Western Cape Government

Department of Health and Wellness

Annual Report 2024/25

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Over 120 cataract surgeries were performed at Beaufort West Hospital.

PART A:
General Information

Department's General Information

Full Name of Department

Department of Health and Wellness

Western Cape Government

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List of Abbreviations/Acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AO	Accounting Officer
B-BBEE	Broad-Based Black Economic Empowerment
CDC	Community Day Centre
CEO	Chief Executive Officer
CHC	Community Health Centre
COVID-19	Coronavirus Disease 2019
D	Denominator
DORA	Division of Revenue Act
DPSA	Department of Public Service Administration
EHWP	Employee Health and Wellness Programme
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HR	Human Resources
IAF	Internal Audit Function
MEC	Member of the Executive Council
N	Numerator
N/A	Not Applicable
NIMS	Nursing Information Management System
NDoH	National Department of Health
NGO	Non-Governmental Organisations
NPO	Non-Profit Organisation
OHS	Occupational Health and Safety
OSD	Occupation Specific Dispensation
PCR	Polymerase Chain Reaction
PERSAL	Personnel and Salary Information System
PES	Provincial Equitable Share
PFMA	Public Finance Management Act
PHC	Primary Health Care
PM	People Management
PPP	Public-Private Partnership
SCM	Supply Chain Management
SHERQ	Safety, Health, Environment, Risk and Quality
SMS	Senior Management Service
STIF	Sexually Transmitted Infection
TB	Tuberculosis
WCDHW	Western Cape Department of Health and Wellness
WCG	Western Cape Government

"The challenges are not yet behind us, but we are determined to carry with us the spirit of tenacity, compassion, and innovation that defined this past year."

Foreword by the MEC

Reflecting on the 2024/25 financial year, it is clear that this was a year requiring both resilience and resolve – a year in which we felt the true impact of the 2023 funding cuts, and yet one in which the hard decisions ensured that a more stable healthcare system could emerge in the Western Cape.

To say our healthcare system has been under pressure would be an understatement. Since 2020, our health heroes have faced challenge after challenge. The COVID-19 pandemic tested every part of our system, and just as the road to recovery began, austerity followed. This year, South Africa has faced several public health challenges, including outbreaks of Mpox, measles, diphtheria, and food-borne illnesses. In the Western Cape, the termination of USAID and PEPFAR funding has placed further strain on our healthcare system, particularly undermining the vital work of our NGO partners in the fight against HIV/AIDS and TB. While the full impact of this loss will only be felt in the years ahead, the consequences for our long-term public health efforts are deeply concerning.

This annual report is more than just a record of the year – it is a tribute to the tenacity, creativity, and compassion of the people who make our health system work. Their efforts were visible not only in the daily delivery of care, but in the many milestones achieved this year despite severe constraints. Among them was the opening of the interim Emergency Centre at Robertson Hospital – a build completed in just 8 months that significantly improved the facility's emergency capacity. We also opened the replacement Villiersdorp Ambulance Station in the Overberg, while continuing the upgrading of vital facilities, including in Bothasig CDC and Groote Schuur Hospital. New clinics like the one in Ravensmead and the Acute Psychiatric Units at Eerste River, Khayelitsha, and New Somerset Hospitals were under construction.

Our Emergency Medical Services continued their outstanding work, delivering urgent medical care where and when it was needed most. Ahead of the holiday season, resources were scaled up to ensure that the growing demand could be met. Over the December peak festive season (15 December 2024 – 15 January 2025), EMS responded to 73 742 calls, including 21 907 life-threatening incidents and 51 835 urgent but less critical cases. During the March/April peak season (28 March 2025 – 22 April 2025), EMS successfully responded to 59 590 calls in total, of which 18 552 were P1 and 41 038 P2 cases. These numbers underscore the critical role EMS plays in responding to emergencies during the busiest times of the year.

We also witnessed the power of meaningful partnerships and collaboration through celebrated initiatives such as the InReach Programme in Beaufort West and the pilot project led by the Children's Hospital Trust – from reducing surgical backlogs to building specialised burns unit for children at rural facilities. We value our long-standing and impactful partnerships with academia, NGOs, funding institutions, and the private sector which have helped catalyse a more integrated healthcare system in the province. And as we do every year, we honoured long-standing service with pride, as men and women across the system received recognition for 20, 30, even 40 years of dedicated service to the Western Cape and its people. Lifelong service to the vision of healthier communities is not only commendable – it is the foundation of our collective strength.

As we look ahead to 2025, we do so with hope and with purpose. The challenges are not yet behind us, but we are determined to carry with us the spirit of tenacity, compassion, and innovation that defined this past year. To every staff member, every partner, every health hero: thank you. Together, we continue building a healthcare system that serves with dignity and delivers with heart. The journey continues – stronger, steadier, and filled with promise.

Ms Mireille Wenger
Western Cape Minister of Health and Wellness

"Our primary health care platform remained the backbone of the system, with 18,7 million service contacts delivered across the province."

Report of the Accounting Officer

The 2024/25 financial year ended a defining strategic cycle for the Western Cape Department of Health and Wellness. It was a year shaped by persistent budget cuts and accompanying austerity measures; deepening service demands against rising population health needs all playing out within a complex post-pandemic recovery context. Yet, it was also a year of remarkable resilience and adaptive leadership across our system.

Despite these constraints, we managed to continue providing access to essential health services. Our primary health care platform remained the backbone of the system, with 18,7 million service contacts delivered across the province. School health services reached 187 705 learners, and our Chronic Dispensing Unit scaled up to deliver 5 million parcels of medication, illustrating our continued commitment to person-centred quality care.

Our acute hospital platform recorded 512 997 inpatient separations, 1,48 million outpatient visits, and over 1 million emergency cases. The burden on Emergency Medical Services intensified during peak periods, with EMS responding to over 596 000 incidents throughout the year – including nearly 74 000 calls over the festive season and over 59 000 during the Easter period, many of which were life-threatening emergencies. Our Forensic Pathology Services managed 11 126 cases, reflecting both clinical workload and broader societal trauma.

Despite budgetary pressure, we did not renege on our commitment to clean governance as indicated by yet another clean audit outcome. Our culture journey showed further maturation with our Barrett Values culture score rising to 73, a world-class benchmark in organisational health. These outcomes reflect an organisation that, despite adversity, continues to lead with values and compassion.

The year 2024/25 saw us intensifying our engagements with a range of stakeholders to lay a solid foundation for a new five-year strategic cycle and an emerging framework for our new long-term strategy: Healthcare 2050.

Overview of the Financial Results

Departmental Receipts

Patient Fees are the main source of income for the department and the tariffs charged are as per the Uniformed Patient Fees Schedule, which is determined by the National Department of Health (NDoH). These fees are reviewed annually, and the revised tariffs come into effect at the start of each financial year. The department ended the 2024/25 financial year with a revenue collection surplus of R85,159 million. A breakdown of the sources of revenue and performance for 2024/25 is provided in the table below.

Departmental Receipts	2024/25			2023/24		
	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	399 023	430 585	(31 562)	387 013	402 770	(15 757)
Transfers received	18 279	18 323	(44)	16 793	17 788	(995)
Interest, dividends and rent on land	1 127	2 617	(1 490)	1 106	2 259	(1 153)
Sale of capital assets	–	2 042	(2 042)	–	1 757	(1 757)
Financial transactions in assets and liabilities	15 526	65 547	(50 021)	43 463	76 115	(32 652)
Total	**433 955**	**519 114**	**(85 159)**	**448 375**	**500 689**	**(52 314)**

Programme Expenditure

The department recorded an under expenditure of R134,343 million in the 2024/25 financial year. Please refer to the Notes in the Appropriation Statement on Pages 217 to 221 for reasons.

Programme Name	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
Programme 1: Administration	914 381	913 768	613	980 573	980 573	-
Programme 2: District Health Services	12 721 621	12 659 858	61 763	12 178 279	12 155 573	22 706
Programme 3: Emergency Medical Services	1 395 661	1 386 246	9 415	1 358 041	1 349 750	8 291
Programme 4: Provincial Hospital Services	4 897 431	4 896 732	699	4 838 351	4 801 042	37 309
Programme 5: Central Hospital Services	8 368 181	8 368 181	-	8 149 924	8 149 924	-
Programme 6: Health Sciences and Training	424 269	420 070	4 199	419 746	418 753	993
Programme 7: Health Care Support Services	661 913	651 055	10 858	641 607	618 626	22 981
Programme 8: Health Facilities Management	1 303 504	1 256 708	46 796	1 169 467	1 169 466	1
Total	**30 686 961**	**30 552 618**	**134 343**	**29 735 988**	**29 643 707**	**92 281**

Virements/Rollovers

All virements applied are depicted on pages 207 to 216 of the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were approved by the Accounting Officer. The amount of R134,343 million has been requested as a reallocation or rollover. This request is intended to help address various cost pressures and to reduce the projected over expenditure in the 2025/26 financial year. Additionally, a portion of this amount is proposed to be earmarked within the Asset Financing Reserve to contribute towards the co-payment obligation for the construction of the new Tygerberg Central Hospital.

Main Division		R'000	Reason
From	To		
Programme 1: Administration	Programme 5: Central Hospital Services	29 258	To address over expenditure because of service pressures. Virements were applied to ensure that no unauthorised expenditure occurred.
Programme 4: Provincial Hospital Services		22 383	
Programme 6: Health Sciences and Training		3 043	

Unauthorised, Fruitless & Wasteful Expenditure

No Unauthorised Expenditure has been recorded after the application of virements.

No Fruitless and Wasteful Expenditure has been incurred for the year under review.

Public-Private Partnerships

New Public-Private Partnerships

Tygerberg Hospital Redevelopment Project (an envisioned Public-Private Partnership)

The redevelopment of Tygerberg Central Hospital on the existing hospital estate to provide Level 3/quaternary services and 893 beds is planned as a Public-Private Partnership (PPP). In this scenario, the Western Cape Department of Health and Wellness will procure a private partner to design, finance, build, and maintain the hospital on its behalf for 20 years, as well as to provide certain non-clinical services during the concession period.

The procurement process is currently underway and will conclude when the National Treasury grants Treasury Approval: IIA, which will require the issuance of the Request for Proposals. The anticipated timeline is February 2026, after which the National Treasury will approve the preferred bidder and issue Treasury Approval: IIB.

Treasury Approval: III will be achieved after finalising output specifications, performance standards, payment mechanism and the PPP agreement. The expected timeline for this is April 2028. This approval will authorise the department to enter a PPP agreement with the successful private partner.

Discontinued Activities

Metro Health Services (MHS)

No MHS services were discontinued, but the loss of USAID funding for NGO-run services meant that these patients now have to be absorbed into Provincial Health Services. The impact of this is that there has been additional pressure on the already stressed services and the health platform had to implement logistical changes to accommodate these additional services.

Rural Health Services (RHS)

The loss of USAID funding was also felt in the RHS, where funding for NGO-run services was discontinued, resulting in some of these health services being absorbed by RHS, placing further stress on our service provision.

Theatre services at Radie Kotze Hospital in the West Coast District had to be discontinued due to the impact of budget cuts and related austerity measures.

Specialist medical training of registrars at George Regional Hospital ceased due to cuts in the conditional grant, which previously funded the service. In addition, a 25-bedded ward was closed at the hospital due to budget cuts and related austerity measures, resulting in reduced access to inpatient care and increased pressure on the emergency centre at the hospital, as it is crowded with patients waiting for beds.

No other services were discontinued, but there has been a reduction in operating theatre availability at both George and Paarl Hospitals, with a consequent reduction in operations performed.

Emergency and Clinical Services Support (ECSS)

No services were discontinued.

Groote Schuur Hospital (GSH)

The only adolescent inpatient ward in the hospital was temporarily closed due to severe nursing staff shortages consequent to the budget cuts and austerity measures.

No other services were discontinued, but there has been a reduction in operating theatre availability, with a consequent reduction in operations performed. Radiography services also had to be reduced, resulting in increased waiting times and waiting lists for these services.

Red Cross War Memorial Children's Hospital (RCWMCH)

No services have been discontinued, but there has been a reduction in paediatric critical care beds and surgical operations have decreased due to a decrease in staffing.

New or Proposed Activities

Rural Health Services (RHS)

New activities undertaken within the RHS are:

- Six new mobile units dedicated to school health services were deployed, allowing the department to expand its reach and improve health outcomes for learners. To ensure these vehicles are fully utilised, six professional nurses have been appointed and will provide an integrated school health service which includes health screening, dental care, vaccinations, and other healthcare assessments and referrals where necessary.

- With the support of the Department of Agriculture and local farmers/wine cellars, new community health workers (CHWs) on farms are continuously being trained. CHWs are a quick and easy access point for support to people living and working on farms, providing them with home- and community-based care services and healthcare information. A total of 37 CHWs have been trained in the Witzenberg subdistrict and 41 in the Breede Valley subdistrict. It is planned that a further 20 will be trained in Breede Valley during 2026.

Proposed activities within the RHS are:

- With corporate funding support for infrastructure upgrades, the expansion of transitional care services at Sonstraal Hospital could be enhanced. With minor upgrades, the establishment of transitional care services at Malmesbury Infectious Diseases Hospital could be commenced. Reasonable relaxation of recruitment and retention policies will enable the attraction and retention of specialists in rural areas, allow additional registrar appointments and enable the appointment of many other specialist/scarce skills staff such as theatre-trained nurses.

- The Overstrand subdistrict, which currently has limited after-hours services at Hermanus Hospital only, is in the process of developing a public-private initiative to procure after-hours emergency centre services from the private sector. The funds from this project will come from the Overstrand subdistrict budget, and this model might serve as a template for similar projects.

Metro Health Services (MHS)

To enable better coordination of health services and improve the efficiency of service delivery in the Atlantis area, MHS took over two clinics (Protea Park and Saxonsea clinics) from the City of Cape Town Municipality in April 2024 and a satellite clinic (Witsand satellite clinic) in November 2024. Funding from the transfer payment to the City was redirected to MHS and some internal redistribution of funds within MHS enabled these takeovers.

Emergency and Clinical Services Support (ECSS)

New activities undertaken within the ECSS are:

- Provision of a contextualised telephonic prioritisation system for more appropriate responding to emergency services calls.

- Provision of emergency palliative care on callout.

- Facilitation of transplant donations discussions with relatives when patients with donor potential have demised.

Proposed activities within the ECSS are:

- The provision of urgently needed post-mortem CT scan services to expedite the post-mortem process and reduce the turnaround time of post-mortems.

- Expansion of the Tygerberg facility to enable accommodation of the current and projected post-mortem caseload and provide safe autopsy space to conduct post-mortem examinations.

- Resolution of the Observatory Forensic Pathology Institute outstanding structural defects to fully operationalise the building.

Groote Schuur Hospital (GSH)

New activities undertaken at GSH are:

- A Robotic Training Programme to train more surgeons on robotic surgery procedures across different disciplines is being commissioned.
- Work continues on the building of a new Emergency Centre, with an envisaged handover of the new building scheduled for February 2026.

Proposed activities at GSH are:

- A 'Kidney Paired Donation' programme, which is a multidisciplinary approach to improving access to kidney transplants by enabling living kidney donors to donate to non-related kidney recipients when the person they initially wanted to donate to is incompatible with them.

Tygerberg Hospital (TBH)

The Tygerberg Hospital team became the first to successfully perform a unique prosthetic heart valve procedure, named the Tootsie Roll technique.

The Information Management Unit marked several significant achievements that demonstrate both growth and innovation in the quest to maintain continued service delivery. The hospital exceeded its revenue collection target, despite challenges with various revenue sources and service disruptions.

On the clinical service delivery front, substantial work was done to reconfigure general paediatric services, with the C3A General Paediatric OPD move planned in 2025, as well as a commitment to upgrades to the G Ground Emergency, and short-stay facilities by Tygerberg Hospital Management. The completion of a dedicated paediatric oncology playroom through the "Reach for a Dream" initiative was a highlight in creating a more child-friendly hospital environment. The acquisition of high-end echocardiography equipment from the Children's Trust also marked a major leap forward in diagnostic capacity for the paediatric cardiology service.

The Child and Adolescent Psychiatry inpatient unit was awarded the Stavros Niarchos Foundation (SNF) grant for upgrades to the unit to the value of R3,6million. This funding is being used for developing safer, adolescent-friendly inpatient services in the ward.

An AI-driven radiotherapy contouring and planning platform was implemented in collaboration with the MD Anderson Cancer Center (Texas) to increase RT throughput. A new partnership with the NPO Project Flamingo was initiated to address the severe backlog in staging CT studies and sentinel node studies over weekends for patients with breast cancer.

Red Cross War Memorial Children's Hospital (RCWMCH)

New activities undertaken at RCWMH are:

- Construction of the new Medical Records, Orthopaedic and Day Surgery unit, funded by The Children's Hospital Trust, will be completed in the coming months. This will improve access to these specialist services and decrease waiting times.
- Through the Children's Hospital Trust funding, critical equipment was received, including a new Paediatric Lung Function machine, which assists many children with various lung conditions by aiding in their diagnosis and response to therapy.
- The Child Protection Improvement project continues to progress with the provision of training in this highly sensitive field and has been able to add a psychosocial arm to the project, providing vulnerable children with much-needed care and support.

- A transversal project to strengthen the management of burns in Rural Health Services, funded by The Children's Hospital Trust, has commenced and is currently underway in the Worcester and Ceres areas. This will allow patients to efficiently access high-quality care closer to home, thereby reducing the transport logistics and cost burden on both the caregivers and the department.

- The first Paediatric Palliative Care Framework was successfully launched. This framework will improve palliative care for all children and young people. This is especially important in improving quality of life for children with serious and life-limiting conditions.

Proposed activities at RCWMH are:

- The hospital has been selected for a pilot Solar Photovoltaic project, which will enable electricity generation and will decrease the carbon footprint of the facility, as well as decreasing the electricity expenditure of the hospital.

Supply Chain Management

Unsolicited Bid Proposals for the Year Under Review

No unsolicited bids were received during the year under review.

Supply Chain Management Processes and Systems to Prevent Irregular Expenditure

Supply Chain Management (SCM) processes and systems are in place to prevent irregular expenditure. The Accounting Officers System (AOS) and its associated delegations were approved on 28th March 2024, which regulates the SCM environment. The AOS and its associated delegations were maintained through the provision of internal instructions and circulars during the financial year. Standard operating procedures (SOPs) outlining specific aspects of SCM were issued to standardise processes and procedures. Focused interventions, such as training and information sessions, were facilitated with internal stakeholders involved in SCM processes, equipping them with the necessary knowledge to ensure compliance with policies and regulations.

Challenges Experienced in Supply Chain Management

SCM within the department encountered several challenges during the reporting period, each requiring targeted interventions:

Complex Legislative Environment:

The intricate legal framework governing SCM often led to implementation challenges and administrative hurdles, which impacted service delivery objectives. The recent enactment of the Public Procurement Act and the anticipated regulations are expected to introduce further complexity.

Availability of Service Providers and Market Readiness:

A limited pool of suitably registered and capable service providers remained a concern. Many suppliers were either not duly registered or were not adequately prepared to meet the department's specific requirements.

Supplier Non-performance:

Persistent issues were noted with suppliers failing to meet their contractual obligations, affecting project timelines and service quality.

Strategic Responses:

To address these challenges, the department implemented several strategic actions.

Review of Governance Structures:

The Accounting Officer System and associated delegations are being reviewed on a continuous basis, to ensure alignment with legislative requirements and to strengthen support for service delivery.

Provincial Collaboration:

A provincial task team was established to address systemic SCM issues. The department actively participates in this forum to contribute to collective problem-solving and best practice sharing.

Supplier Engagement and Market Development:

To expand the pool of suppliers and enhance market readiness, the department launched a programme of supplier engagement through hosting Supplier Open Days. These events aim to raise awareness of procurement opportunities, guide suppliers on registration processes and encourage broader participation.

Capacity Building:

Continued investment in staff training and development has improved internal SCM capacity, enabling agility to regulatory and operational changes. These measures reflect the department's commitment to strengthening SCM systems and processes to improve compliance, efficiency, and service delivery outcomes.

Gifts and Donations

Cash donations to the value of R327 100 were received by the department for the 2024/25 financial year. These are disclosed in the Annexures to the Financial Statements, pages 278 to 281.

Gifts, donations and sponsorships received for the year ending 31 March 2025 are reflected in the table below.

Name of Institution	Category	Amount R ("000)
Beaufort West Hospital	Consumables	168
Brewelskloof Hospital	Computer Equipment	16
Brewelskloof Hospital	Consumables	10
Caledon Hospital	Consumables	8
Cape Medical Depot	Consumables	4 253
Ceres Hospital	Consumables	510
Eerste River Hospital	Consumables	3
Eerste River Hospital	Furniture & Office Equipment	33
Eerste River Hospital	Other Machinery & Equipment	3
Emergency Medical Services	Consumables	11
False Bay Hospital	Consumables	78
False Bay Hospital	Other Machinery & Equipment	102
George Hospital	Furniture & Office Equipment	124
George Hospital	Other Machinery & Equipment	1 007
Groote Schuur Hospital	Computer Equipment	3 168
Groote Schuur Hospital	Consumables	3 050
Groote Schuur Hospital	Furniture & Office Equipment	185
Groote Schuur Hospital	Other Machinery & Equipment	4 030
Helderberg Hospital	Computer Equipment	25
Helderberg Hospital	Furniture & Office Equipment	52
Helderberg Hospital	Other Machinery & Equipment	451
Hermanus Hospital	Consumables	11
Hermanus Hospital	Other Machinery & Equipment	10
Karl Bremer Hospital	Consumables	128
Khayelitsha Hospital	Consumables	1 515
Khayelitsha Hospital	Furniture & Office Equipment	42
Khayelitsha Hospital	Other Machinery & Equipment	3 169
Mitchell's Plain Hospital	Furniture & Office Equipment	79
Mitchell's Plain Hospital	Other Machinery & Equipment	617
Mossel Bay Hospital	Other Machinery & Equipment	85

Name of Institution	Category	Amount R ("000)
Mowbray Maternity Hospital	Other Machinery & Equipment	532
New Somerset Hospital	Consumables	9
New Somerset Hospital	Other Machinery & Equipment	166
Otto Du Plessis Hospital	Consumables	2
Otto Du Plessis Hospital	Other Machinery & Equipment	119
Paarl Hospital	Consumables	22
Paarl Hospital	Other Machinery & Equipment	671
Red Cross War Memorial Children's Hospital	Consumables	89
Red Cross War Memorial Children's Hospital	Other Machinery & Equipment	2 714
Riversdale hospital	Consumables	6
Stellenbosch Hospital	Consumables	574
Stellenbosch Hospital	Furniture & Office Equipment	461
Swartland Hospital	Consumables	40
Swellendam Hospital	Consumables	47
Tygerberg Hospital	Consumables	382
Tygerberg Hospital	Furniture & Office Equipment	1 004
Tygerberg Hospital	Intangible Assets	117
Tygerberg Hospital	Other Machinery & Equipment	6 475
Victoria Hospital	Consumables	16
Vredendal Hospital	Consumables	163
West Coast District Office	Consumables	326
Total		**36 878**

Exemptions and Deviations

No deviations or exemptions from the Modified Cash Standard were provided by National Treasury for the 2024/25 financial year.

Events after the Reporting Date

The department has no events to report after the reporting date.

Other

There are no other material facts or circumstances that affect the understanding of the financial affairs of the department.

Acknowledgements

We express our deepest appreciation to the many partners who journeyed with us through a defining year. We appreciate that health and wellness are co-produced by citizens, communities, caregivers, clinicians, and other partners. We therefore acknowledge our provincial government partners, whose interdepartmental collaboration has ensured that we continue to drive transformative programmes such as One Health, the Safety initiatives and Wellbeing initiatives. We value the role played by our higher education partners for the commitment to co-creating teaching, research and service platforms reform; the continued engagement of the private sector in universal health coverage efforts; the principled dialogue with organised labour towards employee wellbeing; and the critical, people-centred activism of civil society. We also thank our colleagues in local and district municipalities for their commitment to integrated primary care. Most importantly, we honour our staff for their unwavering service despite unabating service pressures in the face of austerity measures. Your deep commitment and sense of purpose are commendable, and you continue to make me proud to be at the helm of such a phenomenal organisation.

Conclusion

The 2024/25 financial year brings to a close the department's 2020 – 2025 Strategic Plan – a period marked by complexity, disruption, and transformation. We navigated the COVID-19 pandemic, endured sustained fiscal constraints, and responded to rising population health needs with innovation and resolve. This five-year journey reinforced our commitment to person-centred care, strengthened foundations for universal health coverage, and introduced strategic reforms that are already shaping the provincial health system of the future.

Our engagements with stakeholders across sectors were pivotal in this period and in laying the groundwork for the next. Through deliberate listening, co-creation, and trust-building, we shaped the 2025 – 2030 Strategic Plan in alignment with the insights from the HC2030 Review and the broader socio-political landscape. We deepened our adaptive governance ethos and embraced a Health Ecosystem Approach that positions shared leadership and systemic collaboration at the heart of our transformation agenda.

As we look ahead to 2030, we do so with clarity of purpose and collective determination. Our new strategic vision affirms our commitment to supporting every resident of the Western Cape to start well, live well, age well, and do so within a system that is run well. The work ahead will be demanding, but with our shared values, resilient workforce, and strong partnerships, we are well-positioned to deliver on our public value promise and shape a healthier, more inclusive future for all.

Approval and Sign-Off

The Annual Financial Statements set out on pages 207 to 291 have been approved by the Accounting Officer.

Dr Keith Cloete

Head of Department: Western Cape Department of Health and Wellness

31 May 2025

Statement of Responsibility and Confirmation of the Accuracy of the Annual Report

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

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

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

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

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

The external auditors are engaged to express an independent opinion on the Annual Financial Statements.

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

Yours faithfully

Dr Keith Cloete

Head of Department: Western Cape Department of Health and Wellness

31 May 2025

Strategic Overview

Vision

Access to person-centred quality care

Mission

We undertake to provide equitable access to quality health services in partnership with the relevant stakeholders within a balanced and well-managed health system to the people of the Western Cape and beyond.

Our Values

Innovation
To be open to new ideas and develop creative solutions to challenges in a resourceful way.

Responsiveness
To serve the needs of our citizens and employees.

Caring
To care for those we serve and work with.

Integrity
To be honest and do the right thing.

Accountability
We take responsibility.

Respect
To be respectful to those we serve and work with.

Competence
The ability and capacity to do the job we were employed to do.

Legislative & Other Mandates

Legislative Mandate

National Legislation

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)

Council for Medical Schemes Levies Act, 1998 (Act No. 131 of 1998)

Criminal Procedure Act, 1977 (Act No. 51 of 1977)

Disaster Management Act, 2002 (Act No. 57 of 2002)

Health Professions Act, 1974 (Act No. 56 of 1974)

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)

Mental Health Care Act, 2002 (Act No. 17 of 2002)

National Environmental Health Norms and Standards (Notice 1229 of 2015)

National Health Act (Act No. 61 of 2003)

National Roads Traffic Act (Act No. 93 of 1996)

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)

Sterilisation Act, 1998 (Act No. 44 of 1998)

Provincial Legislation

Regulations Governing Private Health Establishments, P.N. 187/2001

Regulations relating to the Criteria and Process for the Clustering of Primary Health Care Facilities, 2017 in terms of the Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Regulations Governing the Financial Prescripts in terms of Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Regulations Governing the Procedures for the Nomination of Members for Appointment to Boards and Committees Act, 2017 (PN 219/2017)

Western Cape Ambulance Services Act, 2010 (Act No. 3 of 2010)

Western Cape Health Care Waste Management Act, 2007 (Act No. 7 of 2007)

Western Cape District Health Councils Act, 2010 (Act No. 5 of 2010)

Western Cape District Health Councils Amendment Act, 2013

Western Cape Health Facility Boards and Committees Act, 2016 (Act No. 4 of 2016)

Western Cape Health Service Fees Act, 2008 (Act No. 5 of 2008)

Western Cape Independent Health Complaints Committee Act, 2014 (Act No. 2 of 2014)

Western Cape Independent Health Complaints Committee Regulations, 2014 in terms of the Western Cape Health Complaints Committee Act (Act No. 2 of 2014)

Other Mandates

2019-2024 Provincial Strategic Plan (PSP), 2020

2030 Agenda for Sustainable Development, 2015 (Goal 3)

Healthcare 2030 – The Road to Wellness, 2014

Health is everybody's business: A framework for action over the 2022 Medium-Term Expenditure Framework (MTSF)

National Development Plan (NDP), 2012

Political declaration of the United Nations High-Level meeting on UHC UN UHC Statement, 2019

Revised Medium Term Strategic Framework (MTSF) 2019 - 2024

Western Cape Recovery Plan

Organisational Structure

The organisational structure reflects the senior management service (SMS) members as at 31 March 2025. See the organogram on pages 20 to 21. The budget programme managers are as follows:

Ms N Nkosi, Chief Director: Strategy

Programme 1: Administration

Dr S Kariem, Deputy Director-General: Chief of Operations

Programme 2: District Health Services

Programme 3: Emergency Medical Services

Programme 4: Provincial Hospital Services

Programme 5: Central Hospital Services

Mrs B Arries, Chief Director: People Management

Programme 6: Health Sciences and Training

Dr L Angeletti-du Toit, Chief Director: Facilities and Infrastructure Management

Programme 7: Health Care Support Services

Programme 8: Health Facilities Management

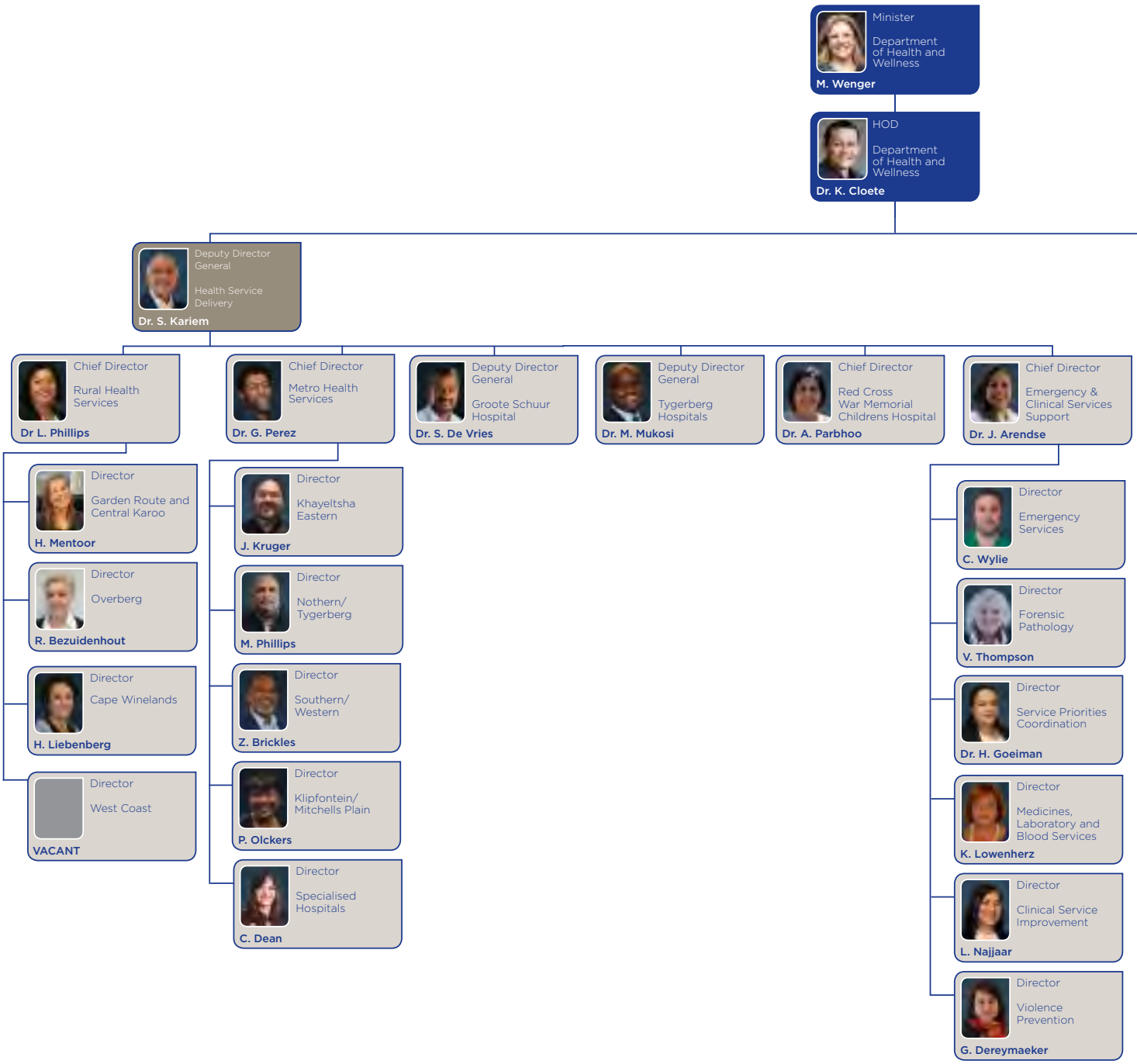
Entities

There are no entities reporting to the Minister.

Organisational Organogram

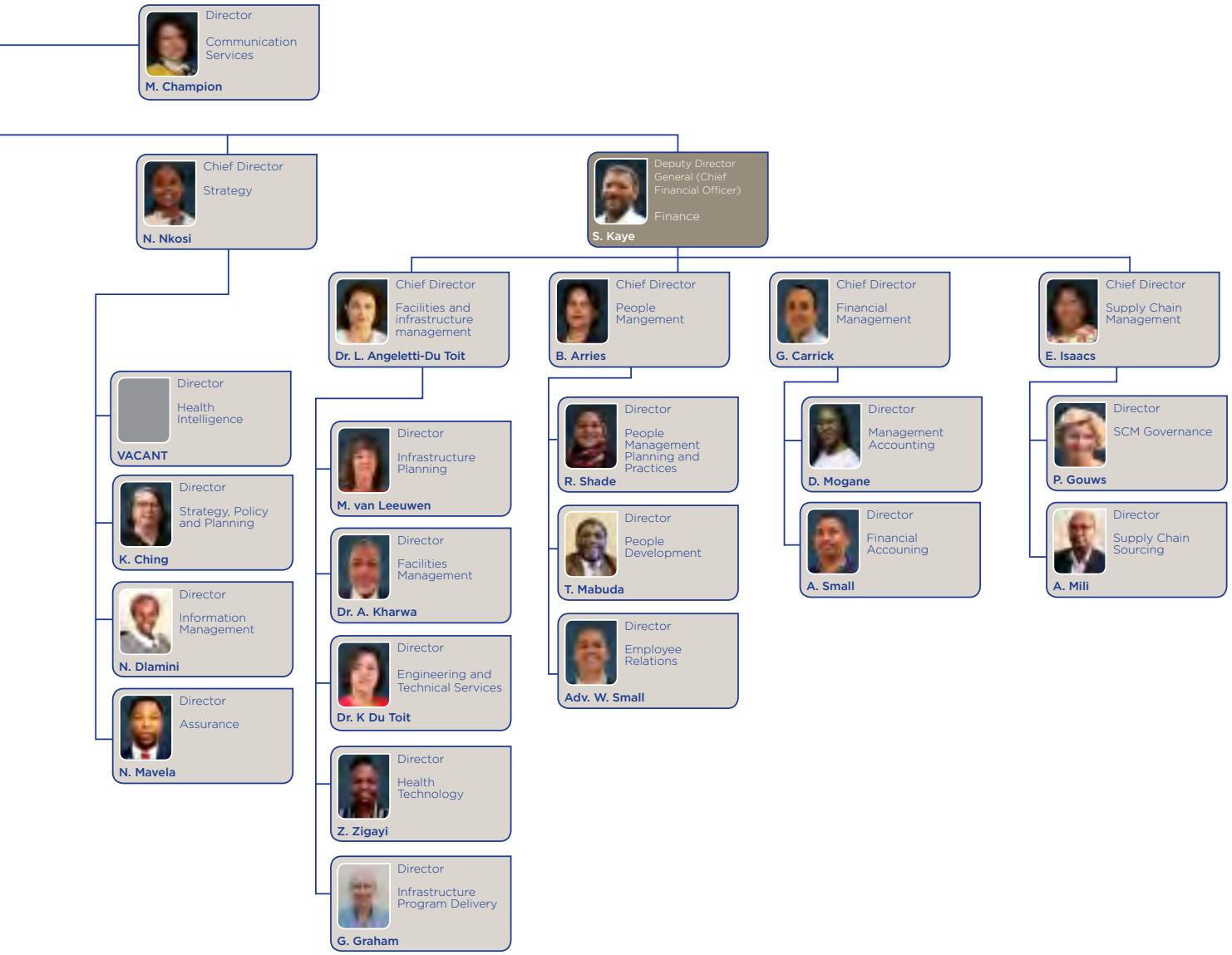
Structure as at March 2025

EMS healthcare workers at the newly opened Villiersdorp Ambulance Station.


Minister
Department of Health and Wellness
M. Wenger
HOD
Department of Health and Wellness
Dr. K. Cloete
Deputy Director General
Health Service Delivery
Dr. S. Kariem
Chief Director
Rural Health Services
Dr L. Phillips
Director
Garden Route and Central Karoo
H. Mentoor
Director
Overberg
R. Bezuidenhout
Director
Cape Winelands
H. Liebenberg
Director
West Coast
VACANT
Chief Director
Metro Health Services
Dr. G. Perez
Director
Khayeltsha Eastern
J. Kruger
Director
Nothern/ Tygerberg
M. Phillips
Director
Southern/ Western
Z. Brickles
Director
Klipfontein/ Mitchells Plain
P. Olckers
Director
Specialised Hospitals
C. Dean
Deputy Director General
Groote Schuur Hospital
Dr. S. De Vries
Deputy Director General
Tygerberg Hospitals
Dr. M. Mukosi
Chief Director
Red Cross War Memorial Childrens Hospital
Dr. A. Parbhoo
Chief Director
Emergency & Clinical Services Support
Dr. J. Arendse
Director
Emergency Services
C. Wylie
Director
Forensic Pathology
V. Thompson
Director
Service Priorities Coordination
Dr. H. Goeiman
Director
Medicines, Laboratory and Blood Services
K. Lowenherz
Director
Clinical Service Improvement
L. Najjaar
Director
Violence Prevention
G. Dereymaeker

Organisational Organogram

Structure as at 31 March 2025



The newly built Emergency Centre (EC) at Robertson Hospital doubles in capacity with seven treatment beds, two resuscitation beds, a spacious, well ventilated waiting area, and a dedicated triage and procedure room equipped with new technology to enhance patient care.

PART B:
Performance Information

Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) performed 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 199 to 201 of the Report of the Auditor-General, in Part F: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

The population of the Western Cape was estimated to be about 7,6 million based on the 2024 mid-year estimates, with 50% being female, 70% aged between 15 and 64, and 64% residing in the City of Cape Town.[1] The average life expectancy was estimated to be 67.4 years for males and 71.6 years for females, with an average fertility rate of 1.95. The unemployment rate in the province has remained stable between quarter 4 of 2024 and quarter 1 of 2025, at 19.6% and 24.7% for the official and expanded rate definition, respectively.[1,2]

2024/25 Services Delivery Challenges

Rural Health Services (RHS)

Contextual Service Delivery Environment and Challenges

- Budgetary austerity measures lead to a lack of nursing and medical officer capacity at most health facilities. At times the department was unable to render the full package of care.
- Some health facilities lack sufficient medical officers to supervise community service doctors, leading to potential risks in clinical care quality and safety.
- Austerity measures also resulted in administrative and support staff shortages, which meant a reduction in access to clinical records and information, decreased cleaning, decreased availability of porters and compromises in supply chain provisioning.
- There has also been an increase in complaints from patients related to the long waits for services and the unavailability of services at times, which, in turn, resulted in low staff morale, as staff are being verbally abused by patients for infractions which are beyond their control.
- At some hospitals the theatres have been closed due to a lack of capacity to staff them.
- Subpar infrastructure at health facilities, particularly Robertson Hospital, which has not been upgraded in the 72 years since it was built, results in overcrowding and notably insufficient clinical and administrative workspace.
- At several hospitals, mental health patients are housed in the same ward as the general patient population as a result of bed constraints, posing an ongoing risk that is further exacerbated by the unavailability of beds in the specialised psychiatric referral hospitals. This leads to mental health patients being admitted for weeks at a time, which puts further pressure on the acute district hospital beds available for the growing population.

[1] Statistics South Africa 2024. Mid-year Population estimates 2024. Statistics South Africa. Pretoria

[2] Quarterly Labour Force Survey. Quarter 1 2025. Stats SA, Statistical release (P0211)

- At George Regional Hospital, the neonatal unit is facing ongoing overcrowding, leading to a high risk of hospital-acquired infections. Similarly, the obstetrics and gynaecology unit is facing ongoing emergency service pressures and is unable to refer patients to Groote Schuur Hospital due to the distance involved. As a result, many complex tertiary-level services are managed at George Hospital.
- At Worcester Hospital, considerable service pressures are experienced across the surgery, mental health and anaesthetics disciplines, with the surgical backlog increasing. Throughout the RHS, more stringent human resource appointment processes imposed due to budget constraints affected the ability to appoint staff promptly, even when suitable candidates are identified. Additionally, the scarcity of posts in the public sector has led to overwhelming application volumes, making fair selection processes even more onerous.

Steps Taken to Address the Challenges

- Health facilities have been making use of overtime and agency staff to supplement the decreased nursing and medical officer component. However, nursing in particular is struggling with both mitigating measures, as the staff are often too tired to work overtime, and the agencies sometimes cannot find people who are willing to work at the health facilities.
- Task sharing and task adding are being used to cover most of the gaps, with tasks undertaken by other staff members on top of their primary functions. However, this risks work overload and staff burnout.
- The implementation of roving surgical teams to conduct outreach procedures at district hospitals is being explored.
- An in-reach initiative to upskill staff at district hospitals is showing promise, with the rotation of medical officers through a regional hospital for brief periods of time, of up to one week.

Metro Health Services (MHS)

Contextual Service Delivery Environment and Challenges

- The province, including the Metro, lost a number of posts due to budget austerity measures. This has increased pressure on the whole platform, due to lowered staff morale, higher workload, resultant increased staff burnout and absenteeism, which further exacerbates the already decreased staffing.
- Revised, financially tightened but bureaucratic and time-consuming procedures for employing staff have resulted in delays in the appointments of staff, further adding to this pressure.
- The pressure on mental health services remains high due to a high prevalence of mental health illnesses.
- The cuts in USAID funding, effective from January 2025, have negatively impacted service delivery and technical support by NGOs, with several of them being forced to terminate their services.

Steps Taken to Address the Challenges

- Scaling up of multi-month dispensing for patients who are stable on treatment is helping to reduce pressure on the system by reducing prescribing workload and decongesting the health facilities.
- Improving the efficiency of staff appointments and adjusting to the revised recruitment procedures is enabling the quicker filling of posts.
- The department has covered the funding of some staff who were no longer funded by USAID and agency funding was also used to cover some of the gaps temporarily.
- There is a strong push towards increased digitisation of services and provision of telehealth services, to improve efficiency and to sustain effective delivery of services, despite funding cuts.

Emergency and Clinical Services Support: Forensic Pathology Services (FPS)

Contextual Service Delivery Environment and Challenges

- An increased case load in conjunction with increasing case complexity has resulted in significantly increased service pressures within forensic pathology services. This is exacerbated by an increase in multiple victims on a single crime scene.
- The absence of a direct link with the Department of Home Affairs contributes to the delays in managing unidentified persons.
- Delays in releasing post-mortem reports, as a result of the aforementioned, are further exacerbated by staff resigning because of work pressure, which then places pressure on the remaining forensic and support staff who need to manage investigating officers, the criminal justice system and next of kin.
- Staff working in hostile, dangerous environments (Red Zones) are unable to perform thorough medico-legal death scene investigations, due to the safety risk. This ongoing exposure to hostile work environments results in demotivated staff.
- Lack of support from SAPS to visit deceased persons' last known addresses places an additional burden on our storage capacity and forces us to reassign our own resources to perform this function.
- We have an inadequate number of medical professionals to manage the case load, research, teaching, training, scientific investigations, court attendance, consultations and corresponding scientific processes.
- There is a significant limited career progression ability, due to a bargaining council impasse and an inability to secure formalised training through the higher education institutions, which results in low numbers of trained forensic pathology officers.
- Local Government are not complying with their legislated responsibility to support the pauper burial process, delaying the release and internment of unidentified persons as paupers.
- Commissioning of the Observatory Forensic Pathology Institute is only partially funded, due to budget constraints.

Steps Taken to Address the Challenges

- There are ongoing efforts to integrate with the Home Affairs system to facilitate the identification process of decedents.
- The snags in the commissioning of the Observatory Forensic Pathology Institute are being addressed.
- Internal engagements are ongoing to address the personnel and financial service requirements.
- The career pathing, training and registration for Forensic Pathology officers are being addressed via the ministerially appointed National Forensic Pathology Services Committee.
- There is continued engagement with the SAPS through liaison meetings and we are awaiting the sign-off of the National MOU between the SAPS and the National Health Department, outlining the roles and responsibilities of Forensic Pathology officers.
- There is an ongoing National Health Department engagement with COGTA to address the impasse regarding pauper burials.

Emergency and Clinical Services Support: Emergency Medicine Services (EMS)

Contextual Service Delivery Environment and Challenges

- There is an increased demand on HealthNET services in general, which is exacerbated by the additional demands resulting from necessary outreach programmes they have to support in the various rural areas.
- Staff development remains a vital aspect, but clinical training occurs outside of the workplace, which further compounds resource limitations and service delivery pressures.
- While early health facility closing times are necessitated by limited staff availability and understandable safety concerns, it results in a surge of inter-facility transfers. Notably, this places significant strain on EMS during peak hours and hampers service delivery to communities.
- Dangerous Red Zones: The prevalence of this phenomenon continues to result in EMS teams spending a significant amount of time at police stations, awaiting escorts, so that they can enter the area.
- Emergency Care Assistant (ECA) staff who have completed postgraduate education are unable to be promoted, due to the absence of this position in the current Occupation Specific Dispensation (OSD) structure. This leads to migration of staff to academia or corporate industry. This loss of institutional knowledge limits our ability to contribute to the knowledge economy in the form of co-creation of impactful measures.
- Most EMS staff do not have the necessary credentials to access current NQF-aligned programmes, despite already performing the functions taught in those programmes.
- While postgraduate education is encouraged, there remains a paucity of supportive structures (bursaries and positions) available to those who undertake postgraduate studies.

Steps Taken to Address the Challenges

- Appropriate categorisation of patients requiring HealthNet transport and related policy review is receiving attention.
- Transport requests can be significantly reduced and health service needs can be more efficiently addressed with the increase in outreach services within each ecosystem.
- Engagements regarding the establishment of OSD ECA levels are ongoing.
- Red Zones remain a concern requiring a whole-of-government response. Current mapping of call categories as it relates to Red Zones will improve the data-driven approach to the declaration of Red Zones.

Groote Schuur Hospital (GSH)

Contextual Service Delivery Environment and Challenges

- Budgetary austerity measures implemented last year have resulted in a reduction in the number of financially approved nursing posts, which, together with a reduced agency and overtime budget, whilst still expecting uninterrupted service provision, have negatively affected the morale of staff and caused increased burnout rates.
- Increased attrition of nursing staff has occurred due to increased retirements, leaving for work overseas and the private sector, and uptake of opportunities for specialised nursing training.
- Delayed recruitment and selection/appointment, due to new bureaucratic procedure impositions, result in prolonged periods whereby posts remain unfilled. This leads to an increased burden of workload, which is having a negative impact on productivity.
- Challenges in filling specialised posts, especially in theatre, due to insufficient numbers of specialised staff, increase operating theatre pressures.
- There is a mismatch of training opportunities for specialty posts, whereby the training volumes for key specialties do not match the need for those specialties.
- There are practical constraints on the number of staff that can be released for training, without negatively affecting service delivery and quality of care delivered.
- Nurses experience safety concerns on their commute to and from work, as the hospital is not on a main transport hub.

Steps Taken to Address the Challenges

- Strategies to expedite the recruitment and selection/appointment process for nursing staff are being implemented in order to address vacancies and keep up with turnover.
- Succession planning strategies were put in place to address the aging population of nursing in an attempt to conserve skills.
- Stop-gap measures to make use of contract posts, where savings allowed, reduced the level of prolonged unfilled posts.
- Negotiations are set to commence with the Western Cape College of Nursing to assist with training of specialist nurses, in order to increase throughput from the college.
- Strategies are being explored to increase the number of staff sent on specialty training, without disrupting service provision, by making use of contract posts to replace staff sent for training.
- The safety and security of nurses on their commute to and from work will require discussions with external stakeholders and creative thinking around transport provision in the department.

Tygerberg Hospital (TBH)

Services were under pressure across the platform, mainly due to the burden of disease, social determinants, economic pressure, and staff vacancies. An unusually high number of staff exits were noted, especially during September 2024, coinciding with the proclamation of the Pension Funds Amendment Bill that enabled the implementation of the two-pot retirement system.

Red Cross War Memorial Children's Hospital (RCWMCH)

Contextual Service Delivery Environment and Challenges

Due to attrition of skilled senior nursing staff and clinicians in the Intensive Care Unit, Critical Care Services had to be reduced, thereby placing significant pressure on other areas in the facility, namely, High Care, Theatre Services and Referral Centres, with surgical operation cancellations and increased pressure on our sister facilities to accommodate critically ill patients.

Steps Taken to Address the Challenges

- Ensuring efficient use of the available resources.
- Adopting an Ecosystem approach within Paediatrics and Child Health with fluid communication across health facilities at all levels of care, thereby increasing cross collaboration and assistance to each other.
- Ongoing recruitment and upskilling of both nursing and clinician staff, where and when budget constraints allow this.
- A 'Weekend Waiting List Initiative' continues to support surgical operations catch-up and is reducing surgical pressures.
- Service redesign is also being looked into throughout the facility, to ensure improved services for our patients.

Service Delivery Improvement Plan

Background

The National Department of Health (NDoH) initiated the Ideal Clinic (IC) programme as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector.

An Ideal Clinic is defined by NDoH as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support to ensure the provision of quality health services to the community.

Considering the above, the Western Cape Department of Health and Wellness identified Ideal Clinic as an area for service delivery improvement in order for all Western Cape Government clinics to achieve Ideal Clinic status.

Programme Priorities

The programme priority is for all clinics to progressively achieve Ideal Clinic status. The Ideal Clinic Realisation and Maintenance programme is a comprehensive programme covering each component of a clinic and expected service delivery. These include components related to the implementation and compliance to the Batho Pele Principles; as well as how complaints, compliments and suggests are managed. Each year, all facilities ought to have a status determination conducted by the District Perfect Permanent Team for Ideal Clinic Realisation (PPTICRM) Districts should identify facilities selected for “scale-up”, i.e., those facilities to achieve at least silver status. With each status determination, quality improvement plans are developed to address failed elements.

Monitoring and Evaluation of the Programme

Quality Improvement Plans are developed for all elements that were not achieved during a particular cycle. Progress in addressing those deficient elements with the Ideal Clinic is monitored quarterly through a national web-based application that tracks the various elements of each component on the dashboard. This would include monitoring progress with improvements on elements related to the Batho Pele principles; which are incorporated into the overall elements and as such not monitored as a standalone programme.

The application allows managers at all levels (district, provincial and national) to monitor progress made.

The performance information tables for programmes two, four, and five incorporate the quality performance indicators.

