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OF THE

REPUBLIC OF SOUTH AFRICA

ANNOUNCEMENTS,

TABLINGS AND

COMMITTEE REPORTS

WEDNESDAY, 27 MAY 2026

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ANNOUNCEMENTS

National Assembly

The Speaker

1. Introduction of Bills

(1) The Minister of Finance

- (a) **General Laws (Anti-Money Laundering and Combating Terrorism Financing) Amendment Bill** [B15–2026] (National Assembly – proposed sec 75) [Explanatory summary of Bill and prior notice of its introduction published in *Government Gazette* No. 54520 of 17 April 2026.]

Introduction and referral to the **Standing Committee on Finance** of the National Assembly, as well as referral to the Joint Tagging Mechanism (JTM) for classification in terms of Joint Rule 202.

In terms of Joint Rule 196 written views on the classification of the Bill may be submitted to the JTM. The Bill may only be classified after the expiry of at least seven parliamentary working days since introduction.

TABLINGS

National Assembly and National Council of Provinces

1. The Minister of Trade, Industry and Competition

- (a) Main Report of the Competition Commission on Measuring Concentration and Participation in the South African Economy: Levels and Trends (2017-2021) – March 2026.

COMMITTEE REPORTS

National Assembly and National Council of Provinces

1. Supplementary Report of the Joint Standing Committee on the Financial Management of Parliament on the draft 2026/27 Annual Performance Plan and budget of the Parliament of the RSA, dated 27 May 2026

The Joint Standing Committee on the Financial Management of Parliament, having considered the draft 2026/27 Annual Performance Plan and budget of the Parliament of the RSA, reports as follows:

1. Introduction

1.1 Section 4 of the Financial Management of Parliament and Provincial Legislatures Act, No. 10 of 2009 (the FMPPLA) provides for the establishment of an oversight mechanism to maintain oversight of the financial management of Parliament. The Joint Standing Committee on the Financial Management of Parliament (the JSCFMP) was thus established in terms of the Joint Rules of Parliament. The Committee has the powers afforded to parliamentary committees under sections 56 and 69 of the Constitution.

1.2 Parliament derives its mandate from:

- Chapter 4 of the Constitution of the Republic of South Africa, 1996, No 108 of 1996, which sets out its composition, powers and functions;
- the FMPPLA which regulates the institution's financial management;
- the Powers, Privileges and Immunities of Parliament and Provincial Legislatures Act No 4 of 2004 which defines and declares the national and provincial legislatures' powers, privileges and immunities;

- the Money Bills Amendment Procedure and Related Matters Act No 9 of 2009 (Money Bills Act) which provides procedures to amend money bills;
- the National Council of Provinces (Permanent Delegates Vacancies) Act No 17 of 1997 which provides for the processing of vacancies among the permanent delegates in the National Council of Provinces (NCOP);
- the Determination of Delegates (National Council of Provinces) Act No 69 of 1998 which provides for processes around the determination of delegates to the NCOP;
- the Mandating Procedures of Provinces Act No 52 of 2008 which provides for a uniform procedure in terms of which provincial legislatures confer authority on their delegations to cast votes on their behalf, as required by section 65(2) of the Constitution; and
- the Remuneration of Public Office Bearers Act No 20 of 1998 which provides for a framework for determining the salaries and allowances of public office bearers.

- 1.3 Section 17(2)(b) of the FMPPLA requires that the Executive Authority must table the draft annual performance plan and draft budget at least one month before the draft budget must be submitted to the National Treasury. As previously reported the draft 2026/27 annual performance plan was referred to the JSCFMP 12 June 2025.
- 1.4 The Committee met with the Executive Authority and the administration of Parliament on 9 September 2025 to interrogate the draft annual performance plan (APP) and budget for the purpose of reporting its findings and recommendations to Parliament. The Executive Authority i.e. the Speaker of the NA, Ms Thoko Didiza, MP and Ms Refilwe Mtsweni-Tsipane, MP led the delegation which comprised, amongst others, Mr X George, Secretary to Parliament, Ms Brenda Mashika, Division Manager: Strategy and Governance Management, and Ms N Mpefumlo, acting Chief Financial Officer (CFO).
- 1.5 The committee report emanating from that engagement was accordingly considered and adopted by the JSCFMP on 14 October 2025, and thereafter published in Parliament's Announcements, Tablings and Committee Reports (ATC) publication on 21 October 2025 (ATC No 181 of 2025).

- 1.6 Subsequent to the adoption of that report, in a meeting held on 22 May 2026, the JSCFMP agreed to receive a follow-up briefing from the leadership of Parliament to consider revisions that have been made to the budget tabled as indicated above. The meeting took place on 26 May 2026. It was agreed that the content of that briefing, as well as the observations and recommendations emanating from the JSCFMP's consideration of the revisions should be published in this report which supplements the committee report published on 21 October 2025.
- 1.7 This report therefore contains two parts: Part A, containing the revised budget as presented on 26 May 2026; and Part B, containing the committee's observations and recommendations in respect of that budget. As this is a supplementary report it should be read with the *Report of the Joint Standing Committee on the Financial Management of Parliament on the Draft 2026/27 Annual Performance Plan and budget of the Parliament of the RSA, dated 14 October 2025* setting out in detail the annual performance information which this budget supports.

PART A

2. Budget

- 2.1 Table 1 below outlines sets out the total budget available for appropriation to Parliament.

Revenue item	2026/27 R'000	Source
Appropriated funds	2 801 898	National Treasury allocation
Direct Charges	542 712	
Total Indicative allocation	3 344 610	Baseline reduced by R6,7 million
Add: Additions to baseline appropriated by NT with own revenue and donor funding		
Own revenue – interest	3 050	Projected interest
Own revenue – restaurant and gift shop	15 000	Projected sales
Voluntary Early Retirement Dispensation	28 520	Unspent Funds
Retained Earnings	275 743	Projected underspending on operations by divisions in 2025/26 financial year to be utilised in 2026/27
CPC Subversion	8 848	CPA funding for hosting the 69 th CPC
Donor Funding	26 082	EU funding is ringfenced and will end in 2026/27
Total Own Revenue and Donor Funding	357 243	

TOTAL AVAILABLE excl. REBUILDING	3 701 853	
Rebuilding Fund	2 624 241	Retained Earnings
Interest	50 000	Interest – for rebuilding only
Total Rebuilding Fund	2 674 241	
TOTAL AVAILABLE REVENUE	6 376 094	

Table 1: 2026/27 budget available for appropriation (Source: Parliament of the RSA presentation to the JSCFMP, 27 May 2026)

3. Budget appropriation and allocation to support the 2026/27 APP priorities

3.1 Table 2 below reflects the allocation broken down per programme. Programme 1: Administration comprising the operational budget and the budget for the rebuilding will receive the bulk of the allocation, while the remainder of the budget will go towards supporting Programme 2: Legislation and Oversight, and Programme 3: Associated Services.

Programme		Total R'000
Administration	Operational	1 037 608
	Rebuilding	2 674 241
Administration total		3 711 849
Legislation and Oversight		1 147 741
Associated Services		973 792
Sub-total		5 833 382
Direct Charges (Remuneration Members)		542 712
Total		6 376 094

Table 2: Breakdown of the 2026/27 allocation per programme (Source: Parliament of the RSA presentation to the JSCFMP, 27 May 2026)

- 3.2 Broken down per economic classification, the budget is allocated as follows:
- 42 per cent or R 2, 674 241 billion of the budget will go towards the rebuilding fund;
 - 23 per cent or R1, 475 800 billion of the budget will go towards compensation of employees;
 - 10 per cent or R 867 489.00 will go towards operations associated with the implementation of the APP;
 - 10 per cent or R624 573.00 will go towards transfers;
 - 8 per cent or R 542 712.00 will go towards the compensation of members;
 - 4 per cent or R229 813.00 will go towards members entitlements;
 - 2 per cent or R103 726.00 will go towards compensation of members (contributions to the Parmed Medical Scheme); and

- 1 per cent or R57 740.00 will be spent on capital expenditure associated with the APP.

3.3 In respect of Parliament's operations, excluding the rebuilding project :

- 41 per cent of the budget will be spent on the support and welfare of members i.e. remuneration, entitlements, medical aid for former members of Parliament and provincial legislatures, and Transfers to Political Parties;
- 31 per cent of the institutional budget will be spent on the core business of Parliament i.e. compensations of employees, goods and services (APP) and capital goods allocation; and
- 28 per cent of the institutional budget will go towards support services i.e. compensations of employees, goods and services (APP) and capital goods.

3.4 It should also be noted that the Parliamentary Budget Office (PBO) will receive a budget of R15.6 million in 2026/27.

4. Allocation to oversight committees of Parliament

4.1 In 2025/26 oversight committees were allocated a budget of R180.150 million to facilitate oversight, law-making, and public participation. In 2026/27 will increase by 9 per cent, to R195.750 million.

4.2 As in 2026/27 committees of the National Assembly will receive R 3 million each. The budgets of NCOP committees will increase by R17 per cent to R3.5 million each.

4.3 In addition to the above, to support law-making and public participation efforts, the National Assembly will have a consolidated fund of R30 million (same as per 2025/26), and the NCOP a consolidated fund of R15 million (100 per cent increase on 2025/26).

4.4 Joint oversight committees of the NA and the NCOP will receive R1 million each, representing a 25 per cent increase on the allocation in 2025/26.

4.5 The budgets for ad hoc oversight committees remains as per the 2025/26 allocation i.e. R1 million per committee.

4.6 The budgets of internal committees will increase by 400 per cent to R250 000 per committee.

4.7 Each year Parliament runs priority programmes i.e. Local Government Week, Taking Parliament to the People, Provincial Week, and District Development Model/Three Spheres. Table 3 below outlines the movement in respect of the allocations to each of these programmes.

Programme	Approved Budget 2025/26	Draft Budget 2026/27	% Movement
Local Government Week	R979 000.00	R4 000 000	409%
Taking Parliament to the People	R10 467 246.00	R17 430 525	67%
Provincial Week	R6 779 000.00	R6 326 6000	-7%
District Development Model/Three Spheres	-	R4 000 000	N/A
	R18 225 246.00	R31 757 125.00	74%

Table 3: Priority Programmes allocation (Parliament of the RSA presentation to the JSCFMP on 26 May 2026)

PART B

5. Observations and Recommendations

The Executive Authority should provide the JSCFMP with a response to the recommendations below within 30 days of the adoption of this report by the NA and the NCOP. (Please note that observations and recommendations included in the committee report on the 2026/27 draft APP and budget adopted on 21 October 2025 are included here too.)

5.1 Multi-Party Budget Forum

5.1.1 Members observed that more transparency was required in the manner Parliament's budget was determined. All represented political parties ought to be consulted in the process. *The Executive Authority should consider establishing a multi-party budget forum before the next budget proposal is finalised to ensure that Parliament's budget is prepared in consultation and with adequate transparency.*

5.2 Funding model

- 5.2.1 The Committee remains concerned that Parliament as a separate arm of the state is entirely dependent on the national executive for the budget it receives. It is noted that the various shortfalls between the budgets Parliament requested for 2026/27, and the budgets National Treasury had allocated, will be funded from the R772 million good and services budget. This intervention is not sustainable.
- 5.2.2 The Committee notes progress made as far as the consultation with the Financial and Fiscal Commission (FFC) around the development of a funding model for Parliament. Such a funding model will address some of the funding challenges that impact Parliament's ability to implement its strategy, and meet its constitutional obligations.
- 5.2.3 *The institution should prioritise the finalisation of the funding model and the JSCFMP should receive quarterly updates in respect of progress made as far as establishing a funding model for Parliament, and negotiating a more appropriate approach to allocating its budget with the National Treasury.*

5.3 Legislative improvements to improve law-making

- 5.3.1 It is noted that the institution intends to implement legislative improvements to address ineffective law-making that may result in unconstitutional legislation being passed by Parliament. Given the impact of adverse judgements on Parliament's reputation, and the resources wasted on processes that do not deliver constitutionally sound legislation, improvements in this regard are welcomed. *The JSCFMP should be provided with the detail and timelines for the improvements and how these would be institutionalised.*

5.4 Committee budgets

- 5.4.1 When the 2025/26 budget was considered the JSCFMP had supported the uniform budgets allocated across all parliamentary committees because at that time there had been no baseline. Of concern is that the institution has in the allocation of the 2026/27 committee budgets, once again, not taken into account that committees have varied

workloads. *The JSCFMP recommends that committees be held accountable for the funds allocated to them on 2025/26, and that their expenditure and performance in 2025/26 should inform a more systematic approach to allocating budgets to committees based on their specific responsibilities and programmes. The JSCFMP should be provided with the expenditure plans of all NCOP and NA committees and how they have performed against those plans in 2025/26 and each year going forward.*

- 5.4.2 The increase to the budgets of priority programmes of the NCOP was noted with interest especially given members of the NCOP's experience that public support of the programmes has decreased. *These substantial increases should be outlined in detail to assist the JSCFMP to understand the reasoning behind the increases.*

5.5 Executive responsiveness

- 5.5.1 The JSCFMP remains concerned about the poor responsiveness of some members of the executive to parliamentary questions, particularly in the NA. The efforts to hold the executive accountable for non-responsiveness, whether through not responding at all or through inadequate responses, are welcomed. *Such efforts should be redoubled to ensure that they result in qualitative improvements to executive responses, and speedy feedback to citizens. This matter should be referred to the rules committees for review to strengthen compliance in this regard. Quarterly performance reports should include detailed progress reviews that include the details of those who fail to respond as required.*

5.6 Broadcast Strategy

- 5.6.1 The 7th Parliament's broadcast strategy is a key component in efforts to improve access to Parliament and public participation. The draft APP, however, provides little detail about the risks to the implementation of the strategy that may have been identified and how those would be mitigated. *The JSCFMP should receive a detailed report on the risks that have been identified and how these would be remedied.*

5.7 Digital Transformation Strategy

5.7.1 The intention to implement a digital transformation strategy to address outdated IT infrastructure and the adverse effects of AI. Of concern is the increase in cyber-security attacks that has been reported. While the JSCFMP notes the institution's commitment to driving digital transformation, it also acknowledges that such transformation will not be without challenges and risks. *The JSCFMP should be provided with an update on the current status of the IT infrastructure, any risks that have been identified and efforts and timelines of the plans to address them in the interim and long-term; as well as how the increase in cyber-security attacks would be addressed. Quarterly progress reports should be provided in this regard.*

5.8 Public Participation

5.8.1 The interventions in respect of public participation are noted, in particular the establishment of a high-level steering committee to coordinate public involvement efforts. *The JSCFMP recommends that the steering committee be established as soon as possible to ensure that 7th Parliament improves radically on the institution's previous performance in respect of its constitutional obligations relating to public participation.*

5.9 Priority programmes

5.9.1 The JSCFMP notes the improved allocations to support the priority programmes referred to in paragraph 4.7. *The JSCFMP should however be provided with detailed expenditure plans in respect of each of the programmes.*

Report to be considered.

