Compensation of employees	33,366,994	-	1,190,711	34,557,705	35,744,351	-1,186,646	103.4%	33,140,186	34,070,123
Goods and services	17,834,500	-	-1,138,782	16,695,718	15,994,397	701,321	95.8%	16,296,857	16,999,866
Interest and rent on land	534	-	6,440	6,974	7,418	-444	106.4%	475	3,442
Transfers and subsidies	779,094	-	-58,369	720,725	691,438	29,287	95.9%	670,440	637,631
Provinces and municipalities	294,870	-	-	294,870	276,270	18,600	93.7%	283,525	278,662
Departmental agencies and accounts	26,849	-	-	26,849	26,730	119	99.6%	25,694	25,739
Non-profit institutions	67,693	-	-	67,693	65,002	2,691	96.0%	66,773	66,114
Households	389,682	-	-58,369	331,313	323,436	7,877	97.6%	294,448	267,116
Payments for capital assets	1,815,770	-	-	1,815,770	1,358,278	457,492	74.8%	1,672,169	1,222,169
Buildings and other fixed structures	1,115,243	-	-141,026	974,217	889,812	84,405	91.3%	875,162	662,129
Machinery and equipment	700,527	-	141,026	841,553	468,466	373,087	55.7%	797,007	560,040
Payment for financial assets	-	-	-	-	1,010	-1,010	-	-	591
Total	53,796,892	-	-	53,796,892	53,796,892	-	100.0%	51,780,127	52,933,822

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 1: Administration

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Office of the MEC	28,055	-	-3,369	24,686	23,443	1,243	95.0%	28,159	28,159
2 Management	1,324,876	336,467	23,277	1,684,620	1,685,863	-1,243	100.1%	1,128,699	1,051,439
Total	1,352,931	336,467	19,908	1,709,306	1,709,306	-	100.0%	1,156,858	1,079,598
Economic classification									
Current payments	1,272,983	336,467	19,908	1,629,358	1,669,476	-40,118	102.5%	1,107,011	1,023,299
Compensation of employees	540,400	-	-4,319	536,081	536,081	-	100.0%	524,534	524,534
Goods and services	732,583	336,467	17,787	1,086,837	1,126,955	-40,118	103.7%	582,477	498,318
Interest and rent on land	-	-	6,440	6,440	6,440	-	100.0%	-	447
Transfers and subsidies	27,701	-	-	27,701	20,792	6,909	75.1%	9,908	26,013
Provinces and municipalities	4,965	-	-	4,965	4,898	67	98.7%	4,751	4,216
Departmental agencies and accounts	1	-	-	1	-	1	-	1	4
Households	22,735	-	-	22,735	15,894	6,841	69.9%	5,156	21,793
Payments for capital assets	52,247	-	-	52,247	19,038	33,209	36.4%	39,939	30,286
Machinery and equipment	52,247	-	-	52,247	19,038	33,209	36.4%	39,939	30,286
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	1,352,931	336,467	19,908	1,709,306	1,709,306	-	100.0%	1,156,858	1,079,598

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 2: District Health Services

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	379,964	-	-5,687	374,277	402,250	-27,973	107.5%	371,834	371,834
2 COMMUNITY HEALTH CLINICS	5,989,572	-75,321	-777,764	5,136,487	5,120,180	16,307	99.7%	5,644,577	5,644,577
3 COMMUNITY HEALTH CENTRES	2,464,515	-20,944	-120,449	2,323,122	2,301,696	21,426	99.1%	2,303,984	2,296,610
4 COMMUNITY BASED SERVICES	1,207,716	-	-34,093	1,173,623	1,189,021	-15,398	101.3%	1,088,355	1,069,747
5 OTHER COMMUNITY SERVICES	1,527,462	-2,914	-103,827	1,420,721	1,419,412	1,309	99.9%	1,526,691	1,878,222
6 HIV AND AIDS	6,661,021	-	-	6,661,021	6,618,248	42,773	99.4%	6,172,841	6,172,076
7 NUTRITION	35,524	-	-10,263	25,261	23,458	1,803	92.9%	35,812	31,547
8 CORONER SERVICES	313,970	-	-15,009	298,961	296,300	2,661	99.1%	286,304	300,017
9 DISTRICT HOSPITALS	8,906,577	-17,214	977,263	9,866,626	9,909,534	-42,908	100.4%	9,397,354	9,745,939
Total	27,486,321	-116,393	-89,829	27,280,099	27,280,099	-	100.0%	26,827,752	27,510,569

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

APPROPRIATION STATEMENT
For the year ended 31 March 2025

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	26,767,924	-116,393	-89,829	26,561,702	26,705,847	-144,145	100.5%	26,097,690	26,842,859
Compensation of employees	16,944,893	-	545,255	17,490,148	18,437,032	-946,884	105.4%	16,832,997	17,592,471
Goods and services	9,822,501	-116,393	-635,084	9,071,024	8,268,289	802,735	91.2%	9,264,222	9,248,033
Interest and rent on land	530	-	-	530	526	4	99.2%	471	2,355
Transfers and subsidies	477,939	-	-	477,939	477,997	-58	100.0%	476,767	458,261
Provinces and municipalities	286,351	-	-	286,351	269,519	16,832	94.1%	275,373	271,839
Departmental agencies and accounts	61	-	-	61	84	-23	137.7%	60	143
Non-profit institutions	67,693	-	-	67,693	65,002	2,691	96.0%	66,773	66,114
Households	123,834	-	-	123,834	143,392	-19,558	115.8%	134,561	120,165
Payments for capital assets	240,458	-	-	240,458	95,719	144,739	39.8%	253,295	209,147
Machinery and equipment	240,458	-	-	240,458	95,719	144,739	39.8%	253,295	209,147
Payment for financial assets	-	-	-	-	536	-536	-	-	302
Total	27,486,321	-116,393	-89,829	27,280,099	27,280,099	-	100.0%	26,827,752	27,510,569

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 3: Emergency Medical Services

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY SERVICES	1,550,374	-	-30,024	1,520,350	1,514,567	5,783	99.6%	1,450,928	1,443,564
2 PLANNED PATIENT TRANSPORT	239,405	-	3,834	243,239	249,022	-5,783	102.4%	226,687	248,002
Total	1,789,779	-	-26,190	1,763,589	1,763,589	-	100.0%	1,677,615	1,691,566
Economic classification									
Current payments	1,689,073	-	-26,190	1,662,883	1,677,912	-15,029	100.9%	1,580,385	1,622,747
Compensation of employees	1,296,010	-	-	1,296,010	1,313,456	-17,446	101.3%	1,239,855	1,260,578
Goods and services	393,063	-	-26,190	366,873	364,449	2,424	99.3%	340,530	362,146
Interest and rent on land	-	-	-	-	7	-7	-	-	23
Transfers and subsidies	7,137	-	-	7,137	6,490	647	90.9%	6,830	7,202
Provinces and municipalities	3,554	-	-	3,554	1,853	1,701	52.1%	3,401	2,607
Departmental agencies and accounts	2	-	-	2	-	2	-	2	2
Households	3,581	-	-	3,581	4,637	-1,056	129.5%	3,427	4,593
Payments for capital assets	93,569	-	-	93,569	79,080	14,489	84.5%	90,400	61,595
Machinery and equipment	93,569	-	-	93,569	79,080	14,489	84.5%	90,400	61,595
Payment for financial assets	-	-	-	-	107	-107	-	-	22
Total	1,789,779	-	-26,190	1,763,589	1,763,589	-	100.0%	1,677,615	1,691,566

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 4: Provincial Hospital Services

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virements	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 GENERAL (REGIONAL) HOSPITALS	11,263,967	-176,056	469,392	11,557,303	11,607,512	-50,209	100.4%	10,750,058	11,297,258
2 TUBERCULOSIS HOSPITALS	483,589	-6,242	-80,548	396,799	394,982	1,817	99.5%	428,613	424,957
3 PSYCHIATRIC-MENTAL HOSPITALS	1,161,575	-2,937	8,427	1,167,065	1,158,228	8,837	99.2%	1,125,030	1,115,945
4 SUB-ACUTE, STEP-DOWN AND CHRONIC MEDICAL HOSPITALS	410,345	-949	-39,289	370,107	342,067	28,040	92.4%	334,489	329,060
5 DENTAL TRAINING HOSPITAL	20,661	-	-1,794	18,867	18,867	-	100.0%	20,406	20,406
Total	13,340,137	-186,184	356,188	13,510,141	13,521,656	-11,515	100.1%	12,658,596	13,187,626
Economic classification									
Current payments	13,069,695	-186,184	356,188	13,239,699	13,388,785	-149,086	101.1%	12,409,024	13,025,048
Compensation of employees	9,613,620	-	530,283	10,143,903	10,304,725	-160,822	101.6%	9,545,713	9,713,044
Goods and services	3,456,071	-186,184	-174,095	3,095,792	3,083,672	12,120	99.6%	2,863,307	3,311,388
Interest and rent on land	4	-	-	4	388	-384	9700.0%	4	616
Transfers and subsidies	84,458	-	-	84,458	88,710	-4,252	105.0%	90,205	91,587
Departmental agencies and accounts	118	-	-	118	14	104	11.9%	113	58
Households	84,340	-	-	84,340	88,696	-4,356	105.2%	90,092	91,529
Payments for capital assets	185,984	-	-	185,984	43,864	142,120	23.6%	159,367	70,900
Machinery and equipment	185,984	-	-	185,984	43,864	142,120	23.6%	159,367	70,900
Payment for financial assets	-	-	-	-	297	-297	-	-	91
Total	13,340,137	-186,184	356,188	13,510,141	13,521,656	-11,515	100.1%	12,658,596	13,187,626

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 5: Central Hospital Services

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 CENTRAL HOSPITAL SERVICES	2,846,016	-29,495	-40,878	2,775,643	2,775,643	-	100.0%	2,758,100	2,758,100
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	3,146,956	-4,395	-10,060	3,132,501	3,132,501	-	100.0%	3,078,925	3,101,845
Total	5,992,972	-33,890	-50,938	5,908,144	5,908,144	-	100.0%	5,837,025	5,859,945
Economic classification									
Current payments	5,863,807	-33,890	-50,938	5,778,979	5,835,137	-56,158	101.0%	5,727,776	5,808,231
Compensation of employees	3,423,939	-	140,904	3,564,843	3,625,752	-60,909	101.7%	3,450,987	3,456,875
Goods and services	2,439,868	-33,890	-191,842	2,214,136	2,209,328	4,808	99.8%	2,276,789	2,351,356
Interest and rent on land	-	-	-	-	57	-57	-	-	-
Transfers and subsidies	52,743	-	-	52,743	26,274	26,469	49.8%	45,687	13,395
Departmental agencies and accounts	86	-	-	86	51	35	59.3%	82	96
Households	52,657	-	-	52,657	26,223	26,434	49.8%	45,605	13,299
Payments for capital assets	76,422	-	-	76,422	46,663	29,759	61.1%	63,562	38,177
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	76,422	-	-	76,422	46,663	29,759	61.1%	63,562	38,177
Payment for financial assets	-	-	-	-	70	-70	-	-	142
Total	5,992,972	-33,890	-50,938	5,908,144	5,908,144	-	100.0%	5,837,025	5,859,945

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 6: Health Sciences and Training

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 NURSING TRAINING COLLEGES	252,056	-	-22,025	230,031	229,979	52	100.0%	234,551	229,952
2 EMS TRAINING COLLEGES	32,258	-	-1,608	30,650	26,924	3,726	87.8%	31,082	23,391
3 BURSARIES	127,717	-	-78,300	49,417	53,934	-4,517	109.1%	28,076	25,360
4 PRIMARY HEALTH CARE TRAINING	38,529	-	-3,142	35,387	34,648	739	97.9%	44,325	32,588
5 TRAINING OTHER	1,051,937	-	-6,686	1,045,251	1,045,251	-	100.0%	1,054,792	1,029,331
Total	1,502,497	-	-111,761	1,390,736	1,390,736	-	100.0%	1,392,826	1,340,622
Economic classification									
Current payments	1,365,735	-	-53,392	1,312,343	1,318,588	-6,245	100.5%	1,340,757	1,298,950
Compensation of employees	1,262,731	-	-19,363	1,243,368	1,243,368	-	100.0%	1,261,862	1,240,496
Goods and services	103,004	-	-34,029	68,975	75,220	-6,245	109.1%	78,895	58,454
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	128,074	-	-58,369	69,705	69,705	-	100.0%	39,965	39,440
Departmental agencies and accounts	26,581	-	-	26,581	26,581	-	100.0%	25,436	25,436
Households	101,493	-	-58,369	43,124	43,124	-	100.0%	14,529	14,004
Payments for capital assets	8,688	-	-	8,688	2,443	6,245	28.1%	12,104	2,232
Machinery and equipment	8,688	-	-	8,688	2,443	6,245	28.1%	12,104	2,232
Total	1,502,497	-	-111,761	1,390,736	1,390,736	-	100.0%	1,392,826	1,340,622