Organisational Environment

Resignations and/or appointments in senior management service

The following changes occurred in the senior management service (SMS) during 2024/25 as a result of attrition:

Terminations and Transfers out of WCDHW

- A Bezuidenhout, Director, Finance, Groote Schuur, 31 March 2024 (Retirement)* See below footnote
- SE Mkhonza, Director, Information Management, Branch Corporate Support Service, 30 April 2024 (Resignation)
- DD Newman, Director, Minister's Office, Branch Corporate Support Service, 31 July 2024 (Contract Expiry)
- AJ Hawkridge, Director, West Coast District, 31 August 2024 (Resignation)
- MF Vonk, CEO, George Hospital, 30 September 2024 (Resignation)
- KE Grammer, Director, Metro West Sub Structure, 31 December 2024 (Retirement)
- A Bezuidenhout, Director, Finance, Groote Schuur, 31 January 2025 (Contract Expiry)

New Appointments

- A Bezuidenhout, Director, Finance, Groote Schuur, 1 April 2024
- S Smit, Director, Minister Office, Branch Corporate Support Service, 1 August 2024
- N Dlamini, Director, Information Management, Branch Corporate Support Service, 1 December 2024
- TJ Kau, CEO, George Hospital, 1 January 2025
- R Schroeder, Director, Finance, Groote Schuur, 1 February 2025
- H Mentoor, Director, Eden District, 1 February 2025
- AW Mili, Director, Supply Chain Sourcing, Branch Corporate Support Service, 1 February 2025

Promotions and Transfers in

- RM Bezuidenhout, Director, Overberg District, 1 May 2024
- GD Graham, Director, Infrastructure Programme Delivery, Branch Corporate Support Service, 1 August 2024

*NB: Staff exiting 31 March 2025 will only be reported in the next financial year. This is due to an employee still being in service on PERSAL on that day (31 March being the last working day).

Organisational Design

The department regularly reviews its organisational structure for opportunities to become more efficient in responding to health service delivery needs. In this reporting period, three key investigations were prioritised. The first was a preliminary investigation into a functional configuration for the Strategic Purchasing function, in preparation for Universal Health Coverage. The second investigation was linked to optimising internal capacity for health infrastructure procurement to absorb the impact of the amended PFMA (Section 16B). The Head Office Registry function was also investigated for optimisation, resulting in the relocation of this function from the Chief Directorate: Strategy to the Chief Directorate: People Management. The technical OD processes for these investigations have been concluded, with implementation to follow in the new financial year. To support the Service Redesign reform, OD investigations will be geared towards the following components in the new financial year:

- Chief Directorate Metro Health Services
- Chief Directorate Rural Health Services
- Chief Directorate Strategy

Strike Actions

There were no strikes during the reporting period.

Managers Who Lead

Leadership and Management Development

A connected leader is central to our brand and culture journey. Our framework of action (Health is everybody's business, 2022) requires a paradigm shift from a disproportionate reliance on command and control to a more inclusive, participatory, consensus-building leadership that is responsive and accountable, driving locally led change and decision-making; a shift from narrowly defined assigned roles to embracing wider stewardship roles and an interdependence with one another in the system to allow for effective fulfilment of the purpose and ensure better quality of care for all, towards a well-being society.

Strengthening connected leadership and enhancing the stewardship capability of managers at all levels in the health system are imperatives for our service redesign journey towards a people-centric, trusted and equitable health system and a healthier society. Ethical and effective leadership is a cornerstone of good governance of the health system.

As per our Leadership Development Strategy, our focus remains on the distributed leadership model directed at:

1. Developing leaders and teams.
2. Embodying the organisational values and behaviours, towards a value-driven organisation.
3. Nurture creativity to enable innovation and stimulate new approaches.
4. A system that enables and sustains the development of high-performing individuals connecting within teams.

Current leadership training programmes, including the Post Graduate Diplomas in Health Management at Stellenbosch University, and the Oliver Tambo Fellowship Health Leadership Programme at the University of Cape Town (UCT), target our emerging leaders to:

- Develop a learning organisation approach through building resilience, adaptability, and innovation.
- Connect and collaborate, to ensure alignment of and opportunities to continuously improve the supporting processes, practices, and systems.

The training programmes, the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers, providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture of fostering effective communication and listening with empathy.

Individual and group leadership coaching for senior managers targeted the following capabilities:

- leadership and interpersonal skills,
- defining performance goals and implementation plans,
- dealing with and solving challenges,
- managing relationships,
- analysis of major decisions,
- stress management,
- connecting within teams and
- working collaboratively across ecosystems.

The following leadership and management development interventions took place in 2024/25:

Leadership and Management Development Interventions	Number Trained
Leadership and Management Development	631
People Management	1 350
Financial Management	335
Legislation and Governance	20
Labour Relations Training	2 199
Total	**4 535**

Key Policy Developments & Legislative Changes

National Policy and Legislative Changes

The NHI Bill was signed into law on the 15th May 2024 by the President.

Institutional Impacts and Outcomes

The table below provides the baseline and 2025 targets that were set as part of the department's *Strategic Plan 2020 to 2025.* [3]

Impact	**In 2025, Western Cape residents will live a longer and healthier life than they did in 2019**	
Outcome 1	**A provincial health system that by design supports wellness**	
Indicator	**Baseline**	**2025 Target**
Life expectancy at birth	68 years	70 years
Outcome 2	**The children of the Province have the health resilience to flourish**	
Indicator	**Baseline**	**2025 Target**
Maternal mortality ratio	68.3/100 000	60/100 000
Under-5 mortality rate	23.3/1000	17/1000
Outcome 3	**People with long-term conditions are well managed**	
Indicator	**Baseline**	**2025 Target**
ART viral load suppression	82%	90%
Non-communicable diseases (NCDs)	*Metrics for an NCD outcome are currently being developed, as the department refines the design of its NCD interventions.*	
Outcome 4	**A high-performance provincial health system for people**	
Indicator	**Baseline**	**2025 Target**
Unqualified audit opinion	Unqualified	Clean Audit
Cultural Entropy [4]	17.9%	14%
Access	*Metrics for an access outcome is currently being developed as the department refines its Universal Health Care Strategy 2025.*	

[3] https://d7.westerncape.gov.za/assets/departments/health/strategic_plan.pdf

[4] Cultural entropy is the measure of internal dysfunction/discord that causes internal challenges within the organisation.

Performance Information by Programme

Performance Indicators

Achievement is determined by the percentage of the target that has been met. Due to many indicators being demand-driven and performance being impacted by upstream factors in the environment that are outside of the department's control, the performance is unpredictable. As a result, achieving 100% of target is not always realistic.

Programme 1: Administration

Purpose

To conduct the strategic management and overall administration of the Western Cape Department of Health and Wellness.

Subprogramme 1.1. Office of the MEC

Rendering advisory, secretarial and office support services.

Subprogramme 1.2. Management

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

Changes to Planned Targets

No changes were made to planned targets.

OUTCOME: A high-performance provincial health system for people					
Output: Technically efficient provincial health system					
Output Indicator: Audit opinion of Western Cape Department of Health and Wellness					
Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
Clean	**Clean**	**Clean**	**Unqualified**	**Clean**	**-**
Reasons for deviation Target achieved. The department maintained and improved its systems of governance and internal controls which resulted in retention of the clean audit outcome.					

Strategies to Overcome Underperformance

There was no underperformance against this indicator.

The performance reflects the outcome of the audit of the 2023-24 financial year.

Linking Performance with Budgets

Subprogramme	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
Office of the MEC	9 063	8 450	613	9 788	9 321	467
Management	905 318	905 318	-	970 785	971 252	(467)
Total	**914 381**	**913 768**	**613**	**980 573**	**980 573**	**-**

The political leadership provided by the Office of the Member of the Executive Committee (MEC), including oversight over the departmental statutory structures, coupled with the strategic leadership and whole system governance led by the Accounting Officer and the department's senior management, as well as the critical contribution of administration and frontline staff, have all contributed positively to overall governance in the department. The Administration programme under spent its budget by R613 000.

Programme 2: District Health Services

Purpose

To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services (CBS) to the population of the Western Cape Province.

Subprogramme 2.1. District Management

Management of district health services (including facility and community-based services), corporate governance (including financial, human resource management and professional support services, e.g. infrastructure and technology planning) and quality assurance (including clinical governance).

Subprogramme 2.2. Community Health Clinics

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

Subprogramme 2.3. Community Health Centres

Rendering a primary health care service with full-time medical officers, offering services such as: mother and child health, health promotion, geriatrics, chronic disease management, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable disease management, mental health and others.

Subprogramme 2.4. Community-Based Services

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

Subprogramme 2.5. Other Community Services

Rendering environmental and port health services (port health services have moved to the National Department of Health).

Subprogramme 2.6. HIV and AIDS

Rendering primary health care services in respect of HIV/AIDS campaigns.

Subprogramme 2.7. Nutrition

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

Subprogramme 2.8. Coroner Services

Rendering forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death (note these services are reported under Subprogramme 7.3).

Subprogramme 2.9. District Hospitals

Rendering of a district hospital service at subdistrict level.

Subprogramme 2.10. Global Fund

Strengthen and expand the HIV and AIDS prevention, care and treatment programme.

District Health Services

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Patient safety incident (PSI) case closure rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Patient experience of care satisfaction rate

N: Patient Experience of Care survey satisfied responses

D: Patient Experience of Care survey total responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**74.1%**	**80.6%**	**79.2%**	**80.3%**	**1.1%**
N	New indicator	780 153	776 294	647 563	638 576	(8 987)
D	New indicator	1 052 657	962 780	817 455	795 169	(22 286)

Reasons for deviation

Target achieved. Overall performance better than planned target, with a higher patient satisfaction rate achieved.

Output Indicator: Patient safety incident (PSI) case closure rate

N: Patient Safety Incident (PSI) case closed

D: Patient Safety Incident (PSI) case reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	*Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	97.3%	**98.2%**	**97.2%**	**94.6%**	**93.0%**	**90.0%**	**95.8%**	**5.8%**
N	1 381	2 201	2 078	1 822	802	1 561	1 680	119
D	1 420	2 241	2 138	1 927	862	1 734	1 753	(19)

Reasons for deviation

Target achieved. Performance better than planned with higher closure rate, which can most likely be attributed to the continuous improvements made by quality assurance interventions.

Reason for revision

Budget pressures negatively impact the health system's capacity. Thus, the target was adjusted accordingly.

OUTCOME: A high-performance provincial health system for people

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

N: Severity assessment code (SAC) 1 Incidents reported within 24 hours

D: Severity assessment code (SAC) 1 Incident reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	50.0%	**63.1%**	**71.8%**	**64.6%**	**72.0%**	**7.4%**
N	20	217	262	276	216	(60)
D	40	344	365	427	300	127

Reasons for deviation

Target achieved. The use of the automated notification process via the Ideal Health Facility System has improved reporting within 24 hours.

Output Indicator: Ideal clinic status obtained rate

N: Fixed PHC health facilities have obtained Ideal Clinic status

D: Fixed PHC clinics or fixed CHCs and/or CDCs

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	75.5%	**80.9%**	**87.1%**	**83.6%**	**80.2%**	**(3.4%)**
N	200	207	222	214	203	(11)
D	265	256	255	256	253	(3)

Reasons for deviation

Target partially achieved. 11 Facilities requested exclusion from the Ideal Clinic Assessment, which was approved by the Office of Health Standards Compliance (OHSC).

Note

The denominator refers to fixed facilities. During the year, three fixed facilities were reclassified, resulting in a decrease from 256 to 253 fixed facilities.

Strategies to Overcome Underperformance

- Ideal Clinic status rate obtained

Quality Assurance Staff are supporting facilities with their requirements to achieve Ideal Clinic status.

Primary Health Care

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Antenatal 1st visit before 20 weeks rate
2. Delivery in 10 to 19 years in facility rate
3. Mother postnatal visit within 6 days rate
4. ART child remains in care rate (12 months)
5. ART adult remain in care rate (12 months)
6. TB Rifampicin resistant/Multidrug-Resistant lost to follow-up rate
7. TB Pre-XDR treatment success rate
8. TB Pre-XDR loss to follow-up rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: All children in the Province have the health resilience to flourish

Output: Women's health services

Output Indicator: Antenatal 1st visit before 20 weeks rate

N: Antenatal 1st visit before 20 weeks

D: Antenatal 1st visit – total (Sum of Antenatal 1st visit before 20 weeks and antenatal 1st visit 20 weeks or later)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	72.6%	**74.3%**	**73.88%**	**74.6%**	**73.8%**	**73.0%**	**74.6%**	**1.6%**
N	75 814	75 064	70 755	72 650	35 478	69 705	72 374	2 669
D	104 478	101 053	95 774	97 435	48 070	95 486	97 040	1 554

Reasons for deviation

Target achieved. Awareness and education campaigns continue to encourage pregnant women to seek antenatal care early in their pregnancy.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Mother postnatal visit within 6 days rate

N: Mother postnatal visit within 6 days after delivery

D: Delivery in facility total

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	59.0%	**62.4%**	**60.9%**	**63,8%**	**62.2%**	**62.5%**	**62.6%**	**0.1%**
N	56 830	56 512	52 872	57 043	27 546	54 759	54 644	(115)
D	96 319	90 631	86 831	89 403	44 319	87 615	87 228	(387)

Reasons for deviation

Target achieved.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Delivery 10 to 19 years in facility rate

D: Delivery 10–19 years in facility (Delivery 10-14 years in facility) + (Delivery 15-19 years in facility)

N: Delivery in facility total

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	11.5%	**11.5%**	**11.3%**	**11.3%**	**12.3%**	**13.0%**	**11.9%**	**1.1%**
N	11 084	10 430	9 852	10 108	5 470	11 622	10 386	1 236
D	96 319	90 631	86 831	89 403	44 319	89 403	87 228	(2 175)

Reasons for deviation

Target achieved. A positive performance, as fewer deliveries were reported in this age group than expected. Local initiatives developed, with partners, in targeted communities to raise contraception awareness to prevent teenage pregnancies.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Couple year protection rate

N: Couple year protection

D: Population 15-49 years female

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	56.9%	**50.2%**	**53.1%**	**50.4%**	**52.8%**	**2.4%**
N	1 104 549	991 110	1 068 490	1 029 874	1 078 222	48 348
D	1 940 948	1 975 502	2 011 141	2 042 940	2 042 941	1

Reasons for deviation

Target achieved. Performance better than target with a higher coverage rate than planned.

Output Indicator: Maternal mortality in facility (Ratio – per 100 000 live births)

N: Maternal death in facility [in DHS and Referral Hospitals]

D: Live births known to facility (Live birth in facility plus baby born alive before arrival at facility) [in DHS and Referral Hospitals]

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	66.9	**62.3**	**50.22**	**54.1**	**59.6**	**(5.4)**
N	67	58	45	50	54	(4)
D	1.001	0.931	0.896	0.924	0.907	(0.017)

Reasons for deviation

Target partially achieved. A slightly higher number of deaths than planned for. However, the lower number of births (denominator) will impact the overall rate. The deviation can be regarded as within the normal year-to-year variation for such an indicator.

Note

Indicator name was updated for clarity during the mid-year adjustment process. Previous name in APP: "Maternal Mortality in Facility Ratio".

Output Indicator: IUCD Uptake (*IUCD-Intra Uterine Contraceptive Device)

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
New indicator	**New indicator**	**New indicator**	**4 823**	**2 307**	**4 500**	**4 863**	**363**

Reasons for deviation

Target achieved. Insertion of these devices requires specialised skills. Therefore, services are influenced by staff availability as well as partner provider licensing.

Reason for revision

Budget pressures negatively impact the health system's capacity. Thus, the target was adjusted accordingly.

Note

Indicator name was updated for clarity during the mid-year adjustment process. Previous name in APP: "*IUCD Uptake - Intra Uterine Contraceptive Device*".

Output Indicator: Delivery 10-14 years in facility

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
New indicator	**New indicator**	**New indicator**	**356**	**292**	**64**

Reasons for deviation

Target achieved. A positive performance as fewer deliveries were reported in this age group than expected. Local initiatives developed, with partners, in targeted communities to raise contraception awareness to prevent teenage pregnancies.

Output Indicator: Still birth in facility rate (per 1000 births)

N: Still Birth in facility

D: Total births in facility (include still birth in facility)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**New indicator**	**New indicator**	**18.60**	**17.31**	**1.29**
N	New indicator	New indicator	New indicator	1 678	1 536	142
D	New indicator	New indicator	New indicator	90.204	88.735	(1.469)

Reasons for deviation

Target achieved. Lower still birth rate in facility than planned for.

Output Indicator: Cervical cancer screening coverage

N: Cervical cancer screening done (Cervical cancer screening in non-HIV woman 30 - 50 years + Cervical cancer screening in HIV positive women 20 years and older)

D: [(80% women aged 30-50yrs/10) + (20% women aged 20 years and above /3)]

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	25.5%	**27.7%**	**25.9%**	**28.1%**	**22.1%**	**24.0%**	**23.2%**	**(0.8%)**
N	66 119	72 983	69 217	76 560	30 139	65 385	63 087	(2 298)
D	258 889	263 133	267 613	272 439	136 218	272 439	272 439	0

Reasons for deviation

Target partially achieved. The recovery of cervical screening rates in the Western Cape after the initial impact of the pandemic is positive, but ongoing concerns about the declining trend and the quality of screening emphasize the need for continuous monitoring and improvement in cervical cancer screening programmes. Austerity measures and the delayed filling of posts have also impacted the availability of specialised staff to provide this service.

Reason for revision

Budget pressures negatively impact the health system's capacity. Thus, the target was adjusted accordingly.

Note

This is a new indicator with a new reporting process introduced, providing unaudited historical and current data.

Output: Child health services

Output Indicator: Infant 1st PCR test positive at birth rate

N: Infant 1st PCR test positive at birth

D: Infant 1st PCR test at birth

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	0.8%	**0.9%**	**0.8%**	**0.94%**	**0.70%**	**0.24%**
N	122	122	98	128	88	40
D	15 189	13 861	13 033	13 552	12 532	1 020

Reasons for deviation

Target achieved. Fewer children testing HIV positive at birth. Prevention of vertical transmission programmes adopted across the province.

Output Indicator: Infant PCR test positive around 6 months rate

N: Infant PCR test positive around 6 months

D: Infant HIV PCR test around 6 months

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024-25	Deviation from adjusted target to actual achievement
	New indicator	**New indicator**	**0.36%**	**0.37%**	**0.39%**	**1.80%**	**0.24%**	**1.55%**
N	New indicator	New indicator	8	51	4	133	6	127
D	New indicator	New indicator	2 217	13 897	1 277	7 404	2 463	4 941

Reasons for deviation

Target achieved. Campaigns are ongoing to encourage pregnant woman to start anti-retroviral retreatment early in their pregnancy.

Reason for revision

Budget pressures negatively impact the health system's capacity. Thus, the target was adjusted accordingly. Target was set based on limited baseline information as the indicator was only introduced in the prior year.

Output Indicator: HIV test positive around 18 months rate

N: HIV test positive around 18 months

D: HIV tests done around 18 months

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**New indicator**	**0.31%**	**0.39%**	**0.10%**	**0.30%**
N	New indicator	New indicator	86	86	29	57
D	New indicator	New indicator	27 699	21 855	30 433	(8 578)

Reasons for deviation

Target achieved. Campaigns are ongoing to encourage early initiation of anti-retroviral treatment.

Note

Figures before rounding off: Target: 0.394%; Actual achievement 0.095%, resulting in a 0.298% deviation from target.

Output Indicator: Immunisation under 1 year coverage

N: Immunised fully under 1 year new

D: Population under 1 year (sum of female and male under 1 year population)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	*Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	83.2%	**75.7%**	**67.6%**	**69.5%**	**67.7%**	**65.0%**	**67.4%**	**2.4%**
N	91 482	84 637	85 428	87 191	42 475	81 534	84 488	2 954
D	109 948	111 856	126 390	125 437	62 721	125 437	125 437	0

Reasons for deviation

Target achieved. Note that immunisation coverage is affected by population projections, vaccine hesitancy, vaccine misinformation in the media and migration between provinces.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Measles 2nd dose coverage

N: Measles 2nd dose

D: Target population 1 year

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	79.2%	**77.7%**	**69.9%**	**70.1%**	**67.2%**	**65.0%**	**66.4%**	**1.4%**
N	87 614	85 709	84 939	85 159	40 856	79 016	80 721	1 705
D	110 684	110 314	121 435	121 563	60 781	121 563	121 563	0

Reasons for deviation

Target achieved. Note that immunisation coverage is affected by population projections, vaccine hesitancy, vaccine misinformation in the media and migration between provinces.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Vitamin A 12–59 months coverage

N: Vitamin A dose 12 - 59 months

D: Target population 12 - 59 months X 2

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	49.7%	**55.1%**	**46.2%**	**54.1%**	**48.2%**	**45.0%**	**47.5%**	**2.5%**
N	448 687	492 947	431 942	510 043	226 861	423 959	447 076	23 117
D	902 142	895 218	934 856	942 131	471 069	942 131	942 132	1

Reasons for deviation

Target achieved. Note that immunisation coverage is affected by population projections, vaccine hesitancy, vaccine misinformation in the media and migration between provinces.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: Neonatal death in facility rate (Per 1 000 live births)

N: Neonatal deaths (< 28 days) in facility [(Death in facility 0-6 days) + (Death in facility 7-28 days)]

D: Live birth in facility

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	8.0	**9.4**	**8.66**	**8.77**	**8.65**	**0.12**
N	765	839	744	777	754	23
D	95.86	89.22	85.92	88.63	87.20	(1.43)

Reasons for deviation

Target achieved. Fewer neonatal deaths were reported than provisioned for.

Note

Indicator name was updated for clarity during the mid-year adjustment process. Previous name in APP: "*Neonatal death in facility rate*".

Output Indicator: ART child remains in care rate (12 months)

N: ART child remain in care – total

D: ART child start minus cumulative transfer out

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	61.1%	**60.2%**	**61.9%**	**61.6%**	**58.4%**	**58.0%**	**59.4%**	**1.5%**
N	400	373	366	367	156	328	306	(22)
D	655	620	591	596	267	566	515	(51)

Reasons for deviation

Target achieved. Higher rate of children remaining in care than provisioned for.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. The target was revised accordingly.

Note

Figures before rounding off: Target: 57.95%; Actual achievement 59.42%, resulting in a 0.147% deviation from target.

Output Indicator: ART child viral load suppressed rate (12 months)

N: ART child viral load under 50 (at 12 months)

D: ART child viral load done (at 12 months)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**New indicator**	**37.6%**	**40.5%**	**46.6%**	**6.1%**
N	New indicator	New indicator	50	53	48	(5)
D	New indicator	New indicator	133	131	103	(28)

Reasons for deviation

Target achieved. The rate of children with viral load suppressed was higher than provisioned for.

OUTCOME: People with long-term conditions are well managed

Output: HIV/AIDS, STI and tuberculosis (TB) services

Output Indicator: ART adult remain in care rate (12 months)

N: ART adult remain in care – total

D: ART adult start minus cumulative transfer out

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	55.9%	**53.3%**	**52.7%**	**55.90%**	**50.5%**	**50.0%**	**50.2%**	**0.2%**
N	17 240	16 555	16 059	16 863	7 491	14 317	14 304	(13)
D	30 816	31 075	30 497	30 142	14 833	28 635	28 491	(144)

Reasons for deviation

Target achieved.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. The target was revised accordingly.

Output Indicator: ART adult viral load suppressed rate (12 Months)

N: ART adult viral load under 50 (at 12 months)

D: ART adult viral load done (at 12 months)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**New indicator**	**71.7%**	**69.7%**	**71.0%**	**1.3%**
N	New indicator	New indicator	3 691	3 906	2 596	(1 310)
D	New indicator	New indicator	5 148	5 605	3 657	(1 948)

Reasons for deviation

Target achieved. A positive performance as the rate is slightly higher than provisioned for.

Output Indicator: HIV positive 15–24 years (excl ANC) rate

N: HIV positive 15-24 years (excl ANC)

D: HIV test 15-24 years (excl ANC)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	1.4%	**1.3%**	**1.40%**	**1.34%**	**1.33%**	**0.01%**
N	5 342	5 207	5 149	5 215	5 296	(81)
D	387 640	408 367	368 784	388 058	396 912	8 854

Reasons for deviation

Target achieved.

Output Indicator: All DS-TB client death rate

N: All DS-TB client died

D: All DS-TB patients in treatment start

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	4.3%	**4.0%**	**3.51%**	**4.37%**	**3.61%**	**0.76%**
N	1 407	1 420	1 606	1 443	1 556	(113)
D	32 778	35 090	45 755	33 022	43 058	10 036

Reasons for deviation

Target achieved. Positive performance with death rate lower than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Output Indicator: All DS-TB client loss to follow up (LTF) rate

N: All DS-TB client lost to follow up

D: All DS-TB patients in treatment start

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	17.1%	**19.3%**	**23.1%**	**18.1%**	**17.8%**	**0.31%**
N	5 603	6 777	10 314	5 977	7 658	(1 681)
D	32 778	35 090	44 664	33 022	43 058	10 036

Reasons for deviation

Target achieved. Positive performance with a lower loss to follow rate than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Output Indicator: All DS-TB client treatment success rate

N: All DS-TB client successfully completed treatment

D: All DS-TB patients in treatment start

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	77.3%	**75.4%**	**74.6%**	**77.4%**	**79.5%**	**2.1%**
N	25 327	26 466	33 302	25 564	34 228	8 664
D	32 778	35 090	44 664	33 022	43 058	10 036

Reasons for deviation

Target achieved. Positive performance with a higher success rate than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Output Indicator: TB Rifampicin resistant/Multidrug-Resistant treatment success rate

N: TB Rifampicin resistant/Multidrug-Resistant successfully completed treatment

D: TB Rifampicin Resistant/Multidrug-Resistant client started on treatment

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**New indicator**	**53.7%**	**52.5%**	**54.5%**	**2.0%**
N	New indicator	New indicator	669	428	780	352
D	New indicator	New indicator	1 245	815	1 432	617

Reasons for deviation

Target achieved. Positive performance with a higher success rate than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Output Indicator: TB Rifampicin resistant/Multidrug-Resistant lost to follow-up rate

N: TB Rifampicin Resistant/Multidrug-Resistant client loss to follow-up

D: TB Rifampicin Resistant/Multidrug-Resistant client started on treatment

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	New indicator	**New indicator**	**26.1%**	**24.7%**	**25.7%**	**26.0%**	**24.8%**	**1.2%**
N	New indicator	New indicator	325	201	184	212	355	(143)
D	New indicator	New indicator	1 245	815	717	815	1 432	617

Reasons for deviation

Target achieved. Positive performance with a lower lost to follow-up rate than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Reason for revision

Budget pressures negatively impact the health system's capacity. The target was adjusted accordingly.

Output Indicator: TB Pre-XDR treatment success rate

N: TB Pre-XDR client who successfully completed treatment

D: TB Pre-XDR client started on treatment

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	New indicator	**New indicator**	**45.67%**	**51.3%**	**47.8%**	**40.9%**	**45.0%**	**4.2%**
N	New indicator	New indicator	58	78	32	56	59	3
D	New indicator	New indicator	127	152	67	137	131	(6)

Reasons for deviation

Target achieved. Positive performance with a higher success rate than provisioned for. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Reason for revision

Budget pressures negatively impact the health system's capacity. The target was adjusted accordingly.

Output Indicator: TB Pre-XDR loss to follow up rate

N: TB Pre-XDR client who are loss to follow up

D: TB Pre-XDR client started on treatment

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	New indicator	**New indicator**	**27.56%**	**23.0%**	**29.9%**	**29.9%**	**29.8%**	**0.2%**
N	New indicator	New indicator	35	35	20	41	39	2
D	New indicator	New indicator	127	152	67	137	131	(6)

Reasons for deviation

Target achieved. The provincial TB recovery plan guiding TB interventions until 2028 has been released for adoption by services.

Reason for revision

Budget pressures negatively impact the health system's capacity. The target was adjusted accordingly.

Note

Figures before rounding off: Target: 29.93%; Actual achievement 29.77%, resulting in a 0.16% deviation from target.

OUTCOME: Mental health services						
Output Indicator: PHC Mental Disorders Treatment rate new N: PHC client treated for mental disorders - new D: PHC Headcount - Total						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
	New indicator	**New indicator**	**New indicator**	**0.01%**	**0.04%**	**0.03%**
N	New indicator	New indicator	New indicator	1 532	4 923	3 391
D	New indicator	New indicator	New indicator	12 043 662	11 330 005	(713 657)
Reasons for deviation Target achieved. This is a new indicator introduced this year. Targets were set conservatively.						
Note Indicator name was updated for clarity during the mid-year adjustment process. Previous name in APP: "*PHC Mental Disorders Treatment Rate*".						

Strategies to Overcome Underperformance

- Maternal Mortality in facility ratio (Ratio per 100 000 live births in facility)

While the slight increase in maternal mortality is noted, this may be within the bounds of normal year to year variation. The main strategy here is to closely monitor this indicator so that it does increase further.

- Cervical Cancer Screening Coverage

Austerity measures and staff shortages are likely to have impacted negatively on this indicator. The main strategies are to ensure that staff vacancies are filled promptly and to improve efficiencies through digitisation to cope with posts that have been lost due to austerity.

District Hospitals

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Live births under 2500 g in facility rate
2. Child under 5 years diarrhoea case fatality rate
3. Child under 5 years severe acute malnutrition case fatality rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: All children in the Province have the health resilience to flourish

Output: Child health services

Output Indicator: Live births under 2500g in facility rate

N: Live birth under 2500g in facility

D: Live birth in facility

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	11.1%	**11.4%**	**11.9%**	**11.0%**	**11.2%**	**12.0%**	**11.6%**	**0.4%**
N	4 209	4 078	4 185	4 001	1 994	4 143	4 055	88
D	37 846	35 810	35 072	36 346	17 824	34 529	34 878	349

Reasons for deviation

Target achieved. Pregnant women are encouraged to seek antenatal care early in pregnancy to mitigate risks.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. The target was revised accordingly.

Output Indicator: Child under 5 years diarrhoea case fatality rate

N: Diarrhoea death under 5 years

D: Diarrhoea separation under 5 years

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	0.32%	**0.32%**	**0.27%**	**0.21%**	**0.31%**	**0.40%**	**0.33%**	**0.06%**
N	22	21	18	10	10	24	20	4
D	6 804	6 510	6 625	4 661	3 256	6 059	5 972	87

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. The target was revised accordingly.

Note

Although reported under District Hospitals, this indicator includes all public health inpatient facilities.

Output Indicator: Child under 5 years pneumonia case fatality rate

N: Pneumonia death under 5 years

D: Pneumonia separation under 5 years

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	0.20%	**0.11%**	**0.28%**	**0.23%**	**0.19%**	**0.04%**
N	26	40	34	25	24	1
D	11 118	16 879	11 989	10 838	12 693	(1 855)

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Note

Although reported under District Hospitals, this indicator includes all public health inpatient facilities.

Output Indicator: Child under 5 years severe acute malnutrition case fatality rate

N: Severe acute malnutrition (SAM) death under 5 years

D: Severe acute malnutrition inpatient separation under 5 years

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	New indicator	**New indicator**	**2.02%**	**2.28%**	**3.15%**	**3.00%**	**2.19%**	**0.81%**
N	New indicator	New indicator	10	11	7	16	10	6
D	New indicator	New indicator	494	482	222	530	456	74

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Reason for revision

Although reported under District Hospitals, this indicator includes all public health inpatient facilities.

Note

Although reported under District Hospitals, this indicator includes all public health inpatient facilities.

Output Indicator: Death under 5 years against live birth rate

N: Death in facility under 5 years total (in DHS and Referral Hospitals)

D: Live birth in facility (in DHS and Referral Hospitals)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	1.2%	**1.3%**	**1.22%**	**1.35%**	**1.28%**	**0.07%**
N	1 119	1 184	1 049	1 196	1 114	82
D	95 862	89 217	85 922	88 526	87 199	(1 327)

Reasons for deviation

Target achieved. The death rate was lower than provisioned for with fewer deaths reported.

Note

Although reported under District Hospitals, this indicator includes all public health inpatient facilities.

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Complaint resolution within 25 working days rate

N: Complaint resolved within 25 working days

D: Complaints resolved

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	94.4%	**92.7%**	**96.7%**	**91.2%**	**91.9%**	**0.7%**
N	759	995	1 238	1 206	1 063	(143)
D	804	1 073	1 280	1 322	1 157	(165)

Reasons for deviation

Target achieved.

Output: Accessible health services

Output Indicator: Average length of stay

N: Patient days (Sum of inpatient days and ½ day patients)

D: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	3.6	**3.6**	**3.6**	**3.6**	**3.6**	**0.0**
N	996 248	1 038 889	1 043 648	1 060 503	999 719	60 785
D	275 166	291 492	286 659	291 145	277 774	13 371

Reasons for deviation

Target achieved.

Output Indicator: Inpatient bed utilisation rate N: Patient days (Sum of inpatient days and ½ day patients) D: Inpatient bed days available (Actual beds total x 30.42)						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
	90.0%	**92.8%**	**92.5%**	**93.9%**	**88.5%**	**5.4%**
N	996 248	1 038 889	1 043 648	1 060 503	999 719	60 785
D	1 107 440	1 119 578	1 128 217	1 129 768	1 129 799	31
Reasons for deviation Target achieved. A lower bed utilisation rate indicates good patient management with shorter stays in hospital.						

Strategies to Overcome Underperformance

There was no underperformance against these indicators.

Linking Performance with Budgets

Subprogramme	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
District Management	690 781	655 557	35 224	492 259	442 161	50 098
Community Health Clinics	1 742 980	1 717 801	25 179	1 737 761	1 741 102	(3 341)
Community Health Centres	3 040 299	2 966 697	73 602	2 992 060	2 919 357	72 703
Community-Based Services	506 335	510 109	(3 774)	481 153	476 571	4 582
Other Community Services	1	-	1	1	-	1
HIV/AIDS	1 983 370	1 981 700	1 670	1 856 320	1 857 026	(706)
Nutrition	60 757	71 108	(10 351)	60 265	71 448	(11 183)
Coroner Services	1	-	1	1	-	1
District Hospitals	4 697 096	4 756 886	(59 790)	4 558 458	4 647 908	(89 450)
Global Fund	1	-	1	1	-	1
Total	**12 721 621**	**12 659 858**	**61 763**	**12 178 279**	**12 155 573**	**22 706**

This programme's level of underspending is within the acceptable norms.

The largest unplanned saving occurred in the Compensation of Employees (COE) category, primarily due to delays in filling vacant positions due to austerity measures.

Since October 2023, the department has experienced a steady decline in staff numbers. Factors that contributed to this saving in COE included the ongoing effect of DPSA Circular 49 of 2023 and related directives until 31 March 2025, modifications to the block advert policy as a recruitment tool and abnormal staff resignations following the two-pot retirement announcement.

The department has embarked on a strategy to ensure a sustained workforce over the next reporting period.

Programme 3: Emergency Medical Services

Purpose

To render pre-hospital emergency medical services including inter-hospital transfers and planned patient transport, including clinical governance and coordination of emergency medicine within the Department of Health and Wellness.

Subprogramme 3.1: Emergency Transport

To render emergency medical services, including ambulance services, special operations, communications and air ambulance services.

Subprogramme 3.2: Planned Patient Transport

To render planned patient transport, including local outpatient transport (within the boundaries of a given town or local area) and inter-city or town outpatient transport (to referral centres).

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. EMS P1 urban response under 15 minutes rate
2. EMS P1 urban response under 30 minutes rate
3. EMS incident mission time under 120 minutes rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Accessible health services

Output Indicator: EMS P1 urban response under 15 minutes rate

N: EMS P1 urban response under 15 minutes

D: EMS P1 urban responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	29.9%	**24.6%**	**20.9%**	**25.2%**	**19.9%**	**20.0%**	**21.1%**	**1.1%**
N	8 736	7 980	7 173	10 111	6 836	6 827	7 331	504
D	29 217	32 396	34 282	40 159	34 306	34 135	34 726	591

Reasons for deviation

Target achieved. Performance better than target with a higher coverage rate than planned.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Output Indicator: EMS P1 urban response under 30 minutes rate

N: EMS P1 urban response under 30 minutes

D: EMS P1 urban responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	58.7%	**53.2%**	**48.5%**	**50.4%**	**44.5%**	**45.0%**	**48.5%**	**3.7%**
N	17 161	17 234	16 625	20 252	15 260	15 361	16 917	1556
D	29 217	32 396	34 282	40 159	34 306	34 135	34 726	591

Reasons for deviation

Target achieved. Performance better than target with a higher coverage rate than planned.

Reason for revision

The current budget pressures are negatively impacting the health system's capacity. Thus, the target has been adjusted accordingly.

Output Indicator: EMS P1 rural response under 60 minutes rate

N: EMS P1 rural response under 60 minutes

D: EMS P1 rural responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	78.3%	**76.5%**	**77.3%**	**77.0%**	**82.7%**	**5.7%**
N	2 056	1969	2 090	2 347	1 990	(357)
D	2 626	2 573	2 703	3 049	2 406	(643)

Reasons for deviation

Target achieved. Performance better than target with a higher coverage rate than planned.

Output Indicator: EMS incident mission time under 120 minutes rate

N: All incidents with a mission time < 120 minutes

D: All completed incidents

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	52.3%	**50.2%**	**48.4%**	**52.0%**	**48.9%**	**47.0%**	**51.6%**	**4.6%**
N	323 357	80 023	75 216	87 079	64 733	66 901	78 708	11 807
D	618 352	159 318	155 422	167 461	132 496	142 342	152 482	10 140

Reasons for deviation

Target achieved. Performance better than target with a higher coverage rate than planned.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

Strategies to Overcome Underperformance

To effectively address underperformance within Western Cape Emergency Medical Services (WCEMS), it is essential to start by identifying operational bottlenecks using available data such as response times, incident logs, and vehicle readiness reports. Performance issues stem from a combination of resource limitations, dispatch delays, on-scene care inefficiencies and hospital delays.

Clear, measurable standards will be reinforced across key indicators, including Priority 1 response times, interfacility transfers and hospital handover intervals. Allowing alignment with both National Core Standards and provincial objectives.

Clinical competency has been strengthened through targeted refresher training, post-incident reviews, and structured mentorship from appointed clinical leads. Improving communication – through consistent briefings, real-time updates, and inclusive performance discussions – helped us to foster accountability and clarity across spheres of the organisation.

Optimising fleet deployment and crew coverage based on demand patterns further enhanced operational responsiveness. Strong leadership visibility, such as district managers conducting field visits and coaching engagements, helped to build trust and support for performance improvement. Additionally, recognising high-performing teams through non-financial incentives encouraged a culture of excellence.

Enhanced use of data – such as internal dashboards reflecting both public and interfacility activity – offered deeper insights into actual workloads and corridor pressure points, enabling more informed planning and resource allocation. Crucially, performance improvement efforts must be supported by broader system collaboration. This includes strengthened partnerships with Safety and Security, the South African Police Service (SAPS), Neighbourhood Watch groups, and local authorities to ensure scene safety, support access in RedZone areas, and facilitate rapid patient transfer in volatile or congested environments. A whole-of-government and whole-of-community approach is key to sustaining high-performance EMS delivery.

Linking Performance with Budgets

Subprogramme	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
Emergency Transport	1 265 530	1 267 475	(1 945)	1 240 830	1 232 653	8 177
Planned Patient Transport	130 131	118 771	11 360	117 211	117 097	114
Total	**1 395 661**	**1 386 246**	**9 415**	**1 358 041**	**1 349 750**	**8 291**

The challenges relating to the protracted recruitment and selection process, as well as not finding suitable candidates to fill posts, has created an under expenditure within Compensation of Employees. Having unfilled posts had a direct impact on the original performance targets.

To ensure that the service delivery was not negatively impacted by aged vehicles, Government Motor Transport (GMT) embarked on a program to begin replacing aged vehicles within Emergency Medical Services. This resulted in 162 vehicles being replaced in the year under review. The higher-than-expected daily tariffs for the lease of these vehicles resulted in an over expenditure within Machinery and Equipment.

Emergency Medical services was able to identify savings within Goods and Services and Compensation of Employees to assist in covering this over expenditure.

Programme 4: Provincial Hospital Services

Purpose

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

Subprogramme 4.1: General (Regional) Hospitals

Rendering of hospital services at a general specialist level and providing a platform for the training of health workers and conducting research.

Subprogramme 4.2: Tuberculosis Hospitals

To convert present tuberculosis (TB) hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, allowing for isolation during the intensive level of treatment, as well as the application of the standardised multi-drug and extreme drug-resistant protocols.

Subprogramme 4.3: Psychiatric/Mental Hospitals

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

Subprogramme 4.4: Sub-Acute, Step- Down and Chronic Medical Hospitals

Rendering specialised rehabilitation services for persons with physical disabilities, including the provision of orthotic and prosthetic services.

Subprogramme 4.5: Dental Training Hospitals

Rendering an affordable and comprehensive oral health service and providing a platform for the training of health workers and conducting research.

Regional Hospitals

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Patient Safety Incident (PSI) case closure rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: The children of the Province have the health resilience to flourish

Output: Child Health services

Output Indicator: Live births under 2500g in facility rate

N: Live birth under 2500g in facility

D: Live birth in facility

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	15.3%	**15.9%**	**16.4%**	**16.2%**	**16.0%**	**0.2%**
N	4 017	4 094	4 027	4 112	3 992	120
D	26 200	25 752	24 596	25 371	24 980	391

Reasons for deviation

Target achieved. Pregnant women are encouraged to seek antenatal care early in pregnancy to mitigate risks.

Output Indicator: Diarrhoea death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
5	**8**	**6**	**8**	**3**	**5**

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Output Indicator: Pneumonia death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
7	**12**	**5**	**10**	**3**	**7**

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Output Indicator: Severe acute malnutrition (SAM) death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
New indicator	**5**	**5**	**6**	**4**	**2**

Reasons for deviation

Target achieved. The fatality rate was lower than provisioned for.

Output Indicator: [Number of] Death in facility under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
271	266	265	290	251	39

Reasons for deviation

Target achieved. The death rate was lower than provisioned for, with fewer deaths reported.

Output Indicator: [Number of] Maternal mortality in facility

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
Not reported	11	6	9	8	1

Reasons for deviation

Target achieved. The death rate was lower than provisioned for, with fewer deaths reported.

Output Indicator: Cervical cancer screening

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
Not reported	Not reported	Not reported	822	319	500	680	180

Reasons for deviation

Target achieved. Women are being encouraged to undergo cervical cancer screening.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. The target was revised accordingly.

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Complaint resolution within 25 working days rate

N: Complaint resolved within 25 working days

D: Complaints resolved

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	99.1%	99.5%	98.1%	97.9%	98.8%	0.9%
N	340	400	405	429	429	0
D	343	402	413	438	434	(4)

Reasons for deviation

Target achieved. Complaints are resolved within the required time frame.

Output Indicator: Patient experience of care satisfaction rate

N: Patient Experience of Care survey satisfied responses

D: Patient Experience of Care survey total responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**78.5%**	**85.5%**	**83.8%**	**84.5%**	**0.8%**
N	New indicator	37 911	41 048	32 869	36 026	3 157
D	New indicator	48 312	47 995	39 235	42 610	3 375

Reasons for deviation

Target achieved. The patient satisfaction rate was higher than provisioned for.

Output Indicator: Patient Safety Incident (PSI) case closure rate

N: Patient Safety Incident (PSI) case closed

D: Patient Safety Incident (PSI) case reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	95.6%	**94.9%**	**96.0%**	**91.7%**	**92.6%**	**85.0%**	**92.5%**	**7.5%**
N	859	947	920	912	413	803	840	37
D	899	998	958	995	446	945	908	37

Reasons for deviation

Target achieved. Performance better than planned with a higher closure rate, which can most likely be attributed to the continuous improvements made by quality assurance interventions.

Reason for revision

Due to emergent socio-economic factors, there are shifts in health service demand. Thus, the target was revised accordingly.

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

N: Severity assessment code (SAC) 1 Incidents reported within 24 hours

D: Severity assessment code (SAC) 1 Incident reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	95.5%	**65.9%**	**82.4%**	**75.0%**	**94.1%**	**19.1%**
N	21	58	42	36	48	12
D	22	88	51	48	51	(3)

Reasons for deviation

Target achieved. The use of the automated notification process via Ideal Health Facility has improved reporting within 24 hours.

Output: Accessible health services						
Output Indicator: Average length of stay N: Patient days (Sum of inpatient days and ½ day patients) D: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
	4.2	**3.9**	**3.9**	**4.0**	**4.0**	**0.0**
N	451 206	456 211	441 695	452 379	429 721	22 591
D	108 711	115 844	112 122	114 391	107 188	7 203
Reasons for deviation Target achieved.						

Output Indicator: Inpatient bed utilisation rate N: Patient days (Sum of inpatient days and ½ day patients) D: Inpatient bed days available (Actual beds total x 30.42)						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
	86.0%	**86.3%**	**84.0%**	**86.5%**	**82.5%**	**4.1%**
N	451 206	456 211	441 695	452 379	429 721	22 658
D	524 928	528 578	525 536	522 715	520 912	(1 803)
Reasons for deviation Target achieved. A lower bed utilisation rate indicates good patient management with shorter stays in hospital.						

Strategies to Overcome Underperformance

There was no underperformance against the indicator.

Specialised Hospitals

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Patient Safety Incident (PSI) case closure rate

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Complaint resolution within 25 working days rate

N: Complaint resolved within 25 working days

D: Complaints resolved

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	99.4%	**98.4%**	**96.7%**	**94.8%**	**97.4%**	**2.6%**
N	160	185	204	183	191	8
D	161	188	211	193	196	3

Reasons for deviation

Target achieved. Complaints are resolved within the required time frame.

Output Indicator: Patient experience of care satisfaction rate

N: Patient Experience of Care survey satisfied responses

D: Patient Experience of Care survey total responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**79.9%**	**84.2%**	**84.0%**	**81.1%**	**(2.9%)**
N	New indicator	18 560	11 328	14 510	10 039	(4 471)
D	New indicator	23 224	13 454	17 276	12 373	(4 903)

Reasons for deviation

Target partially achieved. Staffing constraints in certain periods may have impacted the timeliness and consistency of care, which are key drivers of patient satisfaction.

Output Indicator: Patient Safety Incident (PSI) case closure rate N: Patient Safety Incident (PSI) case closed D: Patient Safety Incident (PSI) case reported								
	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	95.6%	**97.9%**	**98.3%**	**94.7%**	**96.0%**	**85.0%**	**98.7%**	**13.7%**
N	1525	1 475	1 467	1 443	664	1 166	1 358	192
D	1596	1 507	1 492	1 524	692	1 372	1 376	(4)
Reasons for deviation Target achieved. Performance better than planned with a higher closure rate, which can most likely be attributed to the continuous improvements made by quality assurance interventions.								

Output Indicator: Severity assessment code (SAC) 1 incident reported rate within 24 hours rate N: Severity assessment code (SAC) 1 Incidents reported within 24 hours D: Severity assessment code (SAC) 1 Incident reported						
	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	83.3%	**30.0%**	**35.04%**	**34.2%**	**68.9%**	**34.6%**
N	5	33	48	38	115	77
D	6	110	137	111	167	(56)
Reasons for deviation Target achieved. The use of the automated notification process via Ideal Health Facility has improved reporting within 24 hours.						

Strategies to Overcome Underperformance

- Patient experience of care satisfaction rate

Staffing shortages are being addressed where possible, but it is impacted by departmental budget constraints.

Linking Performance with Budgets

Subprogramme	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
General (Regional) Hospitals	2 638 443	2 654 881	(16 438)	2 621 128	2 605 159	15 969
Tuberculosis Hospitals	413 460	418 743	(5 283)	404 262	415 943	(11 681)
Psychiatric/Mental Hospitals	1 189 627	1 175 859	13 768	1 156 910	1 158 295	(1 385)
Sub-acute, Step-down and Chronic Medical Hospitals	455 179	453 935	1 244	446 757	422 475	24 282
Dental Training Hospitals	200 722	193 314	7 408	209 294	199 170	10 124
Total	**4 897 431**	**4 896 732**	**699**	**4 838 351**	**4 801 042**	**37 309**

The programme's expenditure is within 1% of the budget.

The stringent financial measures that were implemented during the previous financial year and continued into this year, are now coming to fruition. In addition, new DPSA regulations led to prolonged recruitment and appointment processes, which, in turn, resulted in additional savings that were not anticipated.

It was noted that the reduction in personnel also led to a reduction in expenditure for Goods and Services.

Programme 5: Central Hospital Services

Purpose

To provide tertiary and quaternary health services and to create a platform for the training of health workers and research.

Subprogramme 5.1: Central Hospital Services

Rendering of general and highly specialised medical health and quaternary services on a national basis and maintaining a platform for the training of health workers and research.

Subprogramme 5.2: Provincial Tertiary Hospital Services

Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.

Central Hospitals

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Complaint resolution within 25 working days rate (amendment to indicator target)
2. Cervical Cancer Screening (amendment to indicator target)

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: The children of the Province have the health resilience to flourish

Output: Child health services

Output Indicator: Live births under 2500g in facility rate

N: Live birth under 2500g in facility

D: Live birth in facility

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	34.5%	**34.8%**	**35.0%**	**35.6%**	**35.1%**	**0.6%**
N	3 844	3 465	3 404	3 887	3 673	214
D	11 156	9 966	9 732	10 910	10 473	(437)

Reasons for deviation

Target achieved. Pregnant women are encouraged to seek antenatal care early in pregnancy to mitigate risks.

Output Indicator: Diarrhoea death under 5 years					
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
3	1	2	3	2	1

Reasons for deviation

Target achieved. The death rate was lower than provisioned for, with fewer deaths reported.

Output Indicator: Pneumonia death under 5 years					
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
3	3	10	5	6	(1)

Reasons for deviation

Target partially achieved. One more death occurred than anticipated. However, fewer pneumonia cases were admitted to central hospitals while more patients were managed in district hospitals.

Output Indicator: Severe acute malnutrition (SAM) death under 5 year					
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
New indicator	**2**	**0**	**2**	**1**	**1**

Reasons for deviation

Target achieved. The death rate was lower than anticipated with one less death reported.

Output Indicator: [Number of] Death in facility under 5 years					
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
443	**451**	**422**	**488**	**423**	**65**

Reasons for deviation

Target achieved. The death rate was lower than anticipated with fewer deaths reported.

Output Indicator: [Number of] Maternal Mortality in facility					
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
Not reported	**26**	**27**	**26**	**26**	**0**

Reasons for deviation

Target achieved. The death rate was lower than anticipated with fewer deaths reported.

Output Indicator: Cervical Cancer Screening							
Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	*Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
Not reported	**Not reported**	**Not reported**	**2 072**	**828**	**1 500**	**1 715**	**215**

Reasons for deviation

Target achieved.

Reason for revision

The current budget pressures are negatively impacting the health system's capacity. Thus, the target was adjusted accordingly.

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Complaint resolution within 25 working days rate

N: Complaint resolved within 25 working days

D: Complaints resolved

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	90.1%	**92.1%**	**93.6%**	**90.1%**	**79.1%**	**80.0%**	**79.1%**	**(0.9%)**
N	562	673	835	744	208	661	728	67
D	624	731	892	826	263	826	920	94

Reasons for deviation

Target partially achieved. Austerity measures resulted in staffing constraints, which had an impact on the timely resolution of complaints. The department is working on improving efficiencies to support facilities affected by staffing shortages.

Reason for revision

The current budget pressures are negatively impacting the health system's capacity. Thus, the target was adjusted accordingly.

Output Indicator: Patient experience of care satisfaction rate

N: Patient Experience of Care survey satisfied responses

D: Patient Experience of Care survey total responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**82.0%**	**84.1%**	**80.0%**	**85.4%**	**5.4%**
N	New indicator	23 521	16 415	27 045	31 711	4 666
D	New indicator	28 679	19 530	33 800	37 142	3 342

Reasons for deviation

Target achieved. Overall performance better than planned target, with a higher patient satisfaction rate achieved.

Output Indicator: Patient safety incident (PSI) case closure rate

N: Patient Safety Incident (PSI) case closed

D: Patient Safety Incident (PSI) case reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	96.6%	**97.2%**	**98.1%**	**85.7%**	**98.6%**	**12.9%**
N	1 184	1 427	1 245	944	1 027	83
D	1 226	1 468	1 269	1 102	1 042	60

Reasons for deviation

Target achieved. Performance better than planned with a higher closure rate, which can probably be attributed to the continuous improvements made by quality assurance interventions.