National Assembly

1. Report of the Portfolio Committee on Correctional Services on its oversight visit to Drakenstein Correctional Centre, dated 26 May 2026.

The Portfolio Committee on Correctional Services undertook its oversight visit to Drakenstein correctional centres in the Western Cape Province on 5 May 2026 and reports as follows:

1. Introduction

1.1 The Portfolio Committee on Correctional Services (the Committee) undertook an oversight visit to Drakenstein Correctional Centre on 5 May 2026.

1.2. The focus area for the oversight visit was on Juveniles, Remand detainees, Rehabilitation and Skills development for sentenced offenders as well as infrastructure.

1.3. The following Members and Support Staff were part of the oversight visit:

- Hon KA Ramolobeng
- Hon M Sokopo
- Hon EA Cloete
- Hon MS Moela
- Hon E Hendricks
- Hon C Neihaus
- Hon J Engelbrecht
- Hon K Kgobisa-Ngcaba
- Hon MM Gasa
- Hon LG Shangase.

Staff members

- Mr S Mthonjeni
- Mr M Mathabathe
- Ms N Nomandla
- Ms R Azzakani

- Ms S Sowazi.

PART I

2. **Drakenstein Correctional Centre**

- 2.1 Drakenstein Management Area comprises of 04 Correctional Centres and 02 Community Corrections offices. The Centres are Medium A which house male sentenced adults; Medium B which houses youth male sentenced (Med and Maximum) and remand detainees; Maximum which houses males sentenced adults as well as remand detainees; and Stellenbosch Correctional Centre which houses adult male Remand Detainees and Sentenced Offenders.
- 2.2 The Committee also invited the Department of Public Works and Infrastructure to their oversight visit as well as the Judicial Inspectorate for Correctional Services.
- 2.3 The approved bed space for Drakenstein Management Area is 1 361 while the current population is 1 851 (49 RDs, 227 State Patients and 1 502 Sentenced) translating to overcrowding rate of 136%.
- 2.4 The post establishment for Drakenstein Management Area is 748 while only 638 positions are filled resulting in 14.71% vacancy rate.
- 2.5 There are 305 lifers at Drakenstein correctional centre of which 14 fall under Van Wyk Judgement, 18 under Phaahla Judgement and 273 are those who were sentenced after 01 October 2004.
- 2.6 There are 39 sentenced and 02 remand foreign national inmates at Drakenstein Correctional Centre of which majority are from Congo (9) followed by Zimbabwe (06), Lesotho (06) and Tanzania (04).

- 2.7 Of the 49 RDs in the Management Area, none has been offered bail and none qualified for bail review.
- 2.8 The Centre provides both short and long skills to offenders such as Fine Art, Sewing, Agriculture, Painting, Cabinet Making, Garment Making, Welding, Carpentry and Plastering.
- 2.9 The following challenges and possible interventions were highlighted:
- High vacancy rate – natural attrition and post to be filled via learnership programme and adherence to turnaround time in filling of posts
 - High rate of confiscated contraband – Erect security fencing as the current Agriculture section fencing is a normal household fence and that makes it accessible to criminal by cutting and planting drugs during the night.
 - Lack of health care service providers (psychiatrist, dentist and doctor) – The Centre is currently busy with the procurement of services following supply chain processes for a period of 02 years.

PART II

3 COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

- 3.1 The Committee took a walk-about in the following areas of the Centre:
- Kitchen
 - Sentenced section -Unit B
 - Sick bay
 - School
 - Workshop, and
 - Bakery.
- 3.2 **Kitchen**: The Committee noted that 4 (Four) pots were not functioning at the Kitchen. The Department of Correctional Services and Department of Public Works & Infrastructure are requested to submit a joint report with time frames on when

the pots will be fixed. The report should reach the Committee withing 30 days after the adoption of this report.

- 3.3 **Vacancies:** The Committee noted high vacancies totaling 110 and majority were at the Maximum centre (38). The Committee is concerned that high vacancies especially at Maximum centre might put the lives of officials at risk and might contribute to escapes. The Department is urged to ensure that funded vacancies are filled.
- 3.4 **Disciplinary cases:** The Committee was seriously concerned about high disciplinary cases (65) in the management area. The Committee views this as officials doing as they pleased in Drakenstein Management Area and believes this might be as a result of management failures. The Department is requested to beef up and capacitate leadership in the management area.
- 3.5 **Official misleading the Committee:** The Committee was seriously concerned about the behaviour of an official who tried to mislead the delegation about the Journal of tasting of food having been signed when it was clear to the delegation that the Journal was not signed when Hon Cloete inspected it. The Department is requested to investigate the matter and submit a report to the Committee on its findings and recommendations.
- 3.6 **Overcrowding:** The Management Area reported an overcrowding rate of 133.28% in Drakenstein, however, the Committee noted 14 beds which were not occupied in cell 5. The Committee urges the Department to ensure that available space is used optimally to reduce overcrowding in correctional centres.
- 3.7 **Assualts:** The Committee noted that the Management Area has a high number of reported assault cases especially at Medium A. The Committee is not convinced that the Assault Prevention Strategy was bearing fruits and therefore it needed to be reviewed and see where it can be improved.
- 3.8 **Non-functioning machines at Textile:** The Committee noted that 6 machines at textile workshop were not functioning. The Department is requested to attend to

those machines urgently so that more offenders can be allocated for skills training and to ensure increased production at textile.

- 3.9 **Bakery:** The Committee was impressed that the bakery was operated by 17 Juvenile offenders who will acquire much needed skills that could be used upon release. The Committee was however, concerned about the two mixers and an oven that were not functioning. The Department of Correctional Services together with the Department of Public Works & Infrastructure is requested to ensure that the bakery equipments are fixed so that more correctional centres within the region could benefit from the bakery and this will save cost for the region.
- 3.10 **Contraband:** The Committee was concerned about the high number of cell-phones (634) confiscated in the Management Area and there was no indication where some of these contrabands comes from. The Department is requested to ensure that measures are in place to prevent contrabands coming into the centre including procurement of scanners.
- 3.11 **Mental Health Care Users:** The high number of mental health care users (227) in the Management Area was a serious concern for the Committee. The Department is urged to engage with the Department of Health to facilitate removal of mental health care users to appropriate facilities.
- 3.12 **Parameter fence:** The Committee also observed the lack of parameter fence within correctional centres in the Management Area and this might pose a risk for escape of inmates as well as contraband coming into the centres. The Department of Correctional Services and Department of Public Works are requested to work together to see how they can address the lack of parameter fence in the Management Area.
- 3.13 **Meal system:** The Committee noted that inmates are not provided their three meals according to prescribed regulations as a result of the current shift system. The Department is urged to find ways in which the shift system could accommodate the three meals per day as per departmental regulations.

Report to be considered.



2. REPORT OF THE PORTFOLIO COMMITTEE ON CORRECTIONAL SERVICES ON ITS OVERSIGHT VISIT TO CORRECTIONAL CENTRES IN MPUMALANGA, DATED 26 MAY 2026.

The Portfolio Committee on Correctional Services undertook its oversight visit to various correctional centres in Mpumalanga Province from 28 April- 01 May 2026 and reports as follows:

1. Introduction

1.1 The Portfolio Committee on Correctional Services (the Committee) undertook an oversight visit to Mpumalanga Province between 28 April- 01 May 2026.

1.2. The focus area for the oversight visit was on Juveniles, Female Offender, Remand detainees, Rehabilitation and Skills development for sentenced offenders as well as infrastructure.

1.3. The following Members and Support Staff were part of the oversight visit:

- Hon KA Ramolobeng
- Hon EA Cloete
- Hon MS Moela
- Hon MM Gasa
- Hon LG Shangase.
- Hon J Engelbrecht
- Hon K Kgobisa-Ngcaba

Staff members

- Mr S Mthonjeni
- Mr M Mathabathe
- Ms N Nomandla
- Ms S Sowazi.
- Ms R Azzakani

PART I

2. Correctional Centers visited

2.1 The Committee conducted announced visit on Six (6) correctional centers namely Nelspruit CC; Barberton Town Youth CC; Barberton Maximum CC; Standerton CC; Bethal CC; and Witbank CC.

2.2 The Committee also invited the Department of Public Works and Infrastructure to their oversight visits to correctional centers as well as the Judicial Inspectorate for Correctional Services.

3. NELSPRUIT CORRECTIONAL CENTRE

3.1. Nelspruit CC is one of the six (6) Correctional Centre, under Barberton Management Area. This is a mixed facility for males and females Sentenced offenders and Remand Detainees.

3.2. The approved bed space for Nelspruit CC is 757 while the current offender population is 1 588. This consists of 927 RDs, 11 State Patients and 650 sentenced offenders.

3.3. The post establishment for Nelspruit CC is 252 while 233 positions are filled and 19 are vacant resulting in the vacancy rate of 7.53%. Majority (16) of the vacant positions are under Security and Case Officers.

3.4. There are 590 foreign national inmates (both sentenced and RDs) in Nelspruit CC of which majority are from Mozambique (393) followed by Zimbabwe (100) Lesotho (30) and Swaziland (30).

3.5. The period of RDs spent in detention varies. There are 99 RDs who have been detained for more than 2 years and the longest period spent in detention is 10 years 01 month for a rape case.

3.6. In terms of Bail Review (Sec 63 (1) and 62A), a total of 12 applications were made, and only one was successful.

3.7. In terms of Lifers, Nelspruit has a total of 06 lifers of which 03 are under Van Wyk Judgement, 01 under Phaahla Judgement and 02 are those who committed crime after 01 October 2004.

3.8. The following challenges and possible interventions were highlighted for Nelspruit CC:

- Overcrowding – Courts should consider free bail for petty crimes and placement of low-risk Remand Detainees under Section 62F.
- Shortage of vehicles – funding and procurement of vehicles.
- Available generators are outdated and are not serviceable – Funding and procurement of new generators.
- The Centre is not installed with CCTV Cameras – Funding is recommended for installation of CCTV Cameras to intensify security.
- Unit D and Female Unit have no security fence – Installation of security fence is recommended to curb any security incidents.

3.9 The following achievements were also recorded:

- Zero escape from 2022 to date.
- The centre saved by producing 4 616kg/680 kg of mangoes, nartjies, bananas and avocados with the target of 100% and managed to supply other correctional centre within and outside the management area.
- The centre only bought potatoes for babies and did not buy any vegetables for the rest of the inmates.

4. BARBERTON TOWN YOUTH CORRECTIONAL CENTRE

4.1 Barberton Town Youth Correctional Centre is one of the Centres within Barberton Management Area in LMN Region. This facility houses medium and maximum sentenced male youth offenders; remand male youth and State Patients.

- 4.2 The approved bed space of the centre is 357 while there are 415 inmates of which 201 are sentenced and 213 are remand detainees and 1 State Patient. The overcrowding rate for this facility is 116.25%
- 4.3 The post establishment of the centre is 169 while only 149 positions were filled and 20 were vacant, resulting in a vacancy rate of 11.3%.
- 4.4 The facility houses a total of 17 lifers and none fell under Van Wyk, Van Vuuren or Phaahla Judgements.
- 4.5 There are 113 foreign national inmates of which 90 are RDs and 33 are sentenced in Barberton Town Youth.
- 4.6 In terms of Bail Review, a total of 13 applications to court were made only 1 was successful.
- 4.7 In terms of bail amount, only 11 offenders were granted bail of which 07 were granted bail of between R500 – R1000 and 4 inmates were granted bail of between R1000 – R5000.
- 4.8 The longest period spend in detention is 28 months for a case of murder.
- 4.9 The facility provides skills programmes as well as educational programmes for offenders. A total of 128 offenders participate in both skills and educational programmes. For long skills there are 21 while for short skills there are 05 offenders. For educational programmes there are 05 in NSC, 05 in AET and 45 in FET programmes.
- 4.10 The following challenges and proposed interventions were highlight under Barberton Town Youth:
- Negative response from Courts on Section 49G and 63A applications – Continue to market the applications of Section 49G and 63A during case flows. Courts

should also consider free bail for petty crimes. Court should also consider placement of low-risk remand detainees under Section 62F.

- Turn around time on allocation of bed space to state patients need to be reviewed. In addition, officials are not trained to handle and manage state patients – DoH must place state patients in designated mental health facilities.
- The shift pattern of the centre creates a shortage of staff – Upgrading of the post establishment of the centre and finalization of the development of suitable shift pattern.
- Inaccessible and non-monitorable areas due to damaged infrastructure – Use of telephone monitoring intervention as a substitute for physical monitoring
- Unavailability of venues for rendering of programmes at community corrections – provision of mobile classrooms.