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 7: Health Care Support Services

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 MEDICINE TRADING ACCOUNT	82,210	-	-6,838	75,372	75,372	-	100.0%	82,152	86,930
2 LAUNDRY SERVICES	210,942	-	-14,223	196,719	185,204	11,515	94.1%	209,979	209,979
3 ORTHOTIC AND PROSTHETIC SERVICES	67,124	-	-7,761	59,363	59,363	-	100.0%	62,536	59,302
Total	360,276	-	-28,822	331,454	319,939	11,515	96.5%	354,667	356,211
Economic classification									
Current payments	357,642	-	-28,822	328,820	317,482	11,338	96.6%	342,258	351,910
Compensation of employees	178,034	-	-2,049	175,985	175,985	-	100.0%	176,124	174,011
Goods and services	179,608	-	-26,773	152,835	141,497	11,338	92.6%	166,134	177,898
Interest and rent on land	-	-	-	-	-	-	-	-	1
Transfers and subsidies	991	-	-	991	1,419	-428	143.2%	948	1,603
Households	991	-	-	991	1,419	-428	143.2%	948	1,603
Payments for capital assets	1,643	-	-	1,643	1,038	605	63.2%	11,461	2,664
Machinery and equipment	1,643	-	-	1,643	1,038	605	63.2%	11,461	2,664
Payment for financial assets	-	-	-	-	-	-	-	-	34
Total	360,276	-	-28,822	331,454	319,939	11,515	96.5%	354,667	356,211

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APPROPRIATION STATEMENT
For the year ended 31 March 2025

Programme 8: Health Facilities Management

	2024/25							2023/24	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	518,655	-	-48,418	470,237	470,237	-	100.0%	541,616	719,183
2 DISTRICT HOSPITAL SERVICES	381,362	-	-29,769	351,593	351,593	-	100.0%	321,166	368,081
3 EMERGENCY MEDICAL SERVICES	-	-	-	-	-	-	-	-	-
4 PROVINCIAL HOSPITAL SERVICES	540,789	-	54,812	595,601	595,601	-	100.0%	517,912	442,925
5 CENTRAL HOSPITAL SERVICES	66,902	-	58,623	125,525	125,525	-	100.0%	70,287	52,967
6 OTHER FACILITIES	464,271	-	-103,804	360,467	360,467	-	100.0%	423,807	324,529
Total	1,971,979	-	-68,556	1,903,423	1,903,423	-	100.0%	1,874,788	1,907,685
Current payments	815,169	-	-68,556	746,613	832,939	-86,326	111.6%	832,617	1,100,387
Compensation of employees	107,367	-	-	107,367	107,952	-585	100.5%	108,114	108,114
Goods and services	707,802	-	-68,556	639,246	724,987	-85,741	113.4%	724,503	992,273
Transfers and subsidies	51	-	-	51	51	-	100.0%	130	130
Households	51	-	-	51	51	-	100.0%	130	130
Social benefits	51	-	-	51	51	-	100.0%	130	130
Payments for capital assets	1,156,759	-	-	1,156,759	1,070,433	86,326	92.5%	1,042,041	807,168
Buildings and other fixed structures	1,115,243	-	-141,026	974,217	889,812	84,405	91.3%	875,162	662,129
Machinery and equipment	41,516	-	141,026	182,542	180,621	1,921	98.9%	166,879	145,039
Total	1,971,979	-	-68,556	1,903,423	1,903,423	-	100.0%	1,874,788	1,907,685

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2025

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

Detail of these transactions can be viewed in note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.

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

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

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

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

4.1 Per Programme:

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
ADMINISTRATION	1,709,306	1,709,306	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
DISTRICT HEALTH SERVICES	27,280,099	27,280,099	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
EMERGENCY MEDICAL SERVICES	1,763,589	1,763,589	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
PROVINCIAL HOSPITAL SERVICES	13,510,141	13,521,656	-11,515	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
CENTRAL HOSPITAL SERVICES	5,908,144	5,908,144	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
HEALTH SCIENCES AND TRAINING	1,390,736	1,390,736	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes				
HEALTH CARE SUPPORT SERVICES	331,454	319,939	11,515	3%
Virements and saving used from other programmes used achieve a balance budget outcomes.				
HEALTH FACILITIES MANAGEMENT	1,903,423	1,903,423	0	0%
Virements and saving used from other programmes used achieve a balance budget outcomes.				

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2025

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
4.2 Per economic classification:	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	34,557,705	35,744,351	-1,186,646	-3%
Goods and services	16,695,718	15,994,397	701,321	4%
Interest and rent on land	6,974	7,418	0	0%
Transfers and subsidies				
Provinces and municipalities	294,870	276,270	18,600	6%
Departmental agencies and accounts	26,849	26,730	119	0%
Non-profit institutions	67,693	65,002	2,691	4%
Households	331,313	323,436	7,877	2%
Payments for capital assets				
Buildings and other fixed structures	974,217	889,812	84,405	9%
Machinery and equipment	841,553	468,466	373,087	44%
Payments for financial assets	0	1,010	-1,010	0%

Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded. Goods and services of the Department was underspent to ensure balanced outcome of the 2024/2025 annual budget after virements, which was approved by the Provincial Treasury.

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
4.3 Per conditional grant	R'000	R'000	R'000	%
National Tertiary Services Grant	2,201,200	2,201,200	0	0%
Districts Programme Grant	7,367,534	7,367,534	0	0%
Health Facility Revitalisation Grant	1,458,192	1,458,192	0	0%
Human Resource & Training Grant	769,534	769,534	0	0%
Social Sector EPWP Incentive Grant for Provinces	22,688	22,688	0	0%
EPW Integrated Grant to Provinces	6,951	6,951	0	0%
National Health Insurance	87,732	87,732	0	0%
Total	11,913,831	11,913,831	0	0%

All spent within the vote

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STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
REVENUE			
Annual appropriation	<u>1</u>	53,796,892	51,780,127
Department Revenue	<u>2</u>	257,583	261,958
Aid Assistance	<u>3</u>	8,979	14,608
TOTAL REVENUE		54,063,454	52,056,693
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	35,744,302	34,070,123
Goods and services	<u>5</u>	15,994,397	16,999,866
Interest and Rent on land	<u>6</u>	7,419	3,442
Aid Assistance	<u>3</u>	8,979	14,608
Total current expenditure		51,755,097	51,088,039
Transfers and subsidies			
Transfers and subsidies	<u>8</u>	691,476	637,631
Total transfers & subsidies		691,476	637,631
Expenditure for capital assets			
Tangible assets	<u>9</u>	1,358,281	1,222,169
Total expenditure for capital assets		1,358,281	1,222,169
Unauthorised expenditure approved without funding		-	-
Payments for Financial Assets	<u>7</u>	1,017	591
TOTAL EXPENDITURE		53,805,871	52,948,430
SURPLUS/ (DEFICIT) FOR THE YEAR		257,583	-891,737
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		-	-1,153,695
Annual Appropriation		-	-1,153,695
Conditional grants		-	-
Departmental Revenue and NRF Receipts	<u>14</u>	257,583	261,958
SURPLUS / DEFICIT FOR THE YEAR		257,583	-891,737

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

STATEMENT OF FINANCIAL POSITION
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
ASSETS			
Current Assets		21,566	28,142
Cash and Cash Equivalent	10	336	336
Prepayments and advances	11	13	17
Receivables	12	21,217	27,789
Non-Current Assets		18,106	15,731
Receivables	12	18,106	15,731
TOTAL ASSETS		<u>39,672</u>	<u>43,873</u>
LIABILITIES			
Current Liabilities		1,411,951	1,273,671
Voted funds to be surrendered to the Revenue Fund	13	140,979	-
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	20,120	9,953
Bank overdraft	15	1,224,489	1,233,345
Payables	16	26,363	30,373
TOTAL LIABILITIES		<u>1,411,951</u>	<u>1,273,671</u>
NET ASSETS		<u>-1,372,279</u>	<u>-1,229,798</u>
Represented by:			
Recoverable revenue		16,220	17,722
Unauthorised Expenditure		-1,388,499	-1,247,520
TOTAL		<u>-1,372,279</u>	<u>-1,229,798</u>

STATEMENT OF CHANGES IN NET ASSETS
For the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
Recoverable revenue			
Opening balance		17,722	12,846
Transfers		-1,502	4,876
Debts revised		1,074	-91
Debts recovered (included in departmental receipts)		-7,549	-6,914
Debts raised		4,973	11,881
Closing balance		16,220	17,722
	Note	2024/25 R'000	2023/24 R'000
Unauthorised Expenditure			
Opening balance		-1,247,520	-93,825
Unauthorised Expenditure – current year		-140,979	-1,153,695
Relating to overspending of the vote or main division within the vote		-140,979	-1,153,695
Closing Balance		-1,388,499	-1,247,520
Total		-1,372,279	-1,229,798

**CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

	<i>Note</i>	2024/25 R'000	2023/24 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		54,037,941	52,056,692
Annual appropriated funds received	1.1	53,796,892	51,780,127
Departmental revenue received	2	231,528	261,451
Interest received	2.3	542	506
Aid assistance received	3	8,979	14,608
Net (increase)/ decrease in working capital		191	7,507
Surrendered to Revenue Fund		-247,416	-272,551
Current payments		-51,747,678	-51,084,597
Interest paid		-7,419	-3,442
Payments for Financial Assets		-1,017	-591
Transfers and subsidies paid		-691,476	-637,631
Net cash flow available from operating activities	17	1,343,126	65,387
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	-1,358,281	-1,222,169
Proceeds from sale of capital assets	2.4	25,513	1
(Increase)/decrease in non-current receivables		-	-1,174
Net cash flows from investing activities		-1,332,768	-1,223,342
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		-1,502	4,876
Net cash flows from financing activities		-1,502	4,876
Net increase/ (decrease) in cash and cash equivalents		8,856	-1,153,079
Cash and cash equivalents at beginning of period		-1,233,009	-79,930
Cash and cash equivalents at end of period	18	-1,224,153	-1,233,009

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

Summary of significant accounting policies

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

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

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

1	<p>Basis of preparation</p> <p>The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
2	<p>Going concern</p> <p>The financial statements have been prepared on a going concern basis.</p>
3	<p>Presentation currency</p> <p>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
4	<p>Rounding</p> <p>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
5	<p>Foreign currency translation</p> <p>Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.</p>
6	<p>Comparative information</p>
6.1	<p>Prior period comparative information</p> <p>Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.</p>
6.2	<p>Current year comparison with budget</p> <p>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

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>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>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	<p>Receivables</p> <p>Receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amount already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
9	Expenditure
9.1	Compensation of employees
9.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
9.1.2	<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>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

9.2	<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>
9.3	<p>Accruals and payables not recognised</p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>
9.4	<p>Leases</p>
9.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
9.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
10	<p>Aid Assistance</p>
10.1	<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>
10.2	<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>
11	<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>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

12	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p><Indicate when prepayments are expensed and under what circumstances.></p>
13	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
14	<p>Capital Assets</p>
14.1	<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>
14.2	<p>Movable capital assets</p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
14.3	<p>Intangible assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

14.4	<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> <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>
15	<p>Provisions and Contingents</p>
15.1	<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>
15.2	<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>
15.3	<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>
15.4	<p>Capital Commitments</p> <p>Capital Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
16	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • Transferred to receivables for recovery. <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

<p>17</p>	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
<p>18</p>	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
<p>19</p>	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
<p>20</p>	<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>
<p>21</p>	<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>