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

N: Severity assessment code (SAC) 1 Incidents reported within 24 hours

D: Severity assessment code (SAC) 1 Incident reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	100.0%	**53.3%**	**48.3%**	**60.0%**	**51.5%**	**8.5%**
N	1	72	14	126	35	(91)
D	1	135	29	210	68	142

Reasons for deviation

Target partially achieved. The fiscal situation and the impact it has on human resources has had a negative impact on facilities' ability to report these incidents timeously.

Output: Accessible health services

Output Indicator: Average length of stay

N: Patient days (Sum of inpatient days and ½ day patients)

D: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	7.0	**6.7**	**6.7**	**7.0**	**6.8**	**0.2**
N	732 976	755 184	752 712	768 632	748 104	20 529
D	105 283	112 161	112 429	109 808	110 741	(933)

Reasons for deviation

Target achieved.

Output Indicator: Inpatient bed utilisation rate N: Patient days (Sum of inpatient days and ½ day patients) D: Inpatient bed days available (Actual beds total x 30.42)						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual achievement**
	84.5%	**86.8%**	**86.2%**	**88.0%**	**85.6%**	**2.4%**
N	732 976	755 184	752 712	768 632	748 104	20 529
D	866 970	870 255	873 480	873 542	873 541	(1)
Reasons for deviation Target achieved. A lower bed utilisation rate indicates good patient management with shorter stays in hospital.						
Note Figures before rounding off: Target: 87.99%; Actual achievement 85.64%, resulting in a 2.35% deviation from target.						

Strategies to Overcome Underperformance

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

Managers are working with facilities to reinforce the importance of timeous reporting.

TERTIARY HOSPITALS

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Severity assessment code (SAC) 1 incident reported rate within 24 hours rate (amendment to indicator target)

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: The children of the Province have the health resilience to flourish

Output: Child health services

Output Indicator: Diarrhoea death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
6	10	5	9	9	0

Reasons for deviation

Target achieved. The fatality rate was lower than anticipated.

Output Indicator: Pneumonia death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
6	14	4	12	7	5

Reasons for deviation

Target achieved. The fatality rate was lower than anticipated.

Output Indicator: Severe acute malnutrition (SAM) death under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
New indicator	3	4	2	0	2

Reasons for deviation

Target achieved. The fatality rate was lower than anticipated.

Output Indicator: [Number of] Death in facility under 5 years

Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
127	117	119	131	123	8

Reasons for deviation

Target achieved. The fatality rate was lower than anticipated.

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Complaint resolution within 25 working days rate

N: Complaint resolved within 25 working days

D: Complaints resolved

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	100.0%	**100.0%**	**98.9%**	**94.7%**	**97.4%**	**2.7%**
N	135	137	177	126	187	61
D	135	137	179	133	192	59

Reasons for deviation

Target achieved.

Output Indicator: Patient experience of care satisfaction rate

N: Patient Experience of Care survey satisfied responses

D: Patient Experience of Care survey total responses

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	New indicator	**73.1%**	**84.5%**	**80.2%**	**86.5%**	**6.3%**
N	New indicator	5 553	8 343	7 724	5 601	(2 123)
D	New indicator	7 594	9 876	9 632	6 473	(3 159)

Reasons for deviation

Target achieved. Overall performance better than planned target, with a higher patient satisfaction rate achieved.

Output Indicator: Patient safety incident (PSI) case closure rate

N: Patient Safety Incident (PSI) case closed

D: Patient Safety Incident (PSI) case reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	98.4%	**99.6%**	**98.2%**	**89.6%**	**99.6%**	**10.0%**
N	185	228	270	138	247	109
D	188	229	275	154	248	(94)

Reasons for deviation

Target achieved. Performance better than planned with a higher closure rate, which can most likely be attributed to the continuous improvements made by quality assurance interventions.

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

N: Severity assessment code (SAC) 1 Incidents reported within 24 hours

D: Severity assessment code (SAC) 1 Incident reported

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual achievement
	100.0%	**0.0%**	**50.0%**	**66.7%**	**40.0%**	**60.0%**	**40.0%**	**20.0%**
N	1	0	2	2	2	6	2	(4)
D	1	1	4	3	5	10	5	5

Reasons for deviation

Target partially achieved. The fiscal situation and the impact it has on human resources has had a negative impact on facilities' ability to report these incidents timeously.

Reason for revision

The current budget pressures are negatively impacting the health system's capacity. Thus, the target was adjusted accordingly.

Output: Accessible health services

Output Indicator: Average length of stay

N: Patient days (Sum of inpatient days and ½ day patients)

D: Inpatient Separations (Sum of inpatient deaths, in patient discharges and Inpatient transfers out)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	4.3	**4.4**	**4.6**	**4.7**	**4.4**	**0.3**
N	76 387	80 625	77 525	79 935	75 611	4 325
D	17 632	18 164	16 860	17 007	17 294	(287)

Reasons for deviation

Target achieved.

Output Indicator: Inpatient bed utilisation rate

N: Patient days (Sum of inpatient days and ½ day patients)

D: Inpatient bed days available (Actual beds total x 30.42)

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual achievement
	74.9%	**75.9%**	**72.7%**	**75.0%**	**70.9%**	**4.1%**
N	76 387	80 625	77 525	79 935	75 611	4 325
D	102 029	106 287	106 592	106 592	106 592	-

Reasons for deviation

Target achieved. A lower bed utilisation rate indicates good patient management with shorter stays in hospital.

Strategies to Overcome Underperformance

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

Managers are working with facilities to reinforce the importance of timeous reporting.

Linking Performance with Budgets

Subprogramme	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
Central Hospital Services	7 309 382	7 340 534	(31 152)	7 128 377	7 141 653	(13 276)
Provincial Tertiary Hospital Services	1 058 799	1 027 647	31 152	1 021 547	1 008 271	13 276
Total	**8 368 181**	**8 368 181**	**-**	**8 149 924**	**8 149 924**	**-**

The programme's expenditure is within budget. The slight over expenditure in central hospitals was offset by the savings in the tertiary hospitals.

Programme 6: Health Sciences & Training

Purpose

To create training and development opportunities for actual and potential employees of the Department of Health and Wellness.

Subprogramme 6.1: Nurse Training College

Training of nurses at undergraduate and post-basic level. The target group includes actual and potential employees.

Subprogramme 6.2: Emergency Medical Services (EMS) Training College

Training of rescue and ambulance personnel. The target group includes actual and potential employees.

Subprogramme 6.3: Bursaries

Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. The target group includes actual and potential employees.

Subprogramme 6.4: Primary Health Care (PHC) Training

Provision of PHC related training for personnel, provided by the regions.

Subprogramme 6.5: Training (Other)

Provision of skills development interventions for all occupational categories in the department. The target group includes actual and potential employees.

Changes to Planned Targets

No changes were made to planned targets.

Output indicator "Bursaries awarded for scarce and critical skills" was recorded in the 2024/25 APP as a cumulative year-end calculation and was changed to non-cumulative calculation.

Performance Indicators

OUTCOME: A high-performance provincial health system that is for people					
Output: Technically efficient provincial health system					
Output Indicator: Bursaries awarded for scarce and critical skills					
Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual Achievement**
1 249	**1 349**	**1 328**	**1 800**	**1 609**	**(191)**

Reasons for deviation

Target partially achieved.

A number of part-time and full-time bursars deferred their stud ies. Nurse specialty training in Child Care and Critical Care at UCT was not accredited timeously. The course cancellation resulted in the withdrawal of bursaries to nurses. Prospective students who received bursaries later declined them through not signing the bursary contract.

Strategies to Overcome Underperformance

Bursaries will be awarded to learners to pursue accredited nurse specialty training at Higher Education Institutions outside the Western Cape, where such programs are not offered within the province.

Linking Performance with Budgets

Subprogramme	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
Nursing Training College	121 601	121 748	(147)	113 492	118 980	(5 488)
Emergency Medical Services (EMS) Training College	36 043	36 501	(458)	35 493	33 945	1 548
Bursaries	68 333	68 105	228	65 261	61 287	3 974
Primary Health Care Training	1	-	1	1	-	1
Training (Other)	198 291	193 716	4 575	205 499	204 541	958
Total	**424 269**	**420 070**	**4 199**	**419 746**	**418 753**	**993**

The deficit under the Nurse Training College was because of the increase in operational costs and the funding of critical training posts. The deficit in spending at the EMS training college was due to increased training costs. The surplus under Bursaries was because of deferments by current bursary holders: students withdrawing and declining bursaries, and nurse specialty courses in Child Care and Critical Care which were not accredited timeously resulting in the withdrawal of bursaries. The surplus in Training (Other) reflects the difficulties in appointing relief staff at the rural facilities to replace those nurses that were released to do specialty training under Study By Assignment (SBA). The surplus under bursaries was used to cover the deficit at the Nursing Training College.

The expenditure contributed to the achievement of the following outputs:

The Western Cape College of Nursing (WCCN) enrolled 368 students in the undergraduate programmes in 2024: 153 students in the Higher Certificate programme, leading to registration with SANC as an Auxiliary Nurse (GN R169), 160 students in the Diploma in Nursing, leading to registration with SANC as a General Nurse (GN R171), and 55 students in Bachelor of Nursing, leading to registration with SANC as a Professional Nurse and Midwife (GN R174). In addition, 179 students were enrolled in the six postgraduate programmes.

Of the 368 undergraduate students, 298 completed their training: 156 students graduated with a Diploma in Nursing (GN R171) and 142 students with a Higher Certificate in Nursing (GN R 169), a completion rate of 97.5% and 92.8% respectively. A total of 68 students of the first cohort of the R1497 Advanced Diploma in Midwifery (GN R1497) completed training on the 31st of May 2024, and of the 179 students enrolled in Postgraduate programmes, 161 students (excluding orthopaedic students who will complete in June 2025) graduated, reflecting a completion rate of 89.9%.

A total of 36 students graduated from the Emergency Medical Services Training College with a Higher Certificate in Emergency Care, while a further 8 970 health professionals were trained on clinical skills development and 613 interns (including graduate interns) were funded for the structured youth development programmes. In addition, a total of 1 609 bursaries were allocated to health and related professionals.

The selection of students at the Western Cape College of Nursing and the Emergency Medical Services Training College, as well as the recruitment of matriculated and graduate interns for structured youth development programmes and the awarding of bursaries to prospective employees, all factor in considerations of equity, including women, youth, and persons with disabilities.

Programme 7: Health Care Support Services

Purpose

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

Subprogramme 7.1. Laundry Services

To render laundry and related technical support service to health facilities.

Subprogramme 7.2. Engineering Services

Rendering routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology.

Subprogramme 7.3. Forensic Services

To render specialised forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural death. It includes the provision of the Inspector of Anatomy functions, in terms of Chapter 8 of the National Health Act and its Regulations.

(Note: This function has been transferred from subprogramme 2.8)

Subprogramme 7.4. Orthotic and Prosthetic Services

To render specialised orthotic and prosthetic services.

(Note: This service is reported in subprogramme 4.4)

Subprogramme 7.5. Cape Medical Depot

The procurement, contract management, warehousing and distribution of pharmaceuticals to departmental facilities.

(Note: This subprogramme has been renamed since 2013, in line with the incorporation of the trading entity into the department)

Subprogramme 7.6. WC Health Warehouse

The procurement, contract management, warehousing and distribution of medical supplies other than pharmaceuticals to departmental facilities.

Engineering Services

Changes to Planned Targets

No changes were made to planned targets.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Percentage of hospitals achieving Provincial benchmark for energy consumption

N: Number of provincial hospitals achieving the Department's benchmark for average energy consumption per hospital bed per day

D: Number of provincial hospitals

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual Achievement
	73.1%	**82.7%**	**90.4%**	**78.8%**	**80.8%**	**1.9%**
N	38	43	47	41	42	1
D	52	52	52	52	52	0

Reasons for deviation

Target achieved.

The implementation of some energy efficiency projects contributed to an improvement in performance.

Note

Figures before rounding off: Target: 78.85%; Actual achievement 80.77%, resulting in a 1.92% deviation from target.

Output Indicator: Percentage of hospitals achieving provincial benchmark for water utilisation

N: Hospitals achieving the Department's provincial benchmark for average water consumption per hospital bed per day

D: Number of provincial hospitals

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual Achievement
	53.8%	**65.4%**	**67.3%**	**63.5%**	**67.3%**	**3.8%**
N	28	34	35	33	35	2
D	52	52	52	52	52	0

Reasons for deviation

Target achieved.

The embedded emergency process of reporting leaks and quick turnaround to remedy these continues to contribute to improved performance. Groundwater is used at some facilities, which is not factored in for purposes of this indicator.

Strategies to Overcome Underperformance

There was no underperformance against the indicators.

Forensic Pathology Services

Changes to Planned Targets

The following indicators were formally tabled and approved for changes during the annual budget adjustment process and therefore differ from what was tabled in the 2024/25 Annual Performance Plan:

1. Percentage of child death cases reviewed by the child death review board

The original targets and changes are incorporated into the performance tables below.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Percentage of child death cases reviewed by the Child Death Review Board

N: Number of Child Death Cases Reviewed

D: Total number of Child Death Cases

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Original Planned Annual Target 2024/25	Actual Achievement until Qtr. 2 of 2024/25	Adjusted Annual Target 2024/25	Actual Achievement 2024/25	Deviation from adjusted target to actual Achievement
	78.8%	**78.2%**	**86.9%**	**80.0%**	**81.3%**	**74.9%**	**82.0%**	**7.1%**
N	1 124	1 053	1 124	1 079	291	960	978	18
D	1 426	1 346	1 294	1 348	358	1 281	1 193	88

Reasons for deviation

Target achieved.

Reason for revision

The budget pressures negatively impacted the health system's capacity. Thus, the target was adjusted accordingly.

Note

Figures before rounding off: Target: 74.94%; Actual achievement 81.98%, resulting in a 7.04% deviation from target.

Strategies to Overcome Underperformance

There was no underperformance against the indicator.

Medicine Supply

Changes to Planned Targets

No changes were made to planned targets.

Performance Indicators

OUTCOME: A high-performance provincial health system for people

Output: Technically efficient provincial health system

Output Indicator: Percentage of pharmaceutical stock available

N: Pharmaceutical items that are in stock at the CMD

D: Pharmaceutical items on the stock register

	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Audited Actual Performance 2023/24	Planned Annual Target 2024/25	Actual Achievement 2024/25	Deviation from planned target to actual Achievement
	92.5%	**92.5%**	**91.2%**	**93.3%**	**93.3%**	**(0.08%)**
N	727	715	714	700	719	19
D	786	773	783	750	771	21

Reasons for deviation

Target partially achieved.

Performance is an improvement compared to the previous three financial years. However, it is marginally below the planned target (deviation of 0.08%). It should be noted that the number of items in stock (719) is more than the number of items targeted (700), indicating that a wider range of pharmaceuticals was available. This is due to an increased number of items kept as stock in the CMD to accommodate the larger minimum order quantities as described by suppliers. By increasing the number of stock items at the CMD, it minimises stock expiry at facilities as minimum order quantities may be larger than facilities need for the item. The pharmaceutical stockouts that affected performance are due to a combination of part, late or no delivery by the suppliers.

Note

Figures before rounding off: Target: 93.333%; Actual achievement: 93.256%, resulting in a 0.08% deviation from target.

Strategies to Overcome Underperformance

The Cape Medical Depot applied focused contract management and penalties for part or late deliveries by suppliers. In addition, where poor pharmaceutical supply was experienced, it was escalated to the National Department of Health (NDoH) in line with the governance arrangements between the NDoH and the Provincial Departments of Health, as well as the relevant penalties applied.

Linking Performance with Budgets

Subprogramme	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
Laundry Services	136 156	136 836	(680)	126 909	127 506	(597)
Engineering Services	138 569	129 841	8 728	136 489	130 446	6 043
Forensic Services	279 963	282 982	(3 019)	274 330	265 836	8 494
Orthotic and Prosthetic Services	1	-	1	1	-	1
Cape Medical Depot	84 850	84 481	369	83 690	77 788	5 902
Health Warehouse	22 374	16 915	5 459	20 188	17 050	3 138
Total	**661 913**	**651 055**	**10 858**	**641 607**	**618 626**	**22 981**

This programme's level of underspending is within acceptable norms.

Laundry Services: Deviation is nominal and within acceptable norms.

Engineering Services: Under expenditure is attributed to slower than anticipated rate of filling of posts; decreased requirements within Hardware and Electrical spares, as a result of decreased breakdowns and reduced/non-existent levels of load shedding; and the delay in procurement of a crane to support truck at Bellville Engineering as well as reduced medical equipment requirements at Goodwood Clinical Engineering.

Forensic Services: Through the allocation Subprogramme 7.3 has been able to continue with the implementation of the Observatory Forensic Pathology Institute. It has further enabled the procurement of critical equipment to support staff in death scene investigation and recovery of remains.

Cape Medical Depot: Deviation is nominal and within acceptable norms.

The Health Warehouse's under expenditure is due to the daily process of journalising the cost of inventory issued to healthcare facilities. Once stock is issued, its value is recorded, which effectively restores that amount to the warehouse's available budget. This enables the warehouse to purchase replacement stock. Since this is a daily cycle, the financial snapshot at any given time may reflect under expenditure if stock has been journalised but the corresponding purchases have not yet been made. The warehouse currently supplies 53 hospitals and 437 cost centres and continues to grow. Efficiency gains have been achieved by having one contact point for facilities, simplifying the management of supplier relationships and performance management, standardisation of item costs and enhanced management of product quality resulting in faster turnaround times.

The budget allocation for this programme facilitated the rendering of healthcare support services. This was achieved by consistently providing the health facilities with linen and laundry services, maintenance to buildings, engineering installations and health technology, specialised forensic pathology and clinical forensic medicine services, specialised orthotic and prosthetic services and the management and supply of pharmaceuticals and nonpharmaceutical items. Efficient and effective healthcare support services positively contribute towards ensuring a technically efficient provincial health system and towards being a high-performing provincial health system for the citizens of the Western Cape.

Programme 8: Health Facilities Management

Purpose

The provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities, including health technology.

Subprogramme 8.1. Community Health Facilities

Planning, design, construction, upgrading, refurbishment, additions and maintenance of community health centres, community day centres, and clinics.

Subprogramme 8.2. Emergency Medical Rescue Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of emergency medical services facilities.

Subprogramme 8.3. District Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of district hospitals.

Subprogramme 8.4. Provincial Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of provincial hospitals.

Subprogramme 8.5. Central Hospital Services

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of central hospitals.

Subprogramme 8.6. Other Facilities

Planning, design, construction, upgrading, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities.

Changes to Planned Targets

No changes were made to planned targets.

Performance Indicators

OUTCOME: A high-performance provincial health system for people						
Output: Technically efficient provincial health system						
Output Indicator: Percentage of health facilities with completed capital infrastructure projects N: Total number of health facilities with completed capital infrastructure projects i.e., Practical Completion Certificate (or equivalent) issued D: Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued						
	Audited Actual Performance 2021/22	**Audited Actual Performance 2022/23**	**Audited Actual Performance 2023/24**	**Planned Annual Target 2024/25**	**Actual Achievement 2024/25**	**Deviation from planned target to actual Achievement**
	Not required to report	**66.7%**	**100%**	**100%**	**110%**	**10%**
N	Not required to report	4	5	10	11	1
D	Not required to report	6	5	10	10	-
Reasons for deviation Target achieved. The department achieved this positive performance through continuous monitoring of project and contractor performance.						

Strategies to Overcome Underperformance

There was no underperformance against the indicator.

Linking Performance with Budgets

Subprogramme	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
Community Health Facilities	223 685	172 774	50 911	151 125	155 058	(3 933)
Emergency Medical Rescue Services	31 643	18 481	13 162	35 818	25 114	10 704
District Hospital Services	293 730	244 023	49 707	193 041	200 639	(7 598)
Provincial Hospital Services	230 397	197 040	33 357	156 645	186 292	(29 647)
Central Hospital Services	366 687	428 386	(61 699)	435 098	396 470	38 628
Other Facilities	157 362	196 004	(38 642)	197 740	205 893	(8 153)
Total	**1 303 504**	**1 256 708**	**46 796**	**1 169 467**	**1 169 466**	**1**

Under expenditure is largely attributable to: Slow progress within the Health Maintenance portfolio; delays experienced with the roll-out of the alternative electrical supply programme; and delays experienced with the implementation of certain management contractor projects.

The Programme 8 budget allocation made it possible to render support to healthcare services by consistently providing good quality, fit-for-purpose infrastructure and health technology, albeit in a challenging and changing environment. Good quality infrastructure and health technology directly links to the output to ensure a technically efficient provincial health system and thereby contributes to the outcome of providing a high-performance provincial health system that is for people.

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

The National Department of Health is responsible for setting health policy, establishing standards, and defining national standardised indicators. These indicators are incorporated into the Annual Performance Plan and form the basis for reporting in the Annual Report. The Provincial Department of Health implements these policies and reports on performance in alignment with national directives. As a local government, the City of Cape Town contributes to health service delivery—particularly in primary healthcare and environmental health—and aligns its performance indicators with both provincial and national frameworks. Where applicable, the City's performance is reflected in the indicators reported in this Annual Report.

All approved standardised and non-standardised outputs and output indicators have been incorporated into the Annual Performance Plan and are accounted for in this Annual Report.

Transfer Payments

The total transfer payments made and spent equate to R1,617 billion for the year 2024/25. See tables below for a breakdown of the payments.

Transfers to Municipalities						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
City of Cape Town						
Municipality	Rendering of personal Primary Health Care, including maternal child, and infant healthcare, antenatal care, STI treatment, tuberculosis treatment, and basic medical care, as well as nutrition, and HIV/AIDS.	Yes	597 252	597 252	N/A	City of Cape Town District
Municipality	Vehicle licenses	Yes	29	29	N/A	Various

Transfers to Departmental Agencies and Accounts						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
Health & Welfare SETA						
Statutory Body	People Development	Yes	7 418	7 418	N/A	Departmental
Radio & Television						
Licensing Authorities	Television, Radio, Aerodrome Licenses	Yes	511	511	N/A	Departmental

Transfers to Non-Profit Institutions						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
District Management						
Community-Based Programmes	E Vision and ICT (Information Communication Technology) Development Project	Yes	2 740	2 740	N/A	City of Cape Town District
Community Health Clinics						
Non-Profit Institutions	Community Health Clinics: Vaccines and Tuberculosis treatment	Yes	211	211	N/A	Central Karoo District
Various Institutions						
Non-Profit Institutions	Tuberculosis treatment	Yes	1 091	1 091	N/A	Cape Winelands District
		Yes	426	426	N/A	Garden Route District
Mitchells Plain Transitional Care Facility						
Chronic Care	Intermediate care facility – adults and children.	Yes	43 444	43 444	N/A	City of Cape Town District

Transfers to Non-Profit Institutions						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
Booth Memorial						
Provincially Aided Hospital	Intermediate care facility – adult	Yes	32 720	32 720	N/A	City of Cape Town District
St Joseph						
Provincially Aided Hospital	Intermediate care facility – children	Yes	12 373	12 373	N/A	City of Cape Town District
Various Institutions						
Non-Profit Institutions	Chronic Care: Caring for elderly patients, assisting with wound care, feeding, etc., after being discharged.	Yes	1 995	1 995	N/A	Garden Route District
		Yes	5 496	5 496	N/A	West Coast District
		Yes	6 037	6 037	N/A	Overberg District
Various Institutions						
Non-Profit Institutions	TB Adherence and Counselling	Yes	4 490	4 490	N/A	West Coast District
Various Institutions						
Non-Profit Institutions	Home-Based Care	Yes	11 198	11 198	N/A	Khayelitsha/Eastern Substructure Area
		Yes	20 384	20 384	N/A	Klipfontein/Mitchell's Plain Substructure Area
		Yes	1 357	1 357	N/A	Northern/Tygerberg Substructure Area
		Yes	9 345	9 345	N/A	Western/Southern Substructure Area

Transfers to Non-Profit Institutions						
Various Institutions						
Non-Profit Institutions	Mental Health	Yes	4 136	4 136	N/A	Cape Winelands District
		Yes	552	552	N/A	Central Karoo District
		Yes	44	44	N/A	Garden Route District
		Yes	5 511	5 511	N/A	Overberg District
		Yes	24 928	24 928	N/A	Khayelitsha/Eastern Substructure Area
		Yes	15 869	15 869	N/A	Klipfontein/Mitchell's Plain Substructure Area
		Yes	12 597	12 597	N/A	Northern/Tygerberg Substructure Area
		Yes	10 168	10 168	N/A	Western/Southern Substructure Area
Various Institutions						
Non-Profit Institutions	Anti-retroviral treatment, home-based care, step-down care, HIV counselling, and testing, etc.	Yes	59 444	59 444	N/A	Cape Winelands District
		Yes	13 105	13 105	N/A	Central Karoo District
		Yes	54 615	54 615	N/A	Garden Route District
		Yes	30 961	30 961	N/A	Overberg District
		Yes	39 257	39 257	N/A	West Coast District
		Yes	60 551	60 551	N/A	Khayelitsha/Eastern Substructure Area
		Yes	54 940	54 940	N/A	Klipfontein/Mitchell's Plain Substructure Area
		Yes	81 479	81 310	N/A	Northern/Tygerberg Substructure Area
		Yes	32 782	32 782	N/A	Western/Southern Substructure Area
Community-Based Services: Eliminating Tuberculosis						
Non-Profit Institutions	Community-Based Services: Eliminating Tuberculosis (TB)	Yes	1 343	1 343	N/A	Cape Winelands District
		Yes	1 238	1 238	N/A	Garden Route District
		Yes	4 676	4 676	N/A	Khayelitsha/Eastern Substructure Area
		Yes	2 338	2 338	N/A	Klipfontein/Mitchell's Plain Substructure Area
		Yes	2 338	2 338	N/A	Northern/Tygerberg Substructure Area
		Yes	2 338	2 338	N/A	Western/Southern Substructure Area

Transfers to Non-Profit Institutions						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
Community-Based Services: Mental Health Burden						
Non-Profit Institutions	Community-Based Services: Strengthening Mental Health Burden.	Yes	1 313	1 313	N/A	Cape Winelands District
		Yes	20	20	N/A	Garden Route District
		Yes	3 154	3 154	N/A	Overberg District
		Yes	24	24	N/A	West Coast District
Various Institutions						
Nutrition	Rendering of a Nutrition intervention service to address malnutrition in the Western Cape.	Yes	163	163	N/A	Central Karoo District
		Yes	934	934	N/A	Garden Route District
Philani						
Non-Profit Institutions	Hearing screening for rehab workers and mentoring in Speech-Language and Audiology services for children (Philani).	Yes	2 141	2 141	N/A	Klipfontein/Mitchell's Plain Substructure Area
Open Circle						
Non-Profit Institutions	Residential care for people with autism or intellectual disability and with challenging behaviour.	Yes	3 330	3 330	N/A	City of Cape Town District
Violence Prevention						
Violence Prevention	This project aligns with the Western Cape Department of Health and Wellness's strategic goals to address both tuberculosis (TB) control and violence reduction and prevention. By drawing on the invaluable local knowledge of community stakeholders, the project integrates advanced technologies and tailored strategies to create meaningful, community-focused solutions that address both TB control and violence.	Yes	2 500	2 500	N/A	Departmental
Various Institutions						
Non-Profit Institutions	Expanded Public Works Programme (EPWP) funding used for training and Home-Based Care.	Yes	64 950	64 950	N/A	Departmental

Transfers to Non-Profit Institutions						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
COPC Wellness						
Non-Profit Institutions	Wellness strategy to focus on healthy lifestyle choices to prevent and control chronic diseases of lifestyle, safe and healthy pregnancies, and child-rearing, and reduction of harmful personal behaviours.	Yes	2 752	2 752	N/A	Khayelitsha/Eastern Substructure Area
		Yes	2 752	2 752	N/A	Klipfontein/M Plain Substructure Area
		Yes	2 752	2 752	N/A	Northern/Tygerberg Substructure Area
		Yes	2 752	2 752	N/A	Western/Southern Substructure Area

Transfers to Households						
Type of Organisation	**Purpose for which the funds were used**	**Compliance with PFMA [S38(1)(J)]**	**Amount Transferred (R'000)**	**Amount Spent (R'000)**	**Reasons for Under Expenditure**	**Geographical Area**
Employee Social Benefits – Cash Residents						
Various claimants	Injury on duty, Leave Gratuity, Retirement Benefit, Severance Package	Yes	72 709	72 709	N/A	Departmental
Various Claimants						
Various claimants	Claims against the state: Households	Yes	134 138	134 138	N/A	Departmental
Various Claimants						
Tertiary Institution	Bursaries	Yes	46 978	46 978	N/A	Departmental
Various Claimants						
Various claimants	Payment made as an act of grace	Yes	63	63	N/A	Departmental
Cash Donation - Western Cape on Wellness (WoW)						
Community-Based Programmes	Cash donation made to The Health Foundation for the department's WOW healthy lifestyles initiatives within communities.	Yes	113	113	N/A	Departmental

Conditional Grants

District Health Programmes Grant

This grant consists of two components, namely the HIV/AIDS & TB Control Component and the District Health Component. The Western Cape Department of Health and Wellness has successfully implemented the programmes under this grant and met most of the targets.

Transferring Department	National Department of Health
Component Name	District Health Programmes Grant
Grant Purpose	To enable the health sector to develop and implement an effective response to HIV and AIDS. To enable the health sector to develop and implement an effective response to TB. To ensure provision of quality community outreach services through ward-based primary healthcare outreach teams. To improve efficiencies of the ward-based primary healthcare outreach teams programme by harmonising and standardising services and strengthening performance monitoring. To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 2019–2023. To enable the health sector to prevent cervical cancer by making available human papillomavirus (HPV) vaccinations for Grade 7 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme.

Transferring Department	National Department of Health		
Component Name	District Health Programmes Grant: Comprehensive HIV/AIDS Component		
Grant Purpose	To enable the health sector to develop and implement an effective response to HIV/AIDS. Prevention and protection of health workers from exposure to hazards in the workplace. To enable the health sector to develop and implement an effective response to TB.		
Expected Outputs	**Performance Indicators**	**Annual Target**	**Actual Achieved**
HIV/AIDS	No. of male condoms distributed	71 315 391	65 969 800
	No. of female condoms distributed	1 258 400	972 500
	No. of HTA intervention sites	180	180
	No. of peer educators receiving stipends	180	83
	Male Urethritis Syndrome treated – new episode	44 936	49 497
	No. of individuals who received an HIV service or referral at High Transmission Area sites	89 189	86 364
	No. of individuals from key populations reached with individual or small group HIV-prevention interventions designed for the target population	40 965	47 588
	No. of active lay counsellors on stipend	705	649

	No. of clients tested (including antenatal)	1 700 000	1 482 883
	No. of health facilities offering MMC	74	74
	No. of MMC performed	14 000	17 497
	No. of people started on PrEP	23 034	29 580
	New sexual assault case HIV negative issued with Post Exposure Prophylaxis	1 849	3 275
	Antenatal clients initiated on ART	2 880	1 997
	Number of infant PCR test around 10 weeks	11 137	9 759
	No. of new patients started on treatment	42 979	23 609
	No. of patients on ART remaining in care	382 679	330 828
	HIV new positive screened for TB	25 526	14 273
	Patients on ART initiated on Tuberculosis Preventative Therapy	21 473	12 107
	No. of doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	800	880
	No. of nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1 500	8916
	No. of non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	375	666
	ART patients decanted to Differentiated Model of Care (DMoC) (FAC-PUP, AC, EX-PUP).	126 724	133 242
	Antenatal 1st visits syphilis test	83 788	63 116
TB control component	Number of people tested for TB using GeneXpert	292 787	243 951
	Number of eligible HIV-positive patients tested for TB using urine lipoarabinomannan assay (LAM) test	22 472	27525
	DS-TB treatment start rate (under 5 yrs. and 5 yrs. and older combined)	90%	95%
	TB Rifampicin Resistant / MDR/ pre-XDR treatment start rate	90%	85%
	TB contacts started on TPT	43 696	13 500
Amount per amended DORA (R'000)	R1 891 809		
Amount received (R'000)	R1 891 809		
Reasons if amount per DORA was not received	All amounts received		
Amount spent by the Department (R'000)	R1 891 809		
Reasons for under Expenditure	Grant allocation fully spent		

Reasons for target deviation and measures taken to improve performance HIV/AIDS	At the end of the 2024/25 financial year, 94% of people living with HIV in the province knew their status, with 65.4% on treatment and 91% of those virally suppressed, showing steady progress towards the 95-95-95 targets. The province met or exceeded targets for key indicators such as ART initiation, condom distribution, medical male circumcision, HIV testing, PrEP initiation, and services for high-risk populations. Service delivery was significantly disrupted by the January 2025 US stop work order, resulting in the termination of over 800 staff, notably lay counsellors and data officers, affecting HIV testing and reporting. Underperforming areas included TB testing among newly diagnosed HIV clients, female condom distribution, syphilis testing at antenatal visits, and infant PCR testing, prompting the implementation of various remedial actions such as multi-month dispensing, digitisation, and realignment of the HIV testing strategy. Despite challenges, the province improved on several indicators flagged in the previous year and advanced key policies to support uninterrupted HIV services and system resilience.
TB Control	The province sustained momentum in TB NAAT testing into 2025, with over 10% of tests coming from community-collected sputum, although testing volumes dipped during July–September 2024 due to the NHLS data breach. Key achievements included a 95% treatment start rate for DS TB, 85% for DR TB, and exceeding targets for U-LAM kit distribution, alongside strengthened advocacy communication and social mobilisation activities at key health events. By year-end, testing levels rebounded to early-year volumes, and a decreasing TB test positivity rate indicated continued progress in case detection and linkage to care. Support from the National Department of Health included site visits and DR TB data clean-up, leading to provincial quality improvement plans and early improvements in BPAL outcomes and data completeness. The province adopted National Vision 2028 as its TB recovery plan and began implementing multi-stakeholder interventions, with World TB Day 2025 serving as a high-impact event to honour lives lost and renew commitments to ending TB.
Transferring Department	National Department of Health
Component Name	District Health Programmes Grant: District Health Component
Grant Purpose	To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019–2023. To enable the health sector to prevent cervical cancer by making available HPV vaccinations for Grade 5 schoolgirls in all public and special schools and progressive integration of HPV into the integrated school health programme. To ensure provision of quality community outreach services through ward-based primary healthcare outreach teams by ensuring community health workers receive remuneration, tools of trade and training in line with scope of work.

Expected Outputs	Performance Indicators	Annual Target	Actual Achieved
HPV	80% of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV first dose in public or special schools	80% of girls vaccinated	91%
		80% schools visited per calendar year	100%
	80% of Grade 5 schoolgirls aged 9 years and above vaccinated for HPV second dose in public or special schools (The second dose will be discontinued from 2024)	80%	78%
	80% of public and special schools with Grade 5 girls visited	80%	100%
Community Health Workers	Number of community health workers receiving a stipend	3 976	3 964
	Number of community health workers trained	3 980	3 089
	Number of HIV clients lost to follow-up traced	23 823	70 387
	Number of TB clients lost to follow-up traced	8 000	7 517
	COS services to households: first and follow up visit	1 400 000	2 629 731
Amount per amended DORA (R'000)	R240 577		
Amount received (R'000)	R240 577		
Reasons if amount per DORA was not received	All amounts received		
Amount spent by the department (R'000)	R240 577		
Reasons for under expenditure	Grant allocation fully spent		
Reasons for target deviation and measures taken to improve performance HPV	Although target was reached, poor return of consent forms and hesitancy to sign consent for the HPV vaccines remain a challenge. The second round, 01 October 2024 - 15 November 2024, provided an opportunity for catch-up of the HPV vaccine.		
Reasons for target deviation and measures taken to improve performance Community Health Workers	The province showed strong performance on the Community Outreach Support Grant deliverables for 2024/25. A 99% fill rate for community health worker (CHW) posts enabled CHWs to exceed visit targets, conducting over 2.6 million household visits. Client tracing for HIV services performed exceptionally well, with over 70,000 clients recalled – far surpassing the target of 23,823. Referrals to TB services achieved 94% of the target, possibly due to fewer clients in TB care compared to HIV care. However, only 77% of the targeted CHWs received training, highlighting a key area for improvement.		

Human Resource Training Grant

Transferring Department	National Department of Health		
Grant Name	Human Resource Training Grant: Statutory Human Resource Component & Training Component		
Grant Purpose	To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance. Support Provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.		
Expected Outputs	**Performance Indicators**	**Annual Target**	**Actual Achievement**
	Number of Registrars	147	142
	Medical Officer Community Service	51	87
	Pharmacist Community Service	13	13
	Clinical Psychology Interns	8	8
	Dentist Community Service	0	0
	Number of Medical Specialists	37	34
	Number of Medical Interns	398	284
	Number of Clinical Supervisors: Professional Nurses	440	387
	Number of Clinical Supervisors: Radiographers	44	37
Amount per amended DORA (R'000)	R928 678		
Amount received (R'000)	R928 678		
Reasons if amount per DORA was not received	N/A		
Amount spent by the department (R'000)	R928 678		
Reasons for under expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	The department received insufficient Medical Intern allocations. The National Department of Health requested an increased uptake of Community Service Medical Officers in lieu of the under allocation of Medical Interns with effect from 1 January 2025. Variances are due to year-on-year reduction in Budget (in real terms), which impacted on the appointment of Registrars and Clinical Supervisors. The 2025/26 target has been adjusted accordingly.		
Monitoring mechanism by the receiving Department	The Grant is overseen and managed by Head Office, which provides the necessary support to the various facilities. The National Department of Health conducted support visits to the Western Cape to perform the necessary monitoring and evaluation. Financial monitoring occurs by means of monthly financial reports (interim year monitoring report) which are submitted to the Provincial and National Treasury. Quarterly reports and Annual reports, as prescribed by the DORA. Monthly verification of staff funded by the grant on APL.		

National Tertiary Services Grant

Transferring Department	National Department of Health		
Grant Purpose	Ensure the 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	**Performance Indicators**	**Annual Target**	**Actual Achieved**
	Number of approved and funded tertiary services provided by the Western Cape Department of Health and Wellness	46	46
	Day patient separations – Total	10 504	10 200
	Inpatient days – Total	1 213 842	1 204 294
	Inpatient separations – Total	102 054	98 747
	Outpatient first attendances	167 893	134 437
	Outpatient follow-up attendances – Total	538 212	538 144
Amount per amended DORA (R'000)	R3 526 935		
Amount received (R'000)	R3 526 935		
Reasons if amount per DORA was not received	Full amount received.		
Amount spent by the department (R'000)	R3 526 935		
Reasons for under expenditure	Grant allocation fully spent.		
Reasons for target deviation and measures taken to improve performance	As a Schedule 4 grant, the service outputs are subsidised through the National Treasury Support Grant (NTSG), given that the allocated funding is insufficient to fully cover the associated costs. Consequently, deviations from performance targets should not be interpreted as underperformance relative to the grant allocation. Likewise, instances where service outputs surpass expectations do not necessarily indicate that the funding is adequate, as the extent of supplementary support from the equitable share to address funding shortfalls may vary.		
Monitoring mechanism by the receiving department	Submission of Monthly In-Year Monitoring (IYM) and Financial Variance Reports, along with Quarterly Reports, to various levels of government – including the National Department of Health (NDoH) – in accordance with Section 11(4)(b) and Section 12(2)(c) of the Division of Revenue Act (DoRA), pertaining to allocations under Schedules 4, 5, or 7.		

Health Facility Revitalisation Grant

Transferring Department	National Department of Health		
Grant Purpose	To help accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health. To help with the replacement and commissioning of health technology in existing and revitalised health facilities. To enhance capacity to deliver health infrastructure. To accelerate the fulfilment of the requirements of occupational health and safety.		
Expected Outputs	**Performance Indicators**	**Annual Target**	**Actual Achievement**
	Number of primary health care facilities constructed or revitalised [5]	1	1
	Number of hospitals constructed or revitalised [6]	3	3
	Number of facilities maintained or refurbished[7]	7	10
Amount per amended DORA (R'000)	R867 807		
Amount received (R'000)	R867 807		
Reasons if amount per DORA was not received	N/A		
Amount spent by the department (R'000)	R867 807		
Reasons for under expenditure	Allocation was fully spent.		
Reasons for target deviation	Targets achieved.		
Measures taken to improve performance	Performance continues to be consistently monitored and the department remains focused on the following overall strategies with respect to infrastructure planning and delivery: • Continue to over commit on projects per financial year to overcome unforeseen circumstances which could contribute to underspending of the allocated budget; • Prioritise established pipeline of projects, which assists with cashflow planning; • Utilise alternative implementing strategies e.g., Framework Agreements and Management Contractor for infrastructure projects; • Use of standard designs to shorten design processes; • Continue with the implementation of the Infrastructure Delivery Management System (IDMS) through the Framework for Infrastructure Delivery and Procurement Management (FIDPM) and One IDMS; and • Reprioritisation of funds as soon as the risk of infrastructure under expenditure is raised.		
Monitoring mechanism by the receiving Department	Bi-monthly infrastructure projects progress review and maintenance management review meetings with Western Cape Department of Infrastructure, as the Implementing Agent, project meetings and site meetings. In addition to this, monthly Cash Flow Meetings continue to ensure that cash flows on a project level are monitored. The Implementing Agent records progress on its project management system. In addition to this, the department uses the Project Management Information System to update project information and progress.		

[5] This figure refers to PHC facilities where capital infrastructure projects, categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion (or equivalent) in 2024/25

[6] This figure refers to hospitals where capital infrastructure projects, categorised as New or Replaced infrastructure assets or as Upgrade and Additions, achieved Practical Completion (or equivalent) in 2024/25

[7] This figure includes facilities where projects categorised as Renovations, Rehabilitation, Refurbishments or Scheduled Maintenance achieved Practical Completion (or equivalent) in 2024/25

EPWP Integrated Grant for Provinces

Transferring Department	National Department of Public Works and Infrastructure		
Grant Purpose	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: 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 retro-fitting solar		
Expected Outputs	**Performance Indicators**	**Annual Target[8]**	**Actual Achievement**
	Number of people employed, trained and receiving income through the EPWP	35	44
	Number of days worked per work opportunity created	230	230
	Number of full-time equivalents (FTEs) to be created through the grant	40	41
Amount per amended DORA (R'000)	R2 092		
Amount received (R'000)	R2 092		
Reasons if amount per DORA was not received	N/A		
Amount spent by the department (R'000)	R2 092		
Reasons for under expenditure	Allocation was fully spent.		
Reasons for target deviation and measures taken to improve performance	The annual target was to appoint 35 people. However, due to additional steps in recruitment and selection processes, introduced by DPSA, appointments could only be effected 5 months later than planned. This resulted in the department being able to appoint additional incumbents, as there was no expenditure in the first five months of the financial year. Performance in terms of FTEs slightly exceeded the target, which is mainly due to rounding.		
Monitoring mechanism by the Receiving Department	Projects are monitored at various levels: One project manager (not EPWP appointment) and two supervisors (EPWP appointees) oversee projects. Written feedback received from facilities. Attendance registers are maintained daily. Weekly and monthly progress reports submitted by Team Leaders. Reporting on EPWP Reporting System (EPWPRS) on all activities, e.g., attendance, training.		

[8] Please note that the targets reflected in the 2024/25 Annual Performance Plan were incorrectly reflected as Number of people employed and receiving income through the EPWP = 44, and Number of full-time equivalents (FTEs) to be created through the grant = 12. The correct targets are reflected in the table.

National Health Insurance Grant

Transferring Department	National Department of Health			
Grant Name	National Health Insurance Grant Health Practitioners Contractors Mental Health			
Grant Purpose	Implementation of a strategic purchasing platform for primary healthcare providers Enhance access to healthcare services for cancer patients Strengthen mental healthcare service delivery in primary healthcare and community-based mental health services Improved forensic mental health services			
Expected Outputs	**Performance Indicators**		**Annual Target**	**Actual Achievement**
Health Practitioners	Health Professionals appointed for a number of sessions per week	Medical practitioners	19	15
		Dentists	6	6
		Dental Assistants	6	6
	Number of health practitioners contracted for a number of sessions per week	Medical practitioners (sessions per week)	457	375
		Dentists (sessions per week)	174	173
		Dental Assistants (sessions per week)	157	174
	Sessions actually done as percentage of sessions contracted for (per Quarter) by Health Professionals.	Medical practitioners	95%	88%
		Dentists	95%	100%
		Dental Assistants	95%	100%
	Number of patients treated at primary healthcare facilities within Comprehensive Package of Care	Medical Practitioners	12	13.6
		Dentists	6	7.1
		Dental Assistants	6	5.7
	5. Number of Morbidity and Mortality meetings attended by Medical Practitioners doing 35 sessions or more per week	Medical Practitioners	14	7
Mental Health	Number of health practitioners contracted per category	Psychiatrists	2	1
		Psychologists	3	1
		Registered Counsellors	18	13
		Occupational Therapist	1	1
	Number of patients screened and treated at primary healthcare and community-based level		25 000	19 501
	Number of forensic mental observations completed		140	195

Amount per amended DORA (R'000)	R36 899
Amount received (R'000)	R36 899
Reasons if amount per DORA was not received	N/A
Amount spent by the department (R'000)	R36 899
Reasons for under expenditure	N/A
Reasons for target deviation and measures taken to improve performance Mental Health	There are currently eight vacant posts across the province, including five registered counsellors (four rural, one metro), one psychiatrist, and two psychologists. The psychiatrist post in the Khayelitsha/Eastern substructure has since been converted to a psychologist post. The grant expenditure has been low due to the conclusion of contracts for 12 of the 23 posts funded by the NHI-MH grant on 31 March 2024. This occurred during the peak of the DPSA circular implementation, which required lengthy approval processes to create and advertise posts. Additionally, the prohibition on block advertisements further delayed recruitment even after approvals were obtained. These vacancies have contributed to service delivery constraints, with the number of patients screened and seen falling below target levels. Safety concerns due to community violence, waiting lists in some areas, and difficulty accessing services have further impacted service delivery, although quarterly district engagements and strengthened data processes are underway to address staffing and access issues.
Monitoring mechanism by the receiving department	Quarterly Progress Reports and Annual Performance Evaluation Report

Social Sector EPWP Incentive Grant for Provinces

Transferring Department	Western Cape Government Treasury		
Grant Purpose	To incentivise Provincial Social Sector Departments to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential.		
Expected Outputs	**Performance Indicators**	**Annual Target**	**Actual Achievement**
	Number of Emergency Care Officers receiving stipends	100	100
	Number of Forensic Pathology Assistants receiving stipends	52	52
Amount per amended DORA (R'000)	N/A		
Amount received (R'000)	R7 504		
Reasons if amount per DORA was not received	N/A		
Amount spent by the department (R'000)	R7 504		
Reasons for under expenditure	N/A		
Reasons for target deviation and measures taken to improve performance	Targets fulfilled		
Monitoring mechanism by the receiving Department	Monthly reports		

Donor Funds

Public Service Improvement Fund – Western Cape Department of Health and Wellness: PMI Integration with the National Health Patient Register System (HPRS)

Name of Donor	EU-Primcare SPS
Full amount of the fund	R369 360
Period of the commitment	Once off commitment from April 2017
Purpose of the fund	The National Department of Health, in conjunction with the Council for Scientific & Industrial Research (CSIR), has developed a National Health Patient Registration System (HPRS). The purpose of this system is to be able to store and track patients/beneficiaries across all the Provinces. The benefit of this is that patients/beneficiaries will only need to be registered once country-wide, even if they cross provincial boundaries. A patient will therefore consistently be identified regardless of the Province in which they present. The Western Cape Department of Health and Wellness (WCDHW) is the only Province in the country that has developed and implemented a Patient Master Index (PMI) that spans all hospitals, provincial clinics and local government clinics. As a result, the National Department of Health has requested this Province to enhance the CLINICOM Patient Administration System to enable the integration with the National HPRS.
Expected Outputs	Development of a bi-directional interface between the CLINICOM Patient Master Index (PMI) used in the Western Cape and the National HPRS.
Actual Achievement	The development proceeded after an official order was generated and issued to Health System Technologies (HST). Phase 1 of the Project went live in June 2020 and covered the HST development work for all Clinicom PMI information and updates to be sent to the HPRS system. The feed has been live since June 2020. Phase 2 of the work remains incomplete, i.e., the bi-directional data feed from HPRS to send messages to Clinicom. In this phase of work, the HPRS PMI information will be shared with the Clinicom PMI, together with the National unique patient/beneficiary number. In meetings held on 14th and 15th Feb 2024 between the NdoH team and the WCDHW Senior Management, it was agreed that we should explore "technical options" for development to complete the integration/interoperability between the Clinicom PMI and the NdoH HPRs. NdoH are reviewing their approach to interoperability of systems and WCDHW are awaiting feedback and approval to proceed with the Phase 2 work.
Amount received in current period (R'000)	R0
Amount spent by the department (R'000)	R0
Reasons for under expenditure	First phase of work completed. Phase 2 work to complete the bi-directional feed is dependent on the technical working group from the WCDHW, the NdoH and HST exploring the technical options, agreeing on the most appropriate technical solution and completing the development work and implementation. Monies not spent have been rolled over to next period.
Monitoring mechanisms by the donor	Via the office of Chief Director, Milani Wolmarans from NDOH
Funds received in cash or in kind?	Cash

USAID – G2G DONOR FUNDS

Name of Donor	USAID-G2G DONOR FUNDS
Full amount of the fund	R151 480 000 ($10 million)
Period of the commitment	1 August 2021 – 31 July 2026
Purpose of the fund	Overall Objective: Implementation of the G2G programmes in the Western Cape Department of Health and Wellness that support the identification, initiation, and retention of patients on HIV, TB, and COVID-19 treatment and prevention in ways that integrate with the Western Cape's community-orientated primary-care programme. Specific Objectives: • Strengthening health service delivery and implementing an efficient and well-coordinated response to infectious conditions such as HIV/AIDS, TB and COVID-19 in the Western Cape Province; • Meaningfully addressing barriers confronting client and health worker behaviours to promote long-lasting health outcomes and sustainable healthcare systems; and • Operationalising innovative public health best practices that are based on community-oriented care, draw from market-based solutions, and holistically address the social determinants of health.
Expected Outputs	The Programme Outcome is the uptake, adoption, or use of outputs by the project beneficiaries
Actual Achievement	Government-to-Government (G2G) Programme – Financial Year 3 Report Summary The programme was implemented and coordinated by 27 G2G staff members, with all milestones aligned to the Western Cape Department of Health and Wellness (WCDHW) strategic priorities. A total of 70 out of 71 milestones were successfully achieved. The one outstanding milestone not met was due to a delay in receiving the implementation letter from USAID. Key Achievements: Wellness Sites: A situational analysis across four substructures led to a defined minimum Wellness Package of Care and the selection of pilot sites. COPC Implementation: A COPC Task Team developed and scaled a toolkit after successful piloting in Metro Health Services. Digital Health: The Single Patient Viewer gained traction through site visits, supporting WCDHW's digitisation strategy. Telehealth: 25,000 client calls were completed for HIV, TB, and other conditions. eLabs Report: Finalised with insights on implementation and recommendations for broader rollout. Health Service Provider Platform: Upgraded with an NPO scorecard, enhanced work plan tracking, and new Monitoring & Evaluation functions. eLockers: Piloted in Metro Health Services to support Differentiated Models of Care, with donations secured for sustainability. Targeted Universal Testing for Tuberculosis (TUTT) and Community Based Services (CBS): Metro Health Services tracked TUTT progress and improved referrals between clinical and community-based teams. Rural TB Care: Focused on hard-to-reach areas via NPO partnerships, with Medical Officers providing TB training and mentoring.
Amount received in current period (R'000)	R29 076

Amount spent by the department (R'000)	R20 957
Reasons for under expenditure	Milestones are paid out for the full annual amount. Savings within Milestones will be reinvested in the budget allocation for the next Workplan.
Monitoring mechanisms by the donor	Via the office of Chief Directorate Emergency and Clinical Services Support: Directorate Service Priority Coordination
Funds received in cash or in kind?	Cash
USAID stop work order and termination impact	The USAID Stop Work Order was received by the Western Cape Department of Health and Wellness (WCDHW) on 27 January 2025, followed by termination letters dated 27 February 2025. The PEPFAR and USAID-funded partners had been supporting the Western Cape Department of Health and Wellness (WCDHW) across multiple areas, including health system strengthening, community-based services, and the provision of care and treatment for individuals living with HIV/AIDS. Their efforts also encompassed services such as health education, counselling, and outreach, all of which were halted due to the USAID Stop Work Order. The total grant value affected by the Stop Work Order amounted to R407 454 443.54, directly impacting 10 non-profit organisations (Principal Recipients) and 882 staff members employed by them.
Mitigation Plans	The Western Cape Department of Health and Wellness (WCDHW) continues to provide uninterrupted HIV and TB services, including the provision of antiretroviral therapy (ART). The Western Cape is implementing a health system strengthening approach that includes: • Multi-month dispensing of antiretrovirals (ARVs) • Accelerated digitisation of registers • Expansion of e-Scripting and e-Prescribing systems • Integration of health promotion and counselling through the ACTS model, within the context of the Make Every Contact Count Counselling Strategy These measures form part of the longer-term response to ensure a resilient, sustainable HIV and TB programme, despite the significant shifts in donor funding.