4.11 In terms of infrastructure of the centre, the following has been reported:

- The centre is old and dilapidated
- Plumbing infrastructure is old and rusty, and pipes are leaking inside the walls.
- The centre needs a total revamp.

4.12 The following achievements were reported:

- 100% pass rate
- Zero unnatural deaths reported from 2022 to date
- Zero escapes from 2022 to date
- Three new pots were installed in the kitchen
- Maximum cell windows were fitted with mesh wire
- Desk refurbishment project with the Mpumalanga Department of Education.

5. BARBERTON MAXIMUM CORRECTIONAL CENTRE

5.1 Barberton Maximum Correctional Centre is one of the facilities under Barberton Management Area. The facility houses maximum male sentenced offenders and high-

risk remand detainees. The facility is said to old and does not cater for the Unit Management approach.

- 5.2 The facility has a post establishment of 262 while there are 216 filled positions resulting in vacancy rate of 17.55%.
- 5.3 In terms of disciplinary cases, there are 04 precautionary suspensions and 04 alternative placement. The outcome of disciplinary cases includes 3 dismissals.
- 5.4 The approved bed space of Barberton Maximum CC is 780 while there are 1 178 sentenced offenders and 05 remand detainees resulting in overcrowding rate of 151.66%.
- 5.5 Barberton Maximum CC has a total of 700 lifers and all of them falls under the category of lifers who committed crim after 01 October 2004.
- 5.6 The facility also houses a total of 117 sentenced foreign national offenders and majority are from Mozambique (68) followed by Zimbabwe (13) and Swaziland (18). The prevalent crimes committed includes Murder, rape, housebreaking, robbery, poaching and possession of firearms.
- 5.7 The following challenges and proposed interventions were identified:
- Insufficient security staff as a result of termination of service – DCS should consider a recruitment drive to equalize the official to offender ratio.
 - The shift pattern of the centre creates a shortage of staff – finalization of the pilot project on suitable shift pattern.
 - Maximum centre is old and dilapidated - allocation of funds for repairs and maintenance.
 - The standby generator is old and needs major service – Allocation of funds to replace the standby generator.
 - Overcrowding – Consideration of other sentence options and increase in the number of maximum facilities.

5.8 The facility provides offenders with both skills and educational programmes. A total of 28 offenders participate in both long and short skills while 237 offenders participate in various educational programmes including UNISA, NSC and AET.

5.9 The following achievements were highlighted:

- Zero escapes for the past 10 years
- Zero unnatural deaths for 2025/26
- One offender graduated with a Bachelor's Degree in Business Management from UNISA
- The Centre did not buy any vegetables in the past financial year.

6. STANDERTON CORRECTIONAL CENTRE

6.1 Standerton Correctional Centre is one of the facilities under Bethal Management Area. The Centre houses Medium and Maximum sentenced offenders with an approved bed space of 1 462 while there are 1 584 offenders.

6.2 Standerton is a new generation correctional centre which operates on Integrated Security System (ISS). The ISS is currently having a maintenance contract in place until end of September 2026, with plans to implement a 36-month contract from October 2026.

6.3 The funded post establishment for the facility is 343 and only 241 positions are filled and 102 are vacant resulting in a vacancy rate of 30%.

6.4 The facility houses a total of 198 foreign male offenders and majority are from Mozambique (96), followed by Zimbabwe (46) and Swaziland (20).

6.5 In terms of lifers, the facility has a total of 336 lifers of which 07 fall under the category of Van Wyk judgement, 10 under Phaahla judgement and 319 are those who have committed crime after 01 October 2004.

6.6 A total of 26 offenders participate in various long skills programmes while 51 participate in AET programmes. In addition, 07 offenders participate as assistant Chefs while 19 participate in Plant Production.

6.7 The following challenges and proposed interventions were highlighted:

- Shortage of vehicles – procurement of suitable vehicles
- Shortage of Technical Lectures for TVET – Appointment of Technical Lectures
- Shortage of personnel – Implementation of a revised post establishment
- Shortage of water supply from the Municipality – Water infrastructure upgrade by Lekwa Municipality.

6.8 The following achievements were recorded:

- A bakery was established in 2024/25 financial year as part of SSSF
- The bakery produces sufficient brown bread for all centres in Bethal Management Area as well as Witbank Management Area
- There is self-sufficiency on Maize production
- The National Commissioner officially opened a new full-time school in the Correctional Centre in 2025/26
- Zero escapes since the establishment of the new generation facility in 2018
- Zero unnatural deaths since the establishment of the new generation facility in 2018
- Accreditation with Gert Sibanda College (for welding and electrical engineering).

7. BETHAL CORRECTIONAL CENTRE

7.1 Bethal Correctional Centre falls under Bethal Management Area as a mixed facility for minimum, medium, maximum male and female Sentenced and Remand Detainees inmates. The approved bed space of the facility is 765 and there are 1 292 inmates of which 577 are remand detainees, 04 State Patients and 715 sentenced offenders. The overcrowding rate is 168.88%.

- 7.2 The Centre has an approved post establishment of 205 while only 165 positions are filled resulting in a vacancy rate of 80.48%.
- 7.3 In December 2025, a total of 40 cell-phones, 30 charges, 2 dagga ball, 25 nyawupe slops and 6 bank cards were confiscated in the facility.
- 7.4 The facility houses a total of 93 lifers of which 11 falls under Van Wyk Judgement, 17 under Phaahla Judgement and 65 are those who committed crime after 01 October 2004.
- 7.5 In terms of foreign nationals, the facility houses a total of 178 inmates of which majority are from Mozambique (84), followed by Lesotho (41), Zimbabwe (41) and Nigeria (7).
- 7.6 A total of 09 remand detainees, out of 577 had bail of which 06 had bail of less than R500, 2 had bail of between R500-R1 000 and 1 had bail of between R1 000 and R5 000. The longest period spent in detention is 7 years for a case of Murder.
- 7.7 The facility provides various skills and educational programmes to offenders. A total of 141 offenders participate of which 65 are in educational programmes (AET) and 76 are in skills programmes.
- 7.8 In terms of Self-Sufficiency & Sustainability, the facility has 6.8 ha and produces Cabbage, Spinach, Carrots, Pumpkin, Green beans, Maize and Potatoes.
- 7.9 The following challenges and proposed interventions were identified:
- Non funded posts for Agricultural technician at Bethal – the delegated authority to assist with the creation of agricultural technician posts at the mentioned facilities.
- 7.10 The following achievements were reported:
- No vegetables purchased during 2025/26 FY and the saving is estimated to be R357 736
 - Provision of vegetables to Schools and communities in the three district municipalities
 - Zero escape in the past financial year
 - Zero unnatural deaths in the past financial year.

8. WITBANK CORRECTIONAL CENTRE

- 8.1 Witbank Correctional Centre is classified as a Minimum, Medium and Maximum Correctional Centre under Witbank Management Area. The facility houses sentenced offenders, remand detainees, state patients, and juveniles (both RDs and Sentenced). There are only four units in the correctional centre and with an approved bed space of 501 and currently 94.81% occupied.
- 8.2 The approved bed space of the facility is 1 317 while there are 1 791 inmates of which 1 183 are sentenced, 596 are remand detainees and 12 are state patients resulting in overcrowding rate of 135.9%.
- 8.3 The approved post establishment of Witbank Correctional Centre is 427 but only 358 positions are filled while 69 positions are vacant resulting in vacancy rate of 16.15%.
- 8.4 The facility houses a total of 454 foreign national inmates of which 186 are remand detainees and 268 are sentenced offenders. Majority are from Mozambique (239) followed by Zimbabwe (120), Malawi (28) and Swaziland (24).
- 8.5 In terms of bail amount, a total of 37 inmates had bail of which 9 had bail of less than R500, 10 had bail of between R500-R1000, 17 had bail of between R1000- R5000 and 1 had bail of between R5000-R10000.
- 8.6 A total of 72 RDs qualified for referrals to court and only 5 were referred and none were successful. The longest period spent in detention was 6 years and 3 months for a case of rape and robbery with aggravating circumstances.
- 8.7 The following challenges and proposed interventions related to overcrowding were identified:
- Courts are not responding to the applications for Sec 49G and 63A – Courts should consider free bail for petty crimes, and consider placement of low-risk remand detainees under Sec 62F. Need for funding to be registered to cable offices and provide network connectivity
 - When the courts do respond, the decision is “continued detention” – Foreign nationals who are arrested for illegal immigration only should not be admitted to

correctional facilities, but they should be deported under Sec 34 and 36 of the Immigration Act.

8.8 The facility provides offenders with both long and short skills as well as educational programmes. A total of 148 offenders participate in different programmes of which 44 participate in long skill, 8 in short skills and 98 in different educational programmes (TVET, AET and FET).

8.9 The following general challenges and possible interventions facing the centre were identified:

- There is a shortage of security officials due to resignation, dismissals, retirements, promotions and deaths – More officials need to be employed to supplement the security officials
- Security officials are currently on the 12- hour shift pattern, this creates a huge shortage of security officials and has a substantial financial impact on overtime – finalize and approve a suitable shift pattern that will alleviate the shortage of officials preferably the 12 days in and 2 days off.
- Officials are not trained to handle state patients – DoH place state patients in designated mental health facilities.
- Computers are old and not compatible to the latest software – procure new computers that are compatible with the latest software.
- Non reviewal of Community Corrections post establishment – creation of security posts at Community Corrections.
- Dilapidated office space for Kwaggafontein Community Corrections – Alternative office space for Kwaggafontein Community Corrections
- Inaccessible and non-monitorable areas due to damaged infrastructure (heavy rains) – Use of telephone monitoring interventions as a substitute for physical monitoring
- Ad-hoc Tracing Unit for Community Corrections – Capacity building on Tracing Unit for Community Corrections.

8.10 The following achievements were highlighted:

- Witbank Correctional Centre hosted a delegation from Malawi and Zimbabwe who came for benchmarking on the production of uniforms.

- Witbank Correctional Centre also hosted the SANDF and Airforce delegation who also came to benchmark on the production of uniform
- The management area hosted a roundtable discussion with SAPS, Home Affairs and the House of Traditional Leaders from provincial office of Mpumalanga which was held at Witbank Correctional Centre
- In 2025, the centre harvested 35 354 kg of white maize which was processed to maize meal which produced 411 x 50kg bags with a saving of R338 433.83.

PART II

9 COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

NELSPRUIT CORRECTIONAL CENTRE

9.1 The Committee took a walk-about in the following areas of Nelspruit Correctional Centre:

- Female Unit
- Remand females
- Sub-Kitchen
- Sentenced males
- Main kitchen
- Remand male's section
- Sick bay, and
- Officials' accommodation.

9.2 **Vacancies:** The Committee noted a total of 19 vacancies in Nelspruit Correctional Centre. The Department is urged to ensure that funded vacancies are filled within a reasonable period.

9.3 **Journal of tasting food:** The Committee was concerned that food was tasted by Mr Motha, but he was not the one who signed the register. The Department is requested to ensure that all centres comply with the SOP on tasting of food registers.

- 9.4 **Food samples:** The Committee observed that the food samples were not stored in containers but in small plastics. The Committee request a report on containers of storage for food samples if they are available and what consequences there are for those not doing their work in providing those containers.
- 9.5 **Certificate of compliance:** The Committee found that the certificate of compliance was last issued in 2021. The Committee requests a report on how the issue of compliance certificate operates in that district. In addition, how often the inspectors visit the kitchen and when was the last time they visited.
- 9.6 **Cleaning materials:** The Committee found that some of the cells were not clean and hygienic and therefore encouraged the centre to procure strong cleaning detergent to keep the centre clean and hygienic.
- 9.7 **Smoking of dagga in cells:** The Committee noted with concern that some inmates smoke dagga in their cells. The management of the centre is requested to ensure that smoking of dagga in the facility is prohibited and those found smoking are disciplined.
- 9.8 **Self-Sufficiency & Sustainability Framework:** The Centre is commended for their projects related to SSSF and urged to increase products that are produced and also to market some of those for selling.
- 9.9 **Infrastructure:** The Committee observed that in the kitchens, the paint on walls and ceiling was pilling off. The Department is encouraged to ensure that minor maintenance issues are attended to timeously and offender labour is used.
- 9.10 **Skills programmes:** The Committee is concerned about the low number of offenders participating in skills programmes at only 51 out of more than 500 sentenced offenders in Nelspruit facility. The Department is requested to seriously look at increasing that number and give more offenders an opportunity to acquire skills while incarcerated.

- 9.11 **Foreign Nationals:** The Committee noted the huge number of foreign nationals incarcerated in Nelspruit Correctional Centre especially those incarcerated for immigration offences. The Committee calls upon the Department to engage relevant stakeholders especially the Department of Home Affairs and BMA to ensure that all those arrested for immigration offences are deported immediately.
- 9.12 **Alternative placements:** The Committee was concerned that the Department continues to send officials who transgressed in correctional centres to community correctios for alternative placement while undergoing disciplinary cases. The Committee urge the Department to ensure that those found with contraband are charged criminally.
- 9.13 **Official Tshepo:** The Committed visited the accommodation of officials within the terrain and was concerned with the living condition of the official who was wheelchair-bond. The Department is requested to look at alternative ways in which the official could be assisted with his living conditions.

BARBERTON TOWN YOUTH CORRECTIONAL CENTRES

- 9.14 The Committee took a walk-about in the following areas of Barberton Town Youth Correctional Centre:
- Kitchen
 - Clinic
 - Remand section
 - Sentenced Medium section
 - Sentenced Maximum section
 - Skills development (Woodwork and Garden)
 - School and computer room
 - Community corrections offices.