**ACCOUNTING POLICIES
FOR THE YEAR ENDED 31 MARCH 2025**

22	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
23	<p>Inventories</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</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>
24	<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. 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>
25	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>
26	<p>Best Estimate</p> <p>The amount disclosed as a provision and contingent shall be the best estimate of the funds required to settle the present obligation at the reporting date. The time value of money is ignored where the obligation will be settled sometime after the reporting date.</p>

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NOTES TO THE ANNUAL FINANCIAL STATEMENT
for the year ended 31 March 2025

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Budget R'000	2024/2025 Actual Funds received R'000	Funds not requested/ not received R'000	Final Budget R'000	2023/24 Appropriation received R'000	Funds not Requested/ not received R'000
Administration	1,709,306	1,709,306	-	1,156,858	1,156,858	-
District Health Services	27,280,099	27,280,099	-	26,827,752	26,827,752	-
Emergency Medical Services	1,763,589	1,763,589	-	1,677,615	1,677,615	-
Provincial Hospital Services	13,510,141	13,510,141	-	12,658,596	12,658,596	-
Central Hospital Services	5,908,144	5,908,144	-	5,837,025	5,837,025	-
Health Sciences and Training	1,390,736	1,390,736	-	1,392,826	1,392,826	-
Health Care Support Services	331,454	331,454	-	354,667	354,667	-
Health Facilities Management	1,903,423	1,903,423	-	1,874,788	1,874,788	-
Total	53,796,892	53,796,892	-	51,780,127	51,780,127	-

1.2 Conditional grants

	Note	2024/25 R'000	2023/24 R'000
Total grants received	Annexure 1A	11,913,831	11,103,412
Provincial Grants included in Total grants received		29,639	28,208

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2. Departmental Revenue

		2024/25 R'000	2023/24 R'000
Sales of goods and services other than capital assets	2.1	207,190	242,361
Fines, penalties and forfeits	2.2	43	33
Interest, dividends and rent on land	2.3	542	506
Sales of capital assets	2.4	25,513	1
Transactions in financial assets and liabilities	2.5	24,295	19,057
Total Revenue Collected		257,583	261,958
Departmental revenue collected		257,583	261,958

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

		2024/25	2023/24
		R'000	R'000
2.1	Sales of goods and services other than capital assets		
	Sales of goods and services produced by the department	206,437	241,461
	Sales by market establishment	13,151	11,461
	Administrative Fees	12,434	12,173
	Other sales	180,852	217,827
	Sales of scrap, waste and other used current goods	753	900
	Total	207,190	242,361
2.2	Fines, penalties and forfeits		
	Penalties	40	33
	Forfeits	3	-
	Total	43	33
2.3	Interest, dividends and rent on land		
	Interest	542	506
	Total	542	506
2.4	Sales of capital assets		
	Tangible Capital Assets	25,513	1
	Machinery and Equipment	25,513	1
	Total	25,513	1
2.5	Transactions in Financial assets and liabilities		
	Receivables	24,284	19,025
	Other receipts including recoverable revenue	11	32
	Total	24,295	19,057

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

	2024/25	2023/24
2.6	R'000	R'000
Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)		
Gifts	-	3
Donations	279,009	230,461
Sponsorships	8,489	4,969
Closing balance	287,498	235,433
3.	2024/25	2023/24
Aid Assistance	R'000	R'000
3.1	R'000	R'000
Aid assistance expenditure per economic classification		
Current	8,979	14,608
Closing balance	8,979	14,608
4.	2024/25	2023/24
Compensation of employees	R'000	R'000
4.1		
Salaries and wages		
Basic Salary	22,440,099	21,624,549
Performance award	4,443	6,670
Service Based	28,505	28,167
Compensative/circumstantial	3,640,548	3,425,116
Periodic payments	83,973	63,474
Other non-pensionable allowances	4,806,001	4,617,588
Total	31,003,569	29,765,564
4.2		
Social contributions		
Employer contributions		
Pension	2,754,311	2,603,995
Medical	1,981,234	1,695,170
UIF	80	193
Bargaining council	5,101	5,201
Insurance	7	-
Total	4,740,733	4,304,559
Total compensation of employees	35,744,302	34,070,123
Average number of employees	79,740	78,725

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

		2024/25	2023/24
		R'000	R'000
5. Goods and services			
Administrative fees		13,571	13,887
Advertising		33,321	43,094
Minor Assets	5.1	17,214	27,608
Bursaries (employees)		14,254	12,892
Catering		14,212	12,632
Communication		202,984	189,548
Computer services	5.2	194,235	158,374
Laboratory services		2,624,370	2,196,250
Legal services		89,507	86,906
Contractors		262,775	270,698
Agency and support / outsourced services		1,534,631	1,311,933
Audit cost - External	5.3	73,347	72,508
Fleet services		499,090	504,964
Inventory	5.4	6,085,052	7,397,819
Consumables	5.5	291,767	340,850
Operating leases		211,851	224,447
Property payments	5.6	3,653,148	3,966,606
Transport provided as part of the departmental activities		18,580	17,105
Travel and subsistence	5.7	108,816	98,479
Venues and facilities		223	289
Training and development		18,577	9,431
Other operating expenditure	5.8	32,872	43,546
Total		<u>15,994,397</u>	<u>16,999,866</u>

	<i>Note</i>	2024/25	2023/24
		R'000	R'000
5.1 Minor Assets	5		
Tangible assets		17,214	27,608
Machinery and equipment		17,214	27,608
Total		<u>17,214</u>	<u>27,608</u>

	<i>Note</i>	2024/25	2023/24
		R'000	R'000
5.2 Computer services			
SITA computer services	5	45,997	36,872
External computer service providers		148,238	121,502
Total		<u>194,235</u>	<u>158,374</u>

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.3 Audit cost – external	<u>5</u>		
Regularity audits		29,826	30,635
Investigation		43,521	41,873
Total		73,347	72,508

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.4 Inventory	<u>5</u>		
Food and food supplies		134,589	148,704
Fuel, oil and gas		139,348	291,996
Materials and supplies		211,498	273,024
Medical supplies		2,189,427	2,706,114
Medicine		3,410,190	3,977,981
Total		6,085,052	7,397,819

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.5 Consumables	<u>5</u>		
Consumable supplies		182,980	195,131
Uniform and clothing		144,759	143,814
Household supplies		9,674	11,881
Building material and supplies		27,474	37,710
IT consumables		582	768
Other consumables		491	958
Stationery, printing and office supplies		108,787	145,719
Total		291,767	340,850

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.6 Property Payment	<u>5</u>		
Municipal Services		1,113,487	1,064,354
Property maintenance and repairs		503,274	807,530
Other		2,036,387	2,094,722
Total		3,653,148	3,966,606

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.7 Travel and subsistence	5		
Local		108,372	97,175
Foreign		444	1,304
Total		108,816	98,479

	<i>Note</i>	2024/25 R'000	2023/24 R'000
5.8 Other operating expenditure	5		
Professional bodies, membership and subscription fees		3,070	3,416
Resettlement costs		3,338	8,924
Other		26,464	31,206
Total		32,872	43,546

		2024/25 R'000	2023/24 R'000
6. Interest and Rent on Land			
Interest paid		7,419	3,442
Total		7,419	3,442

	<i>Note</i>	2024/25 R'000	2023/24 R'000
7. Payment for Financial Assets			
Debts written off	7.1	1,017	591
Total		1,017	591

		2024/25 R'000	2023/24 R'000
7.1 Debts written off	7		
Nature of debts written off			
Other debt written off			
Debts written Off		1,017	591
Total		1,017	591

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

	<i>Note</i>	2024/25 R'000	2023/24 R'000
8. Transfers and subsidies			
Provinces and municipalities	Annexure 1B	276,270	278,663
Departmental agencies and accounts	Annexure 1C	26,730	25,738
Non-profit institution	Annexure 1D	65,002	66,114
Households	Annexure 1E	323,474	267,116
Total		691,476	637,631

	<i>Note</i>	2024/25 R'000	2023/24 R'000
9. Expenditure for capital assets			
Tangible Capital Assets		1,358,281	1,222,169
Buildings and other fixed structures	30	889,812	662,131
Machinery and equipment	29	468,469	560,038
Intangible assets		-	-
Software		-	-
Total		1,358,281	1,222,169

	2024/2025		
	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible Capital Assets	1,358,281	-	1,358,281
Buildings and other fixed structures	889,811	-	889,811
Machinery and equipment	468,470	-	468,470
Intangible assets	-	-	-
Software	-	-	-
Total	1,358,281	-	1,358,281

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

9.2 Analysis of funds utilised to acquire capital assets-	2023/24		TOTAL R'000
	Voted Funds R'000	Aid assistance R'000	
Tangible Capital Assets	1,222,169	-	1,222,169
Buildings and other fixed structures	662,131	-	662,131
Machinery and equipment	560,038	-	560,038
Total	1,222,169	-	1,222,169

9.3 Finance lease expenditure included in Expenditure for capital assets	2024/25	2023/24
	R'000	R'000
Tangible capital assets	120	-
Machinery and equipment	120	-
Intangible capital assets	-	-
Total	120	-

10. Cash and cash equivalents	2024/25	2023/24
	R'000	R'000
Consolidated Paymaster General Account	-	-
Cash receipts	87	89
Cash on hand	249	247
Total	336	336

11. Prepayments and advances	2024/25	2023/24
	R'000	R'000
Travel and subsistence	13	17
Total	13	17

Analysis of Total Prepayments and advances		
Current Prepayments and advances	13	17
Total	13	17

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

	Note	2024/2025			2023/2024		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
12. Receivable							
Claims recoverable	<u>12.</u> <u>1</u>	6 446	-	6 466	4 962	-	4 962
Recoverable Expenditure	<u>12.</u> <u>2</u>	4 491	-	4 491	8 051	-	8 051
Staff debt	<u>12.</u> <u>3</u>	10 280	18 106	28 366	14 776	15 731	30 507
Total		21 217	18 106	39 323	27 789	15 731	43 520

	Note	2024/25 R'000	2023/24 R'000
12.1 Claims recoverable	<u>12</u>		
National departments		15	-
Provincial departments		5 972	3 941
Foreign Governments		-	425
Public entities		475	589
Private enterprises		4	7
Total		6 466	4 962

	Note	2024/25 R'000	2023/24 R'000
12.2 Recoverable Expenditure (disallowance accounts)	<u>12</u>		
Medsas Clearing account		2	2
Salary Medical Aid		4	292
Disallowances Damages and losses Recover :CA		238 080	-201 705
Disallowances Damages and losses :CA		-238 080	201 705
Salary Reversal Control		4 485	7 757
Total		4 491	8 051

	Note	2024/25 R'000	2023/24 R'000
12.3 Staff debt	<u>12</u>		
Breach of Contract Employees and Non Employees		4 236	3 192
Employee Debt Salary overpayment		21 113	23 215
Fruitless and wasteful		20	32
Government Accidents		125	123
Fraud		71	1
Supplier Debt		667	1 644
Bursary Debt		123	111
Tax Debt		1 968	2 160
Losses and Damages Employees		43	29
Total		28 366	30 507

NOTES TO ANNUAL FINANCIAL STATEMENT
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	<i>Note</i>	2024/25 R'000	2023/24 R'000
12.4 Impairment of receivables	12		
Estimate of impairment of receivables		14,873	9,377
Total		14,873	9,377

	<i>Note</i>	2024/25 R'000	2023/24 R'000
13. Voted funds to be surrendered to the Revenue Fund			
Opening balance		129,464	5,895
Prior period error			129,464
As restated		129,464	135,359
Transfer from Statement of Financial Performance (as restated)		-	-1,153,695
Add: Unauthorised expenditure for current year		11,515	1,153,695
Paid during the year		-	-5,895
Closing balance		140,979	129,464

	2023/24 R'000
13.1 Prior period error	
Relating to 2023/24	129,464
Unauthorised Expenditure 2023/2024 Underspending on Programme 1& 6	129,464
Total	129,464

	2024/25 R'000	2023/24 R'000
13.2 Reconciliation of unspent Conditional grants		
Total Conditional grants received	11,913,831	11,103,412
Total Conditional grants spent	-11,913,831	-11,103,412
Due by the Revenue Fund	-	-