Capital Investments

Progress Made on Implementing Capital Investment

Expenditure on capital investment during 2024/25 equated to 96.4% of the allocated budget.

The table below reflects the capital expenditure versus the appropriation for 2023/24 and 2024/25. The 2023/24 budget was spent in full with under expenditure of approximately 3.6% recorded for 2024/25.

Capital Expenditure Versus the Appropriation for 2023/24 and 2024/25

Project Category	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
New and Replacement Assets	135 905	127 200	8 705	87 339	61 138	26 201
Existing Infrastructure Assets	466 055	499 055	(33 000)	401 111	394 958	6 153
Upgrades and Additions	*259 280*	*247 289*	*11 991*	*232 508*	*208 929*	*23 579*
Rehabilitation, Renovations and Refurbishments	*206 775*	*251 766*	*(44 991)*	*168 603*	*186 029*	*(17 426)*
Maintenance and Repairs	324 777	304 769	20 008	347 495	331 538	15 957
Infrastructure Transfer Capital	-	-	-	-	-	-
Non-Infrastructure	376 767	325 683	51 084	333 522	381 832	(48 310)
Total	**1 303 504**	**1 256 708**	**46 796**	**1 169 467**	**1 169 466**	**1**

Infrastructure Projects Completed in 2024/25 Compared to Target

The table below reflects the capital infrastructure projects that were planned to achieve construction completion in 2024/25 and the reasons for deviations.

Capital Infrastructure Projects That Were Planned to Achieve Completion in 2024/25 and Reasons for Deviations

Projects Scheduled for Practical Completion in 2024/25	Practical Completion (or equivalent) Achieved / Not Achieved in 2024/25	Comments / Reasons for Deviations
Atlantis – Wesfleur Hospital – Linen bank and waste management relocation	Achieved	Construction completion achieved on 31 January 2025.
Parow – Tygerberg Hospital – Repurposing of Bank and Post Office Building	Achieved	Construction completion achieved on 25 October 2024.
Pinelands – Orthotic and Prosthetic Centre – Upgrade	Achieved	Construction completion achieved on 13 December 2024.
Robertson – Robertson Hospital – Interim EC	Achieved	Construction completion achieved on 17 February 2025.
Somerset West – Helderberg Hospital – Repairs and Renovation (Alpha)	Achieved	Construction completion achieved on 29 October 2024.

Projects Scheduled for Practical Completion in 2024/25	Practical Completion (or equivalent) Achieved / Not Achieved in 2024/25	Comments / Reasons for Deviations
Stellenbosch – Stellenbosch Hospital – Hospital and Stores Repairs and Renovation	Achieved	Construction completion achieved on 16 August 2024.
Bothasig – Bothasig CDC – Upgrade and Additions	Not achieved	Poor contractor performance. Slow progress on site.
Ceres – Ceres CDC – Enabling work and rehabilitation	Not achieved	Delays in obtaining local authority approvals.
Clanwilliam – Clanwilliam Ambulance Station – Entrance R, R and R (Alpha)	Not achieved	Delayed award of construction procurement due to resolution of design development and documentation details.
Eerste River – Eerste River Hospital – Acute Psychiatric Unit	Not achieved	Contractor setting out delay. Poor detailing and specification resolution by Professional Service Providers as well as delays on resolution of contract documentation.
Green Point – New Somerset Hospital – Acute Psychiatric Unit	Not achieved	Contractor delays due to existing site conditions for foundations. Poor performance of Professional Service Providers in design specification.
Green Point – New Somerset Hospital – Rehabilitation of theatres and ventilation	Not achieved	Unforeseen site conditions impacted on construction works. Poor site management as well as poor performance by contractor impacted the service. Poor Professional Service Providers performance in providing adequate and timeous information.
Khayelitsha – Khayelitsha Hospital – Acute Psychiatric Unit	Not achieved	Contractor delays due to community protest. Poor detailing and specification resolution by Professional Service Providers as well as delays on resolution of contract documentation.
Mitchells Plain – Lentegeur Hospital – R, R & R to accommodate Child and Adolescent beds	Not achieved	Delays caused by quality of municipal documentation submission acceptance in order to obtain local authority approval.
Mitchells Plain – Mitchells Plain Hospital – Fire doors	Not achieved	There is a delay in the procurement of the contractor.
Mfuleni – Mfuleni CDC – Fencing to secure new site	Not achieved	The work will be integrated with the construction of the CDC.
Paarl – Paarl Hospital – New Obstetric Theatre in Maternity Unit	Not achieved	Construction contract being terminated due to poor performance.
Parow – Tygerberg Hospital – External and Internal Logistics – Signage	Not achieved	Delays due to design changes requiring updating of design development documentation and subsequent reconsideration of funding required.
Parow – Tygerberg Hospital – Hot water system upgrade	Not achieved	Challenges with existing infrastructure, outside the scope of the project, impacted the project implementation.
Parow – Tygerberg Regional Laundry – New linen warehouse	Not achieved	Project delayed due to resolution of municipal queries for approval to obtain power of attorney for construction.
Rondebosch – Red Cross War Memorial Children Hospital – Photovoltaic Panels	Not achieved	Project delayed due to prolonged municipal online approval process.

In addition to the above, the following capital infrastructure projects also achieved construction completion in 2024/25:

- Darling – Darling Ambulance Station – Upgrade and Additions including washbay
- Groote Schuur Hospital – Ventilation and air-conditioning refurbishment including mechanical installation (Beta)
- Paarl – Paarl Hospital – Rooftop chiller replacement
- Villiersdorp Ambulance Station – Replacement

Current Infrastructure Projects

The table below lists the capital infrastructure projects per subprogramme that are currently in progress, i.e., with an allocation in 2025/26 (including projects in planning, design and construction). The start date is the date when the strategic brief was issued, and the finish date is the anticipated Construction Completion date.

Performance Measures for Capital Infrastructure Programme per Subprogramme

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
1	Cape Winelands	8.1	CI810013: De Doorns – De Doorns CDC – Upgrade and Additions	9-Apr-14	5-Mar-27
2	Cape Winelands	8.1	CI810074: Paarl – Paarl CDC – New	28-Feb-17	30-Apr-28
3	Cape Winelands	8.1	CI810090: Stellenbosch – Kayamandi Clinic – Upgrade and Additions (Alpha)	2-Jun-22	31-Dec-28
4	Cape Winelands	8.1	CI810162: Paarl – Windmeul Clinic – Upgrade and Additions (Alpha)	1-Jun-16	31-Mar-27
5	Cape Winelands	8.1	HCI810020: Ceres – Ceres CDC – Enabling work and rehabilitation	12-Jan-23	30-Jul-25
6	City of Cape Town	8.1	CI810021: Elsies River – Elsies River CHC – Replacement	25-May-16	31-May-30
7	City of Cape Town	8.1	CI810038: Hanover Park – Hanover Park CHC – Replacement	30-Jun-16	31-Jul-28
8	City of Cape Town	8.1	CI810043: Hout Bay – Hout Bay CDC – Replacement and Consolidation	21-Jun-18	30-Nov-29
9	City of Cape Town	8.1	CI810055: Maitland – Maitland CDC – Replacement	13-Dec-17	31-Mar-31
10	City of Cape Town	8.1	CI810060-0001: Mfuleni – Mfuleni CDC – Fencing to secure new site	16-Aug-22	31-Oct-25
11	City of Cape Town	8.1	CI810062: Philippi – Weltevreden CDC – New	30-Nov-17	31-Aug-27
12	City of Cape Town	8.1	CI810080: Ravensmead – Ravensmead CDC – Replacement	1-Aug-15	20-May-26
13	City of Cape Town	8.1	CI810240: Khayelitsha – Nolungile CDC – Rehabilitation (Alpha)	1-Mar-21	31-Dec-26
14	City of Cape Town	8.1	CI810248: Green Point – Green Point CDC – Pharmacy refurbishment and general maintenance	21-Dec-18	28-Feb-29
15	City of Cape Town	8.1	CI810260: Nyanga – Nyanga CDC – Rehabilitation (Alpha)	21-Apr-21	31-Dec-27
16	City of Cape Town	8.1	CI810274: Retreat – Retreat CHC – Rehabilitation (Alpha)	21-Jan-21	31-Mar-29
17	City of Cape Town	8.1	CI810286: Gugulethu – Gugulethu CHC – R, R and R incl MOU relocation	5-Nov-21	30-Nov-28
18	City of Cape Town	8.1	HCI810033: Mfuleni – Mfuleni CDC (Repl) – Replacement	26-Apr-24	31-Mar-30
19	City of Cape Town	8.1	HCI810048: Khayelitsha – Zakhele CDC – New	18-Jun-24	31-Mar-30
20	Garden Route	8.1	CI810068: Mossel Bay – George Road Sat Clinic (Repl) – Replacement	15-Feb-21	31-Dec-25

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
21	Garden Route	8.1	CI810307: Calitzdorp – Calitzdorp Clinic – R, R and R (Alpha)	30-Jul-18	31-Mar-28
22	Garden Route	8.1	CI810308: Zoar – Amalienstein Clinic – R, R and R (Alpha)	30-Jul-18	31-Mar-28
23	Garden Route	8.1	HCI810004: Knysna – Hornlee Clinic – Replacement	20-Sep-22	30-Apr-26
24	Overberg	8.1	CI810271: Grabouw – Grabouw CHC – Entrance and Records upgrade	30-Aug-19	31-Jul-29
25	Various	8.1	CI810130: Primary Healthcare – Pharmacies rehabilitation (Alpha)	30-Jun-15	30-Sep-28
26	Various	8.1	HCI810025: Primary Healthcare – Alternative energy supply	30-May-25	31-Dec-26
27	West Coast	8.1	CI810086: Saldanha – Diazville Clinic – Replacement	21-Nov-17	30-Nov-26
28	West Coast	8.1	CI810096: Vredenburg – Vredenburg CDC – New	30-Nov-17	31-Dec-30
29	West Coast	8.1	HCI810032: Piketberg – Piketberg Clinic – Upgrade and Additions (Alpha)	8-Jun-23	31-Aug-29
30	Cape Winelands	8.2	CI820050: Paarl – Paarl Ambulance Station – Upgrade and Additions incl wash bay	13-Jul-23	30-Jun-29
31	City of Cape Town	8.2	CI820041: Belhar – Belhar Ambulance Station – New	12-Dec-24	28-Feb-29
32	City of Cape Town	8.2	HCI820003: Maitland – Pinelands Ambulance Station (Repl) – EMS and ECC replacement on Alexandra Hosp site	18-Jul-24	31-Mar-27
33	Various	8.2	HCI820013: Emergency Medical Rescue Services – Alternative energy supply	2-May-27	31-Dec-27
34	West Coast	8.2	HCI820005: Clanwilliam – Clanwilliam Ambulance Station – Entrance R, R and R (Alpha)	21-Jul-23	31-Dec-25
35	Cape Winelands	8.3	CI830034: Montagu – Montagu Hospital – Rehabilitation	1-Mar-19	3-Dec-25
36	Cape Winelands	8.3	CI830044: Robertson – Robertson Hospital – Acute Psychiatric Ward and New EC	2-Oct-18	31-Mar-30
37	Cape Winelands	8.3	CI830120: Ceres – Ceres Hospital – Hospital and Nurses Home Repairs and Renovation	28-Feb-18	31-Mar-28
38	Central Karoo	8.3	CI830002: Beaufort West – Beaufort West Hospital – Rationalisation	9-Oct-18	31-May-29
39	City of Cape Town	8.3	CI830015: Eerste River – Eerste River Hospital – Acute Psychiatric Unit	23-Feb-15	30-Jun-25
40	City of Cape Town	8.3	CI830021: Khayelitsha – Khayelitsha Hospital – Acute Psychiatric Unit	23-Feb-15	30-Jun-25
41	City of Cape Town	8.3	CI830119: Bellville – Karl Bremer Hospital – Hospital Repairs and Renovation	19-Dec-17	30-Jun-29
42	City of Cape Town	8.3	CI830124: Fish Hoek – False Bay Hospital – Fire Compliance Completion and changes to internal spaces	24-Dec-18	31-Dec-27
43	City of Cape Town	8.3	CI830127: Bellville – Karl Bremer Hospital – Demolitions and parking	19-Dec-17	31-Mar-28
44	City of Cape Town	8.3	CI830131: Atlantis – Wesfleur Hospital – Record Room extension	24-Dec-18	31-Jul-26

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
45	City of Cape Town	8.3	CI830142: Eerste River – Eerste River Hospital – Upgrade of Linen Bank and Waste Management Area	14-Oct-19	31-Aug-26
46	City of Cape Town	8.3	CI830144: Mitchells Plain – Mitchells Plain Hospital – Fire doors	13-Aug-19	31-Mar-26
47	City of Cape Town	8.3	CI830150: Bellville – Karl Bremer Hospital – New Acute Psychiatric Unit	30-May-22	31-Mar-30
48	City of Cape Town	8.3	CI830184: Bellville – Karl Bremer Hospital – Lift upgrade CE3067, CE3068, CE3078, CE3079	31-Oct-23	30-Jun-27
49	City of Cape Town	8.3	CI830199: Wynberg – Victoria Hospital – Replacement of lift CTE1307	3-Dec-24	31-Mar-27
50	City of Cape Town	8.3	HCI830037: Mitchells Plain – Mitchells Plain Hospital – Hot water reticulation replacement	16-Apr-24	30-Apr-26
51	Garden Route	8.3	CI830067: Mossel Bay – Mossel Bay Hospital – Entrance, Admissions and EC	15-Oct-18	31-Dec-30
52	Garden Route	8.3	CI830176: Ladismith – Ladismith (Alan Blyth) Hospital – R, R and R (Beta)	30-Jul-18	31-Mar-29
53	Overberg	8.3	CI830117: Swellendam – Swellendam Hospital – Acute Psychiatric Ward	1-Jun-16	30-Jun-26
54	Various	8.3	CI830073: District Hospitals – Pharmacies Rehabilitation (Alpha)	30-Jun-15	30-Nov-27
55	Various	8.3	HCI830020: District Hospital Services – Alternative energy supply	2-Jun-23	31-Mar-27
56	Various	8.3	HCI830020: District Hospital Services – Alternative energy supply	2-Jun-23	31-Mar-27
57	West Coast	8.3	CI830116: Piketberg – Radie Kotze Hospital – Hospital layout improvement	1-Jun-16	31-Dec-26
58	Cape Winelands	8.4	CI840119: Paarl – Paarl Hospital – Fire compliance (Alpha)	28-Jun-23	31-Oct-30
59	Cape Winelands	8.4	CI840122: Worcester – Brewelskloof Hospital – Fire compliance (Alpha)	28-Jun-23	31-Oct-30
60	City of Cape Town	8.4	CI840010: Green Point – New Somerset Hospital – Acute Psychiatric Unit	23-Feb-15	30-Jun-25
61	City of Cape Town	8.4	CI840016: Observatory – Valkenberg Hospital – Forensic Precinct Enabling Work	1-Apr-10	31-Mar-29
62	City of Cape Town	8.4	CI840019: Observatory – Valkenberg Hospital – Forensic Precinct – Admission, Assessment, High Security	13-Aug-09	31-Mar-31
63	City of Cape Town	8.4	CI840025: Belhar – Belhar Regional Hospital – New	30-Apr-22	28-Feb-34
64	City of Cape Town	8.4	CI840055: Manenberg – Klipfontein Regional Hospital – Replacement Ph1	3-Dec-18	28-Feb-34
65	City of Cape Town	8.4	CI840067: Maitland – Alexandra Hospital – Repairs and Renovation (Alpha)	18-Mar-18	31-Dec-26
66	City of Cape Town	8.4	CI840070: Maitland – Alexandra Hospital – Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	1-Mar-18	30-Oct-26
67	City of Cape Town	8.4	CI840088: Green Point – New Somerset Hospital – Relocation of helistop	28-Feb-25	31-Oct-29
68	City of Cape Town	8.4	CI840097: Stikland – Stikland Hospital – Rehabilitation of water reticulation system	30-Jul-22	31-Mar-29

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
69	City of Cape Town	8.4	CI840117: Brooklyn – Brooklyn Chest Hospital – Fire compliance (Alpha)	28-Jun-23	30-Apr-30
70	City of Cape Town	8.4	CI840120: Observatory – Valkenberg Hospital – Fire compliance (Alpha)	28-Jun-23	31-Oct-30
71	City of Cape Town	8.4	CI840123: Green Point – New Somerset Hospital – Fire compliance (Alpha)	28-Jun-23	30-Sep-30
72	City of Cape Town	8.4	CI840124: Mowbray – Mowbray Maternity Hospital – Fire compliance (Alpha)	30-Sep-23	28-Feb-30
73	City of Cape Town	8.4	HCI840013: Maitland – Alexandra Hospital – R, R and R to Wards 1-10, 15 and 16	15-Sep-22	31-Dec-26
74	City of Cape Town	8.4	HCI840056: Green Point – New Somerset Hospital – R, R and R (Alpha)	31-Mar-25	28-Nov-31
75	Garden Route	8.4	CI840083: George – George Hospital – Wards R, R and R (Alpha)	10-Jul-19	31-Dec-29
76	Garden Route	8.4	CI840121: George – Harry Comay Hospital – Fire compliance (Alpha)	28-Jun-23	31-Oct-30
77	Various	8.4	HCI840019: Provincial Hospital Services – Alternative energy supply	1-Jun-23	31-Mar-27
78	West Coast	8.4	CI840118: Malmesbury – Malmesbury ID Hospital – Fire compliance (Alpha)	28-Jun-23	30-Jun-30
79	West Coast	8.4	HCI840017: Paarl – Sonstraal Hospital – Upgrade and Additions (Alpha)	28-Mar-24	31-Mar-28
80	City of Cape Town	8.5	CI850005: Observatory – Groote Schuur Hospital – EC Rehabilitation	3-Jul-10	22-Oct-27
81	City of Cape Town	8.5	CI850005-0001: Observatory – Groote Schuur Hospital – EC Upgrade and Additions – Patient bed lift installation	1-Apr-23	31-Mar-28
82	City of Cape Town	8.5	CI850048: Parow – Tygerberg Hospital – Medical Gas Rehabilitation	2-May-17	31-Mar-28
83	City of Cape Town	8.5	CI850056: Observatory – Groote Schuur Hospital – R and R to OPD (Alpha)	9-Feb-21	31-Aug-31
84	City of Cape Town	8.5	CI850075: Parow – Tygerberg Hospital – Balance of 11kV (MV), 400V (LV) network upgr, incl earthing, lightning protection	29-Mar-19	19-May-25
85	City of Cape Town	8.5	CI850078-0001: Parow – Tygerberg Hospital – Rehabilitation of various wards (Alpha) – Block A	2-Jun-19	31-Jan-32
86	City of Cape Town	8.5	CI850078-0008: Parow – Tygerberg Hospital – Rehab of various wards – Block C, Ward J1EC and Trauma	30-Nov-21	31-May-29
87	City of Cape Town	8.5	CI850082-0003: Parow – Tygerberg Hospital – External and Internal Logistics – Signage	14-May-19	30-Apr-26
88	City of Cape Town	8.5	CI850083: Parow – Tygerberg Hospital – Fire Safety	15-Apr-19	31-Mar-32
89	City of Cape Town	8.5	CI850083-0001: Parow – Tygerberg Hospital – Fire Safety – South-eastern Block incl mechanical work	15-Apr-19	30-Jun-29
90	City of Cape Town	8.5	CI850088-0002: Parow – Tygerberg Hospital – Perimeter security upgrade – North-western boundary	15-Apr-19	29-Jan-29
91	City of Cape Town	8.5	CI850116: Observatory – Groote Schuur Hospital – NMB lift upgrade H1 and Hoist	30-Sep-21	31-Dec-26
92	City of Cape Town	8.5	CI850117: Observatory – Groote Schuur Hospital – NMB lift upgrade H2 and H3	30-Sep-21	29-Jan-27

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
93	City of Cape Town	8.5	CI850124: Observatory – Groote Schuur Hospital – Electrical system upgrade – Replace 11kV switchgear	6-Feb-23	31-Mar-29
94	City of Cape Town	8.5	CI850128: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor C Part 2	25-Jul-17	9-Dec-25
95	City of Cape Town	8.5	CI850129: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor D Part 1	25-Jul-17	28-Oct-25
96	City of Cape Town	8.5	CI850130: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor D Part 2	25-Jul-17	31-Mar-31
97	City of Cape Town	8.5	CI850131: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor E	25-Jul-17	30-Apr-31
98	City of Cape Town	8.5	CI850132: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor F	25-Jul-17	31-Mar-31
99	City of Cape Town	8.5	CI850133: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floor G	25-Jul-17	31-Mar-29
100	City of Cape Town	8.5	CI850134: Observatory – Groote Schuur Hospital – Vent and AC refurb incl mech installation Floors A, B	25-Jul-17	9-Jun-26
101	City of Cape Town	8.5	CI850137: Parow – Tygerberg Hospital – Replacement Enabling – Parking and Helistop replacement	22-Jun-23	28-Feb-27
102	City of Cape Town	8.5	CI850138: Parow – Tygerberg Hospital – Replacement Enabling – Demolitions	22-Jun-23	28-Feb-28
103	City of Cape Town	8.5	CI850140: Observatory – Groote Schuur Hospital – NMB Fire Detection and Alarm System incl PA System	5-Nov-19	31-Aug-30
104	City of Cape Town	8.5	CI850141: Observatory – Groote Schuur Hospital – NMB Escape routes and Fire divisions	5-Nov-19	30-Apr-31
105	City of Cape Town	8.5	CI850142: Observatory – Groote Schuur Hospital – Fire safety L Block, Nico Malan, Medical Gas Stores	5-Nov-19	31-Jul-29
106	City of Cape Town	8.5	CI850143: Observatory – Groote Schuur Hospital – Fire Safety Support Buildings	5-Nov-19	31-Jul-29
107	City of Cape Town	8.5	CI850146: Observatory – Groote Schuur Hospital – L Block Lift upgrade L01 and L02	3-Dec-24	31-Mar-29
108	City of Cape Town	8.5	HCI850002: Parow – Tygerberg Hospital – Replacement (PPP)	1-Apr-12	30-Jun-32
109	City of Cape Town	8.5	HCI850013: Parow – Tygerberg Hospital – Repair and remedial works to Theatres Block C	26-Apr-23	15-Dec-26
110	City of Cape Town	8.5	HCI850015: Parow – Tygerberg Hospital – New warehouse (Alpha)	25-Oct-22	30-Apr-25
111	City of Cape Town	8.5	HCI850016: Parow – Tygerberg Hospital – Protea Court Office Accommodation Rehab	2-Feb-23	28-Nov-25
112	City of Cape Town	8.5	HCI850037: Parow – Tygerberg Hospital – Replacement Enabling – R, R and R to Sarleh Dollie Precinct	30-Nov-23	25-Nov-25
113	Cape Winelands	8.6	CI860025: Worcester – WCCN Boland Overberg Campus – Training Facility at Keerom	1-Apr-12	30-Aug-28
114	City of Cape Town	8.6	CI860057: Mitchells Plain – Lentegeur Laundry – Upgrade and Additions to Dirty Linen Area	15-Oct-19	31-Aug-26

Performance Measures for Capital Infrastructure Programme per Subprogramme					
No.	**District**	**SP**	**Project**	**Start**	**Finish**
115	City of Cape Town	8.6	HCI860007: Parow – Tygerberg Regional Laundry – New Linen Warehouse	25-Oct-22	15-Sep-25
116	City of Cape Town	8.6	HCI860041: Mitchells Plain – Lentegeur Transitional Care – Brackengate Transitional Care relocation	21-Oct-24	31-Mar-27
117	Garden Route	8.6	CI860063: George – WCCN Southern Cape Karoo Hostel 1 – R, R and R of newly acquired building	1-Jan-25	30-Jun-28
118	Various	8.6	HCI860028: Forensic Services – Alternative energy supply	30-May-25	29-Mar-29

Facilities That Were Closed or Downgraded in 2024/25

Facilities Closed in 2024/25

Facility Name	Ownership and Comment
Protea Park Clinic	Closed 31 March 2024. City of Cape Town facility. New provincial CDC was opened to service this community.
Saxon Sea Clinic	Closed 31 March 2024. City of Cape Town facility. New provincial CDC was opened to service this community.
Pella Satellite Clinic	Closed 31 March 2024. City of Cape Town facility.
Bellville Reproductive Health Centre	Closed 31 March 2024. Western Cape Department of Health and Wellness facility.
Eros Oral Health Service	Closed 31 March 2024. Western Cape Department of Health and Wellness facility.
Caledon Mobile 3	Closed 31 March 2024. Western Cape Department of Health and Wellness facility.
Grabouw Mobile 3	Closed 31 March 2024. Western Cape Department of Health and Wellness facility.
Witsand Mobile 1	Closed 31 October 2024. City of Cape Town facility.

No City of Cape Town Facilities were closed and services amalgamated with the Western Cape Department of Health and Wellness Facilities in 2024/25.

Facilities Opened in 2024/25

Facility Name	Opened
Stellenbosch Thuthuzela Care Centre	1 April 2024
Pniel Satellite Clinic	1 September 2024
Witsand Satellite Clinic	1 November 2024
Protea Park CDC	1 April 2024
Saxon Sea CDC	1 April 2024

Reclassification of Facilities in 2024/25

Facility Name	Reclassification
Fish Hoek Satellite Clinic	Fish Hoek Clinic reclassified as a Satellite Clinic (December 2024)
Diep River Satellite Clinic	Diep River Clinic reclassified as a Satellite Clinic (December 2024)

Current State of Capital Assets

As stipulated in the Government Immovable Asset Management Act, the department annually prepares a User Asset Management Plan. According to the department's 2025/26 User Asset Management Plan, the current state of the department's capital assets is as below.

Current Condition of State-Owned Facilities

Current Condition of State-owned Facilities		
Condition Status	**Number of Facilities**	**Percentage**
C5	20	6%
C4	117	32%
C3	193	55%
C2	24	7%
C1	0	0%

Condition ratings are determined based on the Condition Rating Index below:

Condition of State-Owned Facilities – Condition Rating Index		
Condition Status	**General Description**	**Rating**
Excellent	The appearance of building/accommodation is brand new. No apparent defects. No risk to service delivery.	C5
Good	The building is in good condition. It exhibits superficial wear and tear, with minor defects and minor signs of deterioration to surface finishes. Slight risk to service delivery. Low cost implication.	C4
Fair	The condition of the building is average, deteriorated surfaces require attention; services are functional, but require attention. Backlog of maintenance work exists. Medium cost implications.	C3
Poor	The general appearance is poor, building has deteriorated badly. Significant number of major defects exist. Major disruptions to services are possible, high probability of health risk. High cost to repair.	C2
Very Poor	The accommodation has failed, is not operational and is unfit for occupancy.	C1

Maintenance

Progress Made on the Maintenance of Infrastructure

The table below provides a summary of the budget and expenditure, per maintenance category, for 2024/25.

Summary of the Budget and Expenditure, per Maintenance Category 2024/25.

Maintenance Per Category	2024/25		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000
Maintenance – Corrective			
Health Facility Revitalisation Grant	6 500	6 500	0
PES: Infrastructure	58 876	30 586	28 286
PES: Tygerberg	15 796	19 005	(3 209)
Maintenance – Corrective (Management Contract)			
PES: Infrastructure	16 782	8 625	8 157
Maintenance – Emergency			
PES: Infrastructure	15 429	17 197	(1 768)
Maintenance – Preventative			
PES: Infrastructure	62 542	62 757	(215)
Maintenance – Scheduled			
Health Facility Revitalisation Grant	59 717	67 998	(8 281)
PES: Infrastructure	10 059	13 849	(3 790)
PES: Tygerberg	79 079	78 253	826
Total	**324 777**	**304 769**	**20 008**

Scheduled Maintenance Projects Completed in 2024/25

The following Scheduled Maintenance projects achieved Practical Completion (or equivalent) in 2024/25:

- Cloetesville CDC - General maintenance
- George Hospital - Lift upgrade (lifts 362 and 363)
- Parow - Tygerberg Hospital - Main building lifts upgrade
- Philippi - Inzame Zabantu CDC - General maintenance to address latent defects
- Pinelands Ambulance Station - General maintenance
- Worcester Ambulance Station Workshop - General maintenance

Processes in Place for the Procurement of Infrastructure Projects

Procurement of all construction related projects is governed by the Construction Industry Development Board Act (No. 38 of 2000). The delivery of the majority of the Capital Infrastructure and all Scheduled Maintenance projects is conducted by the Department of Infrastructure as an Implementing Agent of the Western Cape Department of Health and Wellness. Accordingly, procurement for these projects is conducted by Supply Chain Management in the Department of Infrastructure. Implementing corrective, professional corrective, preventative and emergency maintenance at health facilities is the responsibility of the Western Cape Department of Health and Wellness and procurement is done through the department. During the 2024/25 financial year, procurement of these four forms of maintenance was conducted as follows:

- Preventative maintenance: Utilisation of term service contracts procured through the Directorate: Engineering and Technical Services and the Directorate: Supply Chain Management in the Western Cape Department of Health and Wellness.
- Corrective Maintenance: Utilisation of a framework agreement, procured by the Directorate: Supply Chain Management in the Western Cape Department of Health and Wellness.
- Professional corrective maintenance: Continuation of works already contracted via a framework contract for management contractors.
- Emergency maintenance: Procured by the Western Cape Department of Health and Wellness (Directorate: Engineering and Technical Services), in alignment with the procedures outlined in the Maintenance Protocol.

Maintenance Backlog & Planned Measures to Reduce the Backlog

The current estimated maintenance backlog is reflected in the table below. This is an extract from the department's 2025/26 User Asset Management Plan, which is the department's primary strategic document for health infrastructure planning.

Health Facilities Maintenance Backlog		
Backlog	2025/26	2026/27
	R'000	R'000
Estimated Value of Buildings	74 406 607	74 406 607
Estimated Value of Buildings Escalated @10% p.a.	74 406 607	81 847 268
Cost of Maintenance Required @ 3.5% p.a.	2 604 231	2 864 654
Actual Maintenance Budget including Rehabilitation, Renovations & Refurbishments and Scheduled, Preventative, Emergency and Corrective Maintenance of Health Facilities	928 107	985 087
Estimated Total Backlog as at February 2025 and Increased Year-Upon-Year as a Result of Backlogs not Addressed	1 676 124	3 555 692

Note

The estimated value of buildings is calculated based on existing building areas multiplied by the approximated replacement cost per square metre according to facility type (e.g. currently R39 658/m² for a CDC). Areas not used are to be relinquished to reduce maintenance required per year.

Bidding amounts are not included.

Ideally, the maintenance allocation should be at least R1 billion per year.

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by the department to address the maintenance backlog, thereby ensuring that all facilities are returned to optimal condition. Such a budget is not currently available, and the Chief Directorate: Facilities and Infrastructure Management therefore analyses the situation annually. All maintenance is done for the purpose of improving the Western Cape Government contact points and the experience of the residents when interacting with the Western Cape Government.

Further refinement of the life cycle approach to render a more scientific process is ongoing, including investigating the possible use of the Department of Infrastructure's asset management system and assessing its current data quality.

Development Relating to Capital Investment and Maintenance That Potentially Will Impact on Expenditure

The following development relating to capital investment and maintenance will potentially impact expenditure:

The continuation of the National Treasury's Performance-Based Incentive System, with its major focus on performance, governance and planning.

With the help of Community Health Workers even vulnerable children at unregistered creches are reached. Here a Community Health Worker talks to our dietician referring to the Road to Health booklet.

PART C:
Governance

Introduction

The department is committed to maintaining the highest standards of governance in managing public finances and resources.

Risk Management

Risk Management Policy & Strategy

The Accounting Officer (AO) of the Western Cape Department of Health and Wellness assumes overall accountability for risk management in accordance with the National Treasury's Public Sector Risk Management Framework. The Chief Director: Strategy has been designated as the departmental Risk Champion.

To embed risk management practices throughout the organisation, the department has adopted an Enterprise Risk Management (ERM) Policy and Strategy for the period 2021/22 to 2024/25, accompanied by an annual ERM Implementation Plan. These instruments articulate the department's risk philosophy and the responsibilities of all staff in managing risk. The department is currently finalising its revised ERM Policy and Strategy for the new strategic cycle (2025/26 to 2029/30), incorporating recommendations from an internal audit review and aligning with emerging global best practices.

Risk Assessment and Identification

The department reviewed its strategic risks on a quarterly basis to assess the evolving risk landscape and evaluate the adequacy of mitigation strategies. Residual risk ratings were adjusted based on the effectiveness of implemented controls. New and emerging risks were identified and escalated to appropriate oversight forums.

Twelve strategic risks were monitored for the 2024/25 period. These included the inability to mobilise financial and other resources, disease outbreaks, service fragmentation, medicine and vaccine availability, inadequate models of care, unsafe mental health services, infrastructure vulnerabilities, climate impacts, staff safety, medico-legal claims, ICT vulnerabilities, and fraud and corruption risks. Residual ratings ranged from low to high, with intensified management focus placed on high-rated risks and a differentiated escalation process to the department's Top Management was adopted.

Functioning of the Departmental Risk Management Committee (DRMC)

The DRMC continued to discharge its oversight responsibilities in support of the AO, through meeting quarterly and providing strategic direction on the department's risk posture as well as tracking progress on the implementation of the annual ERM implementation plan. The Committee noted the need for capacitation of the risk function, embedding risk in performance agreements, and enhancing risk training. The DRMC also reviewed the 2024/25 internal audit findings on the adequacy of the ERM Policy and Strategy, resulting in a commitment to phased implementation and alignment with integrated assurance frameworks.

Role of the Audit Committee

The Audit Committee provided independent oversight of risk governance. During the year, it reviewed departmental risk reports, interrogated the extent and timelines of mitigation actions, and provided valuable input and feedback to the department.

Progress in Strengthening Risk Management

The department continued to shift from compliance-driven to value-based risk management. Notable progress includes commencing with a combined assurance mapping process for core business processes across services, corporate and strategy functions, as well as deepening strategic discussions within DRMC and TEXCO to strengthen whole-system risk coherence.

The department remains responsive to an evolving polycrisis context defined by fiscal constraints, climate volatility, digital threats, and service pressures. The 2024 WEF Global Risks Report and Western Cape-specific stressors continue to inform the department's system-oriented, adaptive risk strategy. This whole-of-society approach is critical to building health system resilience and sustainable service delivery.

Fraud and Corruption

Fraud and corruption represent potential risks to the department's assets and can negatively impact on service delivery efficiency and the department's reputation.

The WCG adopted an Anti-Fraud and Corruption Strategy, which confirms the Province's zero-tolerance stance towards fraud, theft and corruption. In line with this strategy, the department is committed to zero tolerance regarding corrupt, fraudulent and any other criminal activities, whether internal or external, and vigorously pursues and prosecutes by all legal means available any parties who engage in such practices or attempt to do so.

The department has an approved Fraud and Corruption Prevention Plan and a concomitant Implementation Plan, which gives effect to the Prevention Plan. Various channels for reporting allegations of fraud, theft and corruption exist and these are described in detail in the Provincial Anti-Fraud and Corruption Strategy, the WCG Whistle-blowing Policy and the departmental Fraud and Corruption Prevention Plan. Each allegation received by the Provincial Forensic Services (PFS) is recorded in a Case Management System, which is used as a management tool to report on progress made with cases relating to the department and to generate statistics for the department and the WCG.

Employees and workers who blow the whistle on suspicions of fraud, corruption and theft are protected if the disclosure is a protected disclosure (i.e., meets statutory requirements of the Protected Disclosures Act, No. 26 of 2000, e.g., if the disclosure was made in good faith). The WCG Whistle-blowing Policy provides guidelines to employees and workers on how to raise concerns with the appropriate line management, specific designated persons in the WCG or external institutions, where they have reasonable grounds for believing that offences or improprieties have been or are being perpetrated in the WCG. The opportunity to remain anonymous is afforded to any person who would like to report acts of fraud, theft and corruption and, should they do so in person, their identities are kept confidential by the person to whom they are reporting.

If, after investigation, fraud, theft or corruption is confirmed, the employee who participated in such acts is subjected to a disciplinary hearing. The WCG representative initiating the disciplinary proceedings is required to recommend dismissal of the employee concerned. Where evidence of criminal conduct is detected, a criminal matter is reported to the South African Police Services.

For the year under review, Provincial Forensic Services issued a Case Movement Certificate for the department, noting the following:

Cases	Number of Cases
Open cases as at 1 April 2024	6
New cases (2024/25)	4
Closed cases (2024/25)	(4)
Open cases as at 31 March 2025	6

The following table further analyses the closed cases indicated above:

Nature and Investigation Outcome of the Closed Cases
In 1 case, the allegations of fraud, corruption and non-compliance were substantiated (the matter was reported to the SAPS).
In 1 case, the allegation of non-compliance was substantiated.
In 2 cases, the investigations were concluded with no adverse findings but with recommendations.

Minimising Conflict of Interest

To minimise conflict of interest, all officials in Supply Chain Management (SCM) sign the following documents annually:

- The Code of Conduct document as issued by National Treasury,
- The departmental Non-Disclosure Agreement, and
- Electronic disclosure of financial interest by all officials as per Public Service Regulations of 2016.

All members of the different SCM committees must complete a declaration of interest. In instances where officials have declared an interest, they must excuse themselves from the process. In addition, the Central Supplier Database also runs real-time checks on the Companies and Intellectual Property Commission's website and the governmental payroll system (PERSAL). This is to determine any conflict of interest. The Provincial Treasury regularly receives this information and communicates with the relevant departments quarterly. Any potential conflict of interest is then subsequently investigated in the department and appropriately addressed.

Code of Conduct

Chapter 2, Part 1 of the Public Service Regulations of 2016 provides guidelines to employees regarding what is expected of them from an ethical standpoint, both individually and in their relationships with others. It promotes the department's commitment to upholding strong ethics, integrity, and the eradication of corruption as part of the governance framework, which is fundamental to good organizational performance. The primary purpose of the Code of Conduct is to promote exemplary conduct and prevent unacceptable behaviour. Therefore, an employee who contravenes the Code of Conduct or fails to comply may be found guilty under Section 16A of the Public Service Act, 1994 and may face disciplinary action in accordance with Public Service Coordinating Bargaining Council Resolution 1 of 2003, which outlines the Disciplinary Code and Procedures for the Public Service.

The Directorate: Employee Relations provides information sessions on Code of Conduct for all employees. During this reporting period, 320 employees were sensitised to the Code of Conduct. Additionally, the Code of Conduct is available on the Western Cape Government website.

New appointees are required to attend a compulsory induction program that includes Public Service Code of Conduct training before their probation can be approved. For the current reporting year, 516 employees were inducted. An employee found guilty of misconduct for contravening any provision of the Code of Conduct may be subject to disciplinary action.

The Ethics Committee's functions are managed by the Corporate Executive Committee, with ethics being a standing item on the agenda. For the 2024/25 reporting year, the Committee held seven meetings, with four meetings where ethics was discussed as an updated Ethics Report is submitted on a quarterly basis for consideration.

All Public Servants hold positions of trust, which come with a high level of responsibility. The Public Service Regulations issued in 2016 expect all employees to comply with its standards. Chapter 2, Part 1 addresses employee behaviour in the workplace, encourages employees to report any maladministration and corrupt activities, and reinforces the department's commitment to upholding strong ethics, integrity, and the eradication of corruption.

Health Safety & Environmental Issues

Refer to section Employee Health and Wellness Programme under "Safety, Health, Environment, Risk & Quality (SHERQ)"

Portfolio Committees

On Friday, 16 August 2024, the department briefed the standing committee on its Annual Performance Plan for the 2024/25 financial year.

On Friday, 18 October 2024, the department tabled the Annual Report of the Department of Health and Wellness for the 2023/24 financial year.

On Friday, 29 November 2024, the Standing Committee held a meeting where the adjustment appropriation bill was discussed.

On Friday, 28 March 2025, the Standing Committee on Health and Wellness briefed the Committee on Vote 6: Health and Wellness in the Schedule to the Western Cape Appropriation Bill, 2025.

Standing Committee on Public Accounts Resolutions (SCOPA)

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
1.	That the department briefs the Committee on its 5-year equipment and infrastructure plan for the Western Cape; including the total estimated costs and any risks which could be anticipated in the execution of such a plan.	The Committee notes the note on the Payments for capital assets in that there was an underspending during the financial year under review, which can be attributed to the slow project progress with the Capital (Buildings) portfolio.	On 7 May 2025, the department addressed the committee on the concern. The department has reached a stage where the number of infrastructure projects ready for construction have increased, which mitigates the risk of underspending.	Yes
2.	That the department briefs the Committee on any security plans it has conceptualised in terms of either privatising or self-employing security services in order to arrest or minimise the expenditure on safety and security.	The Committee notes the extension of the transversal security services and the property management fees increase due to annual statutory increases in security related costs, including the centrally negotiated contracts that do not always take the local budget impact into consideration.	On 7 May 2025, the department addressed the committee on the concern. Aligned to Security Strategy and Policy, the department currently applies a hybrid model of Insourced and Outsourced Security Services. With the aim of cost optimisation, there is a province-wide review of existing private security contracts.	Yes

Prior Modifications to Audit Reports

Finance

No modifications were made to prior audit reports.

Information Management

No matters to report.

Human Resources

No matters to report.

Internal Control Unit

Finance

Currently, the department makes use of the Compliance Assessment and Internal Assessment to monitor the levels of compliance with the applicable policies and regulatory frameworks. The Compliance Assessment is a tool used to monitor adherence to relevant Internal Control requirements and Departmental policies. The Compliance Assessment tool addresses areas other than those covered in the Internal Assessment, such as assets and inventory management.

The Internal Assessment is a batch audit instrument mainly used for evaluating compliance of transactions with relevant procurement prescripts. The instrument consists of a number of tests to determine whether the procurement process that was followed is regular, as well as whether the batch is complete and audit-ready.

A sample of payments is selected monthly using an application that randomly generates a predetermined quantity from a number of expenditure items, which are selected based on the risk associated with the specific item. These items are re-assessed every year to ensure that changes in risk profiles are addressed. Non-compliance to legislation may lead to Irregular Expenditure.

The department uses Irregular Expenditure as an indicator to determine whether the controls implemented have had the desired effect.

For the 2024/25 financial year, the department incurred R8,532 million Irregular Expenditure, which equates to only 0,08% of the Goods and Services Budget and confirms that the department's compliance controls are predominantly working effectively.

Information Management

The department systematically collects and consolidates performance data from a wide range of service delivery points, including mobile Primary Health Care (PHC) units, Central Hospitals, Forensic Pathology Laboratories, Emergency Medical Services stations, and schools offering school health services. This also includes data from municipally managed PHC facilities within the Cape Town Metropole and selected contracted private facilities.

While the responsibility for ensuring compliance with information management standards and the accuracy of reported data lies with facility managers, subdistrict and district managers, as well as Budget and Health Programme Managers, the ultimate accountability rests with the Accounting Officer. To support this mandate, the department has deployed two specialised units: the Performance Information Compliance Unit (established in 2013) and the Records Management Support Unit (established in 2014/15).

These units conduct internal assessments to identify compliance gaps and ensure adherence to departmental standards for information and records management. Due to limited capacity, they focus on public health facilities and support offices at district and subdistrict levels, selecting sites based on audit results, data trends, or specific requests. Standardised tools aligned with departmental prescripts are used to assess the risks and tailored remedial actions are developed in collaboration with stakeholders and implemented with local management after each assessment.

In the reporting year, the Information Compliance Unit conducted 68 data quality assessments across the province, each accompanied by detailed reports and quality improvement plans. Additionally, 13 key indicators were verified monthly for facilities not included in the initial assessments, requiring submission of supporting documentation for review. This proactive approach has enhanced audit readiness, strengthened routine monitoring, and promoted a culture of accountability.

The records management support unit, together with the assistance of 65 interns, conducted a registry cleanup at 70 facilities by removing inactive patient folders, disposing and transferring folders according to retention periods, removing

and merging duplicate folders and filing retained folders numerically. Through this process, they reviewed approximately 1.5 million folders, disposed of approximately 800 000 inactive folders and archived 140 000.

In addition, the unit also disposed of inactive corporate records.

These efforts have significantly contributed to the department's clean audit outcomes, reduced repeat audit findings, and reinforced governance structures. Ultimately, they support the department's broader objectives of delivering high-quality patient care and maintaining good governance.

Human Resources

The department intends maintaining its track record of an unqualified audit report in respect of compliance matters. The purpose of the Sub-Directorate: People Management, Compliance and Training (PMCT) is to render an efficient and effective client/consultancy support service to people management offices and line managers at institutions, districts and regions, with specific reference to the application of the Public Service regulatory framework.

During the period under review, the following work was performed by the sub-directorate:

- Compliance investigations:
  People Management Compliance Investigations were performed at selected Institutions in the rural and metro-region pertaining to the HR Audit Action Plan/ CMI, with comprehensive feedback on the audit findings, ensuring proper control measures are put in place for monitoring and compliance purposes. Functional training was provided to PM staff where shortcomings were identified.

  Sample Investigations were conducted on the management of commuted overtime allowance and Remunerative Work performed Outside of the Employee's Employment (RWOEE), followed by engagements with clinical managers to ensure medical staff fulfil their required official and commuted overtime hours to provide an efficient service.

  Comprehensive leave audits were conducted at some academic and district hospitals, specifically on the files of officials who exited the public service on early and compulsory retirements, in order to prevent leave over-grants and ensure that the correct leave gratuities are paid.
- Functional training:
  During the 2024/25 cycle, a total of 672 officials, comprising line managers and PM staff, attended formal training. The focus was Line Managers, and their People Management administrative responsibilities, and functional PM training was provided to PM managers and PM staff on people management policies, processes and functions.
- PMCT arranged and facilitated a Pension Forum between the Government Pension Administration Agency and all institutional PM managers and PM staff on the Two-Pot Pension withdrawal system to keep their staff informed on the processes.
- PMCT rendered assistance during critical staff shortages, performing PM managerial duties, also officiating and serving on interview panels during Recruitment and Selection processes at various institutions.
- Continuous monitoring and evaluation of personnel exception reports and distribution thereof to PM managers.
- Oversight functions pertaining to probation management and pension administration are performed regarding problem cases, procedures and processes.
- Ongoing PM-Client service support and assistance are provided daily to institutional PM managers and officials.

Internal Audit & Audit Committees

Internal Audit Function (IAF)

Purpose and Mandate: The IAF strengthens the WCG's ability to create, protect and sustain value by providing management and ultimately the Audit Committee with independent, risk-based, and objective assurance, advice, insight and foresight.

Its mandate is derived from the PFMA, section 38, read in conjunction with NTR 3.2.

Vision and Strategy: The Strategy for the IAF is aligned to the Strategic Framework of the Department of the Premier, which can be summarised as "Guide, Enable, Direct". The IAF's strategy, aligned to the Strategy of the Branch: Corporate Assurance, for the new 5-year term, is "Transformed governance through proactive, agile and innovative assurance and advisory services anticipating needs of client departments and value to residents".

Charter, methodology and internal audit plans: The IAF operates in line with a charter, aligned to the legislative prescripts and the International Professional Practices Framework (IPPF). The charter is reviewed every second year and the most recent review was approved by the Governance, Innovation and Culture (G, I & C) Cluster Audit Committee, in terms of their mandate relating to transversal responsibilities, in December 2024. The IAF has an approved methodology that aligns with the charter and sets out the details relating to the responsibilities of the IAF as per the IAF Charter and other relevant guidance.

The rolling 3-year strategic internal audit plan and annual plan for the first year of the rolling 3-year strategic plan for the Department of Health and Wellness were reviewed and approved by the Wellbeing Cluster Audit Committee on 9 April 2024.

Independence and objectivity: To provide for the independence of the IAF, its personnel reports to the Chief Audit Executive (CAE), who reports functionally to the three Cluster Audit Committees of WCG, directly to the Accounting Officer on internal audit activities for the department and administratively to the DDG: Corporate Assurance in the Department of the Premier. The CAE has confirmed the independence of the IAF for the reporting period to the G, I & C Cluster Audit Committee (when dealing with transversal responsibilities) on 29 November 2024. All staff members of the IAF annually confirmed their objectivity through a declaration of compliance to the Institute of Internal Auditors' Code of Ethics as well as on an assignment level.

Modality: The WCG IAF is a fully in-sourced function.

Staffing: The approved establishment of the total IAF is 81 staff members and 43 of these posts are currently funded. Each Department has a dedicated team, and there are no funded vacancies in the team responsible for the department. The current skills and competencies of the IAF staff are appropriate and a well-informed training and development programme is in place.

Quality Assurance and Improvement Program (QAIP): A QAIP is in place and reporting on the implementation of this takes place at the G, I & C Cluster Audit Committee, in terms of their mandate relating to transversal responsibilities, on a biannual basis. The last external assessment was concluded in November 2024 and a "Generally Conform" rating was obtained. The issues arising from this are tracked and forms part of the QAIP reporting to the G, I & C Cluster Audit Committee.

Stakeholder Relationships: Good relationships are maintained with the senior and executive management team of the department, and if there are any challenges, they are discussed and interventions devised with the responsible departmental representative. In driving Combined Assurance within the WCG, ongoing relationships are maintained with the Internal Control Unit in the department and the relevant AGSA Audit team.

Summary of work done by the IAF during the reporting period:

- The approved Internal Audit plan for the department had a total of three engagements, all of which were assurance engagements (refer to the Audit Committee report for the details). All the engagements planned were completed.
- There were no roll-overs, no ad-hoc projects and no limitations that impeded the work of the IAF.
- Sixteen actions were due for implementation within this reporting period and of those, three (18.75%) were implemented by the internal audit follow-up date. The implementation rate of the previous year's follow-ups was 65%.
- During the audit of Planned Patient Transport (PPT), it was identified that the HealthNET online booking system facilitates the scheduling of patients for PPT, however, no management check or independent verification process is in place to confirm that patients meet the set qualifying criteria. Existing random audits are informal and lack proper documentation or follow-up. To address this, the department will consider system-based controls to automatically reject bookings that do not meet qualifying criteria and system-generated exception reports to enable follow-up and corrective action. This will improve the integrity of the service, reduce the potential for misuse of resources, and enhance accountability within the patient transport system.
- Although a governance structure was established for HealthNET oversight, it has been inactive since 2019, with matters now addressed on a reactive, ad hoc basis. Furthermore, the department lacks consolidated reporting mechanisms and clear metrics to monitor efficiency and patient experience. Reactivating the governance structure and developing key performance indicators will enable proactive oversight, data-driven decision-making, and continuous service improvement – ultimately enhancing the department's ability to deliver efficient and patient-centered transport services.