- 9.15 **Vacancies:** The Committee noted a total of 20 vacancies in the centre and the Department is urged to ensure that funded vacancies are filled within a reasonable period.
- 9.16 **Kitchen equipment:** The Committee noted that one (1) pot was not functioning out of five (5) as well as two (2) freezers. The Centre is encouraged to attend to these equipments.
- 9.17 **Demarcation for religious meals:** The Committee was seriously concerned that there is no demarcation space for preparation of religious meals. The Area Commissioner should ensure that all centres within the Management Area comply with the SOP and other regulations regarding preparation of meals for different religions.
- 9.18 **Certificate of compliance:** The Committee noted that the certificate was valid for two years, but the inspectors did not at least provide any documentary proof that the certificate was still valid. The Centre is requested to ensure that the Department of Health Inspectors should sign a journal to show that they have assessed the kitchen and is still compliant.
- 9.19 **Lack of funding for materials:** The Committee was informed that lack of funding for materials/equipment contributed to low number of offenders participating in skills programmes. The Department is requested to prioritise funding for material and equipment for skills training.

BARBERTON MAXIMUM CORRECTIONAL CENTRE

- 9.20 The Committee took a walk-about in the following areas:
- Kitchen
 - School and computer centre
 - Sentenced section
 - Hospital.

- 9.21 **Vacancies:** The Committee noted with concern that there were 46 vacancies at maximum centre and this puts the safety of officials at risk. The Committee continues to urge the Department to fill funded vacancies within a reasonable period.
- 9.22 **Kitchen equipment:** The Committee noted that five (5) pots were not functioning while two (2) were partially in working conditions. The centre is encouraged to attend to all these pots before more pots are broken.
- 9.23 **Education:** The centre is commended for 100% matric pass rate and for the number of offenders participating in other educational programmes including FET and AET. The centre is urged to encourage more offenders to participate in educational programmes.
- 9.24 **Facilities fund:** The Committee is concerned that the clubs are using offender labour for their fundraising purposes. The Department is requested to report to the Committee how this concern will be addressed.
- 9.25 **Cleanliness:** The Committee commend both Maximum and Town Youth Correctional Centres for being clean and requests the Area Commissioner to ensure that Nelspruit Correctional Centre bench-mark from Barberton Maximum Centre about their cleanliness.

STANDERTON CORRECTIONAL CENTRE

- 9.26 The Committee took a walk-about in the following areas of the Correctional Centre:
- Kitchen
 - Remand Detention Unit
 - Hospital
 - Sentenced section.
- 9.27 **Kitchen:** The Committee noted that out of 3 pots only two were functioning and two of the three cold rooms were not functioning. The Department, together with Public Works, is encouraged to attend to these equipments.

- 9.28 **Computers:** The Committee noted that the facility has a computer room however, there are no computers at the school. The Department is requested to find ways of assisting the centre in securing computers including reaching out to business community for donations. This will assist in equipping offenders with computer skills.
- 9.29 **Vacancies:** The Committee is concerned about the huge vacancies at Standerton Correctional Centre which amount to 102 especially since the facility also houses maximum offenders who might pose a risk to officials. The Department is encouraged to ensure that funded vacancies are filled urgently.
- 9.30 **Shortage of water:** The Committee acknowledges that water shortage is not only a challenge affecting the centre but the district as a whole. The Department is encouraged to look at other alternatives including boreholes.
- 9.31 **Infrastructure of the Centre:** The Committee noted that the facility was fairly new and therefore requests that there should be regular maintenance to ensure that the facility does not deteriorate.
- 9.32 **Case Management Committee:** A number of offenders complained about the functioning of CMC at the Centre and the fact that they were not aware of programmes they needed to attend in order to fully comply with their further profiles. The Department is requested to capacitate the CMC and also ensure that there no offenders who have reached their minimum detention period but are still incarcerated.
- 9.33 **Parole Board:** The Department is requested to expedite filling positions for Parole Boards so that there are no offenders who have reached their minimum detention period but are still incarcerated.
- 9.34 **Offender Velly Ramela:** The Committee was informed by an offender that he could not lodge an appeal because his file does not have a case number as his case

number is given to someone serving a sentence in Durban Westville CC. Mr Mentoor from JICS has committed to collaborate with DCS to assist in this matter.

BETHAL CORRECTIONAL CENTRE

9.35 The Committee took a walk-about in the following areas of the centre:

- Female Section
- Male RDs Section
- Kitchen.

9.36 **Kitchen equipment:** The Committee noted that out of 8 pots only 3 are functioning and both freezers are also not functioning. The Committee is concerned because this facility services a huge population of offenders and 3 pots are not enough for such a huge population. The Committee requests the Department of Correctional Services together with Department of Public Works & Infrastructure to urgently attend to these equipments before more become dysfunctional.

9.37 **Contraband:** The Committee was concerned with the number of contraband found in the facility. The Department is encouraged to ensure that measures are in place to prevent contraband from entering the centre including having scanners.

9.38 **Vacancies:** The 40 vacancies in the facility are a huge concern for the Committee. The Department is requested to prioritise filling of these vacancies.

9.39 **Meal system:** The Committee noted concerns from offenders that instead of receiving their three meals separately, their lunch and supper is combined in the afternoon and as a result they become hungry later in the evening. The Centre is requested to ensure that serving of three meal for inmates is done in accordance with relevant lawful prescripts.

9.40 **Management of the Centre:** The Committee was seriously concerned with the general management of the centre. The Department is requested to intervene and capacitate the management of the centre.

9.41 **Fire Extinguishers:** The Committee observed that all fire extinguishers were not serviced. The Department is requested to attend to the servicing of all fire extinguishers as a matter of priority.

9.42 **Mattresses:** Shortages of mattresses was noticed especially at the juvenile section of Remand Detainees. The Centre is encouraged to procure mattresses for inmates.

WITBANK CORRECTIONAL CENTRE

9.43 The Committee took a walk-about in the following areas of the centre:

- Juvenile RD Section
- Kitchen
- Sentenced Juvenile Section
- Sentence Male Adult Section
- Production Workshop.

9.44 **Sub-standard coal supply:** The Committee was seriously concerned that sub-standard coal was delivered at the centre for the kitchen. The Department is requested to seriously consider other suppliers who will not supply substandard coal to the centre. The Centre should ensure that they get value for money for the service/goods they have procured.

9.45 **Demarcation for religious diet:** The Committee noted that the kitchen did not have a demarcation area for religious meals and acknowledges the honesty from the official who confirmed it. The Centre is requested to ensure that the kitchen clearly demarcates areas for religious meals as per their SOP.

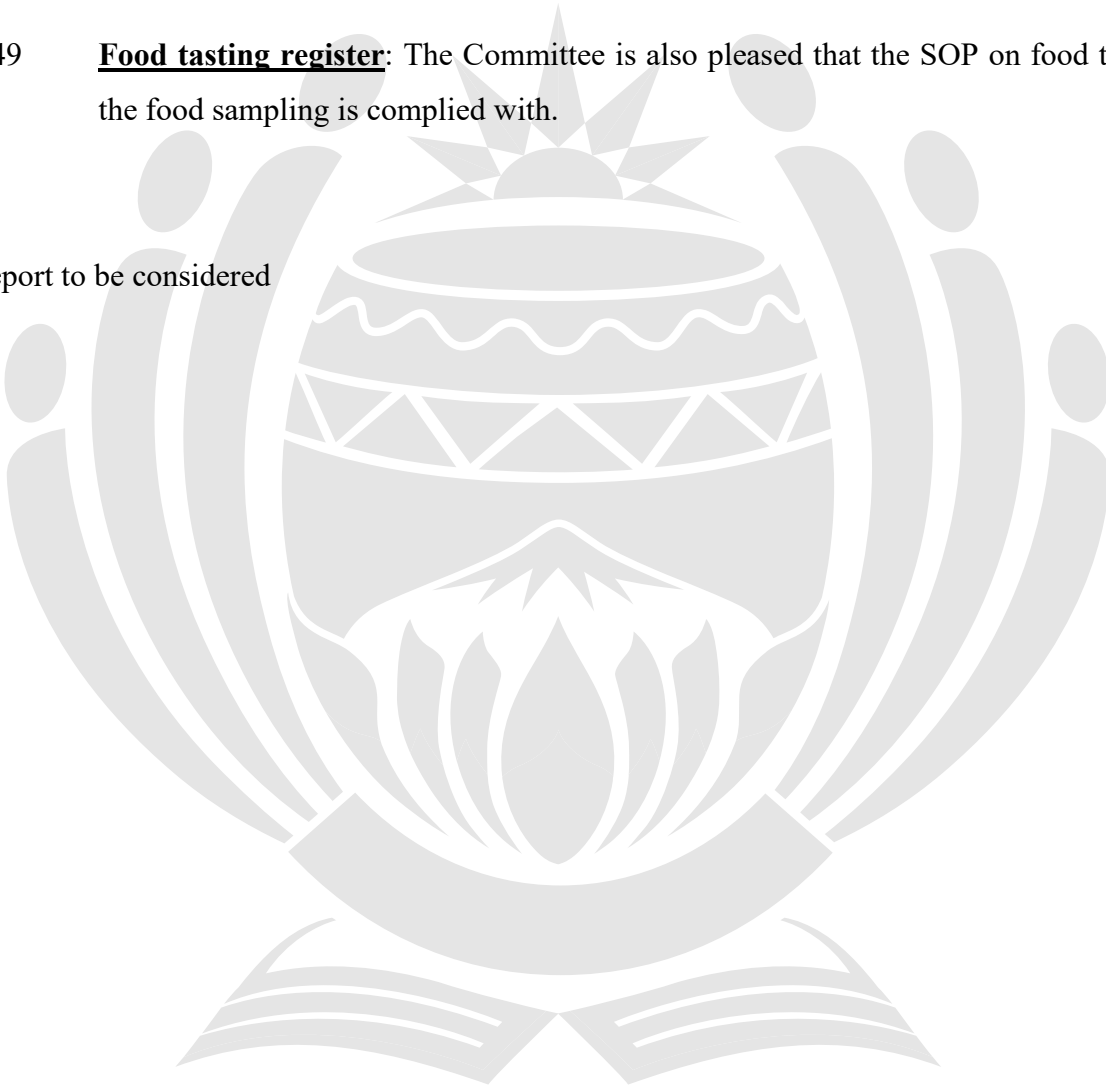
9.46 **Vacancies:** The Committee is seriously concerned about 69 vacancies in the centre and urges the Department to ensure that funded vacancies are filled.

9.47 **General hygiene:** The Committee noted that some of the cells in RD section as well as sentenced section were not clean and hygienic. The Centre is urged to procure strong detergents to clean the cells.

9.48 **Compliance certificate:** The Committee is happy that there are no issues regarding compliance certificate in Witbank Correctional Centre as the inspections are conducted annually.

9.49 **Food tasting register:** The Committee is also pleased that the SOP on food tasting and the food sampling is complied with.

Report to be considered



National Council of Provinces

1. Policy Assessment and Recommendations Report of the Select Committee on Social Services on the Annual Performance Plan and Budget of the Department of Health - Vote 18, Dated 27 May 2026

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Abbreviations and Acronyms

ABIS	: Automated Biometric Identification System
AIDS	: Acquired Immunodeficiency Syndrome.
APP	: Annual Performance Plan
ART	: Antiretroviral Treatment
CoGTA	: Department of Cooperative Governance and Traditional Affairs
CSOs	: Civil Society Organisations
EHR	: Electronic Health Record
EMS	: Emergency Medical Services
GBV	: Gender-Based Violence
HFRG	: Health Facility Revitalisation Grant
HIV	: Human Immunodeficiency Virus
HPRS	: Health Patient Registration System
HPV	: Human Papillomavirus Vaccination
MTSF	: Medium Term Strategic Framework
NCD	: Non-Communicable Disease
NDP	: National Development Plan
NHI	: National Health Insurance
NSP	: National Strategic Plan
NTSG	: National Tertiary Services Grant
OHSC	: Office of Health Standards Compliance
PHC	: Primary Health Care
PLHIV	: People living with HIV
SAMRC	: South African Medical Research Council
SDG	: Sustainable Development Goal
SoNA	: State of the Nation Address
STI	: Sexually Transmitted Infections
TB	: Tuberculosis
TRIPS	: Trade-Related Aspects of Intellectual Property Rights
UHC	: Universal Health Coverage
UN	: United Nations
WHO	: World Health Organisation

1. Introduction

The Select Committee on Social Services (henceforth, the Committee), having considered and deliberated on the 2026/27 Annual Performance Plan (APP) of the Department of Health and Budget Vote 18: Health, on 07 May 2026, reports as follows:

Section 55(2) and Section 92(3)(b) of the Constitution of South Africa set out the role of Parliamentary Committees in overseeing the performance of government departments and entities. As part of their Parliamentary oversight, Committees have the constitutional mandate to scrutinise the Executive's budgets. In this regard, the Committee considered the APP and the budget of the Department of Health (henceforth, the Department).

This report summarises the presentation received from the Department of Health, focusing on the 2026/27 APP and allocations over the Medium-Term Expenditure Framework (MTEF) period. This report details the deliberations, observations and recommendations made by the Committee about Budget Vote 18.

2. Strategic Priorities

2.1 Vision, Mission and Mandate

The Department envisions a “long and healthy life for all South Africans”. The Department aims to realise its vision through the prevention of illness, disease and the promotion of healthy lifestyles. In addition, it seeks to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability.

2.2 Policy Priorities

The Department's policy priorities are aligned with the Constitution of the Republic of South Africa (1996). The Constitution gives effect to the right of everyone to have access to equality (Section 9) and health care services (Section 27), including children (Section 28). In addition, Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence.

The Department's Strategic Plan and APP are derived from the United Nations (UN) Sustainable Development Goals (SDGs), National Development Plan (NDP): Vision 2030, and the mandate of the 2019-2024 Medium Term Strategic Framework (MTSF).