NOTES TO ANNUAL FINANCIAL STATEMENT
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		2024/25 R'000	2023/24 R'000
14. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		9,953	14,651
Prior period error		-	-
As restated		9,953	14,651
Transfer from Statement of Financial Performance (as restated)		257,583	261,958
Paid during the year		-247,416	-266,656
Closing balance		20,120	9,953
		2024/25 R'000	2023/24 R'000
15. Bank overdraft			
Consolidated Paymaster General Account		1,224,489	1,233,345
Total		1,224,489	1,233,345
	<i>Note</i>	2024/25 R'000	2023/24 R'000
16. Payables - current			
Clearing accounts	16.1	26,363	30,373
Total		26,363	30,373
	<i>Note</i>	2024/25 R'000	2023/24 R'000
16.1 Clearing account	16		
Sal ACB Recalls		3,708	128
Sal Bargaining Council		2	12
Sal Garnishee Order		36	159
Sal Income Tax		2,144	3,756
Salary Medical Aid / Salary Pension Fund		831	1,121
Sal Disallowance Acc /Salary Official Unions / Salary Insurance Deduc		2,218	459
Adv: Dom/Prov KZN		3,596	11,651
Sal Recoverable / Salary Deduction Control		141	1
Sal Subscriptions and Prof Bodies		48	38
Sal: GEH Refund Control Account		13,639	13,048
Total		26,363	30,373

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

		2024/25	2023/24
		R'000	R'000
17.	Net cash flow available from operating activities		
	Net surplus / (deficit) as per Statement of Financial Performance	257,583	-891,737
	Add back non-cash movements/ movements not deemed operating activities:	1,085,543	957,124
	(Increase)/decrease in receivables	4,197	-4,215
	(Increase)/decrease in prepayments and advances	4	41
	Increase/(decrease) in payables – current	-4,010	11,681
	Proceeds from sale of capital assets	-25,513	-1
	Expenditure on capital assets	1,358,281	1,222,169
	Surrenders to Revenue Fund	-247,416	-272,551
	Net cash flow generated by operating activities	1,343,126	65,387
		2024/25	2023/24
		R'000	R'000
18.	Reconciliation of cash and cash equivalents for cash flow purposes		
	Consolidated Paymaster General Account	-1,224,489	-1,233,345
	Cash receipts	87	89
	Cash on hand	249	247
	Total	-1,224,153	-1,233,009
		2024/25	2023/24
		R'000	R'000
19.	Contingent liabilities and Contingent Assets		
	Contingent liabilities		
19.1	Liable to		
		Note	
	Housing loan guarantees	Employees	Annex 2A
	Claims against the department		Annex 2B
	Intergovernmental payables		Annex 4
	Other		
	Total		
		2024/25	2023/24
		R'000	R'000
19.2	Contingent assets		
	Nature of contingent asset		
	Transport in favour of the Department		
	Total		

NOTES TO ANNUAL FINANCIAL STATEMENT
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	2024/25 R'000	2023/24 R'000
20. Capital commitments		
Buildings and other fixed structures	2,341,151	1,711,720
Machinery and Equipment	442,495	150,839
Total	2,783,646	1,862,559

	30 Days R'000	30+ Days R'000	2024/2025 Total R'000	2023/24 Total R'000
21. Accruals, Payables not recognised				
21.1 Accruals Listed by economic classification				
Goods and services	416,207	397,067	813,274	784,190
Capital Assets	37,193	378	37,571	79,541
Total	453,400	397,445	850,845	863,731

	2024/25 R'000	2023/24 R'000
Listed by programme level		
Administration	38,003	379,514
District Health Services	195,409	226,113
Emergency Medical Services	27,906	9,726
Provincial Hospital Services	95,399	114,498
Central Hospital Services	40,039	74,318
Health Service and Training	3,290	4,751
Health Care Support		
Health Facilities Management	410,834	4,215
	39,965	50,596
Total	850,845	863,731

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

	2024/2025		Total R'000	2023/24
	30 Days R'000	30+ Days R'000		Total R'000
21.2 Payables not recognised				
Listed by economic classification				
Goods and services	1,017,031	1,328,566	2,345,597	1,716,434
Capital assets	51,276	19,588	70,864	223,692
Total	1,068,307	1,348,154	2,416,461	1,940,126

	2024/25 R'000	2023/24 R'000
Listed by programme level		
Administration	634,525	869,303
District Health Services	440,943	136,813
Emergency Medical Services	11,316	11,900
Provincial Hospital Services	396,185	96,697
Central Hospital Services	164,059	65,753
Health Services and Training	7,126	5,645
Health Care Support	708,648	553,770
Health Facilities Management	53,659	200,245
Total	2,416,461	1,940,126

		2024/25 R'000	2023/24 R'000
<u>Included in the above totals are the following:</u>			
Confirmed balances with other departments	Annex 4	62,428	152,431
Confirmed balances with other government entities	Annex 4	663,161	1,175,434
Total		725,589	1,327,865

**NOTES TO ANNUAL FINANCIAL STATEMENT
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	2024/25	2023/24
	R'000	R'000
22. Employee benefit		
Leave entitlement	1,456,229	1,378,749
Service Bonus	868,326	829,599
Capped leave	280,405	319,393
Other	46,597	34,272
Total	<u>2,651,557</u>	<u>2,562,013</u>

At this stage the department is not able to reliably measure the long term portion of the long service awards displayed under Other, 20 years R25,068m, 30 years R17,394m and 40 years R27,732m.

23. Lease commitments
23.1 Operating leases expenditure

2024/2025	Specialised military assets 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	-	-	19,015	-	19,015
Later than 1 year and not later than 5 years	-	-	39,390	-	39,390
Later than 5 years	-	-	16,354	-	16,354
Total lease commitments	-	-	<u>74,759</u>	-	<u>74,759</u>

2023/24	Specialised military assets 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	-	-	76,319	268	76,587
Later than 1 year and not later than 5 years	-	-	33,877	-	33,877
Later than five years	-	-	24,709	-	24,709
Total lease commitments	-	-	<u>134,905</u>	<u>268</u>	<u>135,173</u>

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

23.2 Finance leases

2024/2025	Specialised military assets 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 yrs.	-	-	-	-	-
Total lease commitments	-	-	-	-	-

2023/24	Specialised military assets 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	-	-	-	3,433	3,433
Later than 1 year and not later than 5 years	-	-	-	1,019	1,019
Total lease commitments	-	-	-	4,452	4,452

**** This note excludes leases relating to public private partnerships as they are separately disclosed in the note on Public Private Partnership**

	2024/25 R'000	2023/24 R'000
24. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	307,781	291,659
Other	57,081	58,770
Total	364,862	350,429

NOTES TO ANNUAL FINANCIAL STATEMENT
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	2024/25 R'000	2023/24 R'000
24.1 Analysis of accrued departmental revenue		
Opening Balances	350,429	448,362
Less: Amounts received	51,545	92,058
Add: Amounts recorded	125,192	118,797
Less: Amounts written-off/reversed as irrecoverable	59,214	124,672
Closing balance	364,862	350,429

	2024/25 R'000	2023/24 R'000
24.2 Accrued Department Revenue written off		
Nature of losses		
Write off of Patient fees irrecoverable	16,908	7,734
Reduction of Patient Accounts due to re-assessment	42,306	116,938
Total	59,214	124,672

Accounts that are uneconomical to pursue that meets the means test as illustrated in the fees manual and faces hardship to settle their accounts are provided for either a reduction or write off an account

	2024/25 R'000	2023/24 R'000
24.3 Impairment of accrued departmental revenue		
Estimate of impairment of accrued departmental revenue	18,978	22,251
Total	18,978	22,251

	2024/25 R'000	2023/24 R'000
25. Unauthorised, Irregular and Fruitless and Wasteful Expenditure		
25.1 Reconciliation of irregular expenditure		
Unauthorised Expenditure	11,515	1,283,159
Irregular Expenditure	2,337,844	3,058,492
Fruitless and Wasteful Expenditure	4,865	3,948
Closing balance	2,354,224	4,345,599

"Information on any criminal or disciplinary steps taken as a result of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure is included in the annual report under the PFMA Compliance Report."

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NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2025

	2024/25 R'000	2023/24 R'000
26. Key management personnel		
Political office bearers	2,215	2,098
Officials:		
EXCO	9,270	9,204
MANCO	21,823	23,012
Family members of key management personnel	7,318	5,741
Total	40,626	40,055
27.	2024/25	2023/24
	R'000	R'000
Public Private Partnership		
Unitary fee paid	810,344	740,152
Indexed component	810,344	740,152
Analysis of indexed component	810,344	740,152
Goods and Services(excluding lease payments)	810,344	740,152
Capital/(Liabilities)	-	579,609
Plant and equipment	-	579,609
Other	2,563,451	133,691
Other obligations	2,563,451	133,691

The Department has a PPP for Inkosi Albert Luthuli Central Hospital with Impilo consortium for a period of 12 years.

	2024/25 R'000	2023/24 R'000
28. Provisions		
Building and other Fixed Structures	19,024	28,473
Medical Legal	693,164	736,300
University of Kwa-Zulu Natal (UKZN)	44,574	186,924
	756,762	951,697

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

28.1 Reconciliation of movement in provisions - 2024/25

	Infrastructure	Medical Legal	UKZN	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	28,473	736,300	186,924	-	951,697
Increase in provision	12,115	85,400	36,280	-	133,795
Settlement of provision	-21,564	-141,324	-178,630	-	-341,518
Change in provision due to change in estimation of inputs	-	12,788	-	-	12,788
Closing balance	19,024	693,164	44,574	-	756,762

Reconciliation of movement in provisions - 2023/24

	Infrastructure	Medical Legal	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	17,548	626,724	130,841	-	775,113
Increase in provision	10,925	211,555	56,083	-	278,563
Settlement of provision	-	-101,979	-	-	-101,979
Closing balance	28,473	736,300	186,924	-	951,697

Provisions for Medical Legal Cases are normally settled between a period of 2 to 4 years. Contingent liabilities are settled between 3 to 6 years, whereby most of are cases are dependent on the Department of Justice with court dates. Provisions is calculated at best estimate of the funds required to settle a present obligation at the reporting date.

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

29. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2025

	Opening balance Cost R'000	Value adjustments Cost R'000	Additions Cost R'000	Disposals Cost R'000	Closing balance Cost R'000
Machinery and Equipment	7,037,977	-	779,221	214,363	7,602,835
Transport Assets	1,897,724	-	189,041	148,169	1,938,596
Computer equipment	339,063	-	27,699	2,283	364,479
Furniture and Office equipment	72,879	-	9,774	95	82,558
Other machinery & Equipment	4,728,311	-	552,707	63,816	5,217,202
Finance Lease Assets	7,445	-	120	3,233	4,332
Finance lease assets	7,445	-	120	3,233	4,332
Total movable tangible assets	7,045,422	-	779,341	217,596	7,607,167

Finance Lease new Accounting Policy refer to note 42.2 affecting opening balance, additions and disposals

Movable Tangible Capital Assets under investigation

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:

	Number	Value R'000
Machinery and equipment	13,082	371,713

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

Movement for 2023/24

29.1 Movement In Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2024

	Opening balance Cost R'000	Prior period error Fair Value R'000	Additions Cost R'000	Disposals Cost R'000	Closing balance Cost R'000
Machinery and equipment	6,558,183	-11,347	529,645	38,504	7,037,977
Transport assets	1,744,888	22	152,814	-	1,897,724
Computer equipment	320,907	-	18,390	234	339,063
Furniture and Office equipment	65,565	-	7,685	371	72,879
Other machinery and equipment	4,426,823	-11,369	350,756	37,899	4,728,311
Finance Lease Assets	3,233	-	4,212	-	7,445
Finance lease assets	3,233	-	4,212	-	7,445
Total additional to movable	6,561,416	-11,347	533,857	38,504	7,045,422

29.1.1 Prior period error

	2024/2025 R'000
Nature of prior period error	-11,347
Correction of 2023/2024 Financial year	-11,347
Total	-11,347

29.2 Minor assets

Movement In Minor Asset Per The Asset Register For The Year Ended 31 March 2025

	Specialise d military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biologica l assets R'000	Finance lease assets	Total R'000
Opening balance	-	-	-	669,350	-	-	669,350
Additions	-	-	-	23,204	-	221	23,425
TOTAL	-	-	-	669 350	-	221	692,775