Audit Committee Report

Part 1: Audit Committee Reflections

Purpose and Mandate: The Wellbeing Cluster Audit Committee is constituted as a statutory committee of the Department of Health and Wellness to fulfil its statutory duties in terms of section 77 of the PFMA, Regulation 3.1 of the NTR and the duties assigned to it in terms of its Terms of Reference. The latest Terms of Reference for WCG Audit Committees was consulted with the Provincial Top Management and approved by Cabinet on 19 February 2025.

Independence: The Wellbeing Cluster Audit Committee is totally independent from the department. Any conflict or perceived conflict of interest is declared and dealt with accordingly in every meeting. An overall annual declaration process is also administered where all conflicts or perceived conflicts are followed up with the relevant member.

Protecting the independence of the IAF: The Chairperson of the Wellbeing Cluster Audit Committee attended the meetings of the G, I & C Cluster Audit Committee where it discharged its transversal responsibilities. At the 29 November 2024 meeting of the G, I & C Cluster Audit Committee, the organisational positioning of the IAF and the independence declaration of the CAE was reviewed. The Wellbeing Cluster Audit Committee had no reason to intervene in any situation impacting the independence of the IAF during this reporting period.

Performance against statutory duties: The Wellbeing Cluster Audit Committee is satisfied that it fulfilled its responsibilities as set out in the PFMA, Treasury Regulations, IPPF and the approved Audit Committee Terms of Reference.

Composition of the Audit Committee: For this reporting period, the Wellbeing Cluster Audit Committee consisted of six members and had an appropriate mix of skill required to execute its responsibilities. All members were external members. Refer to table for the detail on membership.

Meeting Attendance: The Wellbeing Cluster Audit Committee convened seven times during the period under review. All meetings were ordinary meetings, and no special meetings were required. Refer to the table for the details on meeting attendance.

Resolution of Audit Committee recommendations: The Wellbeing Cluster Audit Committee is satisfied that its recommendations to the Department of Health and Wellness received the necessary attention.

Audit Committee performance evaluation: Annual 360-degree assessments on audit committee performance are conducted. The Wellbeing Cluster Audit Committee received a report containing the results of the annual assessment process and during a meeting of all the Cluster Audit Committee chairpersons, an approach was agreed on how to deal with the issues identified.

Audit Committee remuneration: The WCG Audit Committees are remunerated at an approved hourly rate based on the SAICA rate, and only for attendance of meetings. Chairpersons received R2 835 per hour and members R2 126 per hour. The total expenditure relating to all three WCG Audit Committees was R3.118m for the reporting period, accounted for in the Department of the Premier. Audit Committee members working at an organ of state did not receive any remuneration when serving on a WCG Audit Committee.

Part 2: Audit Committee Composition and Attendance

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

Name & Surname	Qualifications	Professional Affiliation	Term of Office		No of meetings attended	Declared private and business interests in every meeting	Employed by an organ of state	No of other ACs the member served on during reporting period	No of other governance structures member served on during reporting period
			Start Date	End Date					
Mr Pieter Strauss (Chair)	B Acc B Comp Hons CA (SA)	South African Institute of Chartered Accountants	01 January 2022	31 March 2025	7	Yes	No	3	0
Dr Gilbert Lawrence	M Med MBChB	Registered Medical Practitioner	01 January 2023	31 March 2026	7	Yes	No	0	0
Mr Terence Arendse	CA (SA)	South African Institute of Chartered Accountants	01 January 2023	31 March 2026	7	Yes	No	2	0
Ms Annelise Cilliers	CA (SA)	South African Institute of Chartered Accountants	01 January 2022	31 March 2025	7	Yes	No	2	1
Ms Fayruz Mohamed	CA (SA)	South African Institute of Chartered Accountants Institute of Directors Chartered Institute for Securities and Investments	01 January 2022	31 March 2025	6	Yes	No	3	1
Ms Judy Gunther	B Compt M Cost Accounting CIA CRMA	Institute of Internal Auditors South African Institute of Chartered Accountants	01 January 2022	31 March 2025	6	Yes	No	2	2

Part 3: Audit Committee Focus Areas

Effectiveness of Internal Control System and Combined Assurance

The department is required to develop and maintain systems of internal control that would improve the likelihood of achieving its objectives, to adapt to changes in the environment it operates in and to promote efficiency and effectiveness of operations, supporting reliable reporting and compliance with laws and regulations. The WCG adopted a Combined Assurance Framework, which identifies and integrates assurance providers. The first level of assurance is management assurance, requiring line management to maintain effective internal controls and execute those procedures on a day-to-day basis by means of supervisory controls and taking remedial action where required. The second level of assurance is internal assurance provided by functions separate from direct line management, entrusted with assessing adherence to policies, procedures, norms, standards and frameworks. The third level of assurance is independent assurance providers that are guided by professional standards requiring the highest levels of independence.

A risk-based Combined Assurance Plan was developed for the department, facilitated by Internal Audit, who is also an independent assurance provider. Internal Audit provides the Audit Committee and Management with reasonable assurance that the internal controls are adequate and effective. This is achieved by an approved risk-based internal audit plan, Internal Audit assessing the adequacy of controls mitigating the risks and the Audit Committee monitoring implementation of corrective actions.

The Audit Committee has reviewed the effectiveness of the internal control system and combined assurance and is satisfied that it has fulfilled its responsibilities in terms of its mandate.

Effectiveness of the Internal Audit Function

The audit committee monitored and reviewed the effectiveness of the internal audit function, including its compliance with the IPPF. Such monitoring and review were conducted through the Quality Assurance and Improvement Programme with results presented to the audit committee on a bi-annual basis.

Activities of the Internal Audit Function

The following internal audit engagements were approved by the audit committee and completed by the IAF during the year under review:

Assurance Engagements

- Adequacy Assessment of Risk Management Policy
- Transfer Payments to NPOs
- Planned Patient Transport

The areas for improvement, as noted by Internal Audit during performance of their work, were agreed to by management. The Audit Committee monitors the implementation of the agreed actions on a quarterly basis.

Effectiveness of Risk Management

The AC has reviewed the risk management of the department and is satisfied that the audit committee has fulfilled its duties in accordance with its mandate.

Adequacy, Reliability And Accuracy of the Financial and Performance Information

The AC has reviewed the financial and performance information of the department and is satisfied that the audit committee has fulfilled its duties in accordance with its mandate.

Accounting and Auditing Concerns Identified as a Result of Internal and External Audits

The AC has not identified any accounting and auditing concerns other than that reported in the AGSA report and the annual financial statements.

Evaluation of Annual Financial Statements

The AC has:

- reviewed the Audited Annual Financial Statements to be included in the Annual Report;
- reviewed the AGSA's Management Report and Management's response thereto; and
- reviewed changes to accounting policies and practices as reported in the Annual Financial Statements.

External Audit and Auditor-General's Report

The AC has on a quarterly basis reviewed the Department's implementation plan for audit issues raised in the prior year. The AC has met with the AGSA to ensure that there are no unresolved issues that emanated from the regulatory audit. Corrective actions on the detailed findings raised by the AGSA are monitored by the AC on a quarterly basis.

The AC concurs with and accepts the AGSA's opinion regarding the Annual Financial Statements and proposes that these Audited Financial Statements be accepted and read together with their report.

Any Other Issues

None

Conclusion

The Audit Committee commends the department for maintaining an unqualified audit opinion, with no findings.

Dr Gilbert Lawrence

Chairperson of the Wellbeing Cluster Audit Committee

Date: 07 August 2025

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 (include a discussion on your response and indicate what measures have been taken to comply)**
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	Not Applicable
Developing and implementing a preferential procurement policy?	Yes	Incorporated in the Accounting Officer System
Determining qualification criteria for the sale of state-owned enterprises?	N/A	Not applicable
Developing criteria for entering into partnerships with the private sector?	Yes	The BBBEE requirements are considered when preparing PPP agreements
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad-Based Black Economic Empowerment?	N/A	Not Applicable

PART D:
Human Resources

Legislation That Governs People Management

The information provided in this part is prescribed by Public Service Regulation 31(1). In addition to the Public Service Regulations, 2016, the following prescripts direct Human Resource Management within the Public Service:

Occupational Health and Safety Act (85 of 1993)

To provide for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery, the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work; to establish an advisory council for occupational health and safety (OHS), and to provide for matters connected therewith.

Public Service Act 1994, as amended by Act (30 of 2007)

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.

Labour Relations Act (66 of 1995)

To regulate and guide the employer in recognising and fulfilling its role in effecting labour peace and the democratisation of the workplace.

Basic Conditions of Employment Act (75 of 1997)

To give effect to the right to fair labour practices referred to in section 23(1) of the Constitution of the Republic of South Africa, 1996 by establishing and making provision for the regulation of basic conditions of employment and thereby to comply with the obligations of the Republic as a member state of the International Labour Organisation, and to provide for matters connected therewith.

Skills Development Act (97 of 1998)

To provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce; to integrate those strategies within the National Qualifications Framework contemplated in the South African Qualifications Authority Act, 1995, to provide for learnerships that lead to recognised occupational qualifications, to provide for the financing of skills development by means of a levy-grant scheme and a National Skills Fund, to provide for and regulate employment services, and to provide for matters connected therewith.

Employment Equity Act (55 of 1998)

To promote equality, eliminate unfair discrimination in employment and ensure the implementation of employment equity measures to redress the effects of discrimination, to achieve a diverse and efficient workforce broadly representative of the demographics of the Province.

Public Finance Management Act (1 of 1999)

To regulate financial management in the national government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively, to provide for the responsibilities of persons entrusted with financial management in those governments, and to provide for matters connected therewith.

Skills Development Levy Act (9 of 1999)

To provide any public service employer in the national or provincial sphere of Government with exemption from paying a skills development levy, and for exemption from matters connected therewith.

Promotion of Access to Information Act (2 of 2000)

To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights, and to provide for matters connected therewith.

Promotion of Administrative Justice Act (PAJA) (3 of 2000)

To give effect to the right to administrative action that is lawful, reasonable and procedurally fair and to the right to written reasons for administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa, 1996, and to provide for matters incidental thereto.

Introduction

People Management (PM) supports health service delivery reform through the provision of a capable workforce. Strategically, PM monitors and aligns to HealthCare 2030, Universal Health Coverage principles and the departmental strategic plan towards a common agenda for person-centred care. Tactically, PM responds to shifting priorities and needs by guiding and advising leaders and managers on people practices within a health service context.

Capable, competent and capacitated employees are a critical enabler to achieving the strategic imperatives. As part of the department's envisaged People Strategy, PM's role is to deliver people services that create a supportive and safe work environment, fosters a healthy, endearing organisational culture (the 'soft stuff'), promoting innovative PM processes and good governance (the 'hard' stuff). Our collective leadership approach is one that cultivates a sense of belonging and helps employees feel cared for. PM advocates for a balanced approach to being human and being productive, which is key to ensuring good performance in health service delivery.

Value of Human Capital in the Department

The Status of Human Resources in the Department

The department employs 31 402 staff members who are comprised of 66% health professionals and 34% administrative support staff. 93% of the employees are employed in a permanent capacity.

Overview of the Workforce

Departmental Overview

72% are females and 28% are males.

38% are African, 11% are White, 49% are Coloured and 2% are Indian.

53% of senior management positions are held by females.

223 persons are classified as disabled.

93% of the staff is employed on a full-time permanent basis.

The length of service ranges from newly appointed staff to 40 years.

SMS Overview

6% African female and 9% African Male

27% Coloured Female and 21% Coloured Male

1% Indian Female and 4% Indian Male

19% White Female and 13% White Male

The length of service ranges from newly appointed staff to 40 years.

The age profile of the workforce is:

2% under 25 years

43% aged 25 to 40 years

42% aged 41 to 55 years

10% aged 56 to 60 years

3% aged 61 to 65 years

PM is a line function responsibility that is enabled and supported by PM practitioners and policies at various levels. The People Management roles and responsibilities include the following:

- Head office (centralised level) provides for policy development, strategic coordination, monitoring and evaluation, and provincial oversight of people management.
- Regional/district offices (decentralised level) provide for decentralised oversight and implementation support of PM policies and prescripts.
- Local institutional level (i.e., district, regional, specialised, tertiary and central hospitals) is where the majority of the staff is managed and where the implementation of PM policies occurs.

People Management Priorities for 2024/25 and the Impact of These Priorities

The department has a staff establishment of 31 402 employees who render health services across the province. Given the ever-increasing population needs, the shrinking resources envelope and response to strategic imperatives, the core People Management priorities and contributions were:

- Employee Wellbeing
- Occupational and Staff Safety
- Organisational Culture
- Leadership and Management Development
- Training and Individual Development
- Organisational Re-alignment
- Change Management
- PM Systems and Tools for enablement
- PM Administration and Policy Review

Scarce Skills

As part of the workforce planning process, scarce and critical skills are identified to focus on the current and projected competencies and capabilities required. Scarce skills address occupational categories where difficulties in recruiting or retaining talent are experienced. Service delivery redesign and requirements drive occupational and skills needs. Factors related to the challenges in the talent management pipeline around existing and projected numbers, supply and availability, attrition and retirements determine scarce skills.

Scarce skills identified in 2024/25 were nursing specialties, radiography specialties (sonography and nuclear medicine), forensic pathology specialists, technicians and engineers.

Scarce skills are prioritised each year through the allocation of bursary funding and the implementation of the Occupation Specific Dispensation (OSD), to enable a continuous supply of skills to capacitate the service platform.

Clean HR Audit

The department achieved a clean audit report in 2023/24.

Labour Relations

The Directorate: Labour Relations effectively managed and coordinated the collective bargaining process as well as misconduct cases, disputes and grievances. A devoted team of Presiding and Investigating Officers assists in improving timelines in dealing with disciplinary matters. Training interventions are in place to improve the capacity of people managers to deal with labour-related issues proactively. Disciplinary transgressions of a serious nature, such as sexual harassment, racial discrimination and financial misconduct cases emanating from external stakeholders' reports, such as Provincial Forensic Services and the Public Service Commission National Corruption Hotline, are being dealt with by the Directorate: Employee Relations, to ensure efficiency and consistency in the handling of such cases. There is continuous capacity-building of managers and employees, which aims to enable productive and peaceful working environments and to effectively deal with labour-related matters.

The Western Cape Public Health and Social Development Sectoral Bargaining Chamber had six meetings, five Employer Caucus meetings, three Special Chamber meetings and three Task Team meetings for the reporting period, during which negotiations and consultations with organised labour took place. The department has 59 active Institutional Management Labour Committees which allow parties at the institutional level to deal with workplace issues in a constructive and meaningful manner.

Employment Equity

The department has implemented a five-year Employment Equity Plan (1 September 2022 – 31 August 2027). However, due to legislative changes introduced by the Employment Equity Amendment Act No. 4 of 2022, the plan is being recalibrated to align with the 2025–2030 EE cycle. This adjustment is necessary to ensure compliance with new sector-specific targets and to enhance transformation and diversity outcomes. The key features of the revised plan include:

- To focus on succession planning, talent mobility, skills development, employee wellness, and leadership development, including employees with disabilities.
- To strengthen the governance model with clear accountability structures and integrated EE indicators to track compliance and impact.
- Enhanced workforce analytics to identify gaps across post levels and occupational bands, informing more targeted AA interventions.
- Ongoing quarterly Employment Equity Consultative Forum meetings to promote accountability and inclusive dialogue on EE and Affirmative Action measures.
- Continued submission of annual EE reports, ensuring compliance and enabling proactive measures against underrepresentation.

This comprehensive approach further supports the department's People Management Framework and promotes a culturally diverse, engaged, and transformation-ready workforce.

Leadership and Organisational Culture

Our organisational culture and leadership approach are critical enablers of transformation. How we lead and work together becomes central to our success in achieving the outcomes for Healthcare 2030 and Service Redesign.

Our ongoing Organisational Culture and Leadership Transformation journey focuses on building a people-centred, learning-oriented health system through value-driven leadership. More so, the leadership philosophy has evolved. Leadership is no longer confined to a rank or positions of authority – it is shared, responsive, and grounded in integrity, inclusion and collaboration. To this end, the department focuses on dispersed leadership and shared accountability. Culture transformation and the leadership development strategy are implemented simultaneously in the department, yielding positive outcomes such as being more collaborative, sharing ideas and building connection across the health ecosystem. Several leadership development initiatives have been made available to all staff, with a particular focus on empowering middle management.

Organisational Culture

The department's organisational culture continues to show positive momentum. Based on the latest Barrett Values Survey results (2024), the department's culture has matured significantly towards being a more endearing culture.

Overall, there was increased participation with 9 467 respondents to the survey. A total of 8 values showed up consistently, of which Fairness was a new value match. In the previous survey, this value was identified as an area for improvement for the department. Key values that are consistently highlighted are teamwork, accountability, respect, and compassion, indicating a resilient and engaged workforce.

The results indicate the cultural entropy is at 16%, which is slightly elevated from the last survey. Entropy levels measure the internal dysfunction/discord that causes internal challenges within the organisation. The lower the entropy score, the better, more aligned, efficient and healthy functioning the organisation is. In recent years, the composite culture score has improved from 67 in 2019/20 to 73 in 2024/25, demonstrating stronger values alignment and organisational health.

The composite culture score combines three indices from the Barrett Values Survey to establish the overall organisational health of the department, namely 1) how well aligned the values are, 2) how balanced the focus of the department is and 3) the entropy score.

Figure above: Since 2010, the Barrett Values Survey has been used to track progress, reflecting a steady evolution toward a more values-driven, people-centred culture.

To continue this positive shift in the culture, the values of trust and open communication will be important to focus on. This should be done aligned to the department's strategy on the common agenda using the lenses of *Belonging, Becoming, Being*, and *Doing*.

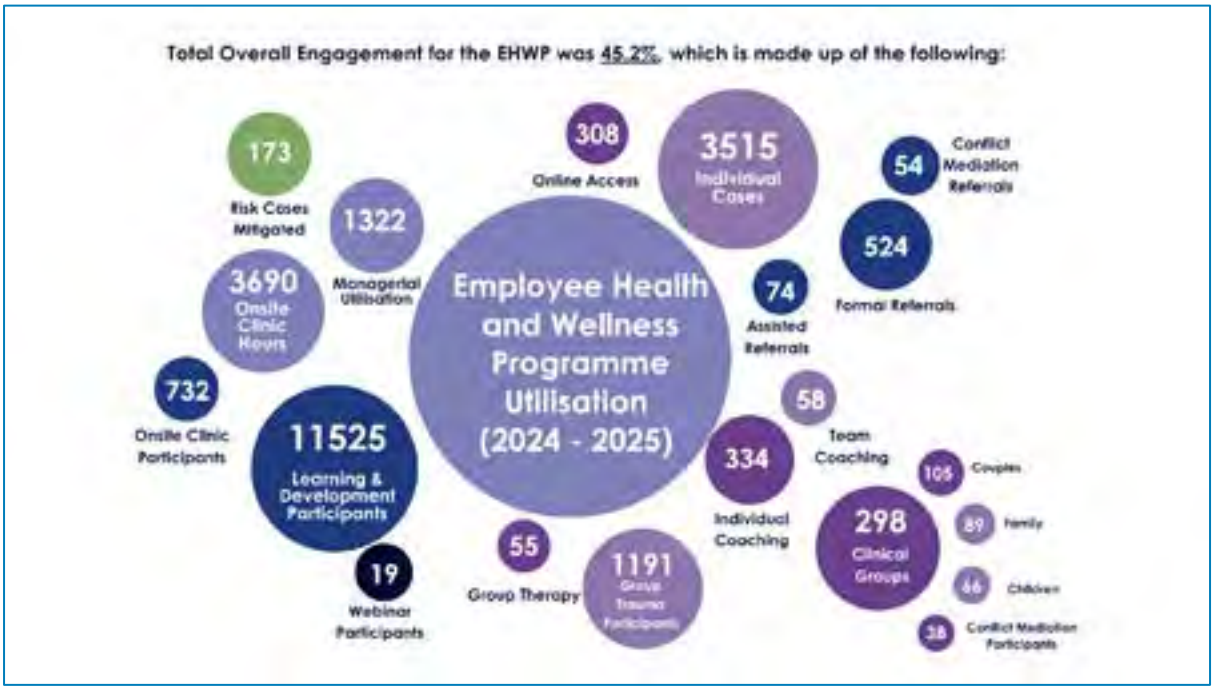
Employee Health & Wellness Programme (EHWP)

All Employees (permanent, contract, interns, the department's appointed NPO lay counsellors and health care workers), including the employee's household members can access the EHWP. This EHWP provides professional guidance on different aspects of your life, including:

The contract has been significantly revised and expanded, reflecting the department's dedication to enhancing employee wellness services. A new service provider was appointed, effective 1 April 2024.

The Employee Health and Wellness Programme (EHWP) encompasses the following services.

The Employee Health and Wellness Programme Utilisation for the period 2024/25 reporting period indicates the following:



HIV/AIDS, STIs and TB

The department's HIV workplace programme is guided by the National Strategic Plan for HIV, TB and STIs: 2023 – 2028 and the Transversal Workplace Policy on HIV/AIDS, TB and STIs. It is aimed at minimising the impact of HIV and AIDS in the workplace and subsequently minimising the prevalence of HIV and AIDS in the province. The HIV testing services programme in the workplace was strengthened by not only catering for HIV testing but also testing for other lifestyle diseases such as hypertension and diabetes, monitoring cholesterol and body mass index. The Testing Services programme, therefore, offers an integrated approach to wellbeing. The HIV Testing Services Programme has evolved, and the department will procure a new service provider to provide a more comprehensive programme in the financial year 2025/26. A total number of 86 employees were tested during the 2024/25 financial year. The programme was hugely affected by limited testing opportunities and no service provider in place.

Safety, Health, Environment, Risk & Quality (SHERQ)

Provincial Safety, Health, Environment, Risk and Quality (SHERQ) Policy

The Provincial Safety, Health, Environment, Risk, and Quality (SHERQ) policy of the Western Cape Department of Health and Wellness (WCDHW) sets the commitment to cultivating a safe and healthy environment for both employees and health users. The core objective of this policy is the proactive prevention and mitigation of work-related incidents and occupational illnesses, reflecting the department's strategic focus on occupational health and safety.

To support the implementation and monitoring of this policy, the Employee Health and Wellness Unit conducted the annual SHERQ Survey across all 410 departmental facilities. The 2024/25 survey cycle achieved a response rate of 60%, with 246 facilities participating. The response rate highlights growing engagement with SHERQ processes and strengthens the reliability of the survey outcomes.

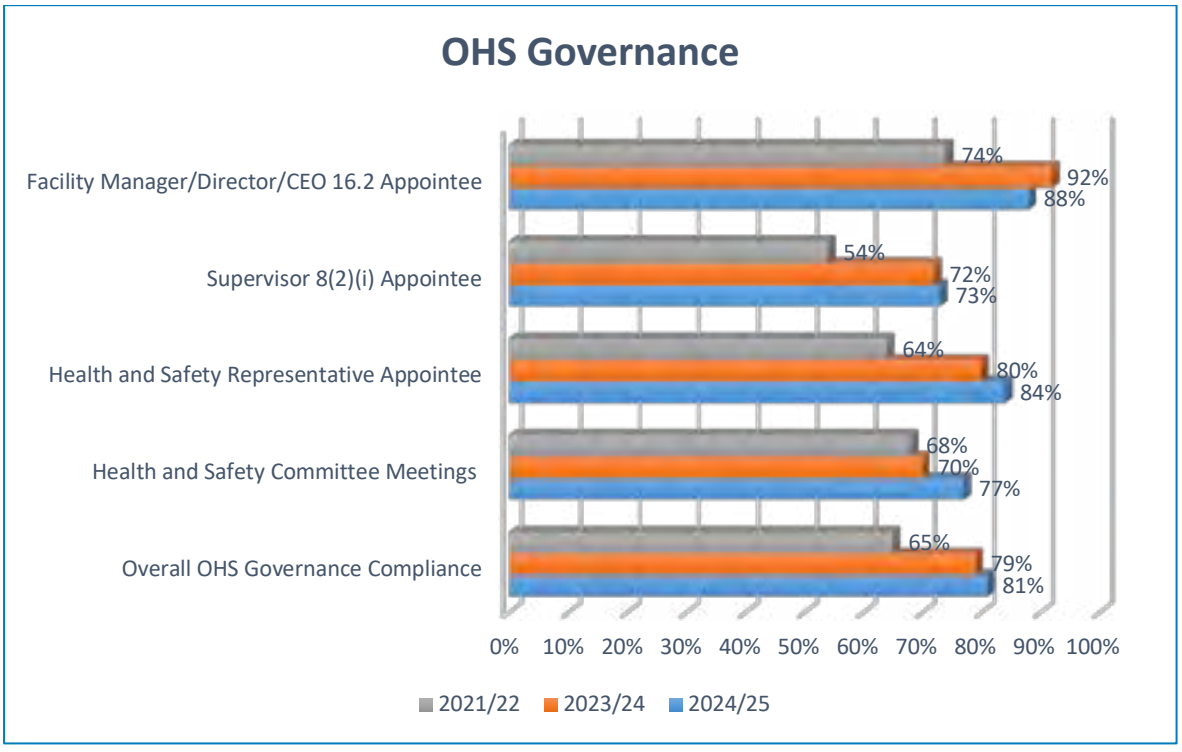


Figure above: OHS Governance

The OHS Governance graph shows a steady improvement in key compliance areas from 2021/22 to 2024/25, indicating growing maturity in Occupational Health and Safety practices. Significant progress includes a rise in 16(2) appointee compliance from 74% to 88%, and Supervisor 8(2)(i) Appointee from 54% to 73%, reflecting stronger leadership and accountability.

Compliance in Health and Safety Representative appointments and committee meetings also increased annually, pointing to improved engagement. Overall, OHS governance compliance rose from 65% to 81%, highlighting the positive impact of the Provincial SHERQ Policy and a shift toward proactive safety management.

Diversity Management

The department acknowledges the need to engage on matters of diversity in the workplace and to leverage diversity as a strength. Measures have been implemented to create awareness, build capacity, strengthen accessibility and accommodation, and embrace diversity inclusive of race, gender, disability, culture, and language.

Disability

The WCDHW aligns with the National JOBACCESS Strategic Framework (JASF) to promote the retention and employment of people with disabilities. Acknowledging the varied challenges faced by employees with disabilities, the department offers dedicated support through disability management initiatives to uphold fundamental human rights and ensure equitable participation for all staff.

The strategy encompasses an inclusive work environment by integrating disability considerations across all departmental projects and programmes. Key initiatives include disability awareness and sensitisation, encouraging open disclosure, facilitating return-to-work processes, and ensuring reasonable accommodation through allocated resources. The department also focuses on mainstreaming disability in skills development, policy inclusivity, and conducting workplace accessibility assessments.

In the 2024/25 reporting period, the department employed 223 individuals with disabilities and continues to implement JASF's four functional pillars. Progress has been made in shifting mindsets around disability employment, with 74% of employees with disabilities in non-Occupational-Specific Dispensation (non-OSD) roles and 26% in OSD roles.

The department remains committed to reaching the 3% employment target by fostering open disclosure and promoting a more inclusive and informed workplace culture.

Gender

The WCDHW Transformation Journey outlines a roadmap to build an inclusive culture, with the Gender Equality Strategic Framework (GESF) at its core. The GESF focuses on four pillars: creating an enabling environment, ensuring equal opportunities, fostering a barrier-free workplace, and mainstreaming gender. These align with the department's Transformation Strategy, Leadership Development Strategy, and Healthcare 2030's vision of person-centred care.

Gender equality and women's empowerment are also central to the WCDHW's 2020–2025 Strategic Plan. Implementation of the GESF has driven cultural and leadership shifts, strengthening the leadership pipeline and promoting diversity. In 2024/25, women in Senior Management rose to 53%, up from 51%, exceeding the national target of 50%. As a result, the department was nominated to participate in the Gender Equality Seal Project, a DPSA and United Nations Development Programme (UNDP) initiative promoting gender mainstreaming in public institutions.

To sustain progress, WCDHW has implemented several measures:

- Development of a Diversity Management and Transformation Strategy
- Diversity and Inclusion awareness across all levels
- Gender mainstreaming in policies and programmes
- Leadership development to diversify leadership
- Monitoring gender representation, including at SMS level
- Departmental audits on Gender and Youth, with disaggregated data reporting

WCDHW also adopted the 365 Days of Activism for No Violence campaign, raising awareness on Gender-Based Violence, Human Trafficking, Harassment, Bullying, and LGBTIQA+ inclusion. This aligns with the Provincial GBV Plan and workplace harassment policies. In support of gender equity, the Breastfeeding in the Workplace Policy has been implemented, reinforcing the GESF's enabling environment.

Change Management (CM)

During this reporting period, the Sub-Directorate: Change Management supported key initiatives aligned with the department's Service Redesign approach. This included guidance to managers on the impact of organisational changes, effective communication, and staff engagement approaches.

Key contributions included:

Organisational Re-alignment Projects:

Brackengate Decommissioning: Supported the CEO and EXCO with change planning, stakeholder mapping, a leadership change session, and development of proposals. Additionally, the consolidation of transitional care services from Brackengate to Western Cape Rehabilitation Centre (WCRC) forms part of this process.

Head Office Registry and Records Management Re-alignment: Supported with communication materials and townhall meeting facilitation.

Infrastructure Projects:

Ongoing change-readiness and stakeholder engagement support for:

- Tygerberg Hospital Redevelopment
- Belhar and Klipfontein Regional Hospitals.

Technology-Led Change Projects:

OHASIS: Coordinated focus groups and readiness survey to inform system rollout.

CAReS: Led implementation review and provided feedback to enhance adoption and communication.

Nursing

The Nursing Information Management System (NIMS) has three modules, namely: nursing agency module, staff module and internal overtime pool module.

The NIMS Agency Module

The NIMS Nursing Agency module is an electronic booking system utilized to request and order supplementary nursing staff from private nursing agencies on contract with the Western Cape Government Health facilities. NIMS assists in managing Nursing Agency expenditure. The NIMS Staff Module standardises the capturing of all staff information, streamlining and regulating all processes for capturing staff information per facility, allocations and all types of leave.

Ongoing support in terms of new training, activations, desktop support and upskilling in the various NIMS Modules is provided to the WCDH facilities and the nursing agencies. A generic email was created: *nims@westerncape.gov.za*. Training Manuals, pamphlets and step-by-step guides were developed to facilitate the training on these modules. QR codes on all new NIMS pamphlets enables access to NIMS via your mobile device or computer through https://nims.westerncape.gov.za.

All nursing agencies and health facilities continue to receive desktop support and face-to-face training. In terms of the Staff Module, we are ready to implement as health facilities request these functions. The new Nursing Agency Contract is about to be awarded soon, currently awaiting feedback from Supply Chain Sourcing.

Formal Nursing – Utilization of Clinical Platform

During the 2024 academic year, 2 595 nursing students enrolled in undergraduate and postgraduate nursing programmes, were placed for Work Integrated Learning (WIL) across the accredited health facilities in the province using the Provincial Coordinated Clinical Placement System.

Due to the delays in accreditation of the new qualifications aligned to the National Qualifications Framework Act, 2008, Higher Education Act, 1997, (as amended) and Nursing Act, 2005, there was no postgraduate specialty nursing training at the University of Cape Town in 2024. WCCN was accredited by both the Council on Higher Education (CHE) and the South African Nursing Council (SANC) for the seven Post Graduate Diploma (PGDip) programmes and still awaiting accreditation for the PGDip Forensic Nursing programme. In the 2025 academic year, 205 nurses were released on Study by Assignment (SBA) to study various PGDips, including Advanced Diploma in Midwifery and Diploma in Nursing, at Stellenbosch University, Cape Peninsula University of Technology, the University of the Western Cape and Western Cape College of Nursing. Funding was made available for 27 relief posts from programme 6.1.

In 2024, the WCCN had 368 students who commenced training in the undergraduate programmes, of which 153 students were in a Higher Certificate programme leading to registration with SANC as Auxiliary Nurse(GN R169), 160 students were enrolled in a Diploma in Nursing leading to registration with SANC as a General Nurse(GN R171), 55 students were enrolled in a Bachelor of Nursing leading to registration with SANC as a Professional Nurse and Midwife (GN R174), and 179 students were enrolled in the six postgraduate programmes. A total of 298 students completed the undergraduate training at Western Cape College of Nursing, including 156 students in the Diploma in Nursing (GN R171). A total of 68 students/staff members part of the first cohort of R1497 Advanced Diploma in Midwifery (GN R1497) completed training on the 31st of May 2024.

In the 2024 academic year, there were 153 students enrolled in the Higher Certificate in Nursing (GN R 169), of whom 142 completed the programme, resulting in a completion rate of 92%. Additionally, of the 179 students enrolled in the postgraduate programme, 161 completed their studies, excluding orthopaedic students who are scheduled to finish in June 2025.

Nursing Practice

The authorisation to prescribe and dispense medicines by Clinical Nurse Practitioners (CNPs) and Professional Nurses is ongoing as per the Nurse Prescribing Framework Circular H52/2015 to comply with the legislative requirements section 56 (1-6) of the Nursing Act no. 33 of 2005. The Nurse Prescribing and Dispensing Framework Circular H52/2015 was reviewed, pending final approval.

A database of authorised Nurse Practitioners is monitored on a quarterly basis for compliance. The Nursing Practice sub-directorate participated in Interprofessional clinical governance structures such as Provincial Coordinated Governance Committees (PCGCs) and played a critical role in the development of clinical service standards to improve the quality of service delivery. Management of SANC community service is ongoing. During the period under review, 357 Community Service Practitioners were placed in the service platform to do their Community Service. Monitoring the competence of the Community Service Nurse Practitioners was done to ensure readiness to practice independently.

Monitoring and evaluation of the clinical governance implementation plan of the National Strategic Direction for Nursing and Midwifery Education and Practice 2020/21-2025/26 was executed with the NDoH office of the Chief Nursing Officer. The pilot project is in its second phase of implementation, which includes a sample group of 104 Operational Nursing Managers (OPMs) from three hospitals. This remains a work in progress.

Workforce Planning Framework & Key Strategies to Attract & Recruit a Skilled & Capable Workforce

Workforce planning for the health services remains a complex exercise as it needs to be responsive to the healthcare platform both in the short and longer term, in order to deliver optimal healthcare. A dedicated team currently has this function as its focus. The workforce planning framework has been mandated by the Department of Public Service and Administration (DPSA) and provides a baseline for HR planning. An analysis is conducted of the external and internal environment, strategic direction of the department, workforce trends and changes in the macro environment and what is available in the existing workforce. A gap analysis is done to determine the workforce priorities that would have the greatest impact. These are reflected in the HR Plan submitted to the DPSA, the Workplace Skills Plan and influence the talent management and development processes in the department.

Employee Performance Management Framework

A Performance Management and Development System (PMDS), prescribed by the DPSA, has been operational since 2003. The system is managed on a decentralised basis where each district is responsible for the completion of its processes. The Head Office (HO) component oversees the process and concludes the final report by ensuring correctness of all moderating processes. The HO component also plays a policy management and oversight role in this regard. The new Directives from DPSA for salary levels 1-12 and SMS members were successfully implemented with effect from 1 April 2018. The department has introduced PERMIS as from 1 April 2020 and it is still in the process of being implemented. To date, a total of 22 021 employees are registered on PERMIS. Grade progression for OSD and Non-OSD employees is decentralised but HO has an oversight role and is responsible for implementation of grade progression for HO staff. With the implementation of all the occupational specific dispensation (OSD) categories, grade progression and pay progression, as well as accelerated grade and pay progression were introduced. The management thereof still remains a significant challenge as individuals can be grade progressed monthly depending on their years of service and hospitals had to develop manual data systems to ensure compliance. Audits have been concluded at the Substructures of Metro Health Services and at Red Cross Hospital and further audits will be done within the department. Pay progression has been implemented for qualifying employees with effect from 1 July 2024. Grievances regarding the processes linked to performance are dealt with by the HO component for the department.

Employee Wellness

Refer to section Employee Health and Wellness Programme under "*People Management Priorities*".

Policy Development

Policy development has been designated as a transversal function with the Department of the Premier as the custodian. The transversal nature of policy development means that department-specific guidelines must be developed to accompany transversal policies. Department-specific guidelines are developed through a process of consultation with role-players in the department in order to ensure wide participation and buy-in from managers. Topics that were addressed during the reporting period include:

Input was provided to the following transversal provincial draft policies:

- WCG Secondment Policy
- WCG Special Leave Policy
- WCG Headhunting Policy
- WCG Off-Boarding Policy
- WCG Personal Association Transparency Protocol
- WCG Work Arrangements Policy
- WCG Competency Assessment Policy

Comments were provided to the draft national DPSA Remuneration Policy.

Challenges Faced by the Department

Financial Challenges

The greatest challenge is not with the design of an organisational and post structure itself, but rather the available budget to fund the post structure. The personnel budget is not sufficient to fund all posts on the approved organisation and post structure of the department and is managed via the Approved Post List (APL) on an annual basis. The current funded approved staff establishment reflects an 8.1% vacancy rate.

Budget constraints are deemed to continue for the current MTEF period given the state of the economy and other related factors. This means that the department will have to do more with less. This includes improving the productivity and efficiency amongst staff in all functional areas and on all levels within the department. In addition, cost containment measures were introduced by the Department of Public Service and Administration in October 2023 and continued until March 2025. The measures had a limiting impact on the department's ability to fill posts and placed additional strain on the department's ability to deliver services. To protect the core business of the department, which is health service delivery and patient care, the impact of budget constraints needed to be minimised on clinical functional areas and optimised within the administrative areas.

Competencies

Leadership and stewarding for health and wellbeing is integral to governance reforms and redesign to nurture ethical decision-making that is rooted in shared purpose and values. Leading oneself and the team with a network-centric, collaborative approach to cultivate an environment that enables system change, connecting within collaborative ecosystems to address challenges and cultivate a system that enables quality, people-centric care for all and a well-being society in the broader Universal Health Care and public policy reform landscape.

Current leadership training programmes, including the Post Graduate Diplomas in Health Management at Stellenbosch University and the Oliver Tambo Fellowship Health Leadership Programme at the University of Cape Town (UCT), target our emerging leaders to:

- Develop a learning organisation approach through building resilience, adaptability, and innovation.
- Connect and collaborate, to ensure alignment of and opportunities to continuously improve the supporting processes, practices, and systems.

The training programmes, namely the Aurum Management Development Programme and Free to Grow, Engaged Leadership Programme, focus on building the capability and development of facility and operational managers, providing technical and functional capabilities, mentorship, coaching and support. In addition, they embed a culture through fostering effective communication and listening with empathy.

The development of the clinical capabilities of health and allied health professionals is coordinated through the People Development Centre. The training is based on the critical skill needs identified across the health platform and continuous professional development to ensure the optimal capability to deliver the various packages of care. Learning packages are clustered to promote a life course approach (children, adolescents, adults, and the elderly life cycle).

Content is integrated to include prevention, promotion, curative, rehabilitation, and palliative aspects. Empathic skills and monitoring and evaluation are included as an element of all clinical training courses. Health professionals are capacitated to meet the more immediate service challenges. These include, *inter alia*, service pressures, first 1 000 days, the HIV/TB epidemic and non-communicable diseases, including mental health.

The number of clinical training interventions held during the year amounted to 8 970.

Full-time bursaries address scarce skills to ensure continuous availability of health and support professions, while part-time bursaries are offered to existing staff to ensure they develop the critical competencies required. A total of 1 609 bursaries, including full-time and part-time, were allocated, based on service need and the availability of funding.

Another focus area is the development of functional competencies in operational support services.

People Development also coordinates the structured youth development programme, stimulating internship, learnership and training opportunities for young recent matriculants, student interns requiring work-integrated learning and unemployed graduates. The programmes are based on departmental need. The availability of interns and learners provides a pipeline of talent into entry level posts, dependent on the availability of funded posts and a formal competitive process. A total of 613 internship opportunities were provided.

People Development is responsible for the coordination and placement of Medical Interns and Community Service health and allied health professionals.

During the 2025 cycle, that commenced on 1 January 2025, a total of 501 medical interns were placed at our 11 health training complexes.

Pharmacist Interns (21) and Clinical Psychology interns (21) were also placed in the services.

In addition, 600 community service placements were facilitated through Metro and Rural Health Services.

The College of Emergency Care had its formal training programmes fully accredited and they have celebrated the graduation of their second intake of students. They are also involved extensively in clinical training, developing the competencies in basic, intermediate, and advanced life support of emergency medical care personnel, and the updates on Ambulance Emergency Technician (ANT) and Emergency Care Practitioner Clinical Practice Guidelines. The following numbers of students graduated:

Higher Certificate in Emergency Medical Care: 36

Medical Rescue Technician Course: 5

Basic Medical Rescue Course: 6

Recruitment of Certain Health Professionals

The recruitment of qualified and competent health professionals poses a challenge due to the scarcity of specialists in rural areas and the restrictive appointment measures that are imposed on certain occupations.

The limited number of funded medical intern and community service posts for health professionals is a challenge given that the need for posts exceeds the supply.

Age of Workforce

43% of the workforce is between the ages of 25 and 40 years and 41% between the ages of 41 and 55 years. It is therefore necessary to recruit, train and develop younger persons and undertake succession planning. The average age of initial entry into the department by professionals is 26 years, e.g., medical officers after completing their studies and compulsory in-service duties. The challenge remains to retain these occupational groups in a permanent capacity. The main reasons for resignations are for financial gain. An analysis indicates that the department may experience a shortage of skilled staff in the near future due to a relatively high percentage (13%) nearing retirement (65) or early retirement age (55). However, retirees mainly fall in the 60 – 64 age group.

Future Human Resource Plans/Priorities

The departmental HR Plan is reviewed in line with the departmental Strategic Plan and the Annual Performance Plan. The following are key HR priorities to build a capable workforce:

- Transformation of the Organisational Culture
- Development of a People Management Strategy
- Flexible Workplace Practices
- Leadership and Management Development (aligned to Dispersed Leadership Principles)
- Clinical Skills Development
- Workforce Forecasting and Development to Address the Shortage of Scarce and Critical Skills
- Organisational Re-alignment of the Department
- Employee Health and Wellness Programme
- Address Staff Burnout and Wellbeing
- Diversity and Inclusion Practices (inclusive of EE, Disability, Youth, Women & Gender)
- Occupational Health and Safety Capacity-Building and Compliance
- Dispute Management and Prevention
- Building/Transforming Workplace Relations
- Managerial Capacity-Building and Outreach to Effectively Manage Employee Relations
- Capacity-Building to Ensure Sound People Management Practices

Human Resource Oversight Statistics

Personnel-Related Expenditure

The following tables summarise final audited expenditure by Budget Programme and by salary bands. In particular, it indicates the amount spent on personnel in terms of each of the Programmes or salary bands within the WCDHW. The figures for expenditure per Budget Programme are drawn from the Basic Accounting System and the figures for personal expenditure per salary band are drawn from the Personnel Salary (PERSAL) system. The two systems are not synchronised for salary refunds in respect of staff appointments, resignations and/or transfers to and from other departments. This means there may be a difference in total expenditure reflected on these systems. The key in the table below is a description of the Financial Programmes within the WCDHW. Programmes will be referred to by their number from here on.

Programmes	Programme Description
Programme 1	Administration
Programme 2	District Health Services
Programme 3	Emergency Medical Services
Programme 4	Provincial Hospital Services
Programme 5	Central Hospital Services
Programme 6	Health Sciences and Training
Programme 7	Health Care Support Services
Programme 8	Health Facilities Management

Personnel Costs per Programme for 2024/25

Programmes	Total Expenditure R'000	Personnel Expenditure R'000	Training Expenditure R'000	Goods & Services R'000	Personnel Expenditure as a % of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Programme 1	913 768	412 021	1 402	-	45.09%	624	660
Programme 2	12 659 858	6 785 195	18 627	320 037	53.60%	545	12 457
Programme 3	1 386 246	839 219	1 511	-	60.54%	447	1 877
Programme 4	4 896 732	3 422 682	2 643	92 646	69.90%	536	6 384
Programme 5	8 368 181	5 492 884	2 080	87 334	65.64%	609	9 013
Programme 6	420 070	187 140	420 070	52	44.55%	749	250
Programme 7	651 055	403 902	933	1 012	62.04%	482	838
Programme 8	1 256 708	83 026	493	-	6.61%	735	113
Total	**30 552 618**	**17 626 069**	**447 759**	**501 081**	**57.69%**	**558**	***31 592**

Note

*The number is accumulative of the average number of employees per programme for the period 1 April 2024 to 31 March 2025 and not a snapshot at a specific date. The average is calculated using the number of staff as of the 15th of each month, April 2024 - February 2025 and 31 March 2025.

Expenditure on sessional, periodical, extraordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals, which inflate the average personnel cost per employee by a small margin. The total number of employees is the average of employees that were in service for the period 1 April 2024 to 31 March 2025. Goods and Services consist of the SCOA items Agency and Outsourced Services: Admin and Support Staff, Nursing Staff and Professional Staff.

Personnel Expenditure by Salary Band for 2024/25

Salary Bands	Personnel Expenditure R'000	% of Total Expenditure	Average Expenditure per Employee R'000	No. of Employees
Lower Skilled (Levels 1 - 2)	765 277	4.34%	263	2 910
Skilled (Level 3 - 5)	3 813 062	21.63%	333	11 453
Highly Skilled Production (Levels 6 - 8)	3 968 144	22.51%	460	8 631
Highly Skilled Supervision (Levels 9 - 12)	8 985 341	50.97%	1 053	8 532
Senior and Top Management (Levels 13 - 16)	96 637	0.55%	1 450	67
Total	**17 628 462**	**100.00%**	**558**	***31 592**

Note

*The number is accumulative of the average number of employees per programme for the period 1 April 2024 to 31 March 2025 and not a snapshot at a specific date. The average is calculated using the number of staff as of the 15th of each month, April 2024 - 31 March 2025.

Expenditure of sessional, periodical, extraordinary appointments and admin interns is included in the expenditure, but their numbers are not included in the personnel totals, which inflate the average personnel cost per employee by a small margin. The Senior Management cost includes commuted overtime of health professionals, which inflates the average personnel cost per employee.

The difference in Personnel Expenditure & Personnel Cost tables above:

- Personnel Costs per Programme for 2024/25 (Data drawn by Finance after 31 March 2025)
- Personnel Expenditure by Salary Band for 2024/25 (Data drawn by Provincial Treasury on behalf of People management on 31 March 2025)

The following tables provide a summary per programme and salary bands of expenditure incurred because of salaries, overtime, housing allowance and medical assistance. In each case, the table indicates the percentage of the personnel budget that was used for these items.

Salaries, Overtime, Housing Allowance & Medical Assistance by Programme for 2024/25

Programmes	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel Costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Programme 1	367 176	2.08%	2 376	0.01%	10 249	0.06%	22 491	0.13%
Programme 2	5 859 610	33.24%	403 625	2.29%	177 299	1.01%	359 884	2.04%
Programme 3	698 813	3.96%	47 252	0.27%	30 477	0.17%	64 881	0.37%
Programme 4	2 861 415	16.23%	272 307	1.54%	94 382	0.54%	195 016	1.11%
Programme 5	4 415 687	25.05%	599 626	3.40%	126 603	0.72%	267 115	1.52%
Programme 6	240 951	1.37%	3 703	0.02%	6 211	0.04%	13 808	0.08%
Programme 7	329 721	1.87%	33 044	0.19%	13 598	0.08%	28 662	0.16%
Programme 8	78 922	0.45%	191	0.00%	1 107	0.01%	2 258	0.01%
Total	**14 852 294**	**84.25%**	**1 362 126**	**7.73%**	**459 926**	**2.61%**	**954 116**	**5.41%**

Note

Salaries, overtime, housing allowance and medical assistance are calculated as a percentage of the total personnel expenditure. The table does not make provision for other expenditures such as Pensions, Bonuses and Other Allowances which make up the total personnel expenditure. Salaries, Overtime, Housing Allowances and Medical Assistance amount to R17 628 462 061 out of the total personnel expenditure. Expenditure of sessional, periodical and abnormal appointments is included in the expenditure. Expenditure of the joint staff on the establishment of universities (on their conditions of service) is excluded from the above.

Salaries, Overtime, Housing Allowance & Medical Assistance by Salary Band for 2024/25								
Salary Band	Salaries		Overtime		Housing Allowance		Medical Assistance	
	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs	Amount R'000	As a % of Personnel costs
Lower Skilled (Levels 1 - 2)	601 555	3.41%	10 522	0.06%	48 893	0.28%	104 307	0.59%
Skilled (Level 3 - 5)	3 085 002	17.50%	107 431	0.61%	199 927	1.13%	420 702	2.39%
Highly Skilled Production (Levels 6 - 8)	3 474 878	19.71%	98 075	0.56%	133 991	0.76%	261 201	1.48%
Highly Skilled Supervision (Levels 9 - 12)	7 594 927	43.08%	1 145 964	6.50%	77 115	0.44%	167 336	0.95%
Senior and Top Management (Level 13 - 16)	95 933	0.54%	134	0.00	-	-	570	0.01%
Total	**14 852 294**	**84.25%**	**1 362 126**	**7.73%**	**459 926**	**2.61%**	**954 116**	**5.41%**

Note

The totals in the table above do balance. However, since the data is grouped by either programme or salary band and is rounded off to thousands, they reflect differently. Expenditure includes sessional, periodical and abnormal appointments. Expenditure of the joint establishment (universities' conditions of service) is excluded in the above. Commuted overtime is included in salary bands of Highly Skilled Supervision (Levels 9 -12) and Senior Management (Levels 13 - 16).

Employment and Vacancies

Employment & Vacancies by Programme as at the 31 March 2025				
Programmes	**No. of Funded Posts**	**No. of Posts Filled**	**Vacancy Rate %**	**No. of persons additional to the establishment**
Programme 1	791	666	15.80%	1
Programme 2	13 495	12 335	8.60%	629
Programme 3	2 077	1 866	10.16%	-
Programme 4	6 788	6 315	6.97%	357
Programme 5	9 673	8 998	6.98%	369
Programme 6	288	247	14.24%	43
Programme 7	932	857	8.05%	-
Programme 8	130	118	9.23%	8
Total	**34 174**	***31 402**	**8.11%**	**1 407**

Note

*Number of staff as at 31 March 2025.

The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister. Expenditure of sessional, periodical, extraordinary appointments and admin interns is included, but their numbers are not included in the personnel totals, which inflates the average personnel cost per employee by a small margin. The Senior Management cost includes commuted overtime of health professionals, which inflates the average personnel cost per employee.

Employment & Vacancies by Salary Band as at 31 March 2025				
Salary Bands	**No. of Funded Posts**	**No. of Posts filled**	**Vacancy Rate %**	**No. of persons additional to the establishment**
Lower Skilled (Levels 1 - 2)	3 074	2 882	6.25%	1
Skilled (Level 3 - 5)	12 160	11 276	7.27%	19
Highly Skilled Production (Levels 6 - 8)	9 498	8 650	8.93%	404
Highly Skilled Supervision (Levels 9 - 12)	9 371	8 526	9.02%	982
Senior and Top Management (Levels 13 - 16)	71	68	4.23%	1
Total	**34 174**	***31 402**	**8.11%**	**1 407**

Note

Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded. The vacancy rate is based on the funded vacancies. The number of employees refers to all individuals remunerated during the reporting period, excluding the Minister. *Number of staff as at 31 March 2025.

Employment & Vacancies by Critical Occupations as at 31 March 2025				
Salary Bands	**No. of Funded Posts**	**No. of Posts filled**	**Vacancy Rate %**	**No. of persons additional to the establishment**
Clinical Technologist	79	74	6.33%	-
Industrial Technician	81	67	17.28%	-
Medical Ort & Prosthetist	17	13	23.53%	-
Medical Physicist	15	13	13.33%	1
Pharmacists	471	454	3.61%	77
Total	**663**	**621**	**6.33%**	**78**

Note

The information in this section is provided as a snapshot of the end of the financial year under review. Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded.

