

REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH ON THE 2025/2026 FIRST QUARTER PERFORMANCE REPORT OF THE DEPARTMENT OF HEALTH

1. INTRODUCTION

The Constitution of the Republic of South Africa of 1996 (Section 114 (2)), as amended, read together with rule 81 (1)(a)(b)(c) and (d) and rules 81 (2)(3) and (4) of the Standing Rules and Orders of the Legislature of the Limpopo Province mandates the Portfolio Committee on Health to play oversight over the Department of Health.

The Portfolio Committee on Health met with the Department on the 26th of September 2025 for a briefing on the 2025/2026 First Quarter Financial and Performance Report. The purpose of the briefing was for the Committee to monitor the progress and performance of the eight programmes of the Department of Health, and to monitor how the Department was progressing with the implementation of its 2025/2026 budget.

2. STANDING ITEMS

The department was requested to give progress report on these items on a quarterly basis before the start of a briefing session:

- (i) Audit Action Plan implementation.
- (ii) Significant uncertainties caused by medical negligence and progress on the use of private attorneys.
- (iii) Filling vacant posts and acting positions.
- (iv) Procurement of the Health Information System.
- (v) Education and training in Nursing and EMS.
- (vi) Progress on the construction of the Limpopo Academic Hospital.
- (vii) Activities regarding National Health Insurance (NHI).
- (viii) Realization of ideal clinics and hospitals.
- (ix) Health facilities cleanliness.

2. EXPENDITURE REPORT

Table 1: Summary of Expenditure and Budget per Programme

Programme	2024/2025 Allocation R'000	1st Quarter Expenditure R'000	%
1. Administration	309 734	86 422	27.9
2. District Health Services	17 277 371	3, 781 146	21.9
3. Emergency Medical Services	1 197 575	321 680	26.9
4. Provincial Hospital Services	3 176 333	692 424	21.8
5. Central Hospital Services	2 366 212	537 080	22.7
6. Health Science & Training	658 644	145 404	22.1
7. Health Care Support	180 591	38 467	21.3
8. Health Facilities Management	907 242	469 217	51.7
TOTAL	26 073 702	6 072 180	27,03

Source: Department of Health 2025/2026 1st Quarter Performance Report

The Department was allocated R26 billion during the 2024/2025 financial year. The Department was expected to have utilized 25% of its budget by the end of the first quarter, however, the overall expenditure was 27.03%. The department overspent in Programme 1 (Administration) by 27.1% and Programme 8 (Health Facilities Management) by 51.7%. The committee was concerned with the overspending by 57% in Programme 8, which was above the normal 25% that was supposed to be spent during the first quarter. The Committee requested the department to submit a report on why there was such overspending for Programme 8.

3. PROGRAMME PERFORMANCE

3.1 PROGRAMME 1: ADMINISTRATION

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

The department achieved one, did not achieve two of its four targets. The other that was reported annually was the audit opinion and the department reported that this was monitored on a quarterly basis. The department was requested to report on the progress relating to the audit action plan on a quarterly basis. One of the targets not achieved during the first quarter was the percentage compliance to payment of suppliers within 30 days, whereby only 99.87% was achieved against the 100% target. The department alluded to challenges experienced while converting from BAS 5 to BAS 6 version in April 2025 and further reported that this was resolved as invoices were paid in May and June 2025. Similarly, the target on revenue collection was not met in the first quarter, the department collected R54.5 million against the set target of R56.1. This was reportedly due to delayed payment of lodged claims from RAF. The department has been struggling with collecting revenue from RAF and the Committee requested the department to come up with strategies to address this challenge. The department was requested to give progress on a quarterly basis and challenges encountered in the process. However, the department reported an achievement in the target on completeness of asset register, and they were requested to sustain this.

The Committee noted with concern that during the fourth quarter of 2024/25 financial year, expenditure on machinery and equipment was at 0% first quarter of 2025/26 expenditure was at 123%. The department was requested to report on why there was over expenditure on machinery and equipment in the first quarter and what type of machinery and equipment was procured.