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Finance lease assets	Total R'000
Number of R1 minor assets							
Number of minor assets at cost	-	-	-	501,044	-	53	501,097
TOTAL NUMBER OF MINOR ASSETS	-	-	-	501,044	-	53	501,097

Minor Capital Assets Under Investigation

	Numbers	Values R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	47,737	64,390

Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2024

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Finance lease assets	Total R'000
Opening balance	-	-	-	656,158	-	-	656,158
Prior period error	-	-	-	-	-	-	-
Additions	-	-	-	20,600	-	-	20,600
Disposals	-	-	-	7,408	-	-	7,408
TOTAL	-	-	-	669,350	-	-	669,350

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Finance lease assets R'000	Total R'000
Number of R1 minor assets							
Number of minor assets at cost		-	-	471,363	-	-	471,363
TOTAL NUMBER OF MINOR ASSETS		-	-	471,363	-	-	471,363

30. Immovable Tangible Capital Assets

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2025

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	7,231,625	-	1,017,313	153,694	8,095,244
Non-residential buildings	6,411,104	-	533,951	139,180	6,805,875
Other fixed structures	820,521	-	483,362	14,514	1,289,369
TOTAL	7,231,625	-	1,017,313	153,694	8,095,244

30.1 Movement for 2023/24

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2024

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	7,396,053	-	915,355	-	7,231,625
Non-residential buildings	6,157,028	-521,282	775,358	-	6,411,104
Other fixed structures	1,239,025	-558,501	139,997	-	820,521
TOTAL	7,396,053	1,079,783	915,355	-	7,231,625

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

30.1.1 Prior period error	2023/2024 R'000
Relating to 2023/24	-1 079 783
Prior Period 2019 to 2023	-1 079 783
Total	-1 079 783

Reclassification of incorrectly allocated expenditure in prior years from Capital to Current

**30.2 Immovable tangible capital assets: Capital Work-in-progress
CAPITAL WORK-IN-PROGRESS**

Capital Work-In-Progress As At 31 March 2025

	Opening Balance 1 April 2024 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	" Closing Balance 31 March 2025 " R'000
Buildings and other fixed structures Anne x 6	894,558	1,018,785	1,017,313	896,030
Total	894,558	1,018,785	1,017,313	896,030

Payables not recognised relating to Capital WIP

	2023/24 R'000	2022/23 R'000
[Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress]	321	41,221
Total	321	41,221

**NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

Capital Work-In-Progress As At 31 March 2024

	Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1,515,725	252,535	546,723	915,355	894,558
<i>Annex 6</i>					
Total	1,515,725	252,535	546,723	915,355	894,558

Prior period Error Prior period for 2021/ 2023 R7,389 million , 2023/2024 R88,343m Total R91,521million due to reclassification

31. Changes in accounting estimates and Changes in accounting policies

Nature of change in accounting policy	Opening Balance before the change 1 April 2023	Adjustment to opening balance	Restated opening Balance after the change 1 April 2023	Adjustment for 2023/24	Restated closing Balance 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Finance lease assets					
Movable Tangible Capital Assets	29	3,233	-	3,233	4,212
Total	29	3,233	-	3,233	4,212

NOTES TO ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

32. Prior period errors

Expenditure: (e.g. Compensation of employees, Goods and services, Tangible capital assets, etc.)	Note	2023/24		
		Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Movable Tangible capital asset - machinery & equipment	29	7 049 324	-11 347	7 037 977
Immovable Tangible Capital Asset prior period error	30	8 311 408	-1 079 783	7 231 625
Capital work in progress	Annexure 6 & note 30.2	1 147 093	-252 535	894 558
Total		16 507 825	-1 343 665	15 164 160

Liabilities: (e.g. Payables current, Voted funds to be surrendered, Commitments, Provisions, etc.)

	Note	2023/24		
		Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Voted Funds to be Surrendered	13	-	129,464	129,464
Total		-	129,464	129,464

Underspending on Programme 1 and 6 was used to defray excess expenditure in other programmes

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FOR THE YEAR ENDED 31 MARCH 2025

Other: (e.g. unauthorised expenditure, Irregular expenditure, fruitless and wasteful expenditure, etc.)

	Note	2023/24 Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Unauthorised Expenditure	25	1,153,695	129,464	1,283,159
Contingent liabilities: Labour Claims	Annex 2B	73,799	15,000	88,799
Contingent liabilities: Civil Claims	Annex 2B	596,244	24,380	620,624
Contingent liabilities: Transport	Annex 2B	5,639	291	5,930
Total		1 829 377	169 135	1 998 512

33. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

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

	Note	2024/25 R'000	2023/24 R'000
34. NATURAL DISASTER OR RELIEF EXPENDITURE			
Goods and services	Annexure 7	826	67
Expenditure for capital assets		78,645	23,274
Total		79,471	23,341

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2023/24	
	Division of Revenue Act/Provincial Grants	Roll Over	DORA Adjustment	Other Adjustment	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept.	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	2,201,200	-	-	-	2,201,200	2,201,200	2,201,200	-	100.0%	2,000,300	2,000,300
Districts Programme Grant	7,367,534	-	-	-	7,367,534	7,367,534	7,367,534	-	100.0%	6,812,358	6,812,358
Health Facility Revitalisation Grant	1,458,192	-	-	-	1,458,192	1,458,192	1,458,192	-	100.0%	1,371,767	1,371,767
Human Resource & Training Grant	769,534	-	-	-	769,534	769,534	769,534	-	100.0%	764,447	764,447
Social Sector EPWP Incentive Grant for Provinces	22,688	-	-	-	22,688	22,688	22,688	-	100.0%	19,594	19,594
EPW Integrated Grant to Provinces	6,951	-	-	-	6,951	6,951	6,951	-	100.0%	8,614	8,614
National Health Insurance	87,732	-	-	-	87,732	87,732	87,732	-	100.0%	126,332	126,332
	11,913,831	-	-	-	11,913,831	11,913,831	11,913,831	-		11,103,412	11,103,412

Departments are reminded of the DORA requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of a province.

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ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	2024/2025							2023/24	
	GRANT ALLOCATION				TRANSFER			DoRA and other Transfers	Actual Transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department		
R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
eThekwini : Conditional Grant	155,942	-	-	155,942	138,516	-	-	147,950	145,307
eThekwini : Equitable Share	131,003	-	-	131,003	131,003	-	-	127,423	126,532
PD Vehicle Licences	8,519	-	-	8,519	6,751	-	-	8,152	6,823
Rounding	-	-	-	-	-	-	-	-	1
TOTAL	295,464	-	-	295,464	276,270	-	-	283,525	278,663

Departments are required to include a summary of expenditure per conditional grant to aid in the identification of under-/ over spending of such funds and to allow the department to provide an explanation for the variance

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ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2023/24	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Skills Development Levy	26,581	-	-	26,581	26,581	100.0%	25,436	25,436
Com: SABC TV Licences	273	-	-	273	149	54.6%	262	302
TOTAL	26,854	-	-	26,854	26,730		25,698	25,738

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ANNEXURE 1D

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2023/24	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers	-	-	-	-	-	-	-	-
	-	-	-	-	-			-
Subsidies								
Austerville Halfway House	713	-	-	713	709	99.4%	682	682
Akehlulwa Lutho	711	-	-	711	711	100.0%	680	680
Azalea House	656	-	-	656	641	97.7%	628	628
The Bekimpilo Trust	2,441	-	-	2,441	813	33.3%	3,662	3,662
Budget Control Holding Funds	1,545	-	-	1,545	-	0.0%	380	-
Blessed Gerard Care Centre	437	-	-	437	437	100.0%	418	139
Chatsworth Regional Hospital	366	-	-	366	366	100.0%	350	350
Claremont Day Care Centre	509	-	-	509	509	100.0%	487	487
CREATE	836	-	-	836	836	100.0%	800	800
DPSA-Comm Based Rehab Project	1,229	-	-	1,229	1,229	100.0%	1,176	1,176
DPSA - Wheelchair repair & maint	1,112	-	-	1,112	1,112	100.0%	1,064	1,064
Duduza Care Centre	920	-	-	920	920	100.0%	880	880
Ekukhanyeni Clinic	1,304	-	-	1,304	1,304	100.0%	1,242	1,242

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2023/24	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Enkumane Clinic	-	-	-	-			329	329
Estcourt Hospice	690	-	-	690	690	100.0%	660	660
Ethembeni Stepdown Centre	5,870	-	-	5,870	5,870	100.0%	5,590	5,590
Happy Hour Amaoti	713	-	-	713	439	61.6%	682	682
Happy Hour Durban North	594	-	-	594	823	138.6%	568	568
Happy Hour Kwaximba	509	-	-	509	289	56.8%	487	487
Happy Hour Ninikhona	355	-	-	355	352	99.2%	340	340
Happy Hour Phoenix	339	-	-	339	230	67.8%	324	324
Highway Hospice	860	-	-	860	860	100.0%	860	860
Hillcrest Aids Centre Trust	920	-	-	920	920	100.0%	880	880
Hlanganani Ngothando DCC	480	-	-	480	480	100.0%	459	459
Howick Hospice	782	-	-	782	782	100.0%	748	748
I-Matter Foundation	627	-	-	627	627	100.0%	600	600
Ikhwezi Cripple Care	2,057	-	-	2,057	2,057	100.0%	1,968	1,968
Ikhayaletu Health and Edu Centre	1,828	-	-	1,828	1,828	100.0%	1,749	1,749
Indulu Youkuphephela Skills Training	684	-	-	684	684	100.0%	655	655
John Peattie House	2,560	-	-	2,560	2,560	100.0%	2,450	2,450
Jona Vaughn Centre	4,594	-	-	4,594	4,261	92.8%	4,396	4,396
KZN Blind and Deaf Society	1,092	-	-	1,092	1,092	100.0%	1,045	1,045
Kwahilda Ongcwele	315	-	-	315	315	100.0%	300	300
Lynn House	1,511	-	-	1,511	1,511	100.0%	1,446	1,446
Ladysmith Hospice	585	-	-	585	585	100.0%	560	560

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2023/24	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Madeline Manor	1,139	-	-	1,139	1,095	96.1%	1,090	1,090
Magaye School for the Blind	836	-	-	836	836	100.0%	800	800
Matikwe Oblate Clinic	638	-	-	638	638	100.0%	611	611
Mountain View Special Hospital	4,000	-	-	4,000	4,000	100.0%	3,990	3,990
Ntokozweni Vill for Venerable	188	-	-	188	188	100.0%	180	180
Nominated Disability ORG	376	-	-	376	376	100.0%	360	360
Othandweni Cerebral Palsy Org	444	-	-	444	444	100.0%	425	425
Philanjolo Hospice	3,106	-	-	3,106	3,106	100.0%	2,958	2,958
Power of God	1,503	-	-	1,503	1,503	100.0%	1,438	1,438
Rachel Swart Fund	-	-	-	-	836		800	800
Rainbow Haven	688	-	-	688	688	100.0%	658	658
Ramakrishna Umzamo Home	792	-	-	792	792	100.0%	758	758
Scadifa Centre	2,197	-	-	2,197	2,197	100.0%	2,102	2,102
SA Mobility Fund for the Blind	-	-	-	-	836		800	800
South Coast Hospice	2,561	-	-	2,561	2,561	100.0%	2,451	2,451
Solid Found for Rural development	810	-	-	810	810	100.0%	775	775
Sparks Estate	2,527	-	-	2,527	2,527	100.0%	2,418	2,418
St. Lukes Home	688	-	-	688	688	100.0%	658	658
Talitha Cumi Spec Need & Dev.	711	-	-	711	711	100.0%	680	680
Tender Loving Care	366	-	-	366	366	100.0%	350	350
The Word of God	204	-	-	204	153	75.0%	192	192
Themba lethu Care Org	314	-	-	314	314	100.0%	300	300
Sunfield Home	316	-	-	316	316	100.0%	302	302

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS – CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2023/24	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Still A Time	224	-	-	224	224	100.0%	214	214
Umlazi Halfway House	469	-	-	469	469	100.0%	449	449
Unsunduzi Hospice	1,100	-	-	1,100	1,100	100.0%	1,100	1,100
Woza Moya Org	386	-	-	386	386	100.0%	369	369
	67,327	-	-	67,327	65,002		66,773	66,114
Total	67,327	-	-	67,327	65,002		66,773	66,114