Job Evaluation

Job Evaluations 2024/25							
Salary band	**No. of posts**	**No. of jobs evaluated**	**% of posts evaluated**	**Posts upgraded**		**Posts downgraded**	
				No.	**% of Posts Evaluated**	**No.**	**% of Posts Evaluated**
Lower Skilled (Levels 1 - 2)	2 882	-	-	-	-	-	-
Skilled (Level 3 - 5)	11 276	-	-	-	-	-	-
Highly Skilled Production (Levels 6 - 8)	8 650	-	-	-	-	-	-
Highly Skilled Supervision (Levels 9 - 12)	8 526	-	-	-	-	-	-
Senior Management Service Band A (Levels 13)	54	-	-	-	-	-	-
Senior Management Service Band B (Levels 14)	9	-	-	-	-	-	-
Senior Management Service Band C (Levels 15)	4	-	-	-	-	-	-
Senior Management Service Band D (Levels 16)	1	-	-	-	-	-	-
Total	**31 402**	**-**	**-**	**-**	**-**	**-**	**-**

Note

Due to the suspended job evaluation tool by DPSA, there have been no job evaluations done within the department for the past financial year. The new Compensate/Evaluate tool is in the process of being implemented.

During this reporting period, there were no employees whose salary positions were upgraded due to their posts being upgraded in 2024/25, who have been granted higher salaries than those determined by job evaluation in 2024/25, or who have been granted higher salaries than determined by job evaluation per race group in 2024/25.

Employment Changes

Annual Turnover Rates by Salary Band for 2024/25

Salary band	No. of employees per band as at 31 March 2024	Turnover rate 2023/24	Appointments	Transfers into the department	Terminations out of the department	Transfers out of the department	Turnover rate 2024/25
Lower Skilled (Levels 1 - 2)	2 984	6.86%	94	1	133	2	4.52%
Skilled (Level 3 - 5)	11 973	9.61%	531	13	645	63	5.91%
Highly Skilled Production (Levels 6 - 8)	8 714	19.44%	812	9	1 315	28	15.41%
Highly Skilled Supervision (Levels 9 - 12)	8 781	20.00%	1 226	35	1 636	19	18.85%
Senior Management Service Band A (Levels 13)	53	9.62%	7	-	7	2	16.98%
Senior Management Service Band B (Levels 14)	9	11.11%	-	-	-	-	-
Senior Management Service Band C (Levels 15)	4	-	-	-	-	-	-
Senior Management Service Band D (Levels 16)	1	-	-	-	-	-	-
Total	**32 519**	**14.62%**	**2 670**	**58**	**3 736**	**114**	**11.84%**

Note

Transfers refer to the lateral movement of employees from one Public Service Department to another (Both provincially and nationally).

Annual Turnover Rates by Critical Occupation for 2024/25

Critical occupation	No. of employees per band as at 31 March 2024	Turnover rate 2023/24	Appointments	Transfers into the department	Terminations out of the department	Transfers out of the department	Turnover rate 2024/25
Clinical Technologist	71	22.35%	7	1	4	-	5.63%
Industrial Technician	68	3.28%	6	-	8	-	11.76%
Medical Ort & Prosthetist	13	25.00%	4	1	3	1	30.77%
Medical Physicist	14	16.67%	1	-	2	-	14.29%
Pharmacists	461	21.35%	95	-	101	-	21.91%
Total	**627**	**19.75%**	**113**	**2**	**118**	**1**	**18.98%**

Note

Transfers refer to the lateral movement of employees from one Public Service Department to another (Both provincially and nationally).

Staff leaving the employ of the department in 2024/25			
Exit category	**No.**	**% of Total Exits**	**No. of exits as a % of total No. of employees as at 31 March 2025**
Contract Expiry	1489	39.84%	4.74%
Death	71	1.90%	0.23%
Dismissal: Ill Health	120	3.21%	0.38%
Dismissal: Incapacity	4	0.11%	0.01%
Dismissal: Misconduct	51	1.36%	0.16%
Resignation	1448	38.75%	4.61%
Retirement	528	14.13%	1.68%
Other	26	0.70%	0.08%
Total	**3 737**	**100.00%**	**11.90%**

Note

The table identifies the various exit categories for those staff members who have left the employment of the department. A total of 1 394 of the 1 489 contract expiries were employees from the medical professions, pharmacy interns, community service and registrars.

Reasons Why Staff Resigned in 2024/25		
Termination types	**No.**	**% of Total Terminations**
Age	7	0.48%
Bad Health	8	0.55%
Better Remuneration	195	13.47%
Domestic Problems	3	0.21%
Emigration	2	0.14%
Further Studies	14	0.97%
Housewife	8	0.55%
Misconduct	1	0.07%
Nature of Work	58	4.01%
Other Occupation	156	10.77%
Own Business	1	0.07%
Personal Grievances	39	2.69%
No Reason Given	956	66.02%
Total	**1 448**	**100%**

Note

Reasons as reflected on PERSAL.

Different Age Groups of Staff Who Resigned in 2024/25		
Age group	**No.**	**% of Total Resignations**
Ages <20	-	-
Ages 20 to 24	15	1.04%
Ages 25 to 29	169	11.67%
Ages 30 to 34	316	21.82%
Ages 35 to 39	294	20.30%
Ages 40 to 44	222	15.33%
Ages 45 to 49	162	11.19%
Ages 50 to 54	123	8.49%
Ages 55 to 59	80	5.52%
Ages 60 to 64	60	4.14%
Ages 65 >	7	0.48%
Total	**1 448**	**100.00%**

No employee-initiated severance packages by salary band was granted for 2024/25.

Promotions by Salary Band for 2024/25

Salary band	Employees as at 31 March 2024	Promotions to another salary level	Salary band promotions as a % of employees by salary Level	Progressions to another notch within a salary level	Notch progression as a % of employees
Lower Skilled (Levels 1 - 2)	2 984	-	-	2138	71.65%
Skilled (Levels 3 - 5)	11 973	716	5.98%	5630	47.02%
Highly Skilled Production (Levels 6 - 8)	8 714	1002	11.50%	3186	36.56%
Highly Skilled Supervision (Levels 9 - 12)	8 781	439	5.00%	3292	37.49%
Senior & Top Management (Levels 13 - 16)	67	2	2.99%	42	62.69%
Total	**32 519**	**2 159**	**6.64%**	**14 288**	**43.94%**

Promotions by Critical Occupation in 2024/25

Critical occupation	No. of employees as at 31 March 2024	Promotions to another salary level	Salary level promotions as a % of employees	Progressions to another notch within a salary Level	Notch progression as a % of employees
Clinical Technologist	71	13	18.31%	41	57.75%
Industrial Technician	68	2	2.94%	33	48.53%
Medical Ort & Prosthetist	13	2	15.38%	10	76.92%
Medical Physicist	14	-	-	6	42.86%
Pharmacists	461	15	3.25%	160	34.71%
Total	**627**	**32**	**5.10%**	**250**	**39.87%**

Employment Equity

Total Number of Employees per Occupational Band, Including Employees With Disabilities, as at 31 March 2025

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (levels 14-16)	1	4	-	2	1	4	1	1	-	-	14
Senior management (levels 13)	5	10	2	7	3	14	-	10	-	1	52
Professionally qualified/ Experienced Specialist/ Mid-management (Levels 11-12)	81	295	105	427	136	484	151	605	41	39	2 364
Skilled technical/ Academically qualified workers/ Junior management, supervisors, foremen and superintendents (Levels 8- 10)	323	746	23	140	1 081	2 892	83	686	10	13	5 997
Semi-skilled and discretionary decision making (Level 4-7)	1 360	2 371	23	154	5 117	5 543	39	489	8	10	15 114
Unskilled and defined decision making (Levels 1-3)	815	953	4	29	2 502	1 285	2	23	1	-	5 614
Sub-total	**2 585**	**4 379**	**157**	**759**	**8 840**	**10 222**	**276**	**1 814**	**60**	**63**	**29 155**
Temporary employees	119	181	117	289	337	438	166	544	19	37	2 247
Total	**2 704**	**4 560**	**274**	**1 048**	**9 177**	**10 660**	**442**	**2 358**	**79**	**100**	***31 402**

Note

Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded. The total number of employees includes employees additional to the establishment.

*Number of staff as at 31 March 2025.

Total Number of Employees with Disabilities per Occupational Band, as at 31 March 2025											
Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top management (Levels 14-16)	-	-	-	-	-	-	-	-	-	-	-
Senior management (Levels 13)	-	-	-	-	-	1	-	-	-	-	1
Professionally qualified / Experienced Specialists / Mid-management (Levels 11-12)	1	-	-	2	-	3	2	6	-	-	14
Skilled technical / Academically qualified workers / Junior management/ supervisors, foremen and superintendents (Levels 8-10)	1	8	1	1	2	9	4	8	-	-	34
Semi-skilled and discretionary decision making (Level 4-7)	10	33	-	11	14	29	1	14	-	-	112
Unskilled and defined decision making (Levels 1-3)	11	13	-	5	9	13	-	3	-	-	54
Sub-Total	**23**	**54**	**1**	**19**	**25**	**55**	**7**	**31**	**-**	**-**	**215**
Temporary employees	-	1	1	3	-	1	-	2	-	-	8
Total	**23**	**55**	**2**	**22**	**25**	**56**	**7**	**33**	**-**	**-**	**223**

Note

Appointments of a periodical or abnormal nature, as well as the appointment of admin interns, are excluded. The total number of employees includes employees additional to the establishment.

Recruitment in 2024/25

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	-	-	-	-	-	-	-	-	-	-	-
Senior Management (Levels 13)	2	1	-	-	1	-	-	1	-	-	5
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	7	16	18	38	20	23	17	39	2	-	180
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	25	30	2	6	87	89	4	7	-	2	252
Semi-skilled and discretionary decision making (Level 4-7)	65	85	1	2	246	200	5	37	-	3	644
Unskilled and defined decision making (Levels 1-3)	55	48	-	1	155	59	-	1	-	-	319
Sub-Total	**154**	**180**	**21**	**47**	**509**	**371**	**26**	**85**	**2**	**5**	**1 400**
Temporary employees	63	85	51	134	229	290	86	311	4	17	1 270
Total	**217**	**265**	**72**	**181**	**738**	**661**	**112**	**396**	**6**	**22**	**2 670**

Note

Total number of employees includes employees additional to the establishment.

Promotions in 2024/25

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14-16)	-	-	-	-	-	-	-	-	-	-	-
Senior Management (Levels 13)	-	-	-	1	-	-	-	1	-	-	2
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	4	14	3	13	6	29	6	27	1	1	104
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendent (Levels 8- 10)	51	76	1	11	125	266	18	54	-	1	603
Semi-skilled and discretionary decision making (Level 4-7)	136	197	1	21	563	422	5	24	-	-	1 369
Unskilled and defined decision making (Levels 1-3)	6	12	-	1	23	9	-	-	-	-	51
Sub-Total	**197**	**299**	**5**	**47**	**717**	**726**	**29**	**106**	**1**	**2**	**2 129**
Temporary Employees	-	4	-	2	7	11	-	4	1	1	30
Total	**197**	**303**	**5**	**49**	**724**	**737**	**29**	**110**	**2**	**3**	**2 159**

Note

Total number of employees includes employees additional to the establishment. Promotions refer to the total number of employees who have advanced to a higher post level within the department.

Terminations in 2024/25

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Top Management (Levels 14 - 16)	-	-	-	-	-	-	-	-	-	-	-
Senior Management (Levels 13)	1	-	-	2	-	1	-	1	-	-	5
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11 - 12)	10	21	15	45	7	29	4	61	1	3	196
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8 - 10)	36	73	1	17	124	283	7	68	-	2	611
Semi-skilled and discretionary decision-making (Level 4 - 7)	108	155	3	11	351	394	3	46	2	1	1 074
Unskilled and defined decision-making (Levels 1 - 3)	45	55	1	5	76	75	0	3	-	-	260
Sub-Total	**200**	**304**	**20**	**80**	**558**	**782**	**14**	**179**	**3**	**6**	**2 146**
Temporary employees	87	140	58	168	259	368	100	383	8	19	1 590
Total	**287**	**444**	**78**	**248**	**817**	**1 150**	**114**	**562**	**11**	**25**	**3 736**

Note

Total number of employees includes employees additional to the establishment. Temporary employees reflect all contract appointments.

Disciplinary Actions in 2024/25

Occupational levels	Male				Female				Foreign Nationals		Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	
Total	32	34	4	4	21	17	-	1	-	-	113

Note

The disciplinary actions total refers to formal outcomes only and not headcount.

Skills Development in 2024/25									
Occupational Levels	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 14-16)	3	20	-	4	2	12	2	2	45
Senior Management (Levels 13)	1	11	1	4	1	15	-	7	40
Professionally qualified/ Experienced Specialists/ Mid-management (Levels 11-12)	51	179	20	132	86	287	66	209	1 030
Skilled technical/ Academically qualified workers/ Junior management/ supervisors, foremen and superintendents (Levels 8- 10)	470	1 559	24	172	1 012	3 003	47	741	7 028
Semi-skilled and discretionary decision making (Level 4-7)	1 008	1 491	22	72	2 345	2 892	26	224	8 080
Unskilled and defined decision making (Levels 1-3)	302	407	3	1	838	562	1	11	2 125
Sub-Total	**1 835**	**3 667**	**70**	**385**	**4 284**	**6 771**	**142**	**1 194**	**18 348**
Temporary employees	84	184	20	28	269	526	30	120	1 261
Total	**1 919**	**3 851**	**90**	**413**	**4 553**	**7 297**	**172**	**1 314**	**19 609**

Signing of Employment Agreements by SMS Members

Signing of Performance Agreements per SMS Level as at 31 May 2024				
SMS level	No. of funded SMS posts per level	No. of SMS Members per level	No. of signed performance agreements per level	Signed performance agreements as % of SMS members per Level
Head of Department (HoD)	1	1	1	100%
Salary Level 16 (Excl. HoD)	-	-	-	-
Salary level 15	4	4	4	100%
Salary level 14	9	9	9	100%
Salary level 13	58	52	50	96%
Total	**72**	**66**	**64**	**97%**

Reasons for Not Concluding the Performance Agreements of all SMS Members
DD Newman - Contract Expiry 31 July 2024.
JB Vaughan - Employee's direct supervisor was on extended leave.

Disciplinary steps taken against SMS Members for not having concluded Performance Agreements
N/A

Filing of SMS Posts

SMS Posts as at 30 September 2024					
SMS level	**Total No. of funded SMS posts per level**	**Total No. of SMS posts filled per Level**	**% of SMS posts filled per level**	**Total No. of SMS posts vacant %**	**% of SMS posts vacant per level**
Head of Department (HoD)	1	1	100.00%	-	-
Salary Level 16 (Excl. HoD)	-	-	-	-	-
Salary Level 15	4	4	100.00%	-	-
Salary Level 14	9	9	100.00%	-	-
Salary Level 13	58	53	91.38%	5	8.62%
Total	**72**	**67**	**93.06%**	**5**	**6.94%**

Note

The number of funded SMS posts per level. 68 SMS staff as 30 September 2023 and 67 as at 31 March 2024 as per guide.

SMS Post Information as at 31 March 2025					
SMS level	**Total No. of funded SMS posts per level**	**Total No. of SMS posts filled per Level**	**% of SMS posts filled per level**	**Total No. of SMS posts vacant per Level**	**% of SMS posts vacant per level**
Head of Department (HoD)	1	1	100.00%	-	-
Salary Level 16 (Excl. HoD)	-	-	0.00%	-	-
Salary Level 15	4	4	100.00%	-	-
Salary Level 14	9	9	100.00%	-	-
Salary Level 13	57	54	94.74%	3	5.26%
Total	**71**	**68**	**95.77%**	**3**	**4.23%**

Advertising and Filling of SMS Posts as at 31 March 2025			
SMS level	Advertising	Filling of posts	
	No. of vacancies per level advertised in 6 months of becoming vacant	No. of vacancies per level filled in 6 months after becoming vacant	No. of vacancies per level not filled in 6 months but filled in 12 months
Head of Department (HoD)	-	-	-
Salary Level 16 (Excl. HoD)	-	-	-
Salary Level 15	-	-	-
Salary Level 14	-	-	-
Salary Level 13	9	3	4
Total	**9**	**3**	**4**

Reasons for Non-Compliance with the timeframes for filling the vacant funded SMS Posts	
SMS level	Reasons for non-compliance
Head of Department (HoD)	-
Salary Level 16 (Excl. HoD)	-
Salary Level 15	-
Salary Level 14	-
Salary Level 13	Director: People Development became vacant 1 July 2023. Interviews were held on 17 August 2023 but none of the candidates had been found suitable for the filling of the post. An acting appointment was approved to maintain service continuity. As of 1 November 2023, cost containment measures were introduced in the Public Service, which resulted in the freezing of all vacant positions. The approval process for reactivation of positions required concurrence from the Premier. A request for transfer had been received on 14 August 2024, which was ultimately approved and the official assumed duty 1 January 2025.

Disciplinary steps taken to deal with Non-compliance in meeting the prescribed timeframes for the filling of SMS Posts
N/A

Employee Performance

Notch Progression per Salary Band for 2024/25			
Salary bands	**Employees as at 31 March 2024**	**Progressions to another notch within a salary level**	**Notch progressions as a % of employees by salary band**
Lower Skilled (Levels 1 - 2)	2 984	2 138	71.65%
Skilled (Level 3 - 5)	11 973	5 630	47.02%
Highly Skilled Production (Levels 6 - 8)	8 714	3 186	36.56%
Highly Skilled Supervision (Levels 9 - 12)	8 781	3 292	37.49%
Senior and Top Management (Levels 13 - 16)	67	42	62.69%
Total	**32 519**	**14 288**	**43.94%**

Note

Sessional and abnormal appointments are excluded from this table. Nurses have a two-year pay progression cycle. All staff on the maximum notch cannot receive pay progression. All staff who are promoted and are not on the new notch for 12 months by 1 April cannot receive pay progression. All staff who are newly appointed must be on the notch for 24 months to qualify for pay progression. To qualify for a notch progression, there are certain criteria that must be met: new appointees only qualify for the notch after completion of 24 months, nurses qualify bi-annually for a notch progression and other employees must be 12 months on a notch to qualify. Notch progression is awarded within accepted norms.

Notch Progression per Critical Occupation for 2024/25			
Critical occupation	**Employees as at 31 March 2024**	**Progressions to another notch within a salary level**	**Notch progressions as a % of employees by salary band**
Clinical Technologist	71	41	57.75%
Industrial Technician	68	33	48.53%
Medical Ort & Prosthetist	13	10	76.92%
Medical Physicist	14	6	42.86%
Pharmacists	461	160	34.71%
Total	**627**	**250**	**39.87%**

Note

Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded.

Performance Reward by Race, Gender & Disability for 2024/25					
Race and Gender	**Beneficiary profile**			**Cost**	
	No. of Beneficiaries	**No. of employees in group**	**% of total group**	**Cost (R'000)**	**Per capita cost (R'000)**
None					

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards per Salary Band for 2024/25 (excl. SMS Members)						
Salary bands	Beneficiary profile			Cost		
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure
None						

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards, per Salary Band for SMS Members in 2024/25							
Salary bands	Beneficiary profile			Cost			
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure	Personnel expenditure per band (R'000)
None							

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Performance Rewards, per Salary Band for Critical Occupation in 2024/25						
Salary bands	Beneficiary profile			Cost		
	No. of Beneficiaries	No. of employees in group	% of total per salary band	Cost (R'000)	Average cost per beneficiary	Cost as a % of the total personnel expenditure
None						

Note

In terms of the DPSA directive, all performance rewards have been withdrawn.

Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

Foreign Workers per Salary Band for 2024/25

Salary bands	31 March 2024		31 March 2025		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Lower Skilled (Levels 1 - 2)	-	-	-	-	-	-
Skilled (Level 3 - 5)	2	1.06%	1	0.56%	-1	-50.00%
Highly Skilled Production (Levels 6 - 8)	27	14.36%	25	13.97%	-2	-7.41%
Highly Skilled Supervision (Levels 9 - 12)	158	84.04%	152	84.92%	-6	-3.80%
Senior and Top Management (Levels 13 - 16)	1	0.53%	1	0.56%	-	-
Total	**188**	**100.00%**	**179**	**100.00%**	**-9**	**-4.79%**

Note

The table above excludes non-citizens with permanent residence in the Republic of South Africa. Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded.

Foreign Workers by Major Occupation in 2024/25

Salary bands	31 March 2024		31 March 2025		Change	
	No.	% of Total	No.	% of Total	No.	% of Change
Admin office workers	-	-	-	-	-	-
Craft-related workers	-	-	-	-	-	-
Elementary occupations	-	-	-	-	-	-
Professionals and managers	141	75.00%	132	73.74%	-9	-6.38%
Service workers	4	2.13%	3	1.68%	-1	-25.00%
Senior officials and managers	1	0.53%	1	0.56%	-	-
Technical and associated professionals	42	22.34%	43	24.02%	1	2.38%
Total	**188**	**100.00%**	**179**	**100.00%**	**-9**	**-4.79%**

Note

The table above excludes non-citizens with permanent residence in the Republic of South Africa. Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded.

Leave Utilisation

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

Sick Leave from 1 January 2024 to 31 December 2024

Salary bands	Total days	% of days with medical certification	No. of employees using sick leave	Total No. of employees 31-12-2024	% of total employees using sick Leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	27 426	88.58%	2 585	2 881	89.73%	10	14 853
Skilled (Level 3 - 5)	105 006	86.78%	10 134	11 227	90.26%	9	82 403
Highly Skilled Production (Levels 6 - 8)	80 422	85.56%	8 009	8 643	92.66%	9	97 057
Highly Skilled Supervision (Levels 9 - 12)	62 358	81.80%	6 977	8 554	81.56%	7	144 906
Senior and Top Management (Levels 13 - 16)	513	89.28%	43	66	65.15%	8	1 968
Total	**275 725**	**85.48%**	**27 748**	**31 371**	**88.45%**	**9**	**341 187**

Note

The table above excludes non-citizens with permanent residence in the Republic of South Africa. Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded.

Incapacity Leave (including temporary & permanent) from 1 January 2024 to 31 December 2024

Salary bands	Total days	% days with medical certification	No. of employees using incapacity leave	Total No. of employees	% of total employees using incapacity leave	Average days per employee	Estimated cost (R'000)
Lower Skilled (Levels 1 - 2)	7 336	100.00%	274	2 881	9.51%	27	4 068
Skilled (Level 3 - 5)	30 780	100.00%	982	11 227	8.75%	31	24 333
Highly Skilled Production (Levels 6 - 8)	25 147	100.00%	793	8 643	9.18%	32	30 072
Highly Skilled Supervision (Levels 9 - 12)	17 985	100.00%	560	8 554	6.55%	32	42 171
Senior and Top Management (Levels 13 - 16)	220	100.00%	2	66	3.03%	110	935
Total	**81 468**	**100.00%**	**2 611**	***31 371**	**8.32%**	**31**	**101 578**

Note

*Staff as at 24 December 2024.

The leave dispensation, as determined in the "Leave Determination," together with the applicable collective agreements, provides for normal sick leave of 36 working days in a sick leave cycle of three years. If an employee has exhausted his or her normal sick leave, the employer must investigate the nature and extent of the employee's incapacity. Such investigations must be conducted in accordance with item 10(1) of Schedule 8 of the Labour Relations Act (LRA). Incapacity leave is not an unlimited amount of additional sick leave days at an employee's disposal. Incapacity leave is additional sick leave granted conditionally at the employer's discretion, as provided for in the Leave Determination and Policy on Incapacity Leave and Ill-Health Retirement (PILIR).

Annual Leave from the 1 January 2024 to 31 December 2024

Salary bands	Total days taken	Total number of employees using annual leave	Average days per employee
Lower Skilled (Levels 1 - 2)	68 756	2 947	23
Skilled (Level 3 - 5)	273 014	11 610	24
Highly Skilled Production (Levels 6 - 8)	224 779	9 355	24
Highly Skilled Supervision (Levels 9 - 12)	212 399	9 017	24
Senior and Top Management (Levels 13 - 16)	1 564	70	22
Total	**780 512**	**32 999**	**24**

Note

Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded. Annual leave cycle is from 1 January to 31 December of each year. A summary is provided in the table below of the utilisation of annual leave. The wage agreement concluded with trade unions in the Public Service Commission Bargaining Chamber in 2000 requires management of annual leave to prevent high levels of accrued leave from having to be paid at the time of termination of service.

Capped Leave from 1 January 2024 to 31 December 2024

Salary bands	Total capped leave available as at 31/12/23	Total days of capped leave taken	No. of employees using capped leave	Average No. of days taken per employee	No. of employees with capped leave as at 31/12/24	Total capped leave available as at 31/12/24
Lower Skilled (Levels 1 - 2)	91	-	-	-	2	2
Skilled (Level 3 - 5)	8 465	1 154	58	20	458	6 393
Highly Skilled Production (Levels 6 - 8)	34 662	4 236	187	23	1 176	29 637
Highly Skilled Supervision (Levels 9 - 12)	31 735	4 134	165	25	1 033	26 730
Senior and Top Management (Levels 13 -16)	425	19	2	10	13	353
Total	**75 379**	**9 543**	**412**	**23**	**2 682**	**63 114**

Note

It is possible for the total number of capped leave days to increase as employees who were promoted or transferred into the department, retain their capped leave credits. This forms part of that specific salary band and ultimately the departmental total. Appointments of a periodical and abnormal nature, as well as the appointment of admin interns, are excluded. Annual leave cycle is from 1 January to 31 December of each year.

Leave Pay-Outs for 2024/25

Reasons	Total amount (R'000)	No. of employees	Average per employee (R'000)
Leave pay-outs for 2024/25 due to non-utilisation of leave for the previous cycle	47	3	16
Capped leave pay-outs on termination of service for 2024/25*	21 150	239	88
Current leave pay-outs on termination of service 2024/25	33 058	1 803	18
Total	****54 255**	**2 045**	**27**

Note

*Capped leave is only paid out in case of normal retirement, termination of services due to ill-health and death.

**The average is calculated as per total amount (R'000) divided by no. of employees 54 255/2 045 = 27.

HIV and AIDS & Health Promotion Programmes

Steps Taken to Reduce the Risk of Occupational Exposure, 1 April 2024 to 31 March 2025
Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)
South Africa has adopted the UNAIDS 95-95-95 targets, which aims to ensure that by 2030, 95% of all people living with HIV know their HIV status, 95% of all people diagnosed with HIV receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy have viral suppression. Sub-Saharan Africa faces significant challenges in achieving these targets.
Key steps taken to reduce the risk
Analysing hotspots for targeted interventions Advocacy and communication to prevent and reduce number of new HIV infections

Details of Health Promotion and HIV and AIDS programmes 1 April 2024 to 31 March 2025		
HIV and AIDS & Health Promotion programmes		
Question	**Yes**	**No**
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.	X	
Mrs Bernadette Arries, Chief Director: People Management		
Question	**Yes**	**No**
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.	X	
Health and Wellness within the Directorate: People Practices and Administration, Health and Wellness at Head Office level: • Deputy Director: Ms Michelle Buis (Employee Wellness, Diversity & Disability Manager), • Assistant Director: Ms Janice Andrews (Employee Health and Wellness), • Assistant Director: Mr Nabeel Ismail (SHERQ), • Practitioners: Mr Marshall Engle, Mr Bernad Malesa and Mr Brandon Botha • Clerk: Ms Amy Bester • Budget: As there were no service providers appointed, no dedicated budget was available as HIV/AIDS, STI and TB testing and screening was provided via GEMS and other service providers at no cost.		
Question	**Yes**	**No**
Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this programme?	X	
The department follows an integrated approach whereby internal and external services are used. An independent service provider, Metropolitan Health, has been appointed for the period 2020-2023. A new service provider Lyra, previously known as ICAS, commenced as from 01 April 2024. Programmes and Services offered are as follows: 1. Counselling and Support Services: • 24/7/365 Telephone Counselling. The service is available to all employees and their household members, • Face to face counselling (6 session model) per issue, • Case Management, • Trauma/Critical Incident management, and • HIV and AIDS Counselling. 2. Life Management Services: • Family Care, • Financial Wellness, and • Legal Information and Advice. 3. Managerial Consultancy and Referral Services: • Managerial Consultancy and • Formal Referral Programme. 4. Psychosocial Interventions: • Targeted Psychosocial Interventions based on identified needs and trends.		

5. Electronic Wellness Information System (EWIS):
   - EWIS is an innovative online Healthcare Service to help improve Employee Health and Wellness.

Question	Yes	No
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.	X	

Health Departmental Committee:

- Ms Michelle Buis: Head Office,
- Ms Janice Andrews: Head Office,
- Mr Nabeel Ismail: Head Office,
- Mr Marshall Engle: Head Office,
- Mr Bernad Malesa: Head Office,
- Mr Brandon Botha: Head Office,
- Ms Mercy Lazarus & Ms Lisl Mullins: Groote Schuur Hospital,
- Ms Ziyanda Melane: Tygerberg Hospital,
- Ms Galiema Haroun: Red Cross Hospital,
- Ms P Solani, and G Engelbrecht: Associated Psychiatric Hospitals,
- Ms Wendy Swart: Cape Winelands District,
- Ms Nijma Petersen: Lentegeur Hospital,
- Mr Eustace Sass: Overberg District,
- Ms Portia Kotze & Mr Riaan van Staden: West Coast District,
- Mr Robert Joubert & Ms Lindiwe Mguzulwa: Garden Route/Central Karoo Districts,
- Mr Riaan Van Staden: MHS,
- Mr Denzil Moni: Mowbray Maternity Hospital,
- Ms Nuruh Davids: RHS,
- Mr Allen Pretorius: Klipfontein/Mitchells Plain,
- Ms Lamees Petersen: Southern/Western,
- Mr Brandon Hendricks: Eastern Khayelitsha,
- Ms Zandile Ramaota: Northern Tygerberg,
- Ms Liesl Meter & Ms Emma Hoffmeyer: Emergency Medical Services,
- Ms Candice Machelm: Forensic Pathology Services,
- Mr Ricardo Petersen: Paarl Hospital,
- Ms Berenice Klein: Metro Health Services,
- Ms Kelly Fortune & Ms Michelle Paige: Emergency & Clinical Service Support, and
- Ms Cherylene Cornelius: Karl Bremer Hospital

Question	Yes	No
Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees based on their HIV status? If so, list the employment policies/practices so reviewed.		X

HIV and AIDS, STIs, and TB are transversal issues in the Western Cape Government. The WCG: Health and Wellness has been appointed as the primary driver of the process and has a dual role to play (i.e., oversight and management of the departmental programme as well as managing and coordinating the programme within the province). The transversal Employee Health and Wellness Policies were approved in April 2016.

Question	Yes	No
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.	x	

Key elements – HIV/AIDS/STI Programmes:

- To ensure that every employee within the department receives appropriate and accurate HIV and AIDS, and STI risk-reduction education.
- To create a non-discriminatory work environment via the workplace HIV and AIDS/STI policy.
- To prevent occupational exposure to potentially infectious blood and blood products and to manage occupational exposures that occurred.
- To provide HIV counselling and testing services for those employees who wish to determine their own HIV status.
- To determine the impact of HIV and AIDS on the department and plan accordingly.
- To promote the use of and to provide South African Bureau of Standards-approved male and female condoms.
- Awareness-raising of available services.
- Education and training.
- Counselling.
- Critical incident stress debriefing (CISD).
- Reporting and evaluating.

Question	Yes	No
Does the department encourage its employees to undergo voluntary counselling and testing? If so, list the results that you have you achieved.	x	

Yes, the department encourages voluntary counselling and testing. For the period 1 April 2023 to date no service provider has been in place. The department is advertising and appointing a new service provider within the new financial year 2025/2026. A total of 86 employees underwent counselling and HIV testing. There has been a significant decrease in testing opportunities and other challenges within the programme e.g., interim arrangement with GEMS providing the health screening services were deemed not successful.

The Government Medical Aid Scheme (GEMS) has conducted the screening services in the interim period, but experienced many challenges in performing this task.

Department of Health total number of employees	Tested	Positive	Negative
Total	86	0	86

Question	Yes	No
Has the department developed measures/indicators to monitor and evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators?	x	

The previous PEAP contract extension, which provided employee wellness services, expired in March 2022. While it was successful in some areas, challenges such as inconsistent service availability, lack of an integrated data management system, and limited adaptation to departmental needs were identified to ensure a more effective, data-driven, and responsive approach.

Labour Relations

The following collective agreements were entered into with trade unions within the department.

Collective Agreements for 2024/25
None

Misconduct & Disciplinary Hearings finalised in 2024/25		
Outcomes of disciplinary hearings	**No.**	**% of Total Hearings**
Correctional counselling	-	-
Verbal warning	-	-
Written warning	-	-
Final written warning	3	2.65%
Suspended without pay	9	7.96%
Demotion	-	-
Dismissal	50	44.25%
Desertion	47	41.59%
Not guilty	4	3.54%
Case withdrawn	-	-
Total	**113**	**100.00%**
% of Total Employment		**0.36%**

Note

Outcomes of disciplinary hearings refer to formal cases only.

Types of Misconduct Addressed in Disciplinary Hearing for 2024/25		
Outcomes of disciplinary hearings	**No.**	**% of Total**
Absent from work without reason or permission	4	3.54%
Code of Conduct (improper/unacceptable manner)	12	10.62%
Insubordination	1	0.88%
Fails to comply with or contravenes acts	5	4.42%
Negligence	-	-
Misuse of PGWC property	2	1.77%
Steals, bribes or commits fraud	11	9.73%
Substance Abuse	2	1.77%
Sexual Harassment	16	14.16%
Discrimination	5	4.42%
Assault or threatens to assault	8	7.08%
Desertions	47	41.59%
Protest Action	-	-
Social grant fraud	-	-
Total	**113**	**100.00%**

Grievances Lodged in 2024/25		
Outcomes of disciplinary hearings	**No.**	**% of Total**
Number of grievances resolved	74	43.27%
Number of grievances not resolved	77	45.03%
Pending	20	11.70%
Total	**171**	**100.00%**

Note

Number of grievances resolved means the grievance outcome was to the satisfaction of the employee. Number of grievance unresolved means the grievance outcome was not to the satisfaction of the employee. Pending means cases that are still being finalised.

Disputes Lodged with Councils in 2024/25		
Conciliations	**No.**	**% of total**
Deadlocked	63	96.92%
Settled	1	1.54%
Withdrawn	1	1.54%
Total No. of Disputes Lodged	**65**	**100.00%**
Arbitrations	**No.**	**% of Total**
Upheld in favour of employee	40	81.63%
Dismissed in favour of employer	3	6.12%
Settled	6	12.24%
Total No. of Disputes Lodged	**49**	**100.00%**

Note

Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and Public Health and Social Development Sectoral Bargaining Council (PHSDSBC).

Strike Action in 2024/25	
Total number of working days lost	-
Total cost of working days lost (R'000)	-
Amount recovered as a result of no work no pay	-

Precautionary Suspensions in 2024/25	
Number of people suspended	52
Number of people whose suspension exceeded 60 days	35
Average number of days suspended	106
Cost of suspension	R9 029 707

Note

Councils refer to the Public Service Co-ordinating Bargaining Council (PSCBC) and Public Health and Social Development Sectoral Bargaining Council (PHSDSBC).

Skills Development

This section highlights the efforts of the department with regards to skills development. The tables below reflect the training needs at the beginning of the period under review, and the actual training provided.

Training Needs Identified for 2024/25

Occupational category	Gender	No. of employees as of 31 March 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	Total
Legislators, senior officials and Managers	Female	99	-	15	-	15
	Male	142	-	20	-	20
Professionals	Female	10 153	-	6 340	-	6 340
	Male	3 282	-	1 340	-	1 340
Technicians and associate Professionals	Female	825	-	410	-	410
	Male	734	-	320	-	320
Clerks	Female	2 635	-	1 520	-	1 520
	Male	1 422	-	820	-	820
Service and sales workers	Female	7 599	-	5 130	-	5 130
	Male	1 874	-	1 900	-	1 900
Skilled agriculture and fishery workers	Female	-	-	0	-	0
	Male	-	-	0	-	0
Craft and related trade workers	Female	-	-	0	-	0
	Male	-	-	0	-	0
Plant and machine operators and assemblers	Female	8	-	5	-	5
	Male	158	-	60	-	60
Elementary occupations	Female	2 220	-	900	-	900
	Male	1 368	-	570	-	570

Training Needs Identified for 2024/25						
Occupational category	Gender	No. of employees as of 31 March 2024	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	Total
Sub-Total	**Female**	**23 539**	**-**	**14 320**	**-**	**14 320**
	Male	**8 980**	**-**	**5 030**	**-**	**5 030**
Total		**32 519**	**-**	**19 350**	***700**	**20 050**
Employees with disabilities	Female	126	-	60	-	60
	Male	110	-	50	-	50

Note

*Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training, Community Health Workers).

The above table identifies the number of training courses attended by individuals during the period under review. Source: Quarterly Monitoring and Evaluation Reports.

Training Provided in 2024/25						
Occupational category	Gender	No. of employees as of 31 March 2025	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes and other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	102	0	36	0	36
	Male	134	0	47	0	47
Professionals	Female	9 742	0	2 443	0	2 243
	Male	3 180	0	891	0	891
Technicians and associate professionals	Female	801	0	4 042	0	4 042
	Male	696	0	501	0	501
Clerks	Female	2 574	0	1 609	0	1 609
	Male	1380	0	712	0	712
Service and sales workers	Female	7 372	0	4 492	0	4 492
	Male	1 808	0	3 481	0	3 481
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	8	0	27	0	27
	Male	152	0	95	0	95
Elementary occupations	Female	2 138	0	687	0	687
	Male	1 315	0	546	0	546
Sub-Total	**Female**	**22 737**	**0**	**13 136**	**0**	**13 136**
	Male	**8 665**	**0**	**6 273**	**0**	**6 273**
Total		**31 402**	**0**	**19 406**	***613**	**20 022**
Employees with disabilities	Female	121	0	67	0	67
	Male	102	0	62	0	62

Note

*Other forms of training reflect the training of non-employees (Interns, Adult Basic Education and Training, Community Health Workers).

The above table identifies the number of training courses attended by individuals during the period under review. Source: Quarterly Monitoring and Evaluation Reports.

Injury on Duty

The table below provides basic information on the injury on duty.

Injuries on Duty for 2024/25		
Nature of injury on duty	**No.**	**% of total**
Required basic medical attention only	812	86.47%
Temporary disablement	98	10.43%
Permanent disablement	29	3.08%
Fatal	1	0.10%
Total	**939**	**100.00%**
% of total employed		**2.99%**

Note

The information provided above is calculated and provided as per the Department of Labour definition of IOD (i.e., basic IOD equals no leave taken, temporary disablement is less than 14 days leave for occupational injuries and disease and permanent disablement is more than 14 days for leave for occupational injuries and disease).

Utilisation of Consultants

Purpose	Name of Consultant/Contractor	Amount R'000
Evaluation of PILIR and Incapacity cases	Alexander Forbes Health (Pty) Ltd.	96
Provision of services related to the NEWSTER 50 machine for medical waste pulp	Alloro Africa Enviro Services	292
PERSAL system data analysis	BCX	3 787
Facilitating of a patient satisfaction survey, data analysis and feedback to Institution	Break through HR solutions	75
Verification of personal credentials, qualifications, and criminal records to minimise CV fraud	Comet Africa	75
The rendering of translation services	Department of Cultural Affairs and Sport	32
Conducting background screening and reference checks for Recruitment and Selection purposes as directed by DPSA	Dots Africa	2 003
Competency assessments for SMS members	Gijima Holdings	84
Telephonic and on-site interpretation services	Folio Online	4 068
Maintenance of computer systems like HIS / Assisted the Hospital Fees (Billing) Department with electronic submissions	Health System Technologies	907
Professional infrastructure and SCM consulting services, including training and advisory services	Janvanrensburg.com	102
Use of Disalab system for pharmacology services	Laboratory System Technologies	8
Provision of integrated management services for Western Cape Rehabilitation Centre and Lentegeur Psychiatric Hospital	Lentegeur Facilities Management	116 531
Services rendered by the Board members of the Mental Health Review Board	Mental Health Review Board	3 949
Occupational Health Risk Assessment (OHRA) Review	LYRA Southern Africa	173

Purpose	Name of Consultant/Contractor	Amount R'000
Competency assessments for SMS members	OIM Leadership Consulting	21
Online recruitment services	Petros Business Consultation	299
Telehealth interventions via the provincial contact centre	Department of the Premier	2 430
South African Bureau of Standards (SABS) payments for Dosimeter monitoring (Radiation Protection Fees)	SABS Commercial	1 563
Analysis of social media discourses on masculinity and femininity influencing aggression, control, and relationship expectations among young people residing in the Western Cape using advanced data analytics (Violence Prevention)	Tales of Turning	347
Competency Assessments for SMS members	The Assessment Toolbox	37
Development of training material and facilitation of training for clinical staff and Community Health Workers	The Health Foundation of South Africa	7 971
Competency assessments for filling of posts level 9 and up	Treetops Management and Development	9
Contract with UCT for rendering Pharmaco-vigilance, MIC Hotline service WCGHSC0152/2018 and COVID-19 related material	University of Cape Town	4 887
Co-designing the Strategic Framework & Implementation Guidelines for Area Based Teams (ABTs)	Western Cape Economic Development Partner	476
Honorarium payment for Student Representative Council WCCN	Western Cape College of Nursing	43
Total		**150 265**

PART E:

PFMA Compliance Report

Information on Irregular, Fruitless and Wasteful, Unauthorised Expenditure and Material Losses

Irregular Expenditure

Reconciliation of Irregular Expenditure	2024/2025	2023/2024
	R'000	R'000
Opening balance	24 838	81 165
Adjustment to opening balance	-	351
Opening balance as restated	24 838	81 516
Add: Irregular Expenditure confirmed	8 532	10 347
Less: Irregular Expenditure condoned	(3 517)	(67 025)
Less: Irregular Expenditure not condoned and removed	-	-
Less: Irregular Expenditure recoverable	-	-
Less: Irregular Expenditure not recoverable and written off	-	-
Closing balance	**29 853**	**24 838**

Reconciling Notes	2024/2025	2023/2024
	R'000	R'000
Irregular Expenditure that was under assessment	-	-
Irregular Expenditure that relates to the prior year and identified in the current year	-	3 481
Irregular Expenditure for the current year	8 532	6 866
Total	**8 532**	**10 347**

No Irregular Expenditure under assessment, determination or investigation during the reporting period.

Details of Irregular Expenditure Condoned	2024/2025	2023/2024
	R'000	R'000
Irregular Expenditure condoned	3 517	67 025
Total	**3 517**	**67 025**

No Irregular Expenditure was removed (not condoned) during this reporting period.

No Irregular Expenditure of the current and previous year was recovered during this reporting period.

No Irregular Expenditure of the current and previous year was written off (irrecoverable) during this reporting period.

Additional disclosure relating to Inter-Institutional Arrangements

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance) were found during this reporting period.

No non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance) were found during this reporting period.

No non-compliance cases involving institutional arrangement were found during this reporting period.

Fruitless and Wasteful Expenditure

Reconciliation of Fruitless and Wasteful Expenditure	2024/2025	2023/2024
	R'000	R'000
Opening balance	-	30
Adjustment to opening balance	-	-
Opening balance as restated	-	-
Add: Fruitless and Wasteful Expenditure confirmed	-	-
Less: Fruitless and Wasteful Expenditure recoverable	-	-
Less: Fruitless and Wasteful Expenditure not recoverable and written off	-	(30)
Closing balance	**-**	**-**

No current and prior year Fruitless and Wasteful Expenditure (under assessment, determination, and investigation) during this reporting period.

No current and prior year Fruitless and Wasteful Expenditure recovered during this reporting period.

No current and prior year Fruitless and Wasteful Expenditure not recovered and written off during this reporting period.

Details of disciplinary or criminal steps taken as a result of Fruitless and Wasteful Expenditure: N/A

Unauthorised Expenditure

No Unauthorised Expenditure incurred.

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

Details of Material Losses through Criminal Conduct	2024/2025	2023/2024
	R'000	R'000
Theft	7	-
Other material losses	-	-
Less: Recoverable	-	-
Less: Not recoverable and written off	7	-
Total	**-**	**-**

No other material losses were reported in this reporting period.

No other material losses were recovered in this reporting period.

Other Material Losses not Recoverable and Written Off: Nature of Losses	2024/2025	2023/2024
	R'000	R'000
Government vehicle damages and losses	1 885	1 995
Redundant stock (CMD & HIV Aids)	2 809	982
Total	**4 694**	**2 977**

Late and/or Non-Payment of Suppliers

The tables below provide information on the late and/or non-payment of suppliers.

Description	Number of Invoices	Consolidated Value
	Number	R'000
Valid invoices received	201 946	13 875 363
Invoices paid within 30 days or agreed period	200 555	13 803 573
Invoices paid after 30 days or agreed period	1 391	71 790
Invoices older than 30 days or agreed period (unpaid and without dispute)	59	3 308
Invoices older than 30 days or agreed period (unpaid and in dispute)	2	1

Note

Misfiled, misplaced, and unrecorded invoices.

Inadequate budget and/or cash flow management problems.

Supply Chain Management

Procurement by Other Means

Project description	Name of Supplier	Type of procurement by other means	Contract number	Value of contract R'000
Complete Bosch licensing, SMA, and ANPR upgrade for the GSH CCTV system for the next three years	Piezo Corp	Limited Bid above 1 million	GSH3/2024	1 151
One-year contract for a service provider to administer the Barrett Values Survey across all institutions via limited bidding (WCGHSL 0441/2024)	Barrett Value Centre L.L.C	Limited Bid above 1 million	WCGHSCL0441/2024	1 300
Extension of limited bid GSHPT70/2021 for a full maintenance contract on one digital flat-panel cardiac X-ray system	Tecmed	Limited Bid above 1 million	GSHPT70/2023	1 746
Upgrade 13 external speech processors for the cochlear implant system for the Speech and hearing Department at Tygerberg Hospital	Southern Ear, Nose and Throat	Limited Bid above 1 million	TBH508/2024	1 937
Autosampler for liquid, headspace and SPME injections in a GC-MS system	Chemetrix Export	Limited Bid above 1 million	WCGHCL0006/2024	2 044
Three-year maintenance contract for 15 anaesthetic machines at Red Cross Children's Hospital, including annual quality assurance, with a one-year extension option based on performance	Medhold Medical (Pty) Ltd	Limited Bid above 1 million	RCCH08/2023	2 059
Anaesthetic Machines for New Somerset Hospital	Medhold Medical (Pty) Ltd	Limited Bid above 1 million	WCGHCL0005/2024	2 134
EMS Manikins	Survival Technology (Pty) Ltd	Limited Bid above 1 million	WCGHCL0012/2024	2 544
Three-year maintenance contract for a Siemens Somatom Go Top CT scanner at Tygerberg Hospital, effective 1 October 2024 to 30 September 2027, with a two-year extension option at the hospital's discretion	Siemens Somatam	Limited Bid above 1 million	TBH509/2024	2 632
Supply, delivery and commissioning of anaesthesia machines with vaporizers for use in B1 theatre at Tygerberg Hospital for three years	Dräger South Africa (Pty) Ltd	Limited Bid above 1 million	TBH204/2024	3 247
Three-year limited bid contract (WCGHSL0439/2024) for doctor services in the Witzenberg subdistrict under the Western Cape Government Health and Wellness	Multiple Suppliers	Limited Bid above 1 million	WCGHSL0439/2024	4 535
Insulin syringes are essential for treating insulin-dependent diabetic patients and are provided monthly to patients through the Chronic Dispensing Unit	Embecta	Emergency Procurement above 1 million	999970U3717699 - WCHW-324905	5 080

Project description	Name of Supplier	Type of procurement by other means	Contract number	Value of contract R'000
Provision of comprehensive medical practitioner services to the Kannaland subdistrict in the Garden Route District under the Western Cape Government Health and Wellness, for the period 1 April 2024 to 31 March 2027	Dr Pauw And Partners	Limited Bid above 1 million	WCGHSL0356/ 2023	5 864
Hamilton Consumables	Ssem Mthembu Medical (Pty) Ltd	Limited Bid above 1 million	WCGHCL0001 /2024	5 896
Upgrade and commissioning of a digital cardiology PACS and CVIS system, including DSA and ImageVault, at Tygerberg Hospital's Cardiology Department, covering all aspects from supply to installation and demonstration	Medhold Medical (Pty) Ltd	Limited Bid above 10 Million	TBH202/2024	11 876
Three-year contract for paediatric respiratory care at Red Cross Children's Hospital, with tech support and consumables, and a two-year extension option based on performance	Sleepnet Breathenet (Pty) Ltd	Limited Bid above 10 Million	RCCH02/2024	12 312
Zoll M2 & Zoll X-Series Defibrillators at Emergency Medical Services (EMS)	Stat Tiakeni Medical (Pty) Ltd	Limited Bid above 10 Million	WCGHCL0008 /2024	15 000
Comprehensive catering	Itakane Trading 47	Limited Bid above 10 Million	WCGHSC0031 /2024	15 343
Three-year contract for the supply and delivery of Midas Rex Legend drill bits and attachments at Red Cross Children's Hospital, with a one-year extension option based on performance	Medtronic (Africa)	Limited Bid above 10 million	RCCH07/2023	16 280
Three-year contract for maintenance services, skips and operators for on-site healthcare risk waste treatment systems for the Western Cape Department of Health and Wellness	Alloro Africa Enviro Services	Limited Bid above 10 million	WCGHSL0393/ 2023	29 236
Three-year contract for support, maintenance and full upgrade of PACS systems at 62 primary care facilities and small hospitals	IT/Telco	Limited Bid above 10 Million	WCGHSL0424/ 2024	35 559
Catering contract at Mitchells Plain Hospital	Feedem Group	Limited Bid above 10 million	WCGHSC0032 /2024	45 692
Human allograft tissue	Bone SA NPC	Limited Bid above 10 Million	WCGHCL089/ 2023	55 746
Linen products, patient clothing and theatre uniforms	Various Suppliers	Limited Bid above 10 Million	WCGHSL 0233/2024	113 400
Total				**398 476**

Contract Variations and Expansions

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value R'000	Value of previous contract expansion/s or variation/s (if applicable) R'000	Value of current contract expansion or variation R'000
Ophthalmology	Various	Extension	WCGHCC065/ 2019	17 288	N/A	2 916
Provision of an industrial laundry service for white linen and linen management service (for white and theatre/green linen) which includes transport to GSH	Coral Clean	Extension	GSHPT66/2016	59 444	N/A	10 062
Ophthalmology	Various	Extension	WCGHCC065/ 2019	17 288	N/A	2 931
Three-year gardening and grounds maintenance contract at Valkenberg Hospital ending August 2024, extended until February 2025	Top 'n Nos	Extension	WCGHSC 0285/2020	2 430	N/A	429
Supply, delivery, placement and servicing of 300 sanitary bins for an additional six months at Red Cross Hospital	Bidvest Steiner	Extension	RFQ-1022-2021-12-1859	925	N/A	164
Cleaning services contract for the Orthotic and Prosthetic Centre in Pinelands from December 2024 to May 2025, on a month-to-month basis for up to six months	Top 'n Nos	Extension	WCGHSC 0243/2020	1 198	N/A	216
Three-year comprehensive cleaning service contract at Valkenberg Hospital ending November 2024, extended for six months until May 2025	Top 'n Nos	Extension	WCGHSC 0282/2020	26 620	N/A	4 850
Gardening service	Eugene Cillers - Trading as CB Trading	Extension	RFQ-1022-2023-06-69605	401	N/A	73
Cleaning service contract for Swellendam and Agulhas health facilities extended month-to-month from September 2024 to February 2025	Zara Cleaning Services Cc	Extension	WCGHSC 0277/2020	5 891	N/A	1 083
Three-year comprehensive cleaning service contract for Mitchells Plain and Tygerberg Oral Health Centres, ending June 2024, extended until December 2024 with a further six-month extension to June 2025	Zara Cleaning Services Cc	Extension	WCGHSC 0272/2020	12 208	N/A	2 322

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value R'000	Value of previous contract expansion/s or variation/s (if applicable) R'000	Value of current contract expansion or variation R'000
Cleaning service contract at Vredenburg Hospital extended on a month-to-month basis from October 2024 to March 2025, not exceeding six months	Top 'n Nos	Extension	WCGHSC 0269/2020	25 686	N/A	5 228
Extended contract for comprehensive cleaning and eco-friendly hygiene services at Bellville Health Park from August to October 2024, on a month-to-month basis not exceeding three months	Samcho Cleaning Services (Pty) Ltd	Extension	WCGHSC 0265/2020	3 423	N/A	705
Sutures and ligatures	Various	Extension	WCDOH12/2018	22 544	N/A	4 661
Contract extension for the supply of a moving team at Red Cross Hospital from 15 January 2025 until 31 March 2025	Israel Henkeman	Extension	RFQ-1022-2023-11-90451	171	N/A	36
Three-year contract for installation, maintenance and supply of reagents for a Clinical Chemistry Analyser at Tygerberg Hospital (May 2021–May 2024)	Abbott Laboratories SA	Extension	TBH525/2020	8 850	N/A	1 895
Contract for supply, installation, commissioning, support, and maintenance of an integrated PACS-RIS system and vendor neutral archive for nine regional and district hospitals in the Western Cape, from April 2025 to March 2026	Kunene Healthcare	Extension	RFB 1077/2013	42 000	N/A	10 208
Contract extended until 31 March 2025 for supply and sterilisation of reusable surgical items at Tygerberg Hospital.	Priontex SA	Extension	TBH 501/2020	21 534	N/A	5 638
Contract extension for comprehensive cleaning services at Red Cross Hospital on a month-to-month basis from 1 January to 31 May 2025, not exceeding five months	Top 'n Nos	Extension	RCCH03/2019	27 576	N/A	7 643
Sutures and ligatures	Various	Extension	WCDOH12/2018	22 544	N/A	6 323
Bandages and dressings requirements	Various	Extension	WCGHCC062/2019	437 402	N/A	145 801

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value R'000	Value of previous contract expansion/s or variation/s (if applicable) R'000	Value of current contract expansion or variation R'000
Provision of paediatric life support training for nursing staff and health professionals at Red Cross Hospital	University of Cape Town	Extension	DOC2857298948	394	N/A	143
Extension and expansion of calf compressor devices at GSH, including maintenance and supply of consumables, from 1 August 2024 to 31 July 2025	Arjo Huntleigh South African (Pty) Ltd	Extension	GSHPT91/2021	1 794	N/A	776
Pest Control Service for 24 months with an optional extension of 12 months based on performance	Atlantic Pest Control and Hygiene Solutions	Extension	RFQ-1022-2022-09-38719	342	N/A	171
C-Arm Units at Paarl and Worcester Hospital	Phillips SA (Pty) Ltd	Expansion	WCGHCC0027/2024	4 738	N/A	2 369
20-month contract for the supply and installation of a blood-gas analyser with consumables and training at Red Cross Children's Hospital, from November 2024 to June 2026	Medhold Medical (Pty) Ltd	Extension	RCCH05/2021	1 124	N/A	725
Extension of a maintenance and quality assurance contract for ultrasound and fluoroscopy equipment at Red Cross Children's Hospital from August 2024 to July 2026	Techmed	Extension	RCCH02/201	1 486	N/A	1 067
Extension for an inclusive fully comprehensive maintenance contract for various diagnostic imaging and image-guided therapy equipment	Philips South Africa Commercial (Pty) Ltd	Extension	TBH 516/2021	31 972	N/A	24 850
Three-year maintenance and quality assurance contract for the GE gamma camera at Red Cross Hospital, with an option to extend	GE Medical Systems South Africa	Extension	RCCH03/2021	2 843	N/A	2 222
Provision of chronic and acute haemodialysis services for three years	Fresenius Medical Care	Extension	RCCH11/2020	4 945	N/A	4 739
Rendering of a laundry service for 12 months at Red Cross Hospital	Shalom Washing Services	Extension	RFQ-1022-2023-08-80075	590	N/A	590
Installation of procedure lights	Hutz Hospi Tec	Expansion	RFQ-Q022-2025-01-137090	121	N/A	182

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value R'000	Value of previous contract expansion/s or variation/s (if applicable) R'000	Value of current contract expansion or variation R'000
19-month contract for two cartridge-based blood gas analysers in the PICU at Red Cross Children's Hospital, from December 2024 to June 2026	Ilex South Africa (Pty) Ltd	Expansion	RCCH09/2023	744	N/A	1 775
Total				**806 517**		**252 790**

The Western Cape Department of Health and Wellness in collaboration with The Children's Hospital Trust and partner organisations, officially launched the first Burns Unit at Ceres Hospital. The Trust invested a total of R18 million to establish these units.