2.2.1 United Nations Sustainable Development Goals (UN SDGs)

The health sector is guided by the UN Sustainable Development Goals (SDGs). The Department is committed to working towards achieving the 13 health-related UN SDGs, which aim to advance Goal 3: "Ensure healthy lives and promote well-being for all at all ages". The health targets for SDG 3 are listed below:

- 3.1. *By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.*
- 3.2. *By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5-year mortality to at least as low as 25 per 1,000 live births.*
- 3.3. *By 2030, end the epidemics of acquired immunodeficiency syndrome (AIDS), tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases.*
- 3.4. *By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.*
- 3.5. *Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.*
- 3.6. *By 2020, halve the number of global deaths and injuries from road traffic accidents.*
- 3.7. *By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.*
- 3.8. *Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.*
- 3.9. *By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.*

- 3.a. *Strengthen the implementation of the World Health Organisation (WHO) Framework Convention on Tobacco Control in all countries, as appropriate.*
- 3.b. *Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries. By providing access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health, which affirms the right of developing countries to use the full provisions in the Agreement on TRIPS regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.*
- 3.c. *Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.*
- 3.d. *Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.*

2.2.2 National Development Plan: Vision 2030

The NDP identifies demographics, the burden of disease, health systems, and the social and environmental determinants of health as key areas for intervention to improve the country's health system. Nine goals for health have been identified in the NDP, namely:

- Average male and female life expectancy at birth increased to 70 years.
- Tuberculosis (TB) prevention and cure progressively improved.
- Maternal, infant and child mortality reduced.
- Significantly reduced prevalence of non-communicable chronic diseases.
- Injury, accidents and violence reduced by 50% from 2010 levels.
- Health system reforms completed.
- Primary Health Care (PHC) teams deployed to provide care to families and communities.
- Universal health coverage achieved; and
- Health posts filled with skilled, committed and competent individuals.

2.2.3 Medium-Term Strategic Framework (MTSF)

In addition to the NDP, the health sector is also guided by the Health Sector Ten Point Plan. Figure 1 shows the 2019-2024 MTSF Priority related to the Department's five-year strategic goals.

Figure 1: MTSF Priority 3 (Education, Skills and Health) impact statements

MTSF Priority 3 (Education, Skills and Health) - Impact Statements	
a) Life expectancy of South Africans improved to 66.6 years by 2024 and 70 years by 2030.	b) Progressively achieved universal health coverage for all South Africans. All citizens are protected from the catastrophic financial impact of seeking health care.

The key policy priorities of the Department include the following:

- *Implement the National Strategic Plan (NSP) for the Human Immunodeficiency Virus (HIV), TB and Sexually Transmitted Infections (STIs), 2023–2028:* The fifth generation of the NSP was launched in 2023. This NSP will ramp up efforts to reach the 95-95-95 goal. This includes all provinces scaling up paediatric HIV treatment that is more effective and easier for caregivers to administer. Tuberculosis remains the leading cause of death in the country. According to the Department, more focused measures will be implemented to tackle both TB and HIV to transition to the 95-95-95 targets set for both diseases.
- *Reduce Non-Communicable Diseases (NCDs):* The 2022–2027 NSP for the Prevention and Control of NCDs will be implemented to reduce the rapid growth in NCDs, including, amongst others, cancer, diabetes, and mental health. Changing behaviour, raising awareness of status regarding hypertension, diabetes and cholesterol, as well as preventing complications that result in disabilities, are key priorities. The Department is also prioritising a multi-sectoral approach to the communities' reproductive needs, with a focus on younger women.

- *Facilitate the implementation of the National Health Insurance (NHI):* The Department will continue to prepare for the implementation of the proposed NHI. The Department is still developing and implementing the Electronic Health Record (EHR), which will consolidate all patient health data into a single digital record, providing complete and up-to-date information at the point of care.
- *Improve health system infrastructure:* The Department will continue to implement the 10-year National Health Infrastructure Plan, which includes maintenance and refurbishment of health facilities.

2.2.4 State of the Nation Address (SoNA)

In the February 2026 State of the Nation Address (SoNA), the State President addressed the following health-related issues:

- Invest substantially in health infrastructure, prioritising the construction and revitalisation of academic hospitals. This would entail the government engaging with various public and private financing institutions to finance the building and revitalisation of health care facilities in partnership with the private sector.
- Undertake a significant rollout of *Lenacapavir*, a six-monthly injection that has proven highly effective in preventing HIV transmission. It is used to reduce the risk of HIV in adults and adolescents who weigh at least 35 kilograms, are HIV negative, and are at risk of getting HIV.
- Mobilise society to ensure that every young girl between the ages of 9 and 15 receives the HPV (Human Papillomavirus Vaccination) vaccine. The country aims to eliminate cervical cancer by the year 2030. The strategy aligns with the World Health Organisation (WHO) 90-70-90 targets, which means that 90% HPV coverage for girls under 15 years of age, 70% screening coverage using high-performance testing, and 90% treatment for identified cases.

3. Department of Health Planned Policy Initiatives

The Department's 2026/27 APP places a strong emphasis on health system strengthening reforms aligned with the World Health Organisation (WHO)'s priority of implementing Universal Health Coverage. This aims to promote equitable access to quality healthcare for all, without financial hardship.¹ The Department of Health thus prioritises Primary Health Care (PHC), reinforcing strategies to prevent and manage Non-Communicable Diseases (NCDs), meet HIV/AIDS targets, achieve HPV elimination, develop infrastructure, and enhance the workforce to improve health outcomes and life expectancy.

3.3 Key Sector Priorities

3.3.1 *Universal Health Coverage*

The Department is prioritising universal health coverage (UHC) in line with WHO priorities to ensure equitable access to healthcare for all without financial hardship. To that end, the Department's key initiatives in its implementation of NHI include:

- Strengthening primary health care (PHC),
- Intensifying strategies for the prevention and management of NCDs,
- Implementation of the Electronic Medical Record via the rollout of the Health Patient Registration System (HPRS). The system rollout will be expanded in the current financial year. The Automated Biometric Identification System (ABIS) will also be expanded in this financial year.

3.3.2 *HIV/AIDS Response: Achieving the 95-95-95 Targets*

South Africa remains committed to the UN's 95-95-95 targets for HIV/AIDS.² While the country has made progress reaching 96-78-94 by July 2025, gaps remain. This means 96% of people living with HIV (PLHIV) are diagnosed, 78% of those diagnosed are on Antiretroviral Treatment (ART), and 94% of those on ART are virally suppressed. To address this:

¹ Department of Health (2026) Annual Performance Plan pp. v-vi.

² Approximately 95% of all people living with HIV know their status, 95% of those who know their status are receiving antiretroviral therapy (ART), and 95% of those on ART have achieved viral suppression.

- “Close the Gap Campaign”: The second 95 indicates that only 78% of those who are known to be HIV-positive are retained on ART. The Department will thus intensify its campaign to trace and initiate ART for the 1.1 million PLHIV.
- This is a national campaign (launched in February 2025) which aims to initiate and retain 1.1 million people on ART, focusing on men, youth, and children.
- Innovation and prevention at scale: Phase One implementation of the programme to rollout Lenacapavir will be initiated in this financial year. This will be preceded by training healthcare workers and updating data systems to incorporate Lenacapavir indicators into the national monitoring systems.
- Collaborating with Digital Health to establish a unique patient identifier system and develop an “HIV Intelligence Centre” to improve data integrity and patient tracking.

3.3.3 Strengthening Targeted Health Programmes

- Cervical cancer elimination by 2030 is prioritised with the aim of getting 90% HPV coverage for girls under 15 years of age.
- Sexual and reproductive health (SRH) and adolescent health programmes will be enhanced, allowing for increased access to contraceptives and other SRH services, especially for young women and adolescent girls.

3.3.4 Infrastructure Development and Service Delivery Improvement

- Infrastructure projects have been identified and will be prioritised, in line with the National Infrastructure Plan 2050. These facilities will be financially sustainable and capable of addressing the country’s long-term healthcare needs.
- Health facility maintenance and revitalisation are prioritised to ensure quality care.

3.3.5 Health Workforce and Improving Quality of Care

- The Department identifies the health workforce as a critical component of the Department’s ability to deliver services. To this end, it will continue to implement the Human Resource Strategy for 2030, which aims to address critical workforce planning, development and sustainability issues.

- This is in combination with efforts to improve the experience of care for health services users by addressing issues raised through surveys and complaints and using these as opportunities to improve services and educate users.

The 2026/2027 APP underscores the health sector's commitment to achieving the SDGs and the National Development Plan 2030, with a focus on increasing life expectancy to 70 years. Key strategies include NHI readiness, improved HIV/AIDS prevention strategy, infrastructure upgrades, and workforce development. Through stakeholder collaboration and innovative service delivery models, the Department aims to ensure equitable, quality healthcare for all South Africans.

4. Budget Analysis for 2026/27

4.1 National Department of Health (NDoH) Budget

The Department received R66.9 billion in 2026/27, up from the adjusted R65.9 billion in 2025/26. This represents an increase of 1.5 per cent in nominal terms (but a 1.8 per cent decrease in real terms). See Table 1.

Table 1: Budget allocation for the NDoH in 2026/27 by programme

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Programme 1: Administration	840,2	828,4	- 11,8	- 39,0	-1,4 per cent	-4,6 per cent
Programme 2: National Health Insurance	1 433,3	1 434,3	1,0	- 46,2	0,1 per cent	-3,2 per cent
Programme 3: HIV/AIDS, TB & Maternal, Child and Women's Health	26 019,3	26 470,3	451,0	- 419,4	1,7 per cent	-1,6 per cent
Programme 4: Primary Health Care	3 672,0	3 777,4	105,4	- 18,8	2,9 per cent	-0,5 per cent
Programme 5: Hospital Systems	26 135,5	26 218,5	83,0	- 779,1	0,3 per cent	-3,0 per cent
Programme 6: Health System Governance and Human Resource	7 824,9	8 181,3	356,4	87,4	4,6 per cent	1,1 per cent
TOTAL	65 925,1	66 910,2	985,1	- 1 215,0	1,5 per cent	-1,8 per cent

Source: National Treasury (2026), adapted.

The two largest programmes, namely Programme 3: *HIV/AIDS, TB and Maternal, Child and Women's Health* (R26.5 billion) and Programme 5: *Hospital Systems* (R26.2 billion), jointly constitute 78.8 per cent of the total budget allocation. Notably, there is a decrease in both Programme 3 (by 3.2 per cent in real terms) and Programme 5 (by 3.0 per cent in real terms), both of which are priority programmes.

Programme 4: *Primary Health Care Services* increases nominally by 2.9 per cent from R3.7 billion to R3.8 billion in 2026/27. The smallest budget item (constituting only 1.2 per cent of the total budget) is Programme 1: *Administration*, which decreases nominally by 1.4 per cent from R840.2 million to R828.4 million in 2026/27.

Economic classification: The bulk of the NDoH budget (R62.7 billion or 93.8 per cent) consists of transfers and subsidies. This figure includes R60.4 billion to Provinces and municipalities, R235.8 million to Non-Profit Organisations (NPOs), R2.1 billion to Departmental agencies and accounts, and R13.0 million to households.

- Current payments constitute a total value of R2.4 billion, which represents 3.6 per cent of the total budget allocation.
- Compensation of employees increases by 4.6 per cent from R744.3 million in 2025/26 to R779.4 million.
- Most of the current expenditure (R1.7 billion) is allocated to Goods and Services, accounting for approximately 68.0 per cent of total current payments. The largest share of current expenditure for Goods and Services goes to Contractors at R609.8 million. Other major items in the Goods and Services budget include Consultants (business and advisory services), R254.9 million; operating leases, R131.1 million; and travel and subsistence, R110.7 million.
- Operating payments are allocated R94.4 million, and property payments are at R65.6 million.
- Capital assets are allocated R1.8 billion, down from R2.5 billion in 2025/26. Buildings and other fixed structures are allocated R1.6 billion, and machinery and equipment is allocated R160.3 million.

Spending priorities for 2026 MTEF: The Department prioritises strengthening PHC, improving tertiary services, and reinforcing health systems in preparation for NHI. With 90.3% (R188.5 billion) of the Department's R208.7 billion budget allocated to provincial health departments *via* conditional grants, expenditure is projected to grow at 3.0% annually, reaching R72.0 billion by 2028/29.

To align with emerging policy priorities, the Department has reprioritised funds from Goods and services to critical areas, including R410 million over the MTEF to the South African Medical Research Council (SAMRC) for donor funding withdrawal by the United States Government; and R24 million over the MTEF to the Office of Health Standards Compliance (OHSC) for retention of critical employees, including contracted inspectors, on a permanent basis.

Additional allocations include R176.7 million in 2026/27 and R41.5 million in 2027/28 are made to the Hospital Revitalisation Grant for Tygerberg/Belhar (Western Cape) and Klipfontein (Gauteng) regional hospitals through the *Budget Facility for Infrastructure*; and R13 million allocated to the Department in 2026/27 for incentivised early retirement and voluntary exit of 26 employees.

District Health:

Through the District Health Programmes Grant (R92.1 billion over MTEF), focus will be on Comprehensive HIV and AIDS (R81.1 billion) to increase the number of clients on ART from 6 million to 6.4 million in 2028/29, and to strengthen outreach services by community health workers (CHWs), scale up alternative medicine-dispensing models and improve men's access to services. Focus will also be placed on District Health Services (R11.1 billion) to fund HPV vaccinations, malaria interventions, and retain more than 400 000 CHWs.

Chronic medication dispensing will be covered by the NHI Indirect Grant. The NHI Indirect Grant amounts to R7.8 billion over the MTEF – Health Systems Component (R2.5 billion over the MTEF) and Health Facility Revitalisation (R5.3 billion over the MTEF):

- *Health Systems Component:* Patient information systems development, quality-of-care improvements (OHSC), Ideal Clinic initiative implementation tracking, and piloting contracting units for PHC.
- *Health Facility Revitalisation:* Approximately R1.7 billion for Limpopo Central Academic Hospital over the MTEF and R259 million in 2026/27 for Siloam District Hospital (224 beds and allied health services), which is also in Limpopo Province, and R24.3 billion via direct provincial grants for maintenance, upgrades, and health technology replacement or commissioning.