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ANNEXURE 1E

STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred
	R'000	R'000	R'000	R'000	R'000	%
Transfers						
Employee Social Benefits - Injury on Duty	4,073	-	-	4,073	368	9.0%
Employee Social Benefits - Leave Gratuity	150,418	-	-	150,418	141,805	94.3%
Bursaries : Non -Employee	125,880	-	-	125,880	39,648	31.5%
Claims Against the State	135,112	-	-	135,112	141,653	104.8%
Total	415,483	-	-	415,483	323,474	

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 1F

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
Received in cash			
Gifts		-	-
Total gifts		-	-
Donations			
Ukuza Holdings	Gift of towels, diaries, exam pads, calendars, bags and branding	2	-
Total donations		2	-
Sponsorships			
Total sponsorships		-	-
Subtotal - received in cash		2	-
Received in kind			
Gifts			
Prior Year 2023/2024		-	3
Total gifts		-	3
Donations			
Prior Year		-	230,461
TD Timbers (Pty) Ltd	Donation of 700 beanies for Maternity Ward	11	-
Methodist Church of Southern Africa	Donation of cosmetics and towels	5	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
Methodist Church of Southern Africa	Donation of cosmetics, towels and biscuits	1	-
UKZN College of Health Sciences	Donation for the upgrade of the Radiology Department Registrar Library	141	-
UKZN College of Health Sciences	Donation of refurbishment and furniture for consultation office	73	-
UKZN College of Health Sciences	Donation of a hot lab towards the Nuclear Medicine Department	1,620	-
University of Pretoria	Donation of a used Gallium -68 generator	63	-
AIDS Foundation of South Africa	Donation for District Directors to attend the Performance Review meeting in Ugu District on the 10th - 12th April 2024	236	-
National Department of Health	Donation of Praziquantel	1,500	-
Health Systems Trust	Donation of 151 desktop computers	1,182	-
Health Systems Trust	Donation of 588 cell phones	1,940	-
The Spar Group Ltd	Donation of a Spar voucher towards the Nurses Day	4	-
Women Offering Mother Birth Support (WOMBS)	Donation of 6x birthing balls	1	-
AIR Relief	Donation of various medical equipment, renovation of consultation rooms and furniture	2,561	-
Health Systems Trust (HST)	Donation of ICT related support to NHI implementation in the KZN Department of Health	3,464	-
National Department of Health	Donation of ARV medicines	198,032	-
Microsoft	Donation to conduct security vulnerability assessment 2024 to the KZN Department of Health	91	-
PCK Distributors	Donation of apples and bananas	6	-
Ekhamanzi (Pty) Ltd	Donation of sparkling drinks	2	-
Sanlam Sky	Donation of pens and pouch	18	-
National Department of Health	Donation of HIV Self-screening test kits		-
National Department of Health	Donation of ICT equipment for the support of RX-Solution	606	-
UKZN College of Health Sciences	Donation of table, chairs and 2 AV/Teleconference system	122	-
Assupol Life	Donation of trophies	5	-
Sanlam (Pty) Ltd	Donation of food towards the Nurses Day celebration	3	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
Waterfall Family Life Group	Donation of 50 care packs	5	-
AEC - Amersham	Donation of F-18 FDG	354	-
Right to Care	Donation for renovations for Men's Healthcare Services at Umgeni Hospital	361	-
AIDS Healthcare Foundation	Donation of coughing booth, partitioning of park home, 3 steel filing cabinet, 2 desks and 20 swivel chairs	159	-
Avbob Durban Life	Donation of trolley library with books	50	-
Port Shepstone Lions Club	Donation of 40 baby parcels	5	-
Bidvest Catering Services	Donation to renovate the kitchen	254	-
Robinhood Foundation	Donation of 80 baby hamper	32	-
Gift of the Givers Foundation	Donation of 17x18" wheelchairs	68	-
Old Mutual	Donation of securing a venue for Long Service Awards	25	-
Bidvest Catering Services	Donation to renovate the kitchen	274	-
Smile Foundation	Donation of 12 TV sets and equipment	465	-
Right to Care	Donation of renovation of Male Medical Circumcision Department	128	-
South32 Hillside Aluminium	Donation of 56 Cot beds	1,234	-
Old Mutual	Donation of nurses fob watches	7	-
Childhood Cancer Foundation of South Africa (CHOC)	Donation of 13 second hand TV's	13	-
Icon Oncology Holdings (Pty) Ltd	Donation of 6x Radiation breast patients	1,208	-
Church of the Nazarene	Donation of 5 sets of Navy-blue industrial curtains	14	-
Cares KZN	Donation of renovation of kids and waiting rooms	31	-
Old Mutual	Donation of 12 engraved trophies	2	-
National Department of Health	Donation of TB Drugs	12,218	-
National Department of Health	Donation of tablets for the treatment of Children with Drug Resistant Tuberculosis	299	-
National Department of Health	Donation of ICT hardware equipment	876	-
Bowlers 4 Babies	Donation of baby packs	2	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
Miss KwaZulu-Natal Finalist 2024	Donation of baby clothes	1	-
St Charles College	Donation of teddy bears, toys, colouring books and handmade bracelets	1	-
Aquelle	Donation of Aquelle products	2	-
Seven7 Drive NPC	Donation of toiletries	2	-
Ms Ncamisile Gumede	Donation of a second hand wheelchair	5	-
Sanlam	Donation of cool drinks	1	-
Glenmark Pharmaceuticals SA (Pty) Ltd	Donation of a TV	7	-
Access to Innovate Care Foundation	Donation of Pembrolizumab for patient Mr E Ralph KZN00663628	82	-
SABMR NPC	Donation of funding for transplant donor cost for patient Mr J Jooste	345	-
Hirschs	Donation of 3 beds	9	-
Muslim Women's Outreach	Donation of 5 foldable couches	18	-
Premier Endoscopy CC	Donation of 65 units of TV02N Optical Trocar kits 5mm	22	-
Metro Car Sales	Donation of a Hybrid table tennis and ping pong table with net bats and balls	8	-
African Paints	Donation of a double door frame and ledge door	2	-
Right to Care	Donation to renovate Ixopo Clinic MMC Stream	188	-
DGNT-Keready Organisation	Donation of steel filing shelves	9	-
Golden Delights Foundation	Donation of 10 bags of 10kg rice	2	-
The Church of Jesus Christ of Latter-Day Saints	Donation of wheelchairs and other assistive devices	5,500	-
Garrun CFP (Pty) Ltd	Donation for CSO Physiotherapists Research Presentation	1	-
P Squared	Donation for CSO Physiotherapists Research Presentation	1	-
HiTech Therapy (Pty) Ltd	Donation for CSO Physiotherapists Research Presentation	9	-
Thokomala Mobility (Pty) Ltd	Donation for CSO Physiotherapists Research Presentation	4	-
DG Murray Trust (DGMT)	Donation of 13 mobile clinics equipment	1,156	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
National Department of Health	Donation of HBA1C devices and kits	1,420	-
Public Servants Association of South Africa(PSA)	Donation of Jojo tanks, trees and name boards to 10 Clinics and hospital	80	-
National Department of Health	Donation of TB Drugs	8,753	-
Broadreach Healthcare (Pty) Ltd	Donation of various assets and supplies	230	-
Thatheni Cancer Foundation	Donation of 50 fleece blankets, 10 head satin bonnets, 30 pink t-shirt and 50 packed breakfasts	10	-
Smile Foundation	Donation of bags, vouchers and products	11	-
SAME Foundation	Donation of 4x medical equipment	2,240	-
Novo Nordisk (Pty) Ltd	Donation of a Mural Wall towards World Diabetes Day	35	-
International Atomic Energy Agency (IAEA)	An award of a Jaszczac PET Phantom for Dr B Hadebe	35	-
Jackpersad & Partners Inc.	Donation of general viewing box and 2x ammo viewing boxes	4	-
Africa Paints	Donation of 5x 20L Super2000 water based plaster prime	5	-
Pharmacy Direct	Donation of ICT equipment	92	-
Pam Golding Properties	Donation of 60 teddy bears	9	-
Cerdak Healthcare (Pty) Ltd	Donation of monetary for Quality Day	5	-
Sodexo	Donation of refreshments for Quality Day	5	-
SAFRANIC	Donation of monetary for Quality Day	10	-
Wothi Gumede Trading and Projects (Pty) Ltd	Donation of refreshments for Quality Day	4	-
Nation Changers	Donation of gift bags	2	-
Old Mutual Limited	Donation of 50x A4 size certificate frames for Quality Day	3	-
Chateau Gateaux	Donation of 3x cakes for Quality Day	2	-
Liberty Standard bank group	Donation of banner wall 3m x 2.25m for Quality Day	4	-
Avbob Mutual Assurance Society	Donation of trophies for Quality Day	5	-
HUTZ Group of Companies	Donation of 300x USBs towards the Infrastructure Development Planning Indaba 2024	15	-
Polyflor	Donation of 300x bottled water and 300x black pens towards the Infrastructure Development Planning Indaba 2024	11	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
DG Murray Trust (DGMT)	Donation of a Hybrid party speaker system	7	-
Lions Club Scottburgh	Donation of colouring books, crayons and clothes for new born babies	4	-
Sibiya Funeral Services	Donation towards the Long Service awards	29	-
Hilton College	Donation of 1 Nintendo PlayStation, 1 Nintendo switch, 2 Nintendo games and 4x 50-inch Samsung TV	38	-
RUDASA	Donation of IT equipment	94	-
RUDASA	Donation of 40 dental syringes	10	-
Health Systems Trust	Donation of non-medical equipment	32	-
Dr ME Paruk	Donation of an air-conditioner	7	-
Intando Outdoor Advertising and Maintenance	Donation of trophies and one box of chocolate towards the Quality Day	3	-
Empact Group	Donation of 200 meals towards the Quality Day	3	-
Ivukusi Security Services	Donation of R5 000.00 towards the Quality Day	5	-
Enhancing Care Foundation	Donation of the refurbishment of the doctors call room	100	-
Mr Shaun Phillpott	Donation for Mr Shaun and Mrs Jess Philpot for goodwill and Christmas cheer to patients	-	-
Dr S Parasnath	Donation of a Christmas tree and decorations	1	-
Community Development Foundation	Donation of diapers to the Paediatric Department	20	-
Neovantis (Pty) Ltd	Donation of a freezer	3	-
Al-Imdaad Foundation	Donation of Thermometers x 3 cases and face shield	21	-
Altomundo Trade and Investment	Donation of Christmas packs	1	-
Elimination 8	Donation of office furniture and IT equipment	222	-
National Department of Health	Donation of TB medicines	22,740	-
DG Murray Trust (DGMT)	Donation of 3x body mass index weighing scales	13	-
RuDASA	Donation of medical equipment	153	-
Health Systems Trust	Donation of various equipment	30	-
FIND	Donation of freestyle Libra glucose sensors	320	-

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/25	2023/24
		R'000	R'000
DG Murray Trust (DGMT)	Donation of seven laptops and three tablets	176	-
Match	Donation of five laptops and five routers	11	-
Broadreach Health Development (Pty) Ltd	Donation of IT equipment	96	-
Mrs PhumeleleNgema and AICF Foundation	Donation of Pembrolixumab for patient Amanda Ndlovu	82	-
TB/ HIV Care	Donation of 130 power banks towards women's commemoration event	52	-
Health Systems Trust (HST)	Donation of 300 goody bags towards women's commemoration event	60	-
Rachel Swart Fund	Donation of tools and consumables	12	-
THINK	Donation of TV's and panel heaters	60	-
Edendale Mall	Donation of baby toys and clothes	7	-
DKMS Africa	Donation of slush puppy machine	14	-
Ms D Hooker	Donation of care packages	3	-
Dr Y Kannigan	Donation of a microwave	4	-
Dr S Mkwanazi	Donation of a microwave	2	-
Sally Bealtie	Donation of a lazy boy chair	5	-
Friends of Greys NICU	Donation of 400 small size disposable nappies and 14 paper towels	3	-
Kanyenawe Funeral Parlour	Donating of burial services to mitigate a negative incident of the coming of still born babies	7	-
Newcastle Mediclinic	Donation of various items	134	-
Bidvest Catering Services	Donation for the kitchen renovation	286	-
Mrs Y Amisi	Donation of food sundries	2	-
European Commission Joint Research Centre	Donation of AC -225 (Medical Radionuclide Actinium 225)	4,000	-
Karmini Naidu	Donation of a 20L microwave	1	-
Total donations		279,009	230,461