PART F:
Financial Information

Report of the Auditor-General to the Western Cape Provincial Parliament on vote no. 6: Western Cape Department of Health and Wellness

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Western Cape Department of Health and Wellness set out on pages 207 to 272, which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.

2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Western Cape Department of Health and Wellness 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) prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 24 of 2024 (Dora).

Basis for opinion

3. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.

4. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

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

Emphasis of matter

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

Material impairment

7. As disclosed in note 23.3 to the financial statements, accrued departmental revenue was significantly impaired. The impairment allowance amounted to R342 million (2023-24: R394 million).

Other matter

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

Unaudited supplementary schedules

9. The supplementary information set out in pages 273 to 291 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

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

11. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

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

13. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 204, forms part of my auditor's report.

Report on the audit of the annual performance report

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

15. I selected the following programmes presented in the annual performance report for the year ended 31 March 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	37 to 54	To render facility-based district health services (at clinics, community health centres and district hospitals) and community-based district health services to the population of the Western Cape Province.
Programme 4 – provincial hospital services	60 to 65	To deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialised rehabilitation service, dental service, psychiatric service, as well as providing a platform for training health professionals and conducting research.

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

17. I performed procedures to test whether:

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

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

19. I did not identify any material findings on the reported performance information for the selected programmes.

Other matter

20. I draw attention to the matter below.

Achievement of planned targets

21. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- or underachievement.

22. The tables that follow provide information on the achievement of planned targets and list the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 36 to 55 and 59 to 66.

Programme 2 – district health services

Targets achieved: 92,7% Budget spent: 99,5%		
Key service delivery indicators not achieved	**Planned target**	**Reported achievement**
District health services		
Ideal clinic status obtained rate	83,6%	80,2%
Primary health care		
Maternal mortality in facility (Ratio per 100 000 live births)	54,1	59,6
Cervical cancer screening coverage	24,0%	23,2%

Programme 4 – provincial hospital services

Targets achieved: 94,1% Budget spent: 100%		
Key service delivery indicators not achieved	**Planned target**	**Reported achievement**
Specialised hospitals		
Patient experience of care satisfaction rate	84,0%	81,1%

Report on compliance with legislation

23. 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.

24. 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.

25. 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.

26. I did not identify any material non-compliance with the selected legislative requirements.

Other information in the annual report

27. The accounting officer is responsible for the other information included in the annual 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.

28. 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 conclusion on it.

29. 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.

30. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report on that fact.

31. I have nothing to report in this regard.

Internal control deficiencies

32. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.

33. I did not identify any significant deficiencies in internal control.

Other reports

34. I draw attention to the following engagement conducted. This report did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

35. On 11 April 2022, the president of the Republic of South Africa authorised the special investigating unit (SIU) to investigate unlawful or improper conduct by claimants or applicants or their agents in the institution of civil action or civil application proceedings for relief against the institutions in respect of medical negligence claims in a manner that was fraudulent or conducted by, or facilitated through, the improper or unlawful conduct of employees or officials of the institutions or any other person or entity to corruptly or unduly benefit themselves or any other person. The investigation was also authorised to investigate any related losses or irregular or fruitless and wasteful expenditure incurred by the institutions or the State as a result thereof.

36. The investigation is being conducted across the health sector in South Africa. At the date of my report, the investigation had not yet been concluded.

Auditor General

Cape Town

30 July 2025

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure to the auditor's report

The annexure includes the following:

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

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

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

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

Communication with those charged with governance

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

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

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999	Section 1 Section 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(f); 38(1)(h)(iii) Section 39(1)(a); 39(2)(a) Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(1); 43(4) Section 44 Section 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3 Regulation 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b) Regulation 7.2.1 Regulation 8.1.1; 8.2.1; 8.2.3; 8.4.1 Regulation 9.1.1; 9.1.4 Regulation 10.1.1(a); 10.1.2 Regulation 11.4.1; 11.4.2; 11.5.1 Regulation 12.5.1 Regulation 15.10.1.2(c) Regulation 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; 16A7.7; 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A9.1(d); 16A9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii) Regulation 17.1.1 Regulation 18.2 Regulation 19.8.4
Construction Industry Development Board Act 38 of 2000	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17 Regulation 25(7A)
Division of Revenue Act 24 of 2024	Section 11(6)(a) Section 12(5) Section 16(1); 16(3); 16(3)(a)(i); 16(3)(a)(ii)(bb)
National Health Act 61 of 2003	Section 13
Second amendment National Treasury Instruction No. 5 of 2020/21	Paragraph 1
Erratum National Treasury Instruction No. 5 of 2020/21	Paragraph 2
National Health Act 61 of 2003	Section 13
National Treasury instruction No 5 of 2020/21	Paragraph 4.8; 4.9 Paragraph 5.3

Legislation	Sections or regulations
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 Paragraph 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) Paragraph 3.3
Practice Note 5 of 2009/10	Paragraph 3.3
Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1 Section 2.1(a); 2.1(f)
Preferential Procurement Regulation, 2022	Regulation 4.1; 4.2; 4.3; 4.4 Regulation 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulation, 2017	Regulation 4.1; 4.2 Regulation 5.1; 5.3; 5.6; 5.7 Regulation 6.1; 6.2; 6.3; 6.6; 6.8 Regulation 7.1; 7.2; 7.3; 7.6; 7.8 Regulation 8.2; 8.5 Regulation 9.1 Regulation 10.1; 10.2 Regulation 11.1; 11.2
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
State Information Technology Agency Act 88 of 1998	Section 7(3)
Public Service Regulations, 2016	Regulation 18(1); 18(2) Regulation 25(1)(e)(i); 25(1)(e)(iii)

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
Voted funds and Direct charges	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme									
1 ADMINISTRATION	943 639	-	(29 258)	914 381	913 768	613	99.9%	980 573	980 573
2 DISTRICT HEALTH SERVICES	12 721 621	-	-	12 721 621	12 659 858	61 763	99.5%	12 178 279	12 155 573
3 EMERGENCY MEDICAL SERVICES	1 395 661	-	-	1 395 661	1 386 246	9 415	99.3%	1 358 041	1 349 750
4 PROVINCIAL HOSPITAL SERVICES	4 919 814	-	(22 383)	4 897 431	4 896 732	699	100.0%	4 838 351	4 801 042
5 CENTRAL HOSPITAL SERVICES	8 313 497	-	54 684	8 368 181	8 368 181	-	100.0%	8 149 924	8 149 924
6 HEALTH SCIENCES AND TRAINING	427 312	-	(3 043)	424 269	420 070	4 199	99.0%	419 746	418 753
7 HEALTH CARE SUPPORT SERVICES	661 913	-	-	661 913	651 055	10 858	98.4%	641 607	618 626
8 HEALTH FACILITIES MANAGEMENT	1 303 504	-	-	1 303 504	1 256 708	46 796	96.4%	1 169 467	1 169 466
TOTAL	**30 686 961**	**-**	**-**	**30 686 961**	**30 552 618**	**134 343**	**99.6%**	**29 735 988**	**29 643 707**
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				85 159				52 314	
NRF Receipts				-				-	
Aid assistance				29 076				21 225	
Actual amounts per Statement of Financial Performance (Total revenue)				**30 801 196**				**29 809 527**	
Add: Aid assistance					20 957				9 385
Prior year unauthorised expenditure approved without funding					-				-
Actual amounts per Statement of Financial Performance (Total expenditure)					**30 573 575**				**29 653 092**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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APPROPRIATION STATEMENT
for the year ended 31 March 2025

Appropriation per economic classification	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	**27 700 629**	**-**	**(36 494)**	**27 664 135**	**27 414 736**	**249 399**	**99.1%**	**26 974 904**	**26 959 956**
Compensation of employees	17 950 682	-	(36 223)	17 914 459	17 626 069	288 390	98.4%	17 323 479	17 204 010
Goods and services	9 749 947	-	(271)	9 749 676	9 788 667	(38 991)	100.4%	9 651 425	9 755 946
Transfers and subsidies	**1 660 203**	**-**	**(29 258)**	**1 630 945**	**1 617 096**	**13 849**	**99.2%**	**1 618 418**	**1 540 479**
Provinces and municipalities	598 472	-	-	598 472	597 281	1 191	99.8%	627 084	600 852
Departmental agencies and accounts	8 069	-	-	8 069	7 929	140	98.3%	7 897	7 788
Non-profit institutions	735 784	-	-	735 784	757 885	(22 101)	103.0%	726 185	709 656
Households	317 878	-	(29 258)	288 620	254 001	34 619	88.0%	257 252	222 183
Payments for capital assets	**1 326 129**	**-**	**54 684**	**1 380 813**	**1 509 718**	**(128 905)**	**109.3%**	**1 133 475**	**1 134 081**
Buildings and other fixed structures	601 960	-	-	601 960	626 255	(24 295)	104.0%	488 450	456 096
Machinery and equipment	724 169	-	51 084	775 253	862 728	(87 475)	111.3%	643 924	676 162
Software and other intangible assets	-	-	3 600	3 600	20 735	(17 135)	576.0%	1 101	1 823
Payment for financial assets	**-**	**-**	**11 068**	**11 068**	**11 068**	**-**	**100.0%**	**9 191**	**9 191**
TOTAL	**30 686 961**	**-**	**-**	**30 686 961**	**30 552 618**	**134 343**	**99.6%**	**29 735 988**	**29 643 707**

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**	9 063	-	-	9 063	8 450	613	93.2%	9 788	9 321
2 **MANAGEMENT**	934 576	-	(29 258)	905 318	905 318	-	100.0%	970 785	971 252
TOTAL	**943 639**	**-**	**(29 258)**	**914 381**	**913 768**	**613**	**99.9%**	**980 573**	**980 573**
Economic classification									
Current payments	**719 993**	**-**	**-**	**719 993**	**744 232**	**(24 239)**	**103.4%**	**815 600**	**826 487**
Compensation of employees	445 465	-	-	445 465	412 021	33 444	92.5%	457 066	425 671
Goods and services	274 528	-	-	274 528	332 211	(57 683)	121.0%	358 534	400 816
Transfers and subsidies	**203 957**	**-**	**(29 258)**	**174 699**	**144 063**	**30 636**	**82.5%**	**148 575**	**129 675**
Departmental agencies and accounts	651	-	-	651	506	145	77.7%	651	547
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	651	-	-	651	506	145	77.7%	651	547
Households	203 306	-	(29 258)	174 048	143 557	30 491	82.5%	147 924	129 128
Social benefits	11 111	-	-	11 111	9 572	1 539	86.1%	11 166	10 036
Other transfers to households	192 195	-	(29 258)	162 937	133 985	28 952	82.2%	136 758	119 092
Payments for capital assets	**19 689**	**-**	**-**	**19 689**	**25 473**	**(5 784)**	**129.4%**	**16 228**	**24 241**
Machinery and equipment	19 689	-	-	19 689	25 316	(5 627)	128.6%	16 228	24 083
Transport equipment	15 152	-	-	15 152	12 709	2 443	83.9%	7 474	11 096
Other machinery and equipment	4 537	-	-	4 537	12 607	(8 070)	277.9%	8 754	12 987
Software and other intangible assets	-	-	-	-	157	(157)	-	-	158
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**170**	**170**
Total	**943 639**	**-**	**(29 258)**	**914 381**	**913 768**	**613**	**99.9%**	**980 573**	**980 573**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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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**	690 781	-	-	690 781	655 557	35 224	94.9%	492 259	442 161
2 **COMMUNITY HEALTH CLINICS**	1 742 980	-	-	1 742 980	1 717 801	25 179	98.6%	1 737 761	1 741 102
3 **COMMUNITY HEALTH CENTRES**	3 041 274	-	(975)	3 040 299	2 966 697	73 602	97.6%	2 992 060	2 919 357
4 **COMMUNITY BASED SERVICES**	506 335	-	-	506 335	510 109	(3 774)	100.7%	481 153	476 571
5 **OTHER COMMUNITY SERVICES**	1	-	-	1	-	1	-	1	-
6 **HIV/AIDS**	1 983 370	-	-	1 983 370	1 981 700	1 670	99.9%	1 856 320	1 857 026
7 **NUTRITION**	60 757	-	-	60 757	71 108	(10 351)	117.0%	60 265	71 448
8 **CORONER SERVICES**	1	-	-	1	-	1	-	1	-
9 **DISTRICT HOSPITALS**	4 696 121	-	975	4 697 096	4 756 886	(59 790)	101.3%	4 558 458	4 647 908
10 **GLOBAL FUND**	1	-	-	1	-	1	-	1	-
TOTAL	**12 721 621**	**-**	**-**	**12 721 621**	**12 659 858**	**61 763**	**99.5%**	**12 178 279**	**12 155 573**
Economic classification									
Current payments	**11 310 961**	**-**	**(2 119)**	**11 308 842**	**11 188 981**	**119 861**	**98.9%**	**10 792 136**	**10 833 471**
Compensation of employees	6 920 929	-	(2 119)	6 918 810	6 785 195	133 615	98.1%	6 612 983	6 570 630
Goods and services	4 390 032	-	-	4 390 032	4 403 786	(13 754)	100.3%	4 179 153	4 262 841
Transfers and subsidies	**1 244 833**	**-**	**-**	**1 244 833**	**1 262 428**	**(17 595)**	**101.4%**	**1 247 491**	**1 201 933**
Provinces and municipalities	598 454	-	-	598 454	597 265	1 189	99.8%	627 066	600 838
Non-profit institutions	623 932	-	-	623 932	646 161	(22 229)	103.6%	598 189	581 737
Households	22 447	-	-	22 447	19 002	3 445	84.7%	22 236	19 358
Payments for capital assets	**165 827**	**-**	**-**	**165 827**	**206 330**	**(40 503)**	**124.4%**	**137 431**	**118 948**
Machinery and equipment	165 827	-	-	165 827	206 222	(40 395)	124.4%	137 377	118 907
Software and other intangible assets	-	-	-	-	108	(108)	-	54	41
Payment for financial assets	**-**	**-**	**2 119**	**2 119**	**2 119**	**-**	**100.0%**	**1 221**	**1 221**
Total	**12 721 621**	**-**	**-**	**12 721 621**	**12 659 858**	**61 763**	**99.5%**	**12 178 279**	**12 155 573**

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 TRANSPORT**	1 264 079	-	1 451	1 265 530	1 267 475	(1 945)	100.2%	1 240 830	1 232 653
2 **PLANNED PATIENT TRANSPORT**	131 582	-	(1 451)	130 131	118 771	11 360	91.3%	117 211	117 097
TOTAL	**1 395 661**	**-**	**-**	**1 395 661**	**1 386 246**	**9 415**	**99.3%**	**1 358 041**	**1 349 750**
Economic classification									
Current payments	**1 264 976**	**-**	**(1 451)**	**1 263 525**	**1 201 971**	**61 554**	**95.1%**	**1 237 122**	**1 206 285**
Compensation of employees	855 655	-	(1 451)	854 204	839 219	14 985	98.2%	825 784	820 394
Goods and services	409 321	-	-	409 321	362 752	46 569	88.6%	411 338	385 891
Transfers and subsidies	**1 273**	**-**	**-**	**1 273**	**2 889**	**(1 616)**	**226.9%**	**961**	**1 923**
Provinces and municipalities	18	-	-	18	15	3	83.3%	18	14
Households	1 255	-	-	1 255	2 874	(1 619)	229.0%	943	1 909
Payments for capital assets	**129 412**	**-**	**-**	**129 412**	**179 935**	**(50 523)**	**139.0%**	**118 393**	**139 977**
Machinery and equipment	129 412	-	-	129 412	179 935	(50 523)	139.0%	118 393	139 977
Payment for financial assets	**-**	**-**	**1 451**	**1 451**	**1 451**	**-**	**100.0%**	**1 565**	**1 565**
Total	**1 395 661**	**-**	**-**	**1 395 661**	**1 386 246**	**9 415**	**99.3%**	**1 358 041**	**1 349 750**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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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	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 **GENERAL (REGIONAL) HOSPITALS**	2 638 212	-	231	2 638 443	2 654 881	(16 438)	100.6%	2 621 128	2 605 159
2 **TUBERCULOSIS HOSPITALS**	413 426	-	34	413 460	418 743	(5 283)	101.3%	404 262	415 943
3 **PSYCHIATRIC/MENTAL HOSPITALS**	1 189 892	-	(265)	1 189 627	1 175 859	13 768	98.8%	1 156 910	1 158 295
4 **SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS**	466 611	-	(11 432)	455 179	453 935	1 244	99.7%	446 757	422 475
5 **DENTAL TRAINING HOSPITALS**	211 673	-	(10 951)	200 722	193 314	7 408	96.3%	209 294	199 170
TOTAL	**4 919 814**	**-**	**(22 383)**	**4 897 431**	**4 896 732**	**699**	**100.0%**	**4 838 351**	**4 801 042**
Economic classification									
Current payments	**4 809 476**	**-**	**(22 820)**	**4 786 656**	**4 760 184**	**26 472**	**99.4%**	**4 723 620**	**4 705 531**
Compensation of employees	3 478 223	-	(22 820)	3 455 403	3 422 682	32 721	99.1%	3 389 442	3 384 411
Goods and services	1 331 253	-	-	1 331 253	1 337 502	(6 249)	100.5%	1 334 178	1 321 120
Transfers and subsidies	**65 237**	**-**	**-**	**65 237**	**59 721**	**5 516**	**91.5%**	**65 951**	**60 496**
Non-profit institutions	46 902	-	-	46 902	46 774	128	99.7%	47 490	47 413
Households	18 335	-	-	18 335	12 947	5 388	70.6%	18 461	13 083
Payments for capital assets	**45 101**	**-**	**-**	**45 101**	**76 390**	**(31 289)**	**169.4%**	**48 295**	**34 530**
Machinery and equipment	45 101	-	-	45 101	76 264	(31 163)	169.1%	48 295	34 516
Software and other intangible assets	-	-	-	-	126	(126)	-	-	14
Payment for financial assets	**-**	**-**	**437**	**437**	**437**	**-**	**100.0%**	**485**	**485**
Total	**4 919 814**	**-**	**(22 383)**	**4 897 431**	**4 896 732**	**699**	**100.0%**	**4 838 351**	**4 801 042**

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**	7 254 081	-	55 301	7 309 382	7 340 534	(31 152)	100.4%	7 128 377	7 141 653
2 **PROVINCIAL TERTIARY HOSPITAL SERVICES**	1 059 416	-	(617)	1 058 799	1 027 647	31 152	97.1%	1 021 547	1 008 271
TOTAL	**8 313 497**	**-**	**54 684**	**8 368 181**	**8 368 181**	**-**	**100.0%**	**8 149 924**	**8 149 924**
Economic classification									
Current payments	**8 245 739**	**-**	**(719)**	**8 245 020**	**8 222 849**	**22 171**	**99.7%**	**8 067 932**	**8 074 017**
Compensation of employees	5 542 510	-	(719)	5 541 791	5 492 884	48 907	99.1%	5 367 898	5 354 745
Goods and services	2 703 229	-	-	2 703 229	2 729 965	(26 736)	101.0%	2 700 034	2 719 272
Transfers and subsidies	**23 550**	**-**	**-**	**23 550**	**26 119**	**(2 569)**	**110.9%**	**39 056**	**33 814**
Non-profit institutions	-	-	-	-	-	-	-	15 506	15 506
Households	23 550	-	-	23 550	26 119	(2 569)	110.9%	23 550	18 308
Payments for capital assets	**44 208**	**-**	**54 684**	**98 892**	**118 494**	**(19 602)**	**119.8%**	**42 450**	**41 607**
Machinery and equipment	44 208	-	51 084	95 292	114 894	(19 602)	120.6%	41 403	40 560
Software and other intangible assets	-	-	3 600	3 600	3 600	-	100.0%	1 047	1 047
Payment for financial assets	**-**	**-**	**719**	**719**	**719**	**-**	**100.0%**	**486**	**486**
Total	**8 313 497**	**-**	**54 684**	**8 368 181**	**8 368 181**	**-**	**100.0%**	**8 149 924**	**8 149 924**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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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 **NURSE TRAINING COLLEGE**	121 584	-	17	121 601	121 748	(147)	100.1%	113 492	118 980
2 **EMERGENCY MEDICAL SERVICES (EMS) TRAINING COLLEGE**	36 043	-	-	36 043	36 501	(458)	101.3%	35 493	33 945
3 **BURSARIES**	65 261	-	3 072	68 333	68 105	228	99.7%	65 261	61 287
4 **PRIMARY HEALTH CARE (PHC) TRAINING**	1	-	-	1	-	1	-	1	-
5 **TRAINING (OTHER)**	204 423	-	(6 132)	198 291	193 716	4 575	97.7%	205 499	204 541
TOTAL	**427 312**	**-**	**(3 043)**	**424 269**	**420 070**	**4 199**	**99.0%**	**419 746**	**418 753**
Economic classification									
Current payments	**301 723**	**-**	**(6 132)**	**295 591**	**286 719**	**8 872**	**97.0%**	**296 006**	**297 234**
Compensation of employees	204 805	-	(6 132)	198 673	187 140	11 533	94.2%	193 013	190 592
Goods and services	96 918	-	-	96 918	99 579	(2 661)	102.7%	102 993	106 642
Transfers and subsidies	**120 198**	**-**	**-**	**120 198**	**119 967**	**231**	**99.8%**	**115 426**	**111 790**
Departmental agencies and accounts	7 418	-	-	7 418	7 418	-	100.0%	7 246	7 241
Departmental agencies	7 418	-	-	7 418	7 418	-	100.0%	7 246	7 241
Non-profit institutions	64 950	-	-	64 950	64 950	-	100.0%	65 000	65 000
Households	47 830	-	-	47 830	47 599	231	99.5%	43 180	39 549
Social benefits	651	-	-	651	621	30	95.4%	652	994
Other transfers to households	47 179	-	-	47 179	46 978	201	99.6%	42 528	38 555
Payments for capital assets	**5 391**	**-**	**-**	**5 391**	**10 295**	**(4 904)**	**191.0%**	**4 069**	**5 484**
Machinery and equipment	5 391	-	-	5 391	10 288	(4 897)	190.8%	4 069	5 484
Software and other intangible assets	-	-	-	-	7	(7)	-	-	-
Payment for financial assets	**-**	**-**	**3 089**	**3 089**	**3 089**	**-**	**100.0%**	**4 245**	**4 245**
Total	**427 312**	**-**	**(3 043)**	**424 269**	**420 070**	**4 199**	**99.0%**	**419 746**	**418 753**

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 **LAUNDRY SERVICES**	136 156	-	-	136 156	136 836	(680)	100.5%	126 909	127 506
2 **ENGINEERING SERVICES**	141 524	-	(2 955)	138 569	129 841	8 728	93.7%	136 489	130 446
3 **FORENSIC SERVICES**	279 963	-	-	279 963	282 982	(3 019)	101.1%	274 330	265 836
4 **ORTHOTIC AND PROSTHETIC SERVICES**	1	-	-	1	-	1	-	1	-
5 **CAPE MEDICAL DEPOT**	81 895	-	2 955	84 850	84 481	369	99.6%	83 690	77 788
6 **WC HEALTH WAREHOUSE**	22 374	-	-	22 374	16 915	5 459	75.6%	20 188	17 050
TOTAL	**661 913**	**-**	**-**	**661 913**	**651 055**	**10 858**	**98.4%**	**641 607**	**618 626**
Economic classification									
Current payments	**621 289**	**-**	**(2 982)**	**618 307**	**602 138**	**16 169**	**97.4%**	**604 794**	**578 103**
Compensation of employees	417 366	-	(2 982)	414 384	403 902	10 482	97.5%	396 493	380 715
Goods and services	203 923	-	-	203 923	198 236	5 687	97.2%	208 301	197 388
Transfers and subsidies	**917**	**-**	**-**	**917**	**1 662**	**(745)**	**181.2%**	**917**	**685**
Provinces and municipalities	-	-	-	-	1	(1)	-	-	-
Provinces	-	-	-	-	1	(1)	-	-	-
Provincial agencies and funds	-	-	-	-	1	(1)	-	-	-
Households	917	-	-	917	1 661	(744)	181.1%	917	685
Social benefits	917	-	-	917	1 661	(744)	181.1%	917	685
Payments for capital assets	**39 707**	**-**	**-**	**39 707**	**44 273**	**(4 566)**	**111.5%**	**34 877**	**38 819**
Machinery and equipment	39 707	-	-	39 707	44 273	(4 566)	111.5%	34 877	38 819
Transport equipment	29 143	-	-	29 143	32 367	(3 224)	111.1%	28 485	30 923
Other machinery and equipment	10 564	-	-	10 564	11 906	(1 342)	112.7%	6 392	7 896
Payment for financial assets	**-**	**-**	**2 982**	**2 982**	**2 982**	**-**	**100.0%**	**1 019**	**1 019**
Total	**661 913**	**-**	**-**	**661 913**	**651 055**	**10 858**	**98.4%**	**641 607**	**618 626**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

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**	223 685	-	-	223 685	172 774	50 911	77.2%	151 125	155 058
2 **EMERGENCY MEDICAL RESCUE SERVICES**	31 643	-	-	31 643	18 481	13 162	58.4%	35 818	25 114
3 **DISTRICT HOSPITAL SERVICES**	293 730	-	-	293 730	244 023	49 707	83.1%	193 041	200 639
4 **PROVINCIAL HOSPITAL SERVICES**	230 397	-	-	230 397	197 040	33 357	85.5%	156 645	186 292
5 **CENTRAL HOSPITAL SERVICES**	366 687	-	-	366 687	428 386	(61 699)	116.8%	435 098	396 470
6 **OTHER FACILITIES**	157 362	-	-	157 362	196 004	(38 642)	124.6%	197 740	205 893
TOTAL	**1 303 504**	**-**	**-**	**1 303 504**	**1 256 708**	**46 796**	**96.4%**	**1 169 467**	**1 169 466**
Economic classification									
Current payments	**426 472**	**-**	**(271)**	**426 201**	**407 662**	**18 539**	**95.7%**	**437 694**	**438 828**
Compensation of employees	85 729	-	-	85 729	83 026	2 703	96.8%	80 800	76 852
Goods and services	340 743	-	(271)	340 472	324 636	15 836	95.3%	356 894	361 976
Transfers and subsidies	**238**	**-**	**-**	**238**	**247**	**(9)**	**103.8%**	**41**	**163**
Departmental agencies and accounts	-	-	-	-	5	(5)	-	-	-
Households	238	-	-	238	242	(4)	101.7%	41	163
Payments for capital assets	**876 794**	**-**	**-**	**876 794**	**848 528**	**28 266**	**96.8%**	**731 732**	**730 475**
Buildings and other fixed structures	601 960	-	-	601 960	626 255	(24 295)	104.0%	488 450	456 096
Machinery and equipment	274 834	-	-	274 834	205 536	69 298	74.8%	243 282	273 816
Software and other intangible assets	-	-	-	-	16 737	(16 737)	-	-	563
Payment for financial assets	**-**	**-**	**271**	**271**	**271**	**-**	**100.0%**	**-**	**-**
Total	**1 303 504**	**-**	**-**	**1 303 504**	**1 256 708**	**46 796**	**96.4%**	**1 169 467**	**1 169 466**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

STATEMENT OF FINANCIAL PERFORMANCE
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 the note on Transfers and Subsidies, and Annexure 1A-D of the Annual Financial Statements.

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

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

3. Detail on payments for financial assets

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

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

4.1 Per programme

Programme	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Administration	914 381	913 768	613	0.1%
District Health Services	12 721 621	12 659 858	61 763	0.5%
Emergency Medical Services	1 395 661	1 386 246	9 415	0.7%
Provincial Hospital Services	4 897 431	4 896 732	699	0.0%
Central Hospital Services	8 368 181	8 368 181	-	0.0%
Health Sciences and Training	424 269	420 070	4 199	1.0%
Health Care Support Services	661 913	651 055	10 858	1.6%
Health Facilities Management	1 303 504	1 256 708	46 796	3.6%
Total	**30 686 961**	**30 552 618**	**134 343**	**0.4%**

All programmes level of underspending is within acceptable norms, except for Health Facilities Management.

Health Facilities Management:

The under-spending can mainly be attributed to:

- Slow progress within the Health Maintenance portfolio
- Delays experienced with the roll-out of the alternative electrical supply programme.
- Delays experienced with the implementation of certain management contractor projects.

As part of the departmental roll-over application, it has been requested that surpluses linked to the Provincial Equitable Share (PES): Energy fund be reallocated in 2025/26, whilst the other be set aside within Western Cape Government: Provincial Treasury's Asset financing reserve - to serve as contribution for the construction of the new Tygerberg Central Hospital.

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

4.2 Per economic classification

Economic classification	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Current payments				
Compensation of employees	17 914 459	17 626 069	288 390	1.6%
Goods and services	9 749 676	9 788 667	(38 991)	(0.4%)
Transfers and subsidies				
Provinces and municipalities	598 472	597 281	1 191	0.2%
Departmental agencies and accounts	8 069	7 929	140	1.7%
Non-profit institutions	735 784	757 885	(22 101)	(3.0%)
Households	288 620	254 001	34 619	12.0%
Payments for capital assets				
Buildings and other fixed structures	601 960	626 255	(24 295)	(4.0%)
Machinery and equipment	775 253	862 728	(87 475)	(11.3%)
Software and other intangible assets	3 600	20 735	(17 135)	(476.0%)
Payments for financial assets	**11 068**	**11 068**	**-**	**0.0%**
Total	**30 686 961**	**30 552 618**	**134 343**	**0.4%**

The variance between the total budget and expenditure of R134.343m is equivalent to 0.4% of the Department's budget, which is within the acceptable norm of 2 per cent.

Current Payments:

Compensation of Employees:

Since October 2023, the Department has experienced a steady decline in headcount, with only minimal net increases in select months.

Between April 2024 and March 2025, this resulted in a net loss of 989 positions. Several factors contributed to this challenge, including:

- The ongoing effect of DPSA Circular 49 of 2023 and related directives, which extend until 31 March 2025
- Modifications to the block advert policy as a recruitment tool, as necessitated by DPSA.
- Abnormal increases in staff resignations.

A key strategic priority moving forward is to accelerate the pace of new appointments to not only offset attrition but also drive sustained net growth in headcount.

Goods and services:

This economic classification level of over-spending is within acceptable norms.

Transfers and subsidies:

Over-spending can mainly be attributed to:

Non-profit institutions, explained as follows:

- Non-Profit Institutions (NPIs) and Community Health Workers (CHWs) play a critical role in the rendering of community-based health services in the Western Cape, aiming at improving the health outcomes of the communities within the Cape Town District.
- A continued real reduction in the Department's budget allocation has resulted in recurring below inflationary budget allocations for Transfer Payments that fund these entities. In prior periods these budget shortfalls have been absorbed through the various other funding streams, but these funding streams allocations have also reduced.
- The continued reduction on all these funding sources as well as the impact of inflation on costs for the NPIs (e.g. a legislated 8,5% stipend increase for CHWs as of 1 March 2024) were the primary drivers for the current periods budget deficit.
- For the 2025/26 financial period (final year of the 3-year cycle Transfer Payment Agreement) funds will be reprioritized and shifted during the Adjustments Estimates to absorb any budget shortfall.
- The NPIs and CHWs services and funding will be reassessed for the new 3-year cycle agreement starting 2026/27.
- During 2024-25, the Violence Prevention Unit (VPU) initiated and endorsed a collaboration with the Council for Scientific and Industrial Research (CSIR) via the Safety Steercom. CSIR agreed to apply systems modelling, spatial analysis, AI tools and other public-good interventions to support the Province's TB control and violence prevention programmes. This collaboration was agreed to and finalised after the conclusion of the 2024-25 Adjusted Estimates. The Department had to prioritise funds in Goods and Services (VPU Unit) to cover for the unplanned shortfall in Transfer Payments, hence Transfer Payments is reflecting a shortfall.

Households, explained as follows:

- Lower than expected pay-outs in respect of medico-legal claims due to the long-time horizon of finalising these legal matters.
- Saving on social benefits due to lower than anticipated leave gratuities pay-outs.

Payments for capital assets:

Over-spending can mainly be attributed:

Building and other fixed structures

- The increased level of expenditure is linked to the increased number of projects, especially those in the construction phase (Framework for Infrastructure Delivery and Procurement Management (FIDPM) stage 5). Albeit a deficit, it was managed through ongoing reprioritisation of funds within the Health Facilities Management Programme to ensure that the Programme and or funds were not overspent.

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

Machinery and Equipment:

- Due to historical underfunding for financial leases, as well as the increased daily tariffs for replacement vehicles from Government Motor Transport (GMT). Higher than expected daily tariffs to lease vehicles from Government Motor Transport (GMT).
- Due to the nature of Emergency Medical Services (EMS), EMS are obligated to ensure that aged vehicles are replaced to provide an effective and efficient service to the public and minimize the chances of a breakdown. The Government Motor Transport Department has embarked on a program to replace aged vehicles within Emergency Medical Services. In this financial year 162 vehicles have been replaced.
- The Department needed to procure additional assistive devices to meet the growing demand and service requirements, increasing inflation on the devices has also added to the pressure.
- The South African rand has experienced significant depreciation against major currencies like the US dollar. This decline has resulted in general costs increases on computer equipment in South Africa. Shipping costs have drastically increased, contributing to the increase in prices as distributers pass the costs to consumers.
- The rising prices of capital commodities are placing pressure on the Department's ability to meet the growing demand for these commodities, driven by the increasing demand for health services due to the population growth in the Western Cape.
- The significant unavoidable underspend of the Compensation of Employees budget provided the Department with the opportunity to address the historical backlogs in replacing essential Machinery and Equipment.

Software and other intangible assets:

Mainly in programme 8 - Health Facilities Management - Expenditure incurred primarily for the provision of Picture Archiving and Communication System and Radiology Information System (PACS/RIS) software, funding thereof inaccurately earmarked within Machinery and Equipment, yet still within the same Economic Classification.

4.3 Per conditional grant

Conditional grant	Final Budget	Actual Expenditure	Variance	Variance as a percentage of Final Budget
	R'000	R'000	R'000	%
National Tertiary Services Grant	3 526 935	3 526 935	-	0.0%
Human Resources & Training Grant of which:	**928 678**	**928 678**	**-**	**0.0%**
Statutory Human Resources Component	375 295	375 295	-	0.0%
Training Component	553 383	553 383	-	0.0%
District Health Programmes Grant of which:	**2 132 386**	**2 132 386**	**-**	**0.0%**
District Health Component	240 577	240 577	-	0.0%
Comprehensive HIV/AIDS Component	1 891 809	1 891 809	-	0.0%
Health Facility Revitalisation Grant	867 807	867 807	-	0.0%
National Health Insurance Grant	36 899	36 899	-	0.0%
Expanded Public Works Programme Integrated Grant for Provinces	2 092	2 092	-	0.0%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	7 504	7 504	-	0.0%
Total	**7 502 301**	**7 502 301**	**-**	**0.0%**

All Conditional Grants was spent in full.

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
REVENUE			
Annual appropriation	1	30 686 961	29 735 988
Departmental revenue	2	85 159	52 314
Aid assistance		29 076	21 225
TOTAL REVENUE		**30 801 196**	**29 809 527**
EXPENDITURE			
Current expenditure		**27 431 592**	**26 967 970**
Compensation of employees	4	17 626 069	17 204 010
Goods and services	5	9 788 667	9 755 946
Aid assistance	3	16 856	8 014
Transfers and subsidies		**1 621 161**	**1 541 729**
Transfers and subsidies	7	1 617 096	1 540 479
Aid assistance	3	4 065	1 250
Expenditure for capital assets		**1 509 754**	**1 134 202**
Tangible assets	8	1 489 019	1 132 379
Intangible assets	8	20 735	1 823
Payments for financial assets	6	11 068	9 191
TOTAL EXPENDITURE		**30 573 575**	**29 653 092**
SURPLUS FOR THE YEAR		**227 621**	**156 435**
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		**134 343**	**92 281**
Annual appropriation		134 343	92 281
Conditional grants		-	-
Departmental revenue and NRF receipts	13	85 159	52 314
Aid assistance	3	8 119	11 840
SURPLUS FOR THE YEAR		**227 621**	**156 435**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

STATEMENT OF FINANCIAL POSITION
as at 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
ASSETS			
Current assets		**220 563**	**213 571**
Cash and cash equivalents	9	94 216	-
Prepayments and advances	10	2 904	2 115
Receivables	11	43 961	45 530
Voted funds receivable	12	16 120	58 182
Departmental revenue and NRF Receipts to be received from the Revenue Fund	13	63 362	107 744
Non-current assets		**-**	**-**
TOTAL ASSETS		**220 563**	**213 571**
LIABILITIES			
Current liabilities		**55 144**	**46 314**
Bank overdraft	14	-	15 205
Payables	15	40 020	24 104
Aid assistance unutilised	3	15 124	7 005
Non-current liabilities		**-**	**-**
TOTAL LIABILITIES		**55 144**	**46 314**
NET ASSETS		**165 419**	**167 257**

	2024/25 R'000	2023/24 R'000
Represented by:		
Recoverable revenue	165 419	167 257
TOTAL	**165 419**	**167 257**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

STATEMENT OF CHANGES IN NET ASSETS
as at 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
Recoverable revenue			
Opening balance		167 257	11 801
Transfers:		**(1 838)**	**155 456**
Irrecoverable amounts written off	6.2	(6 367)	(6 214)
Debts revised		(4 404)	617
Debts recovered (included in departmental revenue)		1 991	(207)
Debts raised		6 942	161 260
Closing balance		**165 419**	**167 257**
TOTAL		**165 419**	**167 257**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

CASH FLOW STATEMENT
for the year ended 31 March 2025

	Note	2024/25 R'000	2023/24 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**31 233 109**	**30 256 145**
Annual appropriation funds received	1.1	30 686 961	29 735 988
Departmental revenue received	2	514 455	496 673
Interest received	2.2	2 617	2 259
Aid assistance received	3	29 076	21 225
Net (increase)/decrease in net working capital		16 696	(90 610)
Surrendered to Revenue Fund		(567 013)	(699 358)
Current payments		(27 431 592)	(26 967 970)
Payments for financial assets	6	(11 068)	(9 191)
Transfers and subsidies paid		(1 621 161)	(1 541 729)
Net cash flow available from operating activities	16	**1 618 971**	**947 287**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(1 509 754)	(1 134 202)
Proceeds from sale of capital assets	2.3	2 042	1 757
(Increase)/Decrease in non-current receivables	11	-	737
Net cash flow available from investing activities		**(1 507 712)**	**(1 131 708)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(1 838)	155 456
Net cash flows from financing activities		**(1 838)**	**155 456**
Net increase/(decrease) in cash and cash equivalents		109 421	(28 965)
Cash and cash equivalents at beginning of period		(15 205)	13 760
Cash and cash equivalents at end of period	9	**94 216**	**(15 205)**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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.	**Basis of preparation** The financial statements have been prepared in accordance with the Modified Cash Standard.
2.	**Going concern** The financial statements have been prepared on a going concern basis.
3.	**Presentation currency** Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department
4.	**Rounding** Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5.	**Foreign currency translation** Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6.	**Comparative information**
6.1	**Prior period comparative information** Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	**Current year comparison with budget** A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

7.	**Revenue**
7.1	**Appropriated funds** Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. Appropriated funds are measured at the amounts receivable. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	**Departmental revenue** Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Departmental revenue is measured at the cash amount received. In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	**Accrued departmental revenue** Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.
8.	**Expenditure**
8.1	**Compensation of employees**
8.1.1	**Salaries and wages** Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2	**Social contributions** Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	**Other expenditure** Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold. Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.
8.3	**Accruals and payables not recognised** Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.
8.4	**Leases**
8.4.1	**Operating leases** Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	**Finance leases** Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. At commencement of the finance lease term, finance lease assets acquired are recorded and measured at: • the fair value of the leased asset; or if lower, • the present value of the minimum lease payments. Finance lease assets acquired prior to 1 April 2024, are recorded and measured at the present value of the minimum lease payments.

9.	**Aid assistance**
9.1	**Aid assistance received** Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. CARA Funds are recognised when receivable and measured at the amounts receivable. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	**Aid assistance paid** Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10.	**Cash and cash equivalents** Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11.	**Prepayments and advances** Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. Prepayments and advances expensed before 1 April 2024 are recorded until the goods, services, or capital assets are received, or the funds are utilised in accordance with the contractual agreement.
12.	**Loans and receivables** Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
13.	**Investments** Investments are recognised in the statement of financial position at cost.

14.	**Financial assets**
14.1	**Financial assets (not covered elsewhere)** A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	**Impairment of financial assets** Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15.	**Payables** Payables recognised in the statement of financial position are recognised at cost.
16.	**Capital assets**
16.1	**Immovable capital assets** Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	**Movable capital assets** Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

16.3	**Intangible capital assets** Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.
16.4	**Project costs: Work-in-progress** Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17.	**Provisions and contingents**
17.1	**Provisions** Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
17.2	**Contingent liabilities** Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3	**Contingent assets** Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.4	**Capital commitments** Capital commitments are recorded at cost in the notes to the financial statements.
18.	**Unauthorised expenditure** Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either: • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery.
	Unauthorised expenditure recorded in the notes to the financial statements comprise of • unauthorised expenditure that was under assessment in the previous financial year; • unauthorised expenditure relating to previous financial year and identified in the current year; and • Unauthorised expenditure incurred in the current year.
19.	**Fruitless and wasteful expenditure** Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of: • fruitless and wasteful expenditure that was under assessment in the previous financial year; • fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and • fruitless and wasteful expenditure incurred in the current year.

20. Irregular expenditure

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

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

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

21. Changes in accounting policies, estimates and errors

Changes in accounting policies are applied in accordance with MCS requirements.

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

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

22. Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

23. Principal-Agent arrangements

The Department of Health and Wellness is party to a principal-agent arrangement and uses the Department of Infrastructure as an implementing agent. The Department of Infrastructure publishes and awards tenders and monitor the construction of infrastructure as required by the Department of Health and Wellness in terms of a service level agreement. The Department of Infrastructure sign the contracts with the contractors for Department of Health and Wellness's projects. The Department of Infrastructure is not reimbursed for this function by the Department of Health and Wellness. Invoices for completed capital works and maintenance are issued by the relevant service provider and addressed to the Department of Infrastructure for payment. The expense and the assets for capital work-in-progress are reflected in the financial statements of the Department of Health and Wellness. Once the projects are completed, they are transferred to the Department of Infrastructure in terms of section 42 of the PFMA for disclosure in their financial statements.

24.	**Capitalisation reserve** The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
25.	**Recoverable revenue** Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
26.	**Related party transactions** 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. The full compensation of key management personnel is recorded in the notes to the financial statements.
27.	**Inventories** At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
28.	**Public-Private Partnerships** Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
29.	**Employee benefits** The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note. Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date. The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

1. Annual Appropriation

1.1. Annual Appropriation

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

	2024/25		2023/24	
	Final Budget	Actual Funds Received	Final Budget	Appropriation Received
Programmes	**R'000**	**R'000**	**R'000**	**R'000**
Administration	914 381	914 381	980 573	980 573
District Health Services	12 721 621	12 721 621	12 178 279	12 178 279
Emergency Medical Services	1 395 661	1 395 661	1 358 041	1 358 041
Provincial Hospital Services	4 897 431	4 897 431	4 838 351	4 838 351
Central Hospital Services	8 368 181	8 368 181	8 149 924	8 149 924
Health Sciences and Training	424 269	424 269	419 746	419 746
Health Care Support	661 913	661 913	641 607	641 607
Health Facility Management	1 303 504	1 303 504	1 169 467	1 169 467
Total	**30 686 961**	**30 686 961**	**29 735 988**	**29 735 988**

1.2. Conditional grants

	Note	2024/25 R'000	2023/24 R'000
Total grants received	34	7 502 301	7 091 824
Provincial grants included in total grants received		**7 502 301**	**7 091 824**

2. Departmental revenue

	Note	2024/25 R'000	2023/24 R'000
Sales of goods and services other than capital assets	2.1	430 585	402 770
Interest, dividends and rent on land	2.2	2 617	2 259
Sales of capital assets	2.3	2 042	1 757
Transactions in financial assets and liabilities	2.4	65 547	76 115
Transfers received	2.5	18 323	17 788
Total revenue collected		**519 114**	**500 689**
Less: Own revenue included in appropriation	13	(433 955)	(448 375)
Total		**85 159**	**52 314**

	2024/25 R'000	2023/24 R'000
Total Revenue Collected	519 114	500 689
Less:		
Interest, dividends and rent on land	(2 617)	(2 259)
Sales of Capital Assets	(2 042)	(1 757)
Departmental Revenue received	514 455	496 673

2.1. Sales of goods and services other than capital assets

	Note	2024/25 R'000	2023/24 R'000
Sales of goods and services produced by the department		429 449	401 866
Sales by market establishment		5 458	5 405
Administrative fees		12 620	12 272
Other sales		411 371	384 189
Sales of scrap, waste and other used current goods		1 136	904
Total	2	**430 585**	**402 770**

Other Sales

This revenue item is primarily comprised of Patient Fees, Services to State Departments (e.g. Department of Justice), Medical Aid Claims and Road Accident Fund Claims.

2.2. Interest, dividends and rent on land

	Note	2024/25 R'000	2023/24 R'000
Interest		2 617	2 259
Total	2	**2 617**	**2 259**

2.3. Sales of capital assets

	Note	2024/25 R'000	2023/24 R'000
Tangible capital assets		**2 042**	**1 757**
Machinery and equipment		2 042	1 757
Total	2	**2 042**	**1 757**

2.4. Transactions in financial assets and liabilities

	Note	2024/25 R'000	2023/24 R'000
Receivables		4 214	20 235
Other receipts including Recoverable Revenue		61 333	55 880
Total	2	**65 547**	**76 115**

The majority of the Other receipts including Recoverable Revenue balance relates to amounts received in the prior year(s) that could not be allocated in those years and was recognised as revenue in the current financial year.