3.2. PROGRAMME 2: DISTRICT HEALTH SERVICES

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

Programme 2 was reported to have the highest vacancies. The department reported that a recruitment plan for 2025/26 was approved in May 2025. It was reported that the Committee should expect more appointments, and more adverts would be released from the 26th of September 2025. Seemingly the recruitment plan comprised of two areas. The first phase was to address the issue of high acting positions as raised by the Committee. Funding was set aside for Heads of Clinics, Heads of hospitals, and Operational Managers. All EMS stations will have managers. The second part would address the challenge of critical attrition, whereby the majority was seen in retirement, mostly in the nursing category. Positions for medical officers who left the system would also be replaced. The Committee requested the department to submit progress report regarding this on a quarterly basis, highlighting the posts that they filled and the name of the institutions, and the posts that were still vacant.

It was reported that the performance of the target on patient experience of care survey rate would be reported in the third quarter, because preparations to conduct the survey were underway. The department failed to achieve a target for PHC mental disorder rate, however, the planned intervention by the Department to continue with training and workshops to broaden the understanding by also including patients who do not receive medications was commendable. An audit on data quality would also be conducted.

The department reported the new target on HIV positive 5-14 years that was introduced during the 4th quarter of 2024/25 was not met due to the initiation of HIV positive pregnant women on pre-exposure prophylaxis (PREP). The department was still struggling with meeting the targets on the ART adult remain in care rate due to non-adherence to

treatment, alcohol abuse, non-disclosure of HIV status and migration of patients between facilities. Improvement was seen with the target of ART child remain in care following an adopt a child strategy and the review of the lost to follow-up of children and linking them back to care.

With regards to Mother, Child, Women, Health, and Nutrition, targets on child under five years diarrhea, pneumonia and severe acute malnutrition (SAM) cases facility rate were achieved and this was commendable and must be sustainable. The committee further noted that the target on immunisation for children under 1 year was achieved due to the availability of vaccines. The target on the cervical cancer screening coverage was not met due to poor marketing of cervical cancer screening.

3.3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

The purpose of this programme is to improve the quality of emergency medical services including ambulances services, special operations, and communications and air ambulances services; and render efficient planned patient transport. This programme also provides pre-hospital emergency medical including inter-hospital transfer.

The department reported that it achieved and exceeded two of its targets set in the first quarter of 2025/26 financial year, due to the availability of resources and the implementation of the Computer Aided Dispatch (CAD) system. The target for urban ambulance response times was set at 85% of responses within 30 minutes; a rate of 99% was achieved. For the rural area, ambulance response times were set at 85% of responses within 60 minutes, the department achieved a rate of 95%. The Committee was concerned about the validity of this achievement as it did not correlate with what was observed while conducting oversight visits to healthcare and EMS facilities.

3.4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

The purpose of this programme is the delivery of hospital services, which are accessible, appropriate, and effective and to provide general specialist services, including a

specialized drug-resistant TB and rehabilitation services, as well as a platform for training health professionals and research.

In the province, hospitals such as Mokopane, Tshilidzini, Letaba, St Rita's, Philadelphia, Thabamopo, Evuxakeni, Hayani, Modimolle MDR/XDR-TB unit, fall under this programme. The Committee noted that only one indicator, patient experience of care survey rate, for the regional and specialised hospitals mentioned above would be reported in the third quarter. The department alluded to the fact that preparations for conducting the survey were ongoing. The tool used to conduct the survey was requested and that the department must report to the performance on a quarterly basis.

3.5. PROGRAMME 5: CENTRAL HOSPITAL SERVICES

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

There are two tertiary hospitals in the province, Mankweng and Pietersburg. Likewise with Programme 4, the department planned to report only on one indicator, the patient experience of care survey rate. The department reported that the survey would be reported in the third quarter.

3.6. PROGRAMME 6: HEALTH SCIENCE & TRAINING

The purpose of the programme is to render training and development opportunities for actual and potential employees of the department through human resources development, nurse training and EMS training.