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/ 25	2023/ 24
		R'000	R'000
Sponsorships			
Prior year Balance			4,969
Syngenta Crop Protection AG	Sponsorship for the Procurement of promotional material	19	-
University of KwaZulu-Natal	Sponsorship for Dr B Hadebe to attend the Annual meeting of the Society of Nuclear Medicine and Molecular Imaging held in Toronto Canada from the 8th - 11th June 2024	120	-
Smith and Nephew (Pt.) Ltd	Sponsorship for Dr Z Umar to attend the Trauma Extremities TSF VSP Course held at Tygerberg Hospital, Cape Town from 13th - 17th May 2024	18	-
Health Systems Trust	Sponsorship for tea and lunch for the Orientation and Induction Workshop	7	-
AIDS Foundation of South Africa	Sponsorship for Dr M Netshinombelo and Mr N Roji to attend the HPV Demonstration Project Provincial workshop on the 6th - 7th May 2024 in Cape Town	24	-
TB Think Tank	Sponsorship for Mrs Radebe to attend the TB Think Tank meeting held in Gauteng on the 23rd May 2024	4	-
SA Biomedical (Pty) Ltd	Sponsorship for Dr A Puddu to attend the SA Spine Society Congress 2024 in Johannesburg on the 16th - 18th May 2024	17	-
Advanced Paediatrics Life Support (APLS)	Sponsorship for Dr MH Wege to attend the Advanced Paediatrics Life Support course held in Johannesburg, Wits Medical School from 4th - 7th July 2024	3	-
UKZN College of Health Sciences	Sponsorship for Ms VC Chengalroyan to attend the FIP Congress Conference 2024 in Cape Town on the 1st - 4th September 2024	20	-
Takada (Pty) Ltd	Sponsorship for Dr S Parasnath to attend the Multistakeholder Lymphoma and Multiple Myeloma Summit 2024 in Cape Town on the 2nd March 2024	9	-
Takada (Pty) Ltd	Sponsorship for Dr F Rahman to attend the Multistakeholder Lymphoma and Multiple Myeloma Summit 2024 in Cape Town on the 2nd March 2024	8	-
Congress Organiser	Sponsorship for Dr S Bechan to attend the 2024 All Africa Anaesthesia Congress held in Sandton Convention Centre, Johannesburg from the 13th - 19th September 2024	9	-
Metropolitan	Sponsorship for 1450 ball points pens towards the Nurses Day	14	-
Assupol Life Limited	Sponsorship of PVC Banner and pop-up banner towards the Nurses Day	3	-
Liberty Group Limited	Sponsorship of 60 prevention and control badges towards the Nurses Day	3	-
Old Mutual Life Assurance Company	Sponsorship of 3 pull up banners towards the Nurses Day	6	-
UKZN College of Health Sciences	Sponsorship for Dr L Gabela to attend the SNMMI Annual meeting in Toronto, Canada on the 8th June 2024	93	-

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/ 25	2023/ 24
		R'000	R'000
Health Systems Trust (HTS)	Sponsorship for catering towards the Provincial CEO's meeting	17	-
SANICHEM	Sponsorship for tea and lunch towards the Infection Prevention & Control training workshop	8	-
Chemlog South Africa	Sponsorship for 5X Car care kits towards the Infection Prevention & Control training workshop	1	-
Biotronik SA (Pty) Ltd	Sponsorship for Mr M Maselwane to attend the Bio Academy VCL Intermediate Course in Johannesburg on the 12th July 2024	12	-
Critical Care Society of Southern Africa	Sponsorship for Dr K De Vasconcellos to attend the 2024 CCSA Congress held in Johannesburg on the 21st -25th August 2024	24	-
Alliance Health Policy & Systems Research	Sponsorship for Mr J Mdebele and Mr H Langa to attend the Community Oriented PHC Workshop in Western Cape: 14 August 2024	11	-
University of KwaZulu-Natal	Sponsorship for Dr N Moran to attend the 41st South African Society of Obstetricians and Gynaecologists National Congress 2024 held in North West Province on the 28th - 31st August 2024	7	-
University of Witwatersrand	Sponsorship for Dr N Moran to attend the 41st South African Society of Obstetricians and Gynaecologists National Congress 2024 held in North West Province on the 28th - 31st August 2024	20	-
All Africa Congress & SASA	Sponsorship for Dr Z Farina to attend the All Africa Anaesthesia Congress in Sandton, Johannesburg from 16th - 19th September 2024	1	-
UKZN College of Health Sciences	Sponsorship for Dr S Hlophe to attend the European Respiratory Society International Congress 2024	20	-
Critical Care Society of Southern Africa	Sponsorship for Dr NW Maboho to attend the Critical Care Southern Africa Congress held in Sandton, Johannesburg from 22nd - 25th August 2024	10	-
Baxter South Africa (Pty) Ltd	Sponsorship for Mrs R Lachman and Ms SL Welsford to attend Clinical Nutrition Symposium held in Cape Town from 19th - 20th August 2024	20	-
Smith and Nephew (Pty) Ltd	Sponsorship for Dr VS Mdingi to attend the Direct Anterior Approach Visitirs Surgeon Program and Instructional Course 2024 held in Cape Town on the 5th - 8th August 2024	10	-
Novartis South Africa (Pty) Ltd	Sponsorship for Dr F Rahman to attend the 16th Annual Haematology Oncology Symposium 2024 held in Cape Town from 13th -15th September 2024	13	-
International Atomic Energy Agency (IAEA)	Sponsorship for Dr B Hadebe to attend the IAEA Training in Cario, Egypt from 25th - 29th August 2024	35	-
National Bioproducts Institute	Sponsorship for Dr E Voxeka to attend the 16th Annual Haematology Oncology Symposium 2024 held in Cape Town from 13th - 15th September 2024	7	-

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/ 25	2023/ 24
		R'000	R'000
Pharmaceutical Society of South Africa	Sponsorship for Dr N Misra to attend the International Federation of Pharmacists World Congress held in Cape Town from 1st - 4th September 2024	25	-
Southern African Hypertension Society	Sponsorship for Dr NS Naidoo to attend the Biennial Congress 2024 held in Sandton, Johannesburg from 16th - 18th August 2024	3	-
Galderma Laboratories South Africa (Pty) Ltd	Sponsorship for Dr SS Sianyoni to attend the 8th Combine dSouth African Dermatology Congress held in Gqeberha, Port Elizabeth from 22nd - 25th August 2024	4	-
Robert H Lurie Comprehensive Cancer Centre	Sponsorship for Dr B Phakathi to attend the 26th Annual Lynn Sage Breast Cancer Symposium held in Chicago, Illinois, USA from the 24th - 27th October 2024	65	-
FHI 360	Sponsorship for 30 KZN Department of Health Officials to attend the Nursing Leadership Initiative taking place in Durban and Pietermaritzburg on the 6th - 10th October 2024	170	-
World Health Organisation	Sponsorship for Dr GE Shezi to attend the Global Forum on Bioethics in Research to be held in Malaysia from the 19th - 20th November 2024	59	-
UNFPA South Africa	Sponsorship for Dr M Netshinombelo to attend the UNFPA Scenario Planning and Theory of Change Workshop held in Pretoria on the 10th - 12th September 2024	21	-
Clinton Health Access Initiative (CHAI)	Sponsorship for Dr N Moran to attend a Stakeholder Dialogue on Developing New South African Private Sector Obstetric Care held in Pretoria on the 5th September 2024	6	-
Haemophilia Academy	Sponsorship for Dr R Mohamed to attend the Haemophilia Academy Training workshop 2024 held in Paris, France from the 28th October to 1st November 2024	75	-
Smile Foundation	Sponsorship for Dr S Osman to attend the Comprehensive Cleft Care Workshop held in Cape Town on the 23rd -24th October 2024	37	-
Smile Foundation	Sponsorship for Dr E Xoagus to attend the Comprehensive Cleft Care Workshop held in Cape Town on the 23rd -24th October 2024	37	-
Smile Foundation	Sponsorship for Dr I Mukama to attend the Comprehensive Cleft Care Workshop held in Cape Town on the 23rd -24th October 2024	37	-
Novartis SA (Pty) Ltd	Sponsorship for Dr J Karunakaram to attend the 16th Annual Haematology Oncology Symposium 2024 held in Cape Town from 13th - 15th September 2024	13	-
Equity Pharmaceuticals (Pty) Ltd	Sponsorship for Dr TA Abrahams to attend the 16th Annual Haematology Oncology Symposium 2024 held in Cape Town from 13th - 15th September 2024	15	-
Impilo Consortium (RF) (Pty) Ltd	Sponsorship of a netball kit	3	-
Batho Kopanang Distributors (Pty) Ltd	Sponsorship for Ms R Dooki to attend the Latest Development and Trends in Audiological Testing Equipment held in Pretoria on the 3rd October 2024	4	-
International Atomic Energy Agency (IAEA)	Sponsorship for Dr M Patel to attend the International Conference on Hybrid Imaging held in Vienna, Austria from 7th - 11th October 2024	36	-

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/ 25	2023/ 24
		R'000	R'000
UKZN College of Health Sciences	Sponsorship for Dr ND Ndlovu to attend the 37th EANM Congress to be held in Hamburg, Germany on the 19th - 23rd October 2024	78	-
Advanced Trauma Life Support	Sponsorship for Dr N Sheik-Hamid to attend the Advances Trauma Life Support Instructor Course held in Johannesburg from 2nd - 3rd November 2024	7	-
Pharmaceutical Society of South Africa	Sponsorship for Ms T Njapha, Ms T Mhlongo, Mrs S Matibela and Dr N Misra to attend IFP World Congress in Cape Town on the 1st - 4th September 2024	70	-
Adcock Ingram Critical Care (Pty) Ltd	Sponsorship for Dr Z Farine to attend Adcock Ingram Critical Care Best Practice in Anaesthesia 2024 held in Gauteng on the 22nd - 24th November 2024	18	-
South African Haemophilia Foundation	Sponsorship for Mrs L Marimuthu to attend the MASAC-SAHF Symposium held in Johannesburg on the 14th - 16th November 2024	7	-
National Research Foundation	Sponsorship for Dr AA Moodley to attend the Practical Introduction to the Eye Tracking Course held Lund University, Sweden from the 27th - 29th November 2024	54	-
University of KwaZulu- Natal (UKZN)	Sponsorship for Dr T Naidoo to attend the African Global Mental Health Institute 7th Annual Conference to be held in Nairobi, Kenya from the 4th - 6th November 2024	29	-
Smith and Nephew (Pty) Ltd	Sponsorship for Dr M Jansen Van Vuuren to attend the Trauma Extremities TSF VSP (Incorp Smart TSF) AOTC course held in Tygerberg Hospital, Cape Town from the 21st - 25th October 2024	26	-
Meril Academy	Sponsorship for Dr B Phakathi to attend the 6th Global Surgeons Summit to be held in India on the 28th - 30th November 2024	25	-
TBHIV Care	Sponsorship for a two day DHS meeting from the 9th - 11th December 2024	91	-
Aurum Institute	Sponsorship for appointment books	19	-
Eli Lilly and Company	Sponsorship for Dr SL Manyathi to attend the International Immunology Scientific Expert meeting in Berlin, Germany from the 6th -7th December 2024	150	-
First National Bank	Sponsorship for breakfast	5	-
SARETI	Sponsorship for Dr E Lutge to complete the SARETI Leadership Programme in Research Ethics	105	-
Mediclinic (Pty) Ltd	Sponsorship towards the training of two sub-specialist	6,000	-
TB Proof	Sponsorship for Ms Ngozo to attend the Union World Conference on Lung Health in Bali, Indonesia from 12th - 16th November 2024	38	-
Credo Shaping Ideas	Sponsorship For Dr K Coopasamy to attend the Credo Research Methodology Course to be held in Mumbai, India : 3rd - 8th March 2025	62	-