2.5. Transfers received

	Note	2024/25 R'000	2023/24 R'000
Higher education institutions		17 996	17 188
Public corporations and private enterprises		327	600
Total	2	**18 323**	**17 788**

2.5.1. Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)

	Note	2024/25 R'000	2023/24 R'000
Donations		36 878	26 566
Total gifts, donations and sponsorships received in kind	Annex 1E	**36 878**	**26 566**

2.6. Cash received not recognised (not included in the main note)

	2024/25			
Name of entity	**Opening balance R'000**	**Amount received R'000**	**Amount paid to the revenue fund R'000**	**Closing balance R'000**
Paarl Hospital	5	-	(5)	-
Total	**5**	**-**	**(5)**	**-**

	2023/24			
Name of entity	**Opening balance R'000**	**Amount received R'000**	**Amount paid to the revenue fund R'000**	**Closing balance R'000**
Paarl Hospital	-	5	-	5
Total	**-**	**5**	**-**	**5**

3. Aid assistance

	Note	2024/25 R'000	2023/24 R'000
Opening balance		7 005	(4 835)
Transferred from statement of financial performance		8 119	11 840
Closing balance		**15 124**	**7 005**

Transferred from Statement of Financial Performance is made up as follows:	2024/25	2023/24
	R'000	R'000
Donor Funding received during the year	29 076	21 225
Statement of Financial Performance (Current expenditure)	(16 856)	(8 014)
Capital Expenditure (Note 8.1)	(36)	(121)
Transfers made to Non Profit Organisations	(4 065)	(1 250)
Closing Balance	**8 119**	**11 840**

3.1. Analysis of balance by source

	Note	2024/25	2023/24
		R'000	R'000
Aid assistance from other sources		15 124	7 005
Closing balance	3	**15 124**	**7 005**

3.2. Analysis of balance

	Note	2024/25	2023/24
		R'000	R'000
Aid assistance unutilised		15 124	7 005
Closing balance	3	**15 124**	**7 005**
Aid assistance not requested/not received		-	-

3.3. Aid assistance expenditure per economic classification

	Note	2024/25	2023/24
		R'000	R'000
Current		16 856	8 014
Capital	8.1	36	121
Transfers and subsidies		4 065	1 250
Total aid assistance expenditure		**20 957**	**9 385**

4. Compensation of employees

4.1. Salaries and Wages

	2024/25 R'000	2023/24 R'000
Basic salary	11 438 034	11 278 910
Performance award	1 762	1 151
Service based	12 367	11 868
Compensative/circumstantial	1,690 390	1 615 083
Periodic payments	20 966	22 649
Other non-pensionable allowances	2 175 985	2 129 227
Total	**15 339 504**	**15 058 888**

The increase in compensation of employees is the net result of the cost-of-living adjustment for all staff and the decline in headcount of the Department over the past 2 financial years.

4.2. Social contributions

Employer contributions	Note	2024/25 R'000	2023/24 R'000
Pension		1 329 744	1 293 370
Medical		954 297	849 175
Bargaining council		2 433	2 500
Insurance		91	77
Total		**2 286 565**	**2 145 122**
Total compensation of employees		**17 626 069**	**17 204 010**
Average number of employees		31 592	32 789

Average number of employees is based on the total number of employees at the end of each month per the PERSAL salary system.

5. Goods and services

	Note	2024/25 R'000	2023/24 R'000
Administrative fees		110	151
Advertising		21 803	23 223
Minor assets	5.1	31 071	26 316
Bursaries (employees)		18 055	18 499
Catering		6 425	5 986
Communication		45 953	48 456
Computer services	5.2	212 631	168 671
Consultants: Business and advisory services		150 265	130 990
Infrastructure and planning services		40 026	38 343
Laboratory services		861 860	959 163
Legal services		21 630	13 682
Contractors		703 268	665 488
Agency and support / outsourced services		675 047	674 571
Entertainment		108	104
Audit cost – external	5.3	24 163	23 420
Fleet services		220 656	227 707
Inventories	5.4	4 324 282	4 196 076
Consumables	5.5	632 198	698 151
Operating leases		24 969	24 496
Property payments	5.6	1 628 666	1 637 831
Rental and hiring		20 724	33 252
Transport provided as part of the departmental activities		1 211	1 138
Travel and subsistence	5.7	31 147	37 713
Venues and facilities		431	1 035
Training and development		58 396	54 617
Other operating expenditure	5.8	33 572	46 867
Total		**9 788 667**	**9 755 946**

5.1. Minor assets

	Note	2024/25 R'000	2023/24 R'000
Tangible capital assets		**31 070**	**26 316**
Machinery and equipment		31 070	26 316
Intangible capital assets		**1**	**-**
Software		1	-
Total	5	**31 071**	**26 316**

5.2. Computer services

	Note	2024/25 R'000	2023/24 R'000
SITA computer services		19 327	18 900
External computer service providers		193 304	149 771
Total	5	**212 631**	**168 671**

The increase in External computer service providers relates to a combination of inflationary increases, Rate of Exchange (ROE) adjustments and a growing demand for automation and digitization of IT Services throughout the Department.

5.3. Audit cost - external

	Note	2024/25 R'000	2023/24 R'000
Regularity audits		24 163	23 058
Investigations		-	362
Total	5	**24 163**	**23 420**

5.4. Inventories

	Note	2024/25 R'000	2023/24 R'000
Food and food supplies		85 869	76 614
Medical supplies		2 323 217	2 176 936
Medicine		1 902 702	1 928 566
Laboratory supplies		12 494	13 960
Total	5	**4 324 282**	**4 196 076**

5.5. Consumables

	Note	2024/25 R'000	2023/24 R'000
Consumable supplies		**528 952**	**593 568**
Uniform and clothing		77 647	78 207
Household supplies		347 981	347 078
Building material and supplies		76 462	83 232
Communication accessories		602	663
IT consumables		2 300	1 645
Other consumables		23 960	82 743
Stationery, printing and office supplies		103 246	104 583
Total	5	**632 198**	**698 151**

5.6. Property payments

	Note	2024/25 R'000	2023/24 R'000
Municipal services		588 377	524 727
Property management fees		727 479	737 739
Property maintenance and repairs		312 810	375 365
Total	5	**1 628 666**	**1 637 831**

5.7. Travel and subsistence

	Note	2024/25 R'000	2023/24 R'000
Local		31 066	36 781
Foreign		81	932
Total	5	**31 147**	**37 713**

Local – Travel and Subsistence	2024/25 R'000	2023/24 R'000
Accommodation	13 010	15 498
Air Transport	1 996	2 424
Road & Rail Transport	9 253	11 315
Subsistence	6 825	7 544
	31 066	**36 781**

Travel required for the performance of various officials' duties outside of their normal place of work.

5.8. Other operating expenditure

	Note	2024/25 R'000	2023/24 R'000
Professional bodies, membership and subscription fees		3 605	3 082
Resettlement costs		2 354	3 040
Other		27 613	40 745
Total	5	**33 572**	**46 867**

Relates mainly to courier charges in respect of the distribution of pharmaceuticals by the Cape Medical Depot as well as the Chronic Dispensing Unit.

6. Payments for financial assets

	Note	2024/25 R'000	2023/24 R'000
Material losses through criminal conduct		7	-
Theft	6.3	7	-
Other material losses written off	6.1	4 694	2 977
Debts written off	6.2	6 367	6 214
Total		**11 068**	**9 191**

6.1. Other material losses written off

Nature of losses	Note	2024/25 R'000	2023/24 R'000
Government vehicle damages & losses		1 885	1 995
Stock losses (CMD & HIV AIDS)		2 809	982
Total	6	**4 694**	**2 977**

6.2. Debts written off

Nature of debts written off	Note	2024/25 R'000	2023/24 R'000
Other debt written off			
Salary overpayments		2 104	1 558
Medical bursaries		3 072	4 234
Tax		126	168
Interest		1	4
Suppliers debt		457	83
Other minor incidents		607	167
Total debt written off	6	**6 367**	**6 214**

6.3. Details of theft

Nature of theft	Note	2024/25 R'000	2023/24 R'000
Speedpoint machine		7	-
Total	6	**7**	**-**

7. Transfers and subsidies

	Note	2024/25 R'000	2023/24 R'000
Provinces and municipalities	35	597 281	600 852
Departmental agencies and accounts	Annex 1B	7 929	7 788
Non-profit institutions	Annex 1C	757 885	709 656
Households	Annex 1D	254 001	222 183
Total		**1 617 096**	**1 540 479**

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

	Note	2024/25 R'000	2023/24 R'000
Donations	Annex 1G	199	783
Total		**199**	**783**

8. Expenditure for capital assets

	Note	2024/25 R'000	2023/24 R'000
Tangible capital assets		**1 489 019**	**1 132 379**
Buildings and other fixed structures		626 255	456 096
Machinery and equipment		862 764	676 283
Intangible capital assets		**20 735**	**1 823**
Software		20 735	1 823
Total		**1 509 754**	**1 134 202**

Buildings and other fixed structures

Expenditure increased due to the increase in capital projects identified and the successful movement of projects throughout the FIDPM (Framework for Infrastructure Delivery and Procurement Management) stages, most notably from design to tender and then to the construction phase.

Machinery and equipment

The increase in expenditure is mainly due to:

- Higher daily tariffs for new government vehicles (replacement of older vehicles)
- The increase in External computer service providers relates to the once-off procurement of equipment needed to provide and improve WIFI network infrastructure (Access Points, Ports, Wireless controllers) at Health care facilities.

Software

The increase in Software expenditure primarily relates to a project to upgrade 62 PACS (Picture Archiving and Communication System) at Primary Health Care facilities and small hospitals for the Department.

8.1. Analysis of funds utilised to acquire capital assets - Current year

	2024/25		
	Voted funds	Aid assistance	Total
Name of entity	**R'000**	**R'000**	**R'000**
Tangible capital assets	**1 488 983**	**36**	**1 489 019**
Buildings and other fixed structures	626 255	-	626 255
Machinery and equipment	862 728	36	862 764
Intangible capital assets	**20 735**	**-**	**20 735**
Software	20 735	-	20 735
Total	**1 509 718**	**36**	**1 509 754**

8.2. Analysis of funds utilised to acquire capital assets - Prior year

	2023/24		
	Voted funds	Aid assistance	Total
Name of entity	**R'000**	**R'000**	**R'000**
Tangible capital assets	**1 132 258**	**121**	**1 132 379**
Buildings and other fixed structures	456 096	-	456 096
Machinery and equipment	676 162	121	676 283
Intangible capital assets	**1 823**	**-**	**1 823**
Software	1 823	-	1 823
Total	**1 134 081**	**121**	**1 134 202**

8.3. Finance lease expenditure included in Expenditure for capital assets

	2024/25	2023/24
	R'000	R'000
Tangible capital assets	**333 768**	**272 543**
Machinery and equipment	333 768	272 543
Total	**333 768**	**272 543**

9. Cash and cash equivalents

	2024/25 R'000	2023/24 R'000
Consolidated Paymaster General Account	417,668	-
Disbursements	(323 989)	-
Cash on hand	537	-
Total	**94 216**	**-**

10. Prepayments and advances

	Note	2024/25 R'000	2023/24 R'000
Travel and subsistence		2,005	681
Prepayments (Not expensed)	10.1	899	1 434
Total		**2 904**	**2 115**

Analysis of Total Prepayments and advances		
Current Prepayments and advances	2 904	2 115
Non-current Prepayments and advances	-	-
Total	**2 904**	**2 115**

10.1. Prepayments (Not expensed)

		2024/25				
	Note	Amount as at 1 April 2024	Less: Amounts expensed in current year	Add / Less: Other	Add Current year prepay-ments	Amount as at 31 March 2025
		R'000	R'000	R'000	R'000	R'000
Transfers and subsidies		1 434	(41 259)	-	40 724	899
Total	10	**1 434**	**(41 259)**	**-**	**40 724**	**899**

		2023/24				
	Note	Amount as at 1 April 2023	Less: Amounts expensed in current year	Add / Less: Other	Add Current year prepay-ments	Amount as at 31 March 2024
		R'000	R'000	R'000	R'000	R'000
Transfers and subsidies		2 357	(68 796)	-	67 873	1 434
Total	10	**2 357**	**(68 796)**	**-**	**67 873**	**1 434**

10.2. Advances paid (Expensed)

	2024/25			
	Amount as at 1 April 2024	Less: Received in the current year	Less: Other	Amount as at 31 March 2025
	R'000	R'000	R'000	R'000
Other entities	7 351	-	-	7 351
Total	**7 351**	**-**	**-**	**7 351**

	2023/24				
	Amount as at 1 April 2023	Less: Received in the current year	Add / Less: Other	Add Current year advances	Amount as at 31 March 2024
	R'000	R'000	R'000	R'000	R'000
Other entities	12 580	(5 229)	-	-	7 351
Total	**12 580**	**(5 229)**	**-**	**-**	**7 351**

11. Receivables

		2024/25			2023/24		
		Current	Non-current	Total	Current	Non-current	Total
	Note	R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	10 970	-	10 970	10 039	-	10 039
Staff debt	11.2	11 972	-	11 972	12 680	-	12 680
Other receivables	11.3	21 019	-	21 019	22 811	-	22 811
Total		**43 961**	**-**	**43 961**	**45 530**	**-**	**45 530**

11.1. Claims recoverable

	Note	2024/25 R'000	2023/24 R'000
National departments		3 163	2 439
Provincial departments		2 403	3 266
Local governments		5 404	4 334
Total	11	**10 970**	**10 039**

11.2. Staff debt

	Note	2024/25 R'000	2023/24 R'000
Salary reversal control		266	631
Salary tax debt		425	308
Salary deductions/recalls		127	515
Debt account		11 154	11 226
Total	11	**11 972**	**12 680**

11.3. Other receivables

	Note	2024/25 R'000	2023/24 R'000
Disallowance miscellaneous		10 124	474
Disallowance damage and losses		1 985	2 097
Bursaries for health workers		48	47
Suppliers debtors		5 196	14 356
Medical bursaries		3 666	5 837
Total	11	**21 019**	**22 811**

11.4. Impairment of receivables

	Note	2024/25 R'000	2023/24 R'000
Estimate of impairment of receivables		2 395	2 107
Total		**2 395**	**2 107**

Impairment for the current year is based on percentage of debts written off in the previous financial reporting period, in addition all debts less than R2 000 also included in the impairment value as these would be deemed uneconomical to recover.

12. Voted funds to received from the Revenue Fund

	Note	2024/25 R'000	2023/24 R'000
Opening balance		(58 182)	29 567
Prior period error			-
As restated		**(58 182)**	**29 567**
Transferred from statement of financial performance (as restated)		134 343	92 281
Paid during the year		(92 281)	(180 030)
Closing balance		**(16 120)**	**(58 182)**

12.1. Reconciliation on unspent conditional grants

	Note	2024/25 R'000	2023/24 R'000
Opening balance			
Total conditional grants received	1.2	7 502 301	7 091 824
Total conditional grants spent		(7 502 301)	(7 091 824)
Unspent conditional grants to be surrendered		-	-
Less: Paid to the Provincial Revenue Fund by Provincial department		-	-
Approved for rollover		-	-
Not approved for rollover		-	-
Closing balance		**-**	**-**

The areas marked in grey are not required to be completed in terms National Treasury guidelines.

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2024/25 R'000	2023/24 R'000
Opening balance		(107 744)	(89 105)
Transferred from statement of financial performance (as restated)		85 159	52 314
Own revenue included in appropriation		433 955	448 375
Paid during the year		(474 732)	(519 328)
Closing balance		**(63 362)**	**(107 744)**

14. Bank overdraft

	Note	2024/25 R'000	2023/24 R'000
Consolidated Paymaster General account		-	15 205
Total		**-**	**15 205**

15. Payables - current

	Note	2024/25 R'000	2023/24 R'000
Advances received	15.1	26 340	16 820
Clearing accounts	15.2	13 680	7 284
Total		**40 020**	**24 104**

15.1. Advances received

	Note	2024/25 R'000	2023/24 R'000
Other institutions	Ann 7A	26 340	16 820
Total		**26 340**	**16 820**

15.2. Clearing accounts

Description	Note	2024/25 R'000	2023/24 R'000
Patient fee deposits		169	33
Pension fund		63	-
GEHS refund control account		6 870	6 921
Income tax		6 574	330
Bargaining councils		4	-
Total		**13 680**	**7 284**

16. Net cash flow available from operating activities

	2024/25 R'000	2023/24 R'000
Net surplus/(deficit) as per Statement of Financial Performance	227 621	156 435
Add back non-cash/cash movements not deemed operating activities	1 391 350	790 852
(Increase)/decrease in receivables	1 569	(2 076)
(Increase)/decrease in prepayments and advances	(789)	2 334
Increase/(decrease) in payables - current	15 916	(90 868)
Proceeds from sale of capital assets	(2 042)	(1 757)
Expenditure on capital assets	1 509 754	1 134 202
Surrenders to Revenue Fund	(567 013)	(699 358)
Own revenue included in appropriation	433 955	448 375
Net cash flow generated by operating activities	**1 618 971**	**947 287**

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

	Note	2024/25 R'000	2023/24 R'000
Consolidated Paymaster General account		417 668	352 735
Disbursements		(323 989)	(369 057)
Cash on hand		537	1 117
Total		**94 216**	**(15 205)**

18. Contingent liabilities and contingent assets

18.1. Contingent liabilities

Liable to	Nature	Note	2024/25 R'000	2023/24 R'000
Claims against the department		Annex 2	28 237	23 084
Intergovernmental payables		Annex 4	14 164	-
Total			**42 401**	**23 084**

Medico Legal Claims (Excluded from Contingent Liabilities above)

The department had 407 active Medico Legal Cases on hand at year-end. It assessed 293 (2023/24: 298) of these as having poor merits and therefore did not provide for them under contingency liabilities. The remaining 114 cases with strong merits have been provided for under provisions (112 Cases) and payables (2 Cases) respectively.

(Note that not all of the 293 cases, necessarily have poor merits, but some are potentially indefensible for which an estimate of the possible obligation cannot be made with sufficient reliability).

18.2. Contingent assets

Nature of contingent asset	2024/25 R'000	2023/24 R'000
Civil	519	767
Total	**519**	**767**

Other Contingent Assets – not included in balance above

At this stage the Department is not able to reliably measure the contingent asset in terms of the Government Employees Housing Scheme of the Individually Linked Savings Facility (ILSF), relating to resignations and termination of service. Furthermore, the Department is not able to reliably measure the contingent asset in terms of Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) cases under investigation.

19. Capital commitments

	2024/25 R'000	2023/24 R'000
Buildings and other fixed structures	805 288	530 851
Machinery and equipment	38 850	14 375
Total	**844 138**	**545 226**

20. Accruals and payables not recognised

20.1. Accruals

	2024/25			2023/24
	30 Days	30+ Days	Total	Total
Listed by economic classification	**R'000**	**R'000**	**R'000**	**R'000**
Goods and services	149 727	24 540	174 267	233 695
Transfers and subsidies	68 213	-	68 213	74 106
Capital assets	20 834	1 108	21 942	4 273
Total	**238 774**	**25 648**	**264 422**	**312 074**

	2024/25	2023/24
Listed by programme level	**R'000**	**R'000**
Administration	6 273	9 429
District Heath Services	122 351	152 393
Emergency Medical Services	2 664	-
Provincial Hospital Services	21 476	40 697
Central Hospital Services	94 134	106 322
Health Science and Training	182	605
Health Care Support Services	1 973	641
Health Facility Management	15 369	1 987
Total	**264 422**	**312 074**

20.2. Payables not recognised

	2024/25			2023/24
	30 Days	30+ Days	Total	Total
Listed by economic classification	**R'000**	**R'000**	**R'000**	**R'000**
Goods and services	91 256	10 437	101 693	224 655
Transfers and subsidies	510	1	511	4 014
Capital assets	17 790	11	17 801	17 642
Other	5 951	-	5 951	93 742
Total	**115 507**	**10 449**	**125 956**	**340 053**

Listed by programme level	2024/25 R'000	2023/24 R'000
Administration	6 986	116 559
District Health Services	24 374	33 940
Emergency Medical Services	208	14 282
Provincial Hospital Services	10 808	8 404
Central Hospital Services	69 182	25 959
Health Science and Training	3	2 371
Health Care Support Services	12 060	117 364
Health Facility Management	2 335	21 174
Total	**125 956**	**340 053**

Included in the above totals are the following:	Note	2024/25 R'000	2023/24 R'000
Confirmed balances with other departments	Annex 4	4 709	24 540
Total		**4 709**	**24 540**

21. Employee benefits

	2024/25 R'000	2023/24 R'000
Leave entitlement	552 409	505 946
Service bonus	370 355	365 971
Capped leave	106 886	121 651
Other	32 800	41 899
Total	**1 062 450**	**1 035 467**

	2024/25 R'000	2023/24 R'000
Leave Entitlement		
Leave entitlement on PERSAL at 31 March 2025	570 626	504 997
Add: Negative Leave Credits included	23 561	27 206
Less: Leave captured after 31 March 2025	(41 778)	(26 257)
Recalculated Leave entitlement	552 409	505 946
Other		
Payables (Mainly overtime)	18 297	27 524
Long Service Awards	14 503	12 937
Provision for MEC exit gratuity	-	1 438
	32 800	**41 899**

At this stage the department is not able to reliably measure the long-term portion of the long service awards.

Included in the above totals are the following:	Note	2024/25 R'000	2023/24 R'000
Confirmed balances with other departments	Annex 4	187	677
Total		**187**	**677**

22. Lease commitments

22.1. Operating leases

	2024/25	
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	22 346	22 346
Later than 1 year and not later than 5 years	19 537	19 537
Later than 5 years	-	-
Total lease commitments	**41 883**	**41 883**

	2023/24	
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	21 844	21 844
Later than 1 year and not later than 5 years	19 847	19 847
Later than 5 years	-	-
Total lease commitments	**41 691**	**41 691**

Predominantly relates to the leasing of multifunction printing office equipment at various facilities.

22.2. Finance leases

	2024/25	
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	307 378	307 378
Later than 1 year and not later than 5 years	643 867	643 867
Later than 5 years	975	975
Total lease commitments	**952 220**	**952 220**

	2023/24	
	Machinery and equipment	Total
	R'000	R'000
Not later than 1 year	278 671	278 671
Later than 1 year and not later than 5 years	596 468	596 468
Later than 5 years	2 265	2 265
Total lease commitments	**877 404**	**877 404**

Finance leases relates to motor vehicles leased from Government Motor Transport (GMT).

23. Accrued departmental revenue

	2024/25	2023/24
	R'000	R'000
Sales of goods and services other than capital assets	958 164	1 208 380
Total	**958 164**	**1 208 380**

23.1. Analysis of accrued departmental revenue

	2024/25	2023/24
	R'000	R'000
Opening balance	1 208 380	986 934
Less: amounts received	(336 895)	(322 750)
Add: amounts recorded	779 613	848 624
Less: amounts written off/reversed as irrecoverable	(692 934)	(304 428)
Closing balance	**958 164**	**1 208 380**

23.2. Accrued departmental revenue written off

Nature of losses	2024/25 R'000	2023/24 R'000
Patient Fees	692 934	304 428
Total	**692 934**	**304 428**

The increase write-offs mainly relates to RAF debt older than 3 years, which the Department deems to be irrecoverable.

23.3. Impairment of accrued departmental revenue

	2024/25 R'000	2023/24 R'000
Estimate of impairment of accrued departmental revenue	342 000	394 000
Total	**342 000**	**394 000**

Estimated impairment of patient fees debt is attributable to the following main drivers:

	2024/25 R'000	2023/24 R'000
Road Accident Fund due to the rules for shared accountability	179 000	261 000
Individual Debt due to unaffordability	147 000	107 000
Debt older than 3 years	13 000	23 000
Medical Aid Debt due to depleted benefits	3 000	3 000
	342 000	**394 000**

The department calculates the impairment on the accrued departmental revenue based on the estimates of recoverability of the main drivers of patient debt (e.g. Private Patient Fees Debt, RAF debt etc.) and utilising current events as well as historical data trends of the preceding 12 months.

24. Unauthorised, Irregular and Fruitless and wasteful expenditure

	2024/25 R'000	2023/24 R'000
Irregular expenditure - current year	8 532	10 347
Total	**8 532**	**10 347**

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. Refer to Note 32 for prior period error relating to Irregular expenditure.

25. Related party transactions

The Department of Health and Wellness occupies a building free of charge managed by the Department of Infrastructure. Parking space is also provided for government officials at an approved fee that is not market related.

The Department of Health and Wellness received corporate services from the Corporate Services Centre of the Department of the Premier in the Western Cape Province with effect from 1 November 2010 in respect of the following service areas:

- Information and Communication Technology
- Organisation Development
- Provincial Training (transversal)
- Enterprise Risk Management
- Internal Audit
- Provincial Forensic Services
- Legal Services
- Corporate Communication

The Department of Health and Wellness make use of government motor vehicles managed by Government Motor Transport (GMT) based on tariffs approved by the Department of Provincial Treasury.

Department of Health received Security Advisory Services and Security Operations from the Department of Police Oversight and Community Safety in the Western Cape.

26. Key management personnel

	2024/25 R'000	2023/24 R'000
Political office bearers (provide detail below)	2 351	2 156
Officials:		
Management	25 455	24 407
Total	**27 806**	**26 563**

27. Provisions

	2024/25 R'000	2023/24 R'000
Medical Legal Claims	636 257	591 515
Infrastructure Retentions	30 306	33 684
Civil and Legal Claims	356	-
Total	**666 919**	**625 199**

Medical Legal Claims

The above amount relates to claims instated against the Department where merits have been conceded to the claimant. The amount represents the best estimate of the value that will possibly be settled once the matter has been resolved through the courts or a negotiated settlement.

Infrastructure Retentions

Progress billings related to infrastructure projects that will be paid once conditions specified in the contract are met.

27.1. Reconciliation of movement in provisions - Current year

	2024/25			
	Medical Legal Claims	Infrastructure Retentions	Civil and Legal Claims	Total provisions
	R'000	R'000	R'000	R'000
Opening balance	591 515	33 684	-	625 199
Increase in provision	125 676	14 984	356	141 016
Settlement of provision	(60 765)	(3 107)	-	(63 872)
Unused amount reversed	(3 957)	-	-	(3 957)
Change in provision due to change in estimation of inputs	(16 212)	(15 255)	-	(31 467)
Closing balance	**636 257**	**30 306**	**356**	**666 919**

Reconciliation of movement in provisions - Prior year

	2023/24			
	Medical Legal Claims	Infrastructure Retentions	Civil and Legal Claims	Total provisions
	R'000	R'000	R'000	R'000
Opening balance	516 250	31 920	1 598	549 768
Increase in provision	179 359	10 306	-	189 665
Settlement of provision	(35 937)	(8 542)	(1 598)	(46 077)
Unused amount reversed	(1 806)	-	-	(1 806)
Change in provision due to change in estimation of inputs	(66 351)	-	-	(66 351)
Closing balance	**591 515**	**33 684**	**-**	**625 199**

28. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**5 442 931**	**538 191**	**(231 803)**	**5 749 319**
Transport assets	6 880	49	(878)	6 051
Computer equipment	595 732	68 586	(46 275)	618 043
Furniture and office equipment	151 428	20 667	(5 647)	166 448
Other machinery and equipment	4 688 891	448 889	(179 003)	4 958 777
FINANCE LEASE ASSETS	**746 488**	**216 936**	**(122 909)**	**840 515**
Finance lease assets	746 488	216 936	(122 909)	840 515
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**6 189 419**	**755 127**	**(354 712)**	**6 589 834**

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register that are under investigation:		
Machinery and equipment	23 017	679 540
Total	**23 017**	**679 540**

28.1. MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**5 264 777**	**5 764**	**386 930**	**(214 540)**	**5 442 931**
Transport assets	4 788	1 836	365	(109)	6 880
Computer equipment	583 494	1 812	40 577	(30 151)	595 732
Furniture and office equipment	142 773	(429)	12 882	(3 798)	151 428
Other machinery and equipment	4 533 722	2 545	333 106	(180 482)	4 688 891
FINANCE LEASE ASSETS	**643 364**	**-**	**192 076**	**(88 952)**	**746 488**
Finance lease assets	643 364	-	192 076	(88 952)	746 488
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**5 908 141**	**5 764**	**579 006**	**(303 492)**	**6 189 419**

28.1.1. Prior period error

Nature of prior period error	2023/24 R'000
Relating to 2022/23 [affecting the opening balance]	**5 764**
Incorrect classifications	5 764
Relating to 2023/24	**(9 504)**
Additions overstated	(9 504)
Total prior period errors	**(3 740)**

28.2. Minor assets

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	2024/25	
	Machinery and equipment	Total
	R'000	R'000
Opening balance	642 776	642 776
Additions	34 022	34 022
Disposals	(24 746)	(24 746)
Total Minor assets	**652 052**	**652 052**

	Machinery and equipment	Total
Number of minor assets at cost	357 684	357 684
Total number of minor assets	**357 684**	**357 684**

Minor capital assets under investigation

	Number	Value R'000
Included in the above total of the minor capital assets per the asset register that are under investigation:		
Machinery and equipment	56 424	116 251

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24	
	Machinery and equipment	Total
	R'000	R'000
Opening balance	654 675	654 675
Prior period error	(8 783)	(8 783)
Additions	26 032	26 032
Disposals	(29 148)	(29 148)
Total Minor assets	**642 776**	**642 776**

	Machinery and equipment	Total
Number of minor assets at cost	362 362	362 362
Total number of minor assets	**362 362**	**362 362**

28.2.1. Prior period error

Nature of prior period error	Note	2023/24 R'000
Relating to 2022/23 [affecting the opening balance]		**(8 783)**
Incorrect Classifications		(8 783)
Relating to 2023/24		**31**
Additions understated		31
Total prior period errors		**(8 752)**

29. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	2024/25			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
SOFTWARE	21 049	21 198	(180)	42 067
TOTAL INTANGIBLE CAPITAL ASSETS	**21 049**	**21 198**	**(180)**	**42 067**

29.1. MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	19 691	452	906	-	21 049
TOTAL INTANGIBLE CAPITAL ASSETS	**19 691**	**452**	**906**	**-**	**21 049**

29.1.1. Prior period error

Nature of prior period error	2023/24 R'000
Relating to 2022/23 [affecting the opening balance]	**452**
Incorrect classifications	452
Total prior period errors	**452**

30. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2025

	2024/25			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**2 433 345**	**174 220**	**(19)**	**2 607 546**
Non-residential buildings	2 416 701	173 077	-	2 589 778
Other fixed structures	16 644	1 143	(19)	17 768
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**2 433 345**	**174 220**	**(19)**	**2 607 546**

30.1. MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**2 293 035**	**25 016**	**115 403**	**(109)**	**2 433 345**
Non-residential buildings	2 276 811	25 016	114 874	-	2 416 701
Other fixed structures	16 224	-	529	(109)	16 644
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**2 293 035**	**25 016**	**115 403**	**(109)**	**2 433 345**

30.1.1. Prior period error

Nature of prior period error	2023/24 R'000
Relating to 2022/23 [affecting the opening balance]	**25 016**
Assets not reported on asset register	25 016
Total prior period errors	**25 016**

30.2. Immovable tangible capital assets: Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2025

		2024/25			
	Note	Opening balance 1 April 2024	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2025
		R'000	R'000	R'000	R'000
Buildings and other fixed structures		721 628	620 995	(169 425)	1 173 198
Total	Annex 6	**721 628**	**620 995**	**(169 425)**	**1 173 198**

Payables not recognised relating to Capital WIP	2024/25 R'000	2024/25 R'000
Amounts relating to progress certificates received, but not paid	2 291	14 726
Total	**2 291**	**14 726**

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

		2023/24				
	Note	Opening balance 1 April 2023	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		387 005		450 008	(115 385)	721 628
Total	Annex 6	**387 005**		**450 008**	**(115 385)**	**721 628**

31. Principal-agent arrangements

31.1. Department acting as the principal

The Department of Health and Wellness is party to a principal-agent arrangement and uses the Department of Infrastructure as an implementing agent. The Department of Infrastructure publishes and awards tenders and monitor the construction of infrastructure as required by the Department of Health and Wellness in terms of a service level agreement. The Department of Infrastructure sign the contracts with the contractors for Department of Health and Wellness's projects. The Department of Infrastructure is not reimbursed for this function by the Department of Health and Wellness.

Invoices for completed capital works and maintenance are issued by the relevant service provider and addressed to the Department of Infrastructure for payment. The expense and the assets for capital work-in-progress are reflected in the financial statements of the Department of Health and Wellness. Once the projects are completed, they are transferred to the Department of Infrastructure in terms of section 42 of the PFMA for disclosure in their financial statements.

32. Changes in accounting policies

32.1. Changes in accounting policies

		2024/25				
		Opening balance before the change (1 Apr 2023)	Adjust-ment of opening balance	Restated opening balance after the change (1 Apr 2023)	Adjust-ment for 2023/24	Restated closing balance (31 Mar 2024)
Nature of change in accounting policy	Note	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
Finance lease assets						
Movable Tangible Capital Assets	28	-	643 364	643 364	103 124	746 488

Included in the opening balances for 2023/24 and 2024/25 is a change in accounting policy made in terms of the MCS requirements whereby assets under finance leases are recorded by a department at the commencement of the lease term rather than at the end of the lease term. The change in accounting policy is applied retrospectively.

33. Prior period errors

33.1. Correction of prior period errors

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Assets:				
Movable tangible capital assets	28.1.1	5 446 671	(3 740)	5 442 931
Minor tangible Assets	28.2.1	651 528	(8 752)	642 776
Intangible Assets	29.1.1	20 597	452	21 049
Immovable Assets	30.1.1	2 391 685	25 016	2 416 701
Net effect		**8 510 481**	**12 976**	**8 523 457**

		2023/24		
		Amount before error correction	Prior period error	Restated
	Note	R'000	R'000	R'000
Other:				
Irregular Expenditure	24	6 866	3 481	10 347
Net effect		**6 866**	**3 481**	**10 347**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
VOTE 6

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2025

34. Statement of conditional grants received

	2024/25									2023/24	
	GRANT ALLOCATION					SPENT					
Name of grant	Division of Revenue Act / Provincial grants	Roll overs	DORA Adjust-ments	Other Adjust-ments	Total Available	Amount received by depart-ment	Amount spent by depart-ment	Under- / (Overspen-ding)	% of available funds spent by depart-ment	Division of Revenue Act / Provincial grants	Amount spent by depart-ment
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
National Tertiary Services Grant	3 526 935	-	-	-	3 526 935	3 526 935	3 526 935	-	100.0%	3 332 007	3 332 007
Human Resources & Training Grant of which	**928 678**	**-**	**-**	**-**	**928 678**	**928 678**	**928 678**	**-**	**100.0%**	**887 123**	**887 123**
Statutory Human Resources Component	*375 295*	-	-	-	*375 295*	*375 295*	*375 295*	-	*100.0%*	*369 008*	*369 008*
Training Component	*553 383*	-	-	-	*553 383*	*553 383*	*553 383*	-	*100.0%*	*518 115*	*518 115*
District Health Programmes Grant of which	**2 132 386**	**-**	**-**	**-**	**2 132 386**	**2 132 386**	**2 132 386**	**-**	**100.0%**	**1 982 629**	**1 982 629**
District Health Component	*240 577*	-	-	-	*240 577*	*240 577*	*240 577*	-	*100.0%*	*217 764*	*217 764*
Comprehensive HIV/AIDS Component	*1 891 809*	-	-	-	*1 891 809*	*1 891 809*	*1 891 809*	-	*100.0%*	*1 764 865*	*1 764 865*
Health Facility Revitalisation Grant	861 307	-	6 500	-	867 807	867 807	867 807	-	100.0%	843 165	843 165
National Health Insurance Grant	36 899	-	-	-	36 899	36 899	36 899	-	100.0%	36 225	36 225
Expanded Public Works Programme Integrated Grant for Provinces	2 092	-	-	-	2 092	2 092	2 092	-	100.0%	1 945	1 945
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	7 504	-	-	-	7 504	7 504	7 504	-	100.0%	8 730	8 730
TOTAL	**7 495 801**	**-**	**6 500**	**-**	**7 502 301**	**7 502 301**	**7 502 301**	**-**		**7 091 824**	**7 091 824**

35. Statement of conditional grants and other transfers paid to municipalities

	2024/25							2023/24	
	GRANT ALLOCATION				TRANSFER				
Name of municipality	DORA and other transfers	Roll overs	Adjust-ments	Total Available	Actual transfer	Funds withheld	Reallocations by National Treasury / National Department	DORA and other transfers	Actual transfer
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
City of Cape Town	645 454	-	(47 000)	598 454	597 252	-	-	627 066	600 838
PD: Vehicle Licences	18	-	-	18	29	-	-	18	14
TOTAL	**645 472**	**-**	**(47 000)**	**598 472**	**597 281**	**-**	**-**	**627 084**	**600 852**

36. Broad Based Black Economic Empowerment performance

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

ANNEXURE 1A
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

Name of Municipality	2024/25											2023/24	
	GRANT ALLOCATION				TRANSFER			SPENT					
	DoRA and Other transfers	Roll overs	Adjust-ments	Total Available	Actual transfer	Funds with-held	Re-allocations by National Treasury or National department	Amount received by munici-pality	Amount spent by munici-pality	Unspent funds	% of available funds spent by munici-pality	DORA and other transfers	Actual transfers
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	%	R'000	R'000
City of Cape Town	645 454	-	(47 000)	589 454	597 252	-	-	597 252	597 252	-	100.0%	627 066	600 838
PD: Vehicle Licenses	18	-	-	18	29	-	-	29	29	-	100.0%	18	14
TOTAL	**645 472**	**-**	**(47 000)**	**598 472**	**597 281**	**-**	**-**	**597 281**	**597 281**	**-**		**627 084**	**600 852**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2025

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

Departmental Agency or Account	2024/25						2023/24	
	TRANSFER ALLOCATION				TRANSFER			
	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
Health & Welfare Seta	7 418	-	-	7 418	7 418	100.0%	7 246	7 241
COM: Licences	651	-	-	651	511	78.5%	651	547
TOTAL	**8 069**	**-**	**-**	**8 069**	**7 929**		**7 897**	**7 788**

ANNEXURE 1C
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

Non-profit institutions	2024/25						2023/24	
	TRANSFER ALLOCATION				EXPENDITURE			
	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								
District Management	2 740	-	-	2 740	2 740	100.0%	2 622	2 622
COPC Wellness	11 008	-	-	11 008	11 008	100.0%	10 740	10 740
Community Health Clinics	210	-	-	210	211	100.5%	210	211
Tuberculosis	2 275	-	-	2 275	1 517	66.7%	2 486	1 685
Mitchells Plain Transitional Care Facility	43 444	-	-	43 444	43 444	100.0%	43 444	43 632
Booth Memorial (Chronic Care)	32 720	-	-	32 720	32 720	100.0%	32 720	31 037
Garden Route District Office (Chronic Care)	1 710	-	-	1 710	1 995	116.7%	1 710	1 554
Overberg District Office (Chronic Care)	2 994	-	-	2 994	6 037	201.6%	2 994	3 695
West Coast District Office (Chronic Care)	4 736	-	-	4 736	5 496	116.0%	4 736	4 832
ST Joseph (Chronic Care)	12 373	-	-	12 373	12 373	100.0%	12 373	11 952
TB Adherence Support	3 641	-	-	3 641	4 490	123.3%	4 513	3 309
Home Base Care	26 503	-	-	26 503	42 284	159.5%	25 856	34 244
Mental Health	73 088	-	-	73 088	73 805	101.0%	72 500	69 983
HIV and AIDS	426 819	-	-	426 819	426 965	100.0%	402 972	387 187
Nutrition	1 065	-	-	1 065	1 097	103.0%	1 065	1 092
Klipfontein/Mitchells Plain substructure	2 141	-	-	2 141	2 141	100.0%	2 079	2 079
Alexandra Hospital	3 458	-	-	3 458	3 330	96.3%	4 046	3 781
Maitland Cottage	-	-	-	-	-	-	15 506	15 506

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1C (CONTINUED)
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

Non-profit institutions	2024/25						2023/24	
	TRANSFER ALLOCATION				EXPENDITURE			
	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
EPWP	64 950	-	-	64 950	64 950	100.0%	65 000	65 000
Community Based Services: Strengthening Mental Health Burden	5 537	-	-	5 537	4 511	81.5%	5 019	2 107
Community Based Services: Eliminating Tuberculosis (TB)	14 372	-	-	14 372	14 271	99.3%	13 594	13 408
District Management: Violence Prevention	-	-	-	-	2 500	-	-	-
TOTAL	**735 784**	**-**	**-**	**735 784**	**757 885**		**726 185**	**709 656**

ANNEXURE 1D
STATEMENT OF TRANSFERS TO HOUSEHOLDS

Household	2024/25						2023/24	
	TRANSFER ALLOCATION				EXPENDITURE			
	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								
Employee social benefits-cash residents	77 874	-	-	77 874	72 709	93.4%	77 336	63 997
Claims against the state: households	192 576	-	(29 258)	163 318	134 138	82.1%	137 130	119 557
Bursaries	47 179	-	-	47 179	46 978	99.6%	42 528	38 555
Payments made as an act of grace	169	-	-	169	63	37.3%	178	74
Donations and gifts: cash	80	-	-	80	113	141.3%	80	-
TOTAL	**317 878**	**-**	**(29 258)**	**288 620**	**254 001**		**257 252**	**222 183**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2025

ANNEXURE 1E
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Name of organisation	Nature of gift, donation or sponsorship	2024/25 R'000	2023/24 R'000
Received in cash			
Donations			
Donations received for the year ending 31 March 2024		-	605
Perdekraal East Wind Farm	Donation for professional nurse appointment for COPC (community orientated primary healthcare) services	321	-
Aspen Pharma	Sponsor of 2024 USANA conference	6	-
Total donations received in cash		**327**	**605**

ANNEXURE 1E (CONTINUED)
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Name of organisation	Nature of gift, donation or sponsorship	2024/25 R'000	2023/24 R'000
Received in kind			
Donations			
Donations received for the year ending 31 March 2024			26 566
Beaufort West Hospital	Consumables	168	
Brewelskloof Hospital	Computer Equipment	16	
Brewelskloof Hospital	Consumables	10	
Caledon Hospital	Consumables	8	
Cape Medical Depot	Consumables	4 253	
Ceres Hospital	Consumables	510	
Eerste River Hospital	Consumables	3	
Eerste River Hospital	Furniture & Office Equipment	33	
Eerste River Hospital	Other Machinery & Equipment	3	
Emergency Medical Services	Consumables	11	
Falsebay Hospital	Consumables	78	
Falsebay Hospital	Other Machinery & Equipment	102	
George Hospital	Furniture & Office Equipment	124	
George Hospital	Other Machinery & Equipment	1 007	
Groote Schuur Hospital	Computer Equipment	3 168	
Groote Schuur Hospital	Consumables	3 050	
Groote Schuur Hospital	Furniture & Office Equipment	185	
Groote Schuur Hospital	Other Machinery & Equipment	4 030	
Helderberg Hospital	Computer Equipment	25	
Helderberg Hospital	Furniture & Office Equipment	52	
Helderberg Hospital	Other Machinery & Equipment	451	

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1E

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Name of organisation	Nature of gift, donation or sponsorship	2024/25	2023/24
		R'000	R'000
Hermanus Hospital	Consumables	11	
Hermanus Hospital	Other Machinery & Equipment	10	
Karl Bremer Hospital	Consumables	128	
Khayelitsha Hospital	Consumables	1 515	
Khayelitsha Hospital	Furniture & Office Equipment	42	
Khayelitsha Hospital	Other Machinery & Equipment	3 169	
Mitchell's Plain Hospital	Furniture & Office Equipment	79	
Mitchell's Plain Hospital	Other Machinery & Equipment	617	
Mossel Bay Hospital	Other Machinery & Equipment	85	
Mowbray Maternity Hospital	Other Machinery & Equipment	532	
New Somerset Hospital	Consumables	9	
New Somerset Hospital	Other Machinery & Equipment	166	
Otto du Plessis Hospital	Consumables	2	
Otto du Plessis Hospital	Other Machinery & Equipment	119	
Paarl Hospital	Consumables	22	
Paarl Hospital	Other Machinery & Equipment	671	
Red Cross Hospital	Consumables	89	
Red Cross Hospital	Other Machinery & Equipment	2 714	
Riversdale hospital	Consumables	6	
Stellenbosch Hospital	Consumables	574	
Stellenbosch Hospital	Furniture & Office Equipment	461	
Swartland Hospital	Consumables	40	
Swellendam Hospital	Consumables	47	
Tygerberg Hospital	Consumables	382	

ANNEXURE 1E

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

Name of organisation	Nature of gift, donation or sponsorship	2024/25 R'000	2023/24 R'000
Tygerberg Hospital	Furniture & Office Equipment	1 004	
Tygerberg Hospital	Intangible Assets	117	
Tygerberg Hospital	Other Machinery & Equipment	6 475	
Victoria Hospital	Consumables	16	
Vredendal Hospital	Consumables	163	
West Coast District Office	Consumables	326	
Total donations received in kind		**36 878**	**26 566**
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED		**37 205**	**27 171**

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1F
STATEMENT OF AID ASSISTANCE RECEIVED

Name of donor	Purpose	Opening balance	Revenue	Expenditure	Paid back on / by 31 March	Closing balance
		R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash						
EU Donor Fund	Health Patient Registration System – HPRS	229	-	-	-	229
USAID Donor Fund	Health Service Delivery	6 776	29 076	(20 957)		14 895
Subtotal		**7 005**	**29 076**	**(20 957)**	**-**	**15 124**
TOTAL AID ASSISTANCE RECEIVED		**7 005**	**29 076**	**(20 957)**	**-**	**15 124**

ANNEXURE 1G
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

Nature of gift, donation or sponsorship (Group major categories but list material items including name of organisation)	2024/25 R'000	2023/24 R'000
Donations		
Donations made for the year ending 31 March 2024		783
GATS Macassar: Furniture & Office Equipment	29	
House of Restoration: Furniture & Office Equipment	34	
Jesus vir ons Pinkster Kerk Klapmuts: Furniture & Office Equipment	22	
Mr D Moses: Furniture & Office Equipment	14	
Mr Y Samaai: Furniture & Office Equipment	20	
Mrs J Langenhoven: Furniture & Office Equipment	12	
Nakhlistan Burial Service: Other Machinery & Equipment	27	
Save Seven: Furniture & Office Equipment	15	
The Hope Revolution Men Centre: Furniture & Office Equipment	8	
The Hope Revolution Women Centre: Furniture & Office Equipment	8	
Thembsi's Day Care Centre Gugulethu: Furniture & Office Equipment	10	
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS MADE IN KIND	**199**	**783**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2025

ANNEXURE 2
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	Closing balance 31 March 2025
	R'000	R'000	R'000	R'000
Claims against the department				
Civil and legal	23 084	17 981	(12 828)	28 237
TOTAL	**23 084**	**17 981**	**(12 828)**	**28 237**

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
Department								
PROVINCE OF THE WESTERN CAPE								
Department of Infrastructure	-	-	1 090	407	1 090	407		
Department of Community Safety	-	-	-	38	-	38		
Department of the Premier	-	-	4	2 061	4	2 061		
Department of Social Development	-	213	539	-	539	213		
Department of Cultural Affairs and Sport	-	-	630	2	630	2		
Department of Education	-	29	-	-	-	29		
PROVINCE OF THE EASTERN CAPE								
Department of Health	-	-	-	174	-	174		
KWA-ZULU NATAL								
Department of Health	-	-	140	-	140	-		

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 3 (CONTINUED)
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
MPUMALANGA PROVINCE								
Department of Mpumalanga	-	-	-	342	-	342		
NATIONAL DEPARTMENTS								
Department of Correctional Services	-	-	108	10	108	10		
South African Social Security Agency	-	-	2 871	2 215	2 871	2 215		
Justice and Constitutional Development	-	165	184	-	184	165		
SITA	-	-	-	49	-	49		
Subtotal	**-**	**407**	**5 566**	**5 298**	**5 566**	**5 705**		
Other Government Entities								
City of Cape Town (Cape Medical Depot)	-	-	4 348	4 222	4 348	4 222		
City of Cape Town (WCH Warehouse)	-	-	1 056	112	1 056	112		
Subtotal	**-**	**-**	**5 404**	**4 334**	**5 404**	**4 334**		
TOTAL	**-**	**407**	**10 970**	**9 632**	**10 970**	**10 039**		

ANNEXURE 4
INTERGOVERNMENT 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 after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
WESTERN CAPE GOVERNMENT								
Department of Education	59	-	-	-	59	-		
Department of Mobility	2 721	21 277	-	-	2 721	21 277		
Department of the Premier	1 693	2 330	-	-	1 693	2 330		
Department of Infrastructure	236	256	-	329	236	585	31/03/2025	402
EASTERN CAPE PROVINCE								
Department of Health	-	39	-	-	-	39		
MPUMALANGA PROVINCE								
Department of Health	-	194	-	-	-	194		
NORTHERN CAPE								
Department of Health	-	303	-	-	-	303		
KWAZULU NATAL								
Department of Health	123	141	-	-	123	141		
NORTH WEST								
Department of Health	39	-	-	-	39	-		
NATIONAL								
Department of Justice and Constitutional Development	-	-	14 164	-	14 164	-		
National Prosecuting Authority	25	-	-	-	25	-		
Total Departments	**4 896**	**24 540**	**14 164**	**329**	**19 060**	**24 869**		**402**
TOTAL INTERGOVERNMENT PAYABLES	**4 896**	**24 540**	**14 164**	**329**	**19 060**	**24 869**		

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2025

ANNEXURE 5
INVENTORIES

Inventories for the year ended 31 March 2025	Medical Supplies R'000	Total R'000
Opening balance	1 621 477	1 621 477
Add: Additions/Purchases – Cash	4 976 726	4 976 726
Add: Additions - Non-cash	8 483	8 483
(Less): Disposals	(32 892)	(32 892)
(Less): Issues	(4 886 674)	(4 886 674)
Add/(Less): Adjustments	(184 941)	(184 941)
Closing balance	**1 502 179**	**1 502 179**

Inventories for the year ended 31 March 2024	Medical Supplies R'000	Total R'000
Opening balance	1 068 980	1 068 980
Add/(Less: Adjustments to prior year balances	70 921	70 921
Add: Additions/Purchases – Cash	5 832 663	5 832 663
Add: Additions - Non-cash	4 633	4 633
(Less): Disposals	(23 442)	(23 442)
(Less): Issues	(4 110 034)	(4 110 034)
Add/(Less): Adjustments	(1 222 244)	(1 222 244)
Closing balance	**1 621 477**	**1 621 477**

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 CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**721 628**	**620 995**	**(169 425)**	**1 173 198**
Non-residential buildings	721 628	620 995	(169 425)	1 173 198
TOTAL	**721 628**	**620 995**	**(169 425)**	**1 173 198**

Movement in capital work in progress for the year ended 31 March 2024

	Opening balance	Prior period error	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**387 005**	**-**	**450 008**	**(115 385)**	**721 628**
Non-residential buildings	387 005	-	450 008	(115 385)	721 628
TOTAL	**387 005**	**-**	**450 008**	**(115 385)**	**721 628**

WESTERN CAPE DEPARTMENT OF HEALTH AND WELLNESS
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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 7A
INTERENTITY ADVANCES RECEIVED (Note 15)

	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/3/2025	31/03/2024	31/3/2025	31/03/2024	31/3/2025	31/03/2024
ENTITY	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
OTHER INSTITUTIONS						
Current						
Spectramed	8	8	-	-	8	8
Fishmed	8	8	-	-	8	8
Golden Arrow	12	12	-	-	12	12
Discovery (Management Accounting)	80	80	-	-	80	80
Vaccination Payments	13 912	7 868	-	-	13 912	7 868
RAF Unknown (Management Accounting)	-	-	5 850	4 286	5 850	4 286
COID/WCA Unknown	-	-	4 519	3 272	4 519	3 272
Vericred Unknown	-	-	611	109	611	109
State Departments/Unknown	-	-	1 340	1 177	1 340	1 177
TOTAL	**14 020**	**7 976**	**12 320**	**8 844**	**26 340**	**16 820**

ANNEXURE 8
ANALYSIS OF PREPAYMENTS AND ADVANCES (NOTE 10)

Name of Entity	Classification category	Balance outstanding as at 31 March 2024	Total amount prepaid /advanced in the current year	Less: goods, services or capital assets received in the current year	Add/Less: Other	Balance outstanding as at 31 March 2025
		R'000	R'000	R'000	R'000	R'000
Prepayments						
Advances paid to Non-Profit Organisations	Transfers and subsidies	1 434	40 724	(41 259)	-	**899**
Total prepayments		**1 434**	**40 724**	**(41 259)**	**-**	**899**
Advances						
Advances paid to Staff	Goods and Services	681	2 005	(681)	-	**2 005**
Advances paid to Department of Mobility	Capital Assets	7 351	-	-	-	**7 351**
Total advances		**8 032**	**2 005**	**(681)**	**-**	**9 356**
TOTAL PREPAYMENTS AND ADVANCES		**9 466**	**42 729**	**(41 940)**	**-**	**10 255**

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Western Cape Government