- *Improving Tertiary Health Services*: Through the National Tertiary Services Grant (NTSG) (R52.1 billion over the MTEF): Supports 35 central/tertiary hospitals, mainly in urban areas, aims to reimburse provinces for the cost of treating referred patients and also aims to reduce interprovincial referrals by enhancing under-resourced provinces' capacity (equipment and specialist recruitment), and expenditure grows at 4.0 per cent annually.

The MTEF reflects a strategic focus on strengthening PHC, improving tertiary service, and strengthening the health system. Key investments in HIV/AIDS, chronic care, infrastructure, and health workforce stability aim to improve service delivery efficiency and health outcomes. Through conditional grants, reprioritisations, and infrastructure revitalisation, the Department is positioning South Africa's health system for sustainable, equitable care in line with NHI objectives.

4.2 Programme Analysis

4.2.1 Programme 1: Administration

The purpose of the Administration Programme is to provide strategic leadership, management and support services to the Department.

Programme 1's budget decreases by 1.4 per cent in nominal terms (and decreases by 4.6 per cent in real terms) from R840.2 million in 2025/26 to R828.4 million in 2026/27. See Table 2.

Table 2: Administration Programme (Programme 1) Budget Allocation

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Ministry	38,3	44,0	5,7	4,3	14,9 per cent	11,1 per cent
Sub-programme 2: Management	12,0	12,5	0,5	0,1	4,2 per cent	0,7 per cent
Sub-programme 3: Corporate Services	457,2	411,1	- 46,1	- 59,6	-10,1 per cent	-13,0 per cent
Sub-programme 4: Property Management	178,5	175,1	- 3,4	- 9,2	-1,9 per cent	-5,1 per cent
Sub-programme 5: Financial Management	154,3	185,7	31,4	25,3	20,3 per cent	16,4 per cent
TOTAL	840,2	828,4	- 11,8	- 39,0	-1,4 per cent	-4,6 per cent

Source: National Treasury (2026), adapted.

The largest sub-programme is Corporate Services, of which the allocation decreases by 10.1 per cent in nominal terms and by 13.0 per cent in real terms. Financial Management increases from R154.3 million to R185.7 million, representing a 20.3 per cent increase in nominal terms and a 16.4 per cent increase in real terms.

4.2.2 Programme 2: National Health Insurance

The National Health Insurance (NHI) Programme aims to achieve universal health coverage by improving the quality and coverage of health services through the development and implementation of policies and health financing reforms.

The Programme's budget increases by 0.1 per cent in nominal terms (decreases by 3.2 per cent in real terms). See Table 3. Health Products Procurement is the only sub-programme to get an increase in this financial year, from R30.7 million to R35.5 million, up 15.6 per cent in nominal terms (11.8 per cent in real terms).

Table 3: National Health Insurance Programme (Programme 2) Budget Allocation

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Programme Management	9,7	9,1	- 0,6	- 0,9	-6,2 per cent	-9,3 per cent
Sub-programme 2: Health Products Procurement	30,7	35,5	4,8	3,6	15,6 per cent	11,8 per cent
Sub-programme 3: Health Financing and National Health Insurance	1 383,9	1 380,2	- 3,7	- 49,1	-0,3 per cent	-3,5 per cent
Sub-programme 4: Digital Health System	9,0	9,5	0,5	0,2	5,6 per cent	2,1 per cent
TOTAL	1 433,3	1 434,3	1,0	- 46,2	0,1 per cent	-3,2 per cent

Source: National Treasury (2026), adapted.

Approximately R904.9 million is allocated to Current Payments, of which R790.4 million is for Goods and Services. Of the Goods and Services budget, R582.5 million is spent on Contractors. For Transfers and Subsidies, R475.5 million (up from 456.1 million in 2024/25) is transferred to Provinces and Municipalities. R53.9 million is allocated to payments for Capital Assets.

4.2.3 Programme 3: HIV/AIDS, TB and Maternal, Child and Women's Health

The aim of this programme is to develop and support the implementation of national policies, guidelines, norms, and standards, and to achieve targets for the national response needed to reduce morbidity and mortality associated with communicable and non-communicable diseases. It also aims to develop strategies and implement programmes that reduce maternal and child mortality.

This programme was formerly known as the Communicable and Non-Communicable Disease Programme. The Communicable Diseases and Non-Communicable Diseases sub-programmes have been moved to Programme 4.

The budget increases from R26.1 billion to R26.5 billion. See Table 4.

Table 4: HIV/AIDS, TB and Maternal, Child and Women's Health Programme (Programme 3)

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Programme Management	8,1	4,8	- 3,3	- 3,5	-40,7 per cent	-42,7 per cent
Sub-programme 2: HIV, AIDS, and STIs	25 929,5	26 385,0	455,5	- 412,1	1,8 per cent	-1,6 per cent
Sub-programme 3: Tuberculosis Management	33,1	32,8	- 0,3	- 1,4	-0,9 per cent	-4,2 per cent
Sub-programme 4: Women's Maternal and Reproductive Health	19,6	17,4	- 2,2	- 2,8	-11,2 per cent	-14,1 per cent
Sub-programme 5: Child, Youth and School Health	29,0	30,3	1,3	0,3	4,5 per cent	1,0 per cent
TOTAL	26 019,3	26 470,3	451,0	- 419,4	1,7 per cent	-1,6 per cent

Source: National Treasury (2026), adapted.

The bulk of Programme 3's budget, i.e., 99.7 per cent, is allocated to the *HIV, AIDS and STIs* sub-programme, amounting to R26.4 billion. This represents a nominal increase of 1.8 per cent (a 1.6 per cent decrease in real terms).

The remaining four sub-programmes combined receive approximately 0.3 per cent of the programme's budget. This includes the *Tuberculosis Management, Women's Maternal and Reproductive Health, Child, Youth and School Health, and Programme Management*.

4.2.4 Programme 4: Primary Health Care

The *Primary Health Care Services* programme aims to develop and implement a uniform district health system and to develop policy for district health services.

The budget of Programme 4 increases by 2.9 per cent in nominal terms from R3.7 billion to R3.8 billion in 2026/27. See Table 5.

Table 5: Primary Health Care Programme (Programme 4) Budget Allocation

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Programme Management	7,1	5,3	- 1,8	- 2,0	-25,4 per cent	-27,8 per cent
Sub-programme 2: District Health Services	3 430,7	3 571,1	140,4	23,0	4,1 per cent	0,7 per cent
Sub-programme 3: Environmental Health and Communicable Diseases	103,6	89,2	- 14,4	- 17,3	-13,9 per cent	-16,7 per cent
Sub-programme 4: Non-communicable Diseases	96,4	35,7	- 60,7	- 61,9	-63,0 per cent	-64,2 per cent
Sub-programme 5: Health Promotion and Nutrition	34,2	76,3	42,1	39,6	123,1 per cent	115,8 per cent
TOTAL	3 672,0	3 777,4	105,4	- 18,8	2,9 per cent	-0,5 per cent

Source: National Treasury (2026), adapted.

The *District Health Services* sub-programme increases from R3.4 billion in the previous year to R3.6 billion in 2025/26, an increase of 4.1 per cent nominally and 0.7 per cent in real terms. *Environmental and Port Health Services* decreased by 13.9 per cent from R103.6 million to R89.2 million in 2026/27.

4.2.5 Programme 5: Hospital Systems

The aim of the Hospital Systems Programme is to ensure that the planning, coordination, delivery and oversight of health infrastructure meet the country's needs.

The total budget for Programme 5 increases by only 0.3 per cent in nominal terms (decreases by 3.0 per cent in real terms). See Table 6.

Table 6: Hospital Systems Programme (Programme 5) Budget Allocation

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Programme Management	7,1	3,9	- 3,2	- 3,3	-45,1 per cent	-46,9 per cent
Sub-programme 2: Health Facilities Infrastructure Management	10 113,0	9 487,5	- 625,5	- 937,5	-6,2 per cent	-9,3 per cent
Sub-programme 3: Hospital Systems	16 006,5	16 712,8	706,3	156,7	4,4 per cent	1,0 per cent
Sub-programme 4: Emergency Medical Services	8,9	14,3	5,4	4,9	60,7 per cent	55,4 per cent
TOTAL	26 135,5	26 218,5	83,0	- 779,1	0,3 per cent	-3,0 per cent

Source: National Treasury (2026), adapted.

The allocation to the *Health Facilities Infrastructure Management* sub-programme decreases by 6.2 per cent in nominal terms from R10.1 billion to R9.5 billion in 2026/27, representing a 9.3 per cent decrease in real terms.

The *Hospital Systems* sub-programme increases by R706.3 million from R16.1 billion to R16.7 billion in 2026/27, representing a nominal increase of 4.4 per cent (1.0 per cent in real terms). Most of the programme funding is transferred to Provinces *via* the NTSG and Health Facility Revitalisation Grant (HFRG).³

4.2.6 Programme 6: Health Systems Governance and Human Resources

The Health Regulation and Compliance Management programme aims, amongst other things, to reduce the time taken for medicines to reach the market and to establish a National Public Health Institute, pending Cabinet approval.

Programme 6 increases by 4.6 per cent in nominal terms and increases by 1.1 per cent in real terms in 2026/27. See Table 7.

³ NTSG: National Tertiary Services Grant; HFRG: Health Facilities Revitalisation Grant.

Table 7: Health Systems Governance and Human Resources Programme (Programme 6) Budget Allocation

Programme	Budget		Nominal Increase / Decrease in 2026/27	Real Increase / Decrease in 2026/27	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million	2025/26				
Sub-programme 1: Programme Management	8,8	6,2	- 2,6	- 2,8	-29,5 per cent	-31,9 per cent
Sub-programme 2: Policy and Planning	7,8	8,1	0,3	0,0	3,8 per cent	0,4 per cent
Sub-programme 3: Public Entities Management	2 125,7	2 213,0	87,3	14,5	4,1 per cent	0,7 per cent
Sub-programme 4: Nursing Services	10,8	11,3	0,5	0,1	4,6 per cent	1,2 per cent
Sub-programme 5: Human Resources for Health	5 671,8	5 942,6	270,8	75,4	4,8 per cent	1,3 per cent
TOTAL	7 824,9	8 181,3	356,4	87,4	4,6 per cent	1,1 per cent

Source: National Treasury (2026), adapted.

Two sub-programmes dominate expenditure under Programme 6. The *Human Resources for Health* sub-programme, which receives R5.9 billion, represents a 4.8 per cent increase in nominal terms and a 1.3 per cent real increase. The *Public Entities Management* sub-programme receives R2.2 billion, an increase of 4.1 per cent in nominal terms (i.e., a 0.7 per cent increase in real terms) from the previous year. The *Nursing Services* sub-programme increases by 4.6 per cent in nominal terms from R10.8 million to R11.3 million in 2026/27, an increase of 1.2 per cent in real terms.

5. Committee Deliberations

Having considered the APP and the Department's budget, the Committee Members raised the following key issues.

- Why is the NHI challenged when it has been implemented globally?
- Are there any mechanisms in place to stop illegal immigrants from entering the Republic of South Africa with contagious diseases?
- Are health inspectors monitoring illegal food labelling?
- Why has R62 million been allocated to civil society organisations (CSOs)?
- Do Provinces have data related to HIV infected people?
- What can be done to attain targets set, for example, maternal and child mortality?
- Are there any monitoring mechanisms for fraud within the health sector?

- Is there a strategy to keep health workers safe, as home visits are not being made?
- Can the emergency medical services (EMS) response time be addressed?
- Does the Department have an intervention plan for gender-based violence (GBV)?
- Where does the ideal clinic data come from?
- How will corruption be monitored for NHI?
- Why don't rural provinces get an increase in funding?
- How are provincial grants monitored?
- What is the HIV turnaround strategy?
- Is there a vaccine available for the hantavirus?
- What is the absorption rate of community healthcare workers without qualifications?

The Department provided the following responses:

- The Department must submit a comprehensive provincial breakdown of ambulance fleets, including numbers, functionality, and compliance with norms and standards.
- A report on maintenance backlogs and EMS operational capacity must be provided, including turnaround times.
- Full disclosure of the use of private ambulance services, including costs, procurement processes, and contract management, must be submitted.
- Many factors affect life expectancy, including water, food quality, violence, etc. However, the targets set in the health facilities are good.
- The Department does not run disciplinary processes within the provinces. However, it does intervene.
- In terms of illegal immigrants, common laws have to be followed, as there are repercussions to foreign diplomatic relations
- There has been a great improvement in PHC.
- Ideal clinics must prescribe 300 elements; however, infrastructure or record-keeping issues might give the impression that it is not.
- With regards to home visits, there are no red zones.
- Safety of staff is ensured with secure fencing, security, community groups, and a good relationship with the local SAPS.

- The Department of Cooperative Governance and Traditional Affairs (CoGTA) is the lead department dealing with disaster management, however the NDoH does assist. There is an emergency centre in each province. The Western Cape has the best-resourced centre. Equipment is a challenge.
- There is no globally endorsed vaccination for the hantavirus.