The department reported that about 150 new students in general nursing diploma were targeted, however, a submission was made for the approval of 200 intake for the 2025/26 financial year. The Committee requested clarity on the increase from 150 to 200 students. The department responded that initially the plan was to have 75 new students from the community and 75 Recognition of Prior Learning (assistant nurses that needed advanced training) to make it a total of 150. The department decided to add 50 nurses who were already in the system to upgrade and become professional nurses and would be released on study leave. The department underspent (0%) on machinery and equipment and reported they were waiting for desktop computers to be delivered. The Committee requested progress report regarding the approval of the 200 students and the delivery of desktops before the end of the third quarter.

3.7. PROGRAMME 7: HEALTH CARE SUPPORT

The purpose of the programme is to render support services as required by the department to realize its objective of incorporating all aspects of rehabilitation through the sub-programmes.

Medicine availability at depot achieved 80% of targeted 78%, at hospitals the achievement was 86% of targeted 86%. However, for PHC facilities it was 78% of the targeted 80% due to the global shortage of active ingredient form Rifampicin for TB. The department said an alternative ingredient would be procured to address the shortage.

3.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

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

The department reported on the number of health facilities with completed capital infrastructure projects. The Committee raised concerns over the over-expenditure of 57% in this programme. However, the expenditure on machinery and equipment was at 0%.

The Committee requested the department to submit a report on why there was over expenditure in this programme and a 0% expenditure on machinery and equipment. A progress report on the complete and incomplete capital infrastructure projects must be submitted as well.

4. KEY FINDINGS

The following are some of the findings observed by the committee in relation to the 2025/26 First Quarter Performance Report:

4.1. The department spent 27.03% on overall budget. Over expenditure was observed on Programme 1 and Programme 8.

4.2. Target on revenue collection was not met due to poor collection from RAF.

4.3. The department still struggling with HIV/AIDS patient treatment.

4.4. Availability of medicine at depot and hospitals were over-achieved, targets for the PHC was not met.

5. RECOMMENDATIONS

The Portfolio Committee on Health recommends that the Department accomplishes the following activities by the end of the 2025/26 financial year:

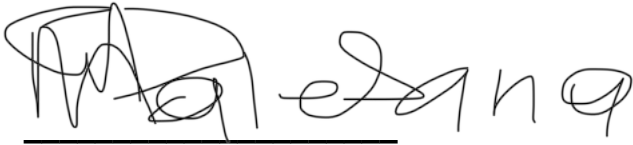
4.1. The department has been struggling with collecting revenue from RAF and was requested to give progress and challenges encountered on a quarterly basis on strategies to address this challenge.

- 4.2. The department must submit progress report regarding the filling of vacant posts in all categories on a quarterly basis, highlighting the posts that they filled and the name of the institutions, and the posts that were still vacant.
- 4.3. The Committee requested progress report regarding the approval of registering the 200 nursing students and the delivery of desktops before the end of the third quarter.
- 4.4. The department must submit a report on why there was over expenditure of 57% in Programme 8 and a 0% expenditure on machinery and equipment. A progress report on the complete and incomplete capital infrastructure projects must be submitted as well. The report must be submitted within three weeks.
- 4.5. The department to give progress report separately (as an Annexure to the quarterly performance reports) on a quarterly basis, on the following indicators for Programme 4 (Provincial Hospitals Services) and Programme 5 (Central Hospitals Services) in addition to the Patient Experience of Care Survey Rate indicator:
- (i) Patient Safety Incidents (PSI) Case Closure Rate
 - (ii) Maternal Deaths in Facility Rate
 - (iii) Diarrhoea, Pneumonia and Severe Acute Malnutrition (SAM) Deaths under 5 Years
 - (iv) Death in Facility Under 5 Years

5. CONCLUSION

In conclusion, Honourable speaker, the Committee after scrutinizing the 2025/2026 First Quarter Performance Report of the Department of Health, move that this report be adopted as a report of this Honourable House.

I move accordingly.



Hon. Malebana C.W.D.

Chairperson of the Portfolio Committee on Health

09/10/2025

Date