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025**

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2024/ 25 R'000	2023/ 24 R'000
Beiersdorf AG	Sponsorship for Prof A Mosam to attend the International Symposium on Hyperpigmentation and Thiamidol to be held in Hamburg, Germany from the 4th - 7th February 2025	34	-
FHI 360	Sponsorship for accommodation of 30 nurses who attending Nurses Leadership Workshop	239	-
Clinton Health Access Initiative	Sponsorship of tea and lunch	4	-
Pharmacy Direct	Sponsorship towards the HOD Team Building Session	7	-
Health Systems Trust (HTS)	Sponsorship towards the HOD Team Building Session	55	-
The Pharmaceutical Society of South Africa	Sponsorship for Dr N Misra to attend the South African Association of Hospital and Institutional Pharmacist Conference in Champagne Sport Resort	4	-
Philanjalo (NGO)	Sponsorship for four officials to attend the HIV Allocative Efficiency Workshop on the 6th - 7th March 2025 in Durban	33	-
UKZN College of Health Sciences	Sponsorship for Dr N Moran to attend the 43rd Conference on Priorities in Perinatal Care in Southern Africa on the 11th - 14th March 2025 at Protean Hotel Marriot-Durban	3	-
Genesis Analytics	Sponsorship for Mrs ZV Radebe to attend PHASA Conference at Goudini Spa, Worcester, Western Cape	19	-
South African Orthopaedic Association	Sponsorship for Dr K Sondovana to attend the 2025 SAIA Registrar Congress held in Gqeberha, Port Elizabeth on the 6th - 8th February 2025	11	-
Alliance for African Partnership	Sponsorship for Ms PJ Ngcobo to attend the Alliance for African Partnership, International Studies and Programmes to be held in United State	52	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr L Lande to attend Smart TSF VSF and Training Course to be held in Durban	11	-
St Jude Children's Research Hospital	Sponsorship for Dr B Neethling to attend the St Jude Global Alliance Sub-Saharan Africa Regional Meeting held in Nairobi, Kenya	30	-
Total sponsorships		8,489	4,969
Subtotal - received in kind		287,498	235,433
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED		287,500	235,433

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

ANNEXURE 1G

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	PAID BACK ON/BY 31 ST MARCH	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash						
PEPFAR	HIV/ TB	-	11,191	8,979	-	2,212
TOTAL AID ASSISTANCE RECEIVED		-	11,191	8,979	-	2,212

R2.212 million is available within the Advance account for expenditure 2025/2026 financial year

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2025 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2024	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2025	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2025
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	12,692	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14,264	-	-	-	-	-	-	-
Green Start Home Loans	Housing	45	-	-	-	-	-	-	-
ITHALA Limited	Housing	1,973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3,269	72	-	72	-	-	-	-
Old Mutual Bank	Housing	12,898	-	-	-	-	-	-	-
Peoples Bank Ltd	Housing	446	-	-	-	-	-	-	-
SA Home Loans	Housing	51	-	-	-	-	-	-	-
Standard Bank	Housing	7,092	-	-	-	-	-	-	-
Unique Finance	Housing	102	-	-	-	-	-	-	-
Subtotal		52,878	72	-	72	-	-	-	-
TOTAL		52,878	72	-	72	-	-	-	-

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

**ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2025**

Nature of liability	Opening balance 1 April 2024	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2025
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	3,308,260	127 329	669 233	-	2 766 356
Civil Claims	620,624	2,065,744	1,942,739	-	743,629
Transport Claims	5,930	1,344	471	-	6,803
Labour Claims	88,799	1,333	-	-	90,132
Subtotal	4,023,613	2 195 750	2 612 443	-	3 606 920
Other					
McCord's Hospital (Medical Legal Malpractice Claims)	75,000	-	-	-	75,000
National Health Laboratory Service	2,574,353	-	-	-	2,574,353
Government Employees Pension Fund	-	57,763	-	-	57,763
Subtotal	2,649,353	57,763	-	-	2,707,116
TOTAL	6,672,966	2 253 513	2 612 443	-	6 314 036

Contingent liabilities for Medical Legal are settled between 3 to 6 years, whereby most of are cases are dependent on the Department of Justice with court dates. All Contingent liabilities is calculated at best estimate of the funds required to settle a present obligation at the reporting date.

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

**ANNEXURE 3
CLAIMS RECOVERABLE**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2024/25*	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	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
DEPARTMENTS								
Department of Education KZN	36	49	73	1	109	50	-	-
Corporate Governance and Traditional Affairs	2,521	2,818	2,134	-	4,655	2,818	-	-
Office of the Premier KZN	118	379	173	213	291	592	-	-
Provincial Treasury	35	74	-	-	35	74	-	-
Department of Public Works KZN	-	-	-	5	-	5	-	-
Social Development	-	60	-	-	-	60	-	-
Sports & Recreation	-	591	10	-	10	591	-	-
Department of Correctional Services	42	53	-	74	42	127	-	-
Department of Correctional Services Eastern Cape	-	-	-	44	-	44	-	-
Department of KZN Legislator	-	46	3	-	3	46	-	-
Gauteng - Health	97	-	154	98	251	98	-	-
Eastern Cape - Health	-	18	556	351	556	369	-	-
Mpumalanga - Health	41	-	-	200	41	200	-	-
Western Cape - Health	124	141	-	-	124	141	-	-
National Department of Health	-	16,919	645	-	-	16,919	-	-
Department of Employment and Labour	15	-	-	15	15	15	-	-
Department of Justice	-	-	2	2	2	2	-	-
KZN Community, Safety & Liaison	-	-	12	12	12	12	-	-
KZN Agriculture & Rural Development	-	5	-	-	-	5	-	-

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2024/25*	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	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
DEPARTMENTS								
Eastern Cape - Education	-	-	-	25	-	25		
Department of Health Free State	-	-	99	-	99	-		
	3,029	21,153	3 861	1,040	6 890	22,193		
OTHER GOVERNMENT ENTITIES								
University of KwaZulu-Natal (UKZN)	-	-	-	11,244	-	11,244		
SITA	475	589	-	-	475	589		
Ithala Limited	1,628	1,359	-	-	1,628	1,359		
Golden Touch	1	1	-	2	1	3		
Senzile Food and Catering	-	-	3	6	3	6		
Centers for Disease Control and Prevention USA	-	425	-	-	-	425		
	2,104	2,374	3	11,252	2,107	13,626		
Total	5,133	23,527	3 864	12,292	8 997	35,819		

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

**ANNEXURE 4
INTER-GOVERNMENT PAYABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2024/25*	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000

DEPARTMENTS

Current

Department of Justice and Constitutional Development	8,385	425	-	-	8,385	425	-	-
Department of Transport: KwaZulu-Natal	19,654	7,811	6,432	32,539	26,086	40,350	-	-
Departments of Public Works: KwaZulu-Natal	31 370	127,572	-	-	31 370	127,572	-	-
Department of Agriculture & Rural Development	-	40	-	-	-	40	-	-
Department of Health: Mpumalanga	-	113	-	-	-	113	-	-
Department of Employment & labour	-	196	-	-	-	196	-	-
Department of Economic Development KZN	-	-	-	16	-	16	-	-
Office of the Premier : KZN	354	98	-	-	354	98	-	-
KwaZulu-Natal Provincial Treasury	481	-	-	-	481	-	-	-
Department of Health: Eastern cape	1,964	-	-	-	1,964	-	-	-
Department of Health: Western cape	140	-	-	-	140	-	-	-
Department of Health: Free State	-	199	-	-	-	199	-	-
Department of Health: Gauteng	80	-	-	-	80	-	-	-
Department of Human settlements	-	116	-	9	-	125	-	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2024/25*	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
CURRENT								
National Department of Health	-	15,337	13 360	2,184	13 360	17,521		-
National School of Government	-	524	-	31	-	555		-
								-
Subtotal	62 428	152 431	19 792	34 779	82 220	187 210		-
								-
Total Departments	62 428	152,431	19 792	34,779	82 220	187,210		-
OTHER GOVERNMENT ENTITY								
Current								
National Health Laboratory Services	642,584	1,141,372	-	-	642,584	1,141,372		-
South African National Blood Services	14 661	23,740	-	-	14 661	23,740		-
Auditor General - South Africa	4,601	3,488	-	-	4,601	3,488		-
SITA	1 315	4,883	-	28,737	1 315	33,620		-
University of Kwa-Zulu Natal	-	1,746	-	-	-	1,746		-
Government Printing	-	205	-	-	-	205		-
		1 175				1 204		-
Subtotal	663 161	434	-	28 737	663 161	171		-
								-
TOTAL INTERGOVERNMENTAL PAYABLES	725 589	865	19 792	63 516	745 381	381		-

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

ANNEXURE 5

INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2025	Note	Medicines	Surgical Supplies	Insert major category of inventory	Insert major category of inventory	TOTAL
		R'000	R'000	R'000	R'000	R'000
Opening balance		752,444	689,423	-	-	1,441,867
Add: Additions/Purchases - Cash		3,410,190	2,671,582	-	-	6,081,772
(Less): Disposals		(2,134)	(410)	-	-	(2,544)
(Less): Issues		(3,657,781)	(2,754,403)	-	-	(6,412,184)
Closing balance		502,719	606,192	-	-	1,108,911
End Users						34 560
Clinics						57027

Notes:

- 1. End Users comprises of the Wards and NSI Sections.**
- 2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users**

KWAZULU-NATAL DEPARTMENT OF HEALTH | 2024 – 25 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
FOR THE YEAR ENDED 31 MARCH 2025

ANNEXURE 5

INVENTORY - CONTINUE

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2024	Note	Medicines	Surgical Supplies	Insert major category of inventory	Insert major category of inventory	TOTAL
		R'000	R'000	R'000	R'000	R'000
Opening balance		762,485	672,432	-	-	1,434,917
Add: Additions/Purchases - Cash		3,977,981	3,419,838	-	-	7,397,819
(Less): Issues		(3,988,022)	(3,402,847)	-	-	(7,390,869)
Closing balance		752,444	689,423	-	-	1,441,867

End Users

119533

Clinics

127330

Notes:

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 6

MOVEMENT IN CAPITAL WORK-IN-PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2025

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	894,558	1,018,785	1,017,313	896,030
Non-residential buildings	661,742	427,697	533,951	555,488
Other fixed structures	232,816	591,088	483,362	340,542
TOTAL	894,558	1,018,785	1,017,313	896,030

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ANNEXURE 6 - CONTINUE

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,515,725	(252,534)	546,722	915,355	894,558
Non-residential buildings	1,333,293	(267,348)	371,155	775,358	661,742
Other fixed structures	182,432	14,814	175,567	139,997	232,816
TOTAL	1,515,725	(252,534)	546,722	915,355	894,558

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**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT
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ANNEXURE 7

NATURAL DISASTER OR RELIEF EXPENDITURE

Per quarter and in total

Expenditure per economic classification	APRIL	MAY	JUN	Subtotal	JUL	AUG	SEPT	Subtotal	OCT	NOV	DEC	Subtotal	JAN	FEB	MAR	Subtotal	2024/25	2023/24
	2024	2024	2024	Q1	2024	2024	2024	Q2	2024	2024	2024	Q3	2025	2025	2025	Q4	TOTAL	TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
GOODS SERVICES	-	-	-	-	-	-	104	104	(104)	826	-	722	-	-	-	-	826	67
INV FOOD SUP:GROCERIES	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(10)
INV MAT&SUP:HH:LIN&SOFT FURNSH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
O/P:LAUNDRY SERVICES	-	-	-	-	-	-	104	104	(104)	-	-	(104)	-	-	-	-	-	68
P/P:CONTRCTD MAINT PROP	-	-	-	-	-	-	-	-	-	826	-	826	-	-	-	-	826	9
EXPENDITURE FOR CAPITAL ASSETS	1,367	16,415	3,922	21,704	7,949	10,611	9,105	27,665	800	4,420	1,634	6,854	2,754	8,884	10,784	22,422	78,645	23,274
CONTRCTR:REFU&REH BUILDINGS	1,367	16,415	3,922	21,704	7,949	10,611	9,105	27,665	800	4,420	1,634	6,854	2,754	8,884	10,784	22,422	78,645	23,274
TOTAL NATURAL DISASTER OR RELIEF EXPENDITURE	1,367	16,415	3,922	21,704	7,949	10,611	9,209	27,769	696	5,246	1,634	7,576	2,754	8,884	10,784	22,422	79,471	23,341



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

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