6. Committee Recommendations

The Select Committee recommends that the Minister of Health consider the following:

- *Consult regarding budget constraints:* The Department should engage the National Treasury to address the budget constraints.
- *Strengthen human resources for health:* The Department should provide a report on the placement of interns and community service doctors. Additionally, the Department should brief the Committee on its strategy for retaining critical human resources and provide a detailed report on the filling of critical posts, including those for Facility Managers.
- *Address infrastructure challenges:* The Committee would be grateful to see improvement in health infrastructure as part of the preparation of NHI. Therefore, the Department should provide technical infrastructure support to provincial departments to develop their capacity to plan and manage health infrastructure delivery. The Department should furnish the Committee with an action plan to address infrastructure backlogs and existing gaps. In addition, the Department should provide a detailed report that includes the costs of all planned infrastructure projects.
- *Ensure quality rural health services:* The Department should ensure the implementation and investment in strategies aimed at mitigating the impact of load shedding on the delivery of health services and report to the Committee quarterly.
- *Strengthen monitoring:* The Department should strengthen its monitoring of the implementation of the Auditor-General's findings on key areas of internal controls

and financial management, target-setting, implementation of plans and reporting thereof.

- *Sustainable actions regarding youth employment are key.* Interventions should target youth to improve youth health outcomes. The Department should improve in the areas of youth mobilisation and community engagement.
- *Strengthen intergovernmental collaboration.* The Department should work closely with the Departments of Basic Education, Social Development, and Higher Education and Training to implement interventions that strengthen school health and sexual and reproductive health and raise awareness of the dangers of substance abuse.
- *Provide a detailed breakdown of how the budget will be utilised* to improve health outcomes in the areas of human resources, rural and underserved areas, and technology.
- *Prioritise the upgrading of patient record systems.* The Department should ensure that all public health facilities have adequate bulk filing and electronic systems for patient records, as well as personnel trained to use them. Further, the HPRS should be virus-proof.

7. Conclusion

The Committee commended the work of the Department.

Unless otherwise indicated, the Department of Health should respond to the Committee recommendations within three months from the day the report is adopted by the House.

Report to be considered.

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2. Policy Assessment and Recommendations Report of the Select Committee on Social Services, on the Annual Performance Plan and Budget of the Department of Social Development – Vote 19, dated 27 May 2026

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Abbreviations and Acronyms

APP	: Annual Performance Plan
AU	: African Union
BIS	: Basic Income Support
CDA	: Central Drug Authority
CoE	: Compensation of Employees
COVID-19	: Coronavirus
CSG	: Child Support Grant
CSOs	: Civil Society Organisations
EPWP	: Expanded Public Works Programme
GBVF	: Gender-Based Violence and Femicide
MTDP	: Medium-Term Development Plan
MTEF	: Medium-Term Expenditure Framework
NDA	: National Development Agency
NDP	: National Development Plan
NPO	: Non-Profit Organisation
NSP	: National Strategic Plan
OAG	: Old Age Grant
SASSA	: South African Social Security Agency
SDG	: Sustainable Development Goal
SoNA	: State of the Nation Address
SRD	: Social Relief of Distress
S&T	: Travel and Subsistence
UN	: United Nations

The Select Committee on Social Services (henceforth, the Committee), having considered and deliberated on the Annual Performance Plan (APP) of the Department of Social Development (henceforth, the Department) and Budget Vote 19 on 05 May 2026, reports as follows:

1. Introduction

Section 92(2) of the Constitution of South Africa (No. 108 of 1996) outlines the role of Parliament in conducting oversight over government departments. As part of conducting Parliamentary oversight, Parliamentary Committees have the constitutional mandate to scrutinise the budgets of the Executive. In this regard, the Committee considered the APP and the budget allocation of the Department of Social Development.

This report summarises a presentation received from the Department on the APP and Budget for the 2026/27 financial year, as well as allocations over the Medium-Term Expenditure Framework (MTEF) period. In addition, the report outlines the deliberations, observations, and recommendations made by the Committee relating to Budget Vote 19.

2. Strategic and Policy Priorities

2.1 Vision and Mission

The Department envisions a “*caring and self-reliant society*”. It aims to help improve the lives of the poor and vulnerable by fulfilling the following:

- Reducing the levels of poverty, inequality, vulnerability and social ills.
- Empowering individuals, families and communities.
- Having a functional, efficient and integrated sector.

The mission of the Department is to transform society by building conscious and capable citizens through the provision of comprehensive, integrated and sustainable social development services.

2.2 Mandate and Policy Priorities for the 2026/27 period

The mandate of the Department is to provide social protection services and to lead government efforts to forge partnerships that enable vulnerable individuals, groups, and communities to become capable, self-reliant participants in their development. This is to be achieved while giving effect to the right of everyone to have access to:

- health care services, including reproductive health care;
- sufficient food and water; and
- social security, including if they are unable to support themselves and their dependents, appropriate social assistance, as stated in Section 27 (1)(2) of the Constitution.

This mandate places the Department at the centre of the government's initiatives to improve the quality of life for all persons in the country. Therefore, the policy priorities of the Department should align with the aspirations of the National Development Plan (NDP), the Medium-Term Development Plan (MTDP), the Sustainable Development Goals (SDGs), the African Union (AU) Agenda 2063, and the policy imperatives outlined in the 2025 State of the Nation Address (SoNA).

The MTDP has identified three priorities to be undertaken during the 2024 – 2029 period, to place the country on a positive trajectory towards achieving the 2030 vision. Although all three priorities relate to the work of the Department and its entities, Priority 2, which is reducing poverty and tackling the high cost of living, has a direct bearing on its work. This is due to the nature of the Department's mandate, as enshrined in the Constitution.

3. Departmental 2026/2027 Annual Performance Plan

3.1 Overall Departmental Budget Analysis for the 2026/27 period

This budget analysis describes the Department's linkages between policy priorities, performance outcomes, budget allocations and expenditure trends.

Although all 3 priorities relate to the work of the Department and its entities. See Table 1. As previously indicated, Priority 2 (which is about reducing poverty and tackling the high cost of living) has a direct bearing on the Department's work.

Table 1: Selected MTDP 2024-2029 priorities related to the Social Development sector

Strategic Priority 1	Strategic Priority 2	Strategic Priority 3
Drive inclusive growth and job creation	Reduce poverty and tackle the high cost of living	Build a capable, ethical and developmental state

South Africa is party to several international treaties and frameworks and therefore has an obligation to fulfil the aspirations espoused in these agreements. The aspirations articulated in the international and regional frameworks resonate with those in the NDP, MTSF, and the Department's statutory and policy mandates.

The United Nations (UN) emphasises that gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world. Similarly, the AU *Agenda 2063* aspires to a continent in which all forms of violence and discrimination (social, economic, political) against women and girls are eliminated, and they fully enjoy all their human rights by the year 2063. This means an end to all harmful social practices and barriers to accessing quality health and education for women and girls. *South Africa's National Strategic Plan (NSP) on gender-based violence and femicide (GBVF)* highlights economic empowerment as a key area of concern that must be addressed.

The *SDGs* place strong emphasis on values such as human dignity, equality, empowerment, and self-reliance, which are also among the core values and principles of the Department's work. The 2030 Agenda for Sustainable Development is built on the promise of leaving no one behind, particularly marginalised groups who were previously more likely to be excluded from the country's development agenda.¹ *Agenda 2063* aspires to a *high standard of living, quality of life* and *well-being* for all citizens. The Department's priority of improving the optimisation of social welfare services through increased access is thus aligned to both international and regional framework aspirations. Research shows that social grants remain a major anti-poverty tool, providing income support to millions of poor households. The *NDP*

¹ Statistics South Africa, (2025).

supports social security reforms being considered by the government, including mandatory retirement contributions. It emphasises the need for social protection for the working-age population, including the enhancement of public employment programmes such as the Expanded Public Works Programme (EPWP).

Agenda 2063 places significant emphasis on social protection, encouraging Member States to implement various policies and treaties. For some time, the *AU* has been elaborating on an Additional Protocol to the African Charter on Human and Peoples' Rights on the Rights of Citizens to Social Protection and Social Security, which, once ratified, will become a legally binding instrument. Similarly, the *NDP* commits to achieving a defined social protection floor. It defines social protection as mechanisms used by the government to protect the most vulnerable in society and ensure that all citizens live above the 'social floor'.²

The *MTSF* agenda for social protection considers how to progressively realise rights, mitigate current patterns of inequality, prevent further deprivation, and contribute to the economic and social transformation agenda. For social protection to play its expected developmental role, there is a need to consider new policy instruments and re-envision how they can interact to improve the lives of poor citizens.

This budget analysis describes the Department's linkages between policy priorities, performance outcomes, budget allocations and expenditure trends.

This budget analysis uses both nominal and real increases. Real change accounts for the effects of inflation on the Rand's value.

As shown in Table 2, the Department's overall budget for 2026/27 is R302.4 billion, compared with its adjusted appropriation of R295.2 billion for the 2025/26 financial year.³ This represents a nominal increase of 2.4% and a real decline of 0.9% when considering inflation (that is, a R2.8 billion decrease in real purchasing power). Of the 5 main programmes, allocations to the *Social Assistance and Social Security Policy* and

²National Treasury, Estimates of National Expenditure (ENE), (2025). Accessible from: <https://www.treasury.gov.za/documents/National%20Budget/2025May/ene/FullENE.pdf>.

³ENE. (2025)

Administration programmes are declining in real terms. Over the medium-term, the Department's allocation is set to decrease to R286.6 billion by 2028/29.⁴ This is mainly due to the anticipated discontinuation of the Social Relief of Distress (SRD) Grant related to the coronavirus (COVID-19) pandemic.

Table 2: Department of Social Development Budget per programme 2026/27

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	R million					
	2025/26	2026/27				
1. Administration	438.9	462.8	23.9	8.7	5.45%	1.98%
2. Social Assistance	285 920.4	292 770.7	6 850.3	-2 776.6	2.40%	-0.97%
3. Social Security Policy & Administration	8 184.4	8 454.6	270.2	-7.8	3.30%	-0.10%
4. Welfare Services Policy & Development & Implementation Support	319.0	330.5	11.5	0.6	3.61%	0.20%
5. Social Policy & Integrated Service Delivery	362.3	386.4	24.1	11.4	6.65%	3.15%
TOTAL	295 225.1	302 405.0	7 180.0	-2 763.7	2.4%	-0.94%

Source: National Treasury (2026)⁵

The DSD receives additional funding of R8.9 million in 2026/27 for costs related to the incentivised Early Retirement and Voluntary Exit Programmes for 12 employees.⁶ These funds are allocated in its budget for transfers to households.

The Social Assistance programme dominates the DSD vote. An estimated 42% of the South African population relies on social grants as a major source of income, including 12.9 million recipients of the child support grant (CSG), and 4.2 million recipients of the old age grant (OAG). The *Social Assistance* programme's growth from the previous year is below the projected inflation of 3.4% for 2026/27 (that is, 2.4 % nominal increase in 2026/7 and -0.97% in real terms). The *Social Policy and Integrated Service Delivery* programme shows an above-inflation increase (that is, nominal 6.65% and real 3.15%).

The *Social Assistance* and *Social Security Policy and Administration* programmes declined in real terms by -0.97% and -0.10%, respectively, from the previous financial year:

⁴ENE, (2026)

⁵ENE, (2026). Accessible from: <https://www.treasury.gov.za/documents/National%20Budget/2026/ene/FullENE.pdf>.

⁶Ibid, (page 374)

4. Main Programme Analysis

4.1 Programme 1: Administration

The purpose of this programme is to provide leadership, management and support services to the Department and the sector.

The Administration programme (Programme 1) voted allocation for 2026/27 totals R462.8 million, compared to R438.9 million previously. This reflects a 5.7% nominal increase, but when accounting for inflation (in real terms), the budget increases by only 1.98%. The Ministry sub-programme allocation declines by -2.7% in real terms from the previous financial year. At the same time, the Finance sub-programme has the highest real increase, at 11.23%, in the 2026/27 financial year.

Table 3: Administration Programme

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27	
	R million	2025/26					2026/27
Ministry		45.6	45.9	0.3	-1.2	0.66%	-2.65%
Department Management		77.1	79.0	1.9	-0.7	2.46%	0.90%
Corporate Management		177.5	184.6	7.1	0.1	4.00%	0.58%
Finance		78.6	90.4	11.8	8.8	15.01%	11.23%
Internal Audit		18.0	18.7	0.7	0.1	3.89%	0.47%
Office Accommodation		42.2	44.2	2.0	0.5	4.74%	1.30%
TOTAL		438.9	462.8	23.9	8.7	5.7%	1.98%

Source: National Treasury (2026)

In terms of spending classification, *Compensation of Employees (CoE)* increases from R237.8 million (2025/26) to R251.7 million (2026/27).⁷ Further, *Goods and Services* increased from R194.7 million previously to R195.6 million in the 2026/27 financial year. Programme 1 decreases its allocation to *Travel and Subsistence (S&T)* from R22.0 million previously, to R19.9 million in the current 2026/27 financial year. Audit costs: in the 2025/26 financial year, the external allocation has increased slightly from R17.1 million to R17.3 million.

⁷ ENE, (2026)

4.2 Programme 2: Social Assistance

The Social Assistance programme provides for the payment of social assistance grants to beneficiaries who qualify under the Social Security Act (No. 13 of 2004). It provides funding only for payments to social assistance grant beneficiaries by the South African Social Security Agency and does not include salaries for staff.

The allocation to the Social Assistance programme (Programme 2) increases from R285.9 billion in 2025/26 to R292.7 billion currently (2026/27). The programme's focus is on providing income support to socially vulnerable groups, such as older persons, persons with disabilities, and caregivers of children. The 2026/27 allocation to the programme is below inflation, representing a nominal increase of 2.4%, but a real decrease of 0.97%. Table 4 depicts the budget for all grant types, including social relief of distress.

Table 4: Social Assistance Programme

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27	
	R million	2025/26					2026/27
Old Age		117 362.0	121 791.9	4 429.9	425.1	3.77%	0.36%
War Veterans		0.1	0.1	0.0	0.0	0.00%	-3.29%
Disability		30 273.2	31 872.5	1 599.3	551.3	5.28%	1.82%
Foster Care		3 431.0	3 193.9	-237.1	-342.1	-6.91%	-9.97%
Care Dependency		4 960.1	5 330.1	370.0	194.7	7.46%	3.93%
Child Support		89 365.6	88 967.9	-397.7	-3 323.1	-0.45%	-3.72%
Grant-in-Aid		3 065.8	4 725.1	1 659.3	1 503.9	54.12%	49.06%
Social Relief of Distress		37 462.5	36 889.3	-573.2	-1 786.2	-1.53%	-4.77%
TOTAL		285 920.3	292 770.8	6.850.5	-2 776.4	2.4%	-0.97%

Source: National Treasury (2026)

Expenditure under this programme is dominated by the *OAG* and *CSG*, which are allocated R121.8 billion and R88.9 billion, respectively. Compared with the 2025/26 allocations, the *OAG* increases by 0.4% in real terms, while the *CSG* decreases by 3.7% in real terms.

The strongest growth in expenditure is projected for the *Grant-in-Aid* (that is, 49.1% real growth). This is an additional grant for recipients of the Old Age, Disability, or War Veterans Grants who require regular care from another person due to their physical or mental health status. The *Disability Grant* allocation increases by 5.3% in nominal terms and 1.8% in real

terms, while the *Care Dependency Grant* increased by 7.5% (or R370.0 million) in nominal terms and 3.9% (or R194.7 million) in real terms. Furthermore, the *Foster Care Grant* (which supports children in foster care) decreases by 6.9% (or R237.1 million) in nominal terms, but by 9.97% (or R342.1 million) in real terms.

The *Social Relief of Distress (SRD)* Grant provides temporary income support (R370), food parcels and other forms of relief to people experiencing undue hardship. The *SRD* Grant will decrease in nominal terms by 1.5% and decrease in real terms (4.8%). In 2026/27, R36.9 billion is allocated to the Department to fund the grant. Most social grants experience above-inflation increases, except for War Veterans (0.0%), Foster Care (-6.9%), Child Support (-0.5%), and SRD (-1.5%).

4.3 Programme 3: Social Security Policy and Administration

The purpose of this programme is to provide for social security policy development, administrative justice, the administration of social grants, and the reduction of incorrect benefit payments.

Under the Social Security Policy and Administration programme (Programme 3), the *Social Security Policy and Development sub-programme* receives an allocation of R76.3 million, compared with R70.2 billion in the 2025/26 financial year. This represents an increase in by 8.7% (or R6.1 billion) in nominal terms and 5.1% (or R3.6 billion) in real terms. The strongest real decline is in the Social Grants Fraud Investigations sub-programme (-3.04%), followed by the Programme Management sub-programme (-1.4%).

Table 5: Social Security Policy and Administration Programme

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	2025/26	2026/27				
R million						
Social Security Policy Development	70.2	76.3	6.1	3.6	8.69%	5.12%
Appeals Adjudication	38.2	39.5	1.3	0.0	3.40%	0.00%
Social Grants Administration	7 993.9	8 256.4	262.5	-9.0	3.28%	-0.11%
Social Grants Fraud Investigations	76.9	77.1	0.2	-2.3	0.26%	-3.04%
Programme Management	5.2	5.3	0.1	-0.1	1.92%	-1.43%
TOTAL	8 184.4	8 454.6	270.2	-7.8	3.3%	-0.10%

Source: National Treasury (2026)

4.4 Programme 4: Welfare Services Policy Development and Implementation Support

This programme creates an enabling environment for the delivery of equitable developmental welfare services by formulating policies, norms and standards, and best practices.

The Welfare Service Policy Development and Implementation Support programme (Programme 4) increases from R319.1 million to R330.5 million. This shows a nominal increase 3.6%, and a real increase of 0.17%. *Although most of the sub-programmes increase in nominal terms, these increases are largely eroded by inflation.* The Sub-programmes most impacted by real decreases are Youth (-16.5%) and Older Persons (-3.3%).

Table 6: Welfare Services Policy Development and Implementation Support Programme

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	2025/26	2026/27				
R million						
Service Standards	30.6	31.2	0.6	-0.4	1.96%	-1.39%
Substance Abuse	20.4	21.2	0.8	0.1	3.92%	0.50%
Older Persons	18.3	18.3	0.0	-0.6	0.00%	-3.29%
People with Disabilities	14.1	14.4	0.3	-0.2	2.13%	-1.23 %
Children	80.5	83.3	2.8	0.1	3.48%	0.08%
Families	11.0	11.3	0.3	-0.1	2.73%	-0.65%
Social Crime Prevention & Victim Empowerment	82.2	87.1	4.9	2.0	5.96%	2.48%
Youth	11.0	9.5	-1.5	-1.8	-13.64%	-16.48%
HIV & AIDS	46.2	49.2	3.0	1.4	6.49%	2.99%
Programme Management	4.8	4.9	0.1	-0.1	2.08%	-1.27%
TOTAL	319.1	330.5	11.4	0.5	3.6%	0.17%

Source: National Treasury (2026)

4.5 Programme 5: Social Policy and Integrated Service Delivery

This programme supports community development and promotes evidence-based policymaking within the Department and the social development sector.

The allocation for the Social Policy and Integrated Service Delivery programme (Programme 5) increases from R362.3 million in 2025/26 to R386.3 million in 2026/27, denoting a nominal increase of 6.6%, but only a 3.1% real increase.

Of the 8 sub-programmes in this programme, only 3 experience real decreases: Social Policy Research and Development, Special Project & Innovation, and Population Policy Promotion.

Table 7: Social Policy and Integrated Service Delivery Programme

Programme	Budget		Nominal Increase / Decrease in 2026/27 in Rand	Real Increase / Decrease in 2026/27 in Rand	Nominal Percent change in 2026/27	Real Percent change in 2026/27
	2025/26	2026/27				
R million						
Social Policy Research & Development	7.1	7.3	0.2	0.0	2.82%	-0.56%
Special Project & Innovation	12.9	12.4	-0.5	-0.9	-3.88%	-7.04%
Population Policy Promotion	40.7	40.2	-0.5	-1.8	-1.23%	-4.48%
Registration and Monitoring of NPOs	43.9	46.7	2.8	1.3	6.38%	2.88%
Substance Abuse Advisory Services & Oversight	6.9	17.2	10.3	9.7	149.28%	141.08%
Community Development	30.5	33.4	2.9	1.8	9.51%	5.91%
National Development Agency	216.3	225.5	8.7	1.3	4.02%	0.60%
Programme Management	4.0	4.2	0.2	0.1	5.00%	1.55%
TOTAL	362.3	386.3	24.0	11.3	6.6%	3.12%

Source: National Treasury (2026)

The *National Development Agency (NDA)*, an entity of the Department, is located within this programme. The NDA sub-programme's budget increases from R216.3 million in 2025/26 to R225.5 million in 2026/27. This shows a nominal increase of 4.0% (0.6% in real terms). The Substance Abuse Advisory Services and Oversight sub-programme experiences the highest increase in allocation from the previous year, that is, 149.28% in nominal terms (R10.3 million) and 141.08% in real terms (R9.7 million).

5. Deliberations

The Committee, having considered the APP and budget of the Department, asked the following questions for clarity:

- How will social assistance programmes contribute to the targeted outcome of poverty reduction and improved household livelihoods?

- How will dependency on social grants be reduced through linkages to economic opportunities? What is the plan to enable sustainable income generation for those households or individuals?
- What measures are in place to ensure that Basic Income Support policies translate into sustainable socio-economic outcomes? What criteria does SASSA use to decline SRD grant applications?
- How will the department ensure efficiency and accuracy in grant administration, noting that there is utilisation of digital and manual systems?
- Where are the state-funded substance abuse treatment or rehabilitation centres located?
- To what extent does illegal immigration affect the budget expenditure of the Department, or the provision of welfare services?
- Is the Department collaborating with any companies on social responsibility matters? Which companies are helping to reduce poverty and provide welfare services, and in what areas and ways are they doing so?
- How will policy reforms contribute to the targeted outcome of a comprehensive and sustainable social security system?
- How will policy development translate into measurable improvements in social protection coverage, and at which stage is the Basic Income Grant at?
- What mechanisms ensure alignment between policy, implementation, and budgeting?
- To what extent is the department empowering women, persons with disabilities and youth-owned entities? What measures ensure that GBV, child protection, and disability programmes result in measurable social impact?
- What strategies are in place to ensure scalability and long-term impact of community programmes?
- How will the department ensure equitable access to welfare services across provinces amid infrastructural challenges?
- How will the involvement of NPOs improve service delivery in welfare services, and how will the Department or the NDA overcome budgetary constraints?
- Is there clarity of the expenditure and budget that was not spent in the previous year by the Central Drug Authority (CDA)? How will the CDA funding or budget be dispersed and accounted for between DSD and the CDA?

- What has come out of the previous fraud investigations – any serious fraud found, and what were the consequences? How will the department address fraud, leakages, and inefficiencies in the system?
- In terms of the rollout of an electronic monitoring and evaluation system for the social development sector in five districts. Which five districts? How would monitoring and evaluation take place in other districts?
- The Committee noted that the department is planning to conduct four educational awareness sessions on the prevention of statutory rape. In which provinces and districts would those educational awareness sessions take place? How were those areas selected?
- In terms of the implementation of Social Services Professions regulations, why only in 8 provinces and not 9?
- The Department should share the database of NPOs that have a footprint in 4 provinces, and programmes implemented by those NPOs. Do those NPOs reach rural areas?
- The Committee also noted that the department is planning to support provinces to establish four GBV shelters in districts without existing shelters. What are the reasons for the Department identifying only four districts, and which districts are these?
- The Committee expressed concern that children with disabilities continue to be neglected. Many are unable to access schools, and government buildings – even South African Social Security Agency (SASSA) offices still lack accessible facilities and infrastructure for persons with disabilities.

The Department provided the following responses, citing that it would provide written responses within 7 days to the Committee:

- The electronic monitoring and evaluation system is currently being rolled out and will be implemented in four provinces. Work on developing the system started four years ago. It collects disaggregated information from all provinces, including work done by NPOs and at the district level. It has been implemented in 20 of the 52 districts due to capacity issues. These are districts in Gauteng, Free State, KwaZulu-Natal, Limpopo, and North West provinces. The Department hopes to employ data capturers to help collect data, in line with the digital transformation agenda. The provinces assign districts, as it is a negotiated space. It will be five districts in the current financial year.

- The NPOs are monitored through performance and audited financial reports. They sign service level agreements. Reports are reviewed every quarter. To address non-compliance, meetings take place to discuss and resolve issues.
- The funding for 2026/27 is earmarked and thus cannot be used for anything other than what it was planned for. The plan is to hold monthly expenditure monitoring meetings to ensure the CDA stays within projections and the allocated budget, and to involve the CDA in decision-making. This is also to ensure that the Department is proactive in managing budget expenditure, and it is aligned with CDA operations.
- Potential beneficiaries could be declined as SASSA follows applicable policies and regulations. The SRD grant is intended for people who have no means to put food on the table. A means test is used (set at about R624), and verification with different banks is conducted. If the system detects that the potential beneficiary receives funds into a bank account, it suggests the beneficiary is receiving some form of support.
- There is an anti-fraud management strategy to help detect and prevent fraud. In addition, SASSA investigates potential cases of fraud, officials are taken through a labour relations process, and SASSA works with law enforcement, as there are syndicates at times.
- The Department, together with the entities, and through some civil society organisations (CSOs), offers income generation projects and capacity building opportunities. There are efforts to introduce the basic income grant. At this stage, the Department has drafted a Basic Income Support policy – a mechanism for linking beneficiaries to economic opportunities. The current landscape of job creation programmes is fragmented across government departments, for example, the EPWP and programmes implemented by the Department of Employment and Labour. With a digital register of the unemployed, the SASSA database could be integrated.

6. Recommendations

Having considered the APP and budget of the Department, the Committee makes the following recommendations:

- The Minister should ensure that the Department works with the National Treasury to explore an interim income support measure for beneficiaries of the SRD grant (if the grant is not extended beyond March 2027). As confirmed in the 2026 SoNA, the SRD grant remains an essential source of income and a critical tool for poverty alleviation. It is therefore important to ensure that vulnerable households are not left without income support after March 2027.
- The Department should prepare a briefing document for the Committee that stipulates how the Department will facilitate the transition away from the SRD Grant being managed to avoid income shocks and is supported by a clear, implementable model for sustainable income support.
- The Minister should ensure that the Department and the CDA, within the 2026/2027 financial year, develop transparent budget allocation, expenditure and accountability frameworks. The financial statements should be audited internally and by the Auditor-General of South Africa. The 2026/2027 annual report of the CDA should therefore reflect audited financial statements and a report.
- The Department should provide the Committee with a written report of how it intends to strengthen its monitoring systems to ensure that nutrition and welfare interventions achieve measurable outcomes.
- The Department should strengthen its systems to ensure its services are not compromised and reach the intended beneficiaries.
- The Department should set realistic goals and ensure that its reports are comprehensive and of good quality before they are published and submitted to Parliament.
- The Department should collaborate with relevant stakeholders and find innovative and sustainable ways to realise its vision of a caring and self-reliant society.
- The Department should provide written responses and respond to recommendations within 7 days of receiving this report, or as otherwise agreed at briefing meetings.

7. Conclusion

While the Department's overall allocation increases in nominal terms, it declines in real terms, underscoring the tightening of fiscal space amid sustained demand for social protection. The vote remains dominated by Social Assistance, reflecting the centrality of grants in cushioning against poverty and vulnerability. Yet below-inflation growth in key programmes (including Social Assistance and Social Security Policy and Administration) may constrain service improvements and administrative capacity. At the same time, policy priorities for 2026/27 are broadly aligned with the NDP, MTDP, SDGs, AU Agenda 2063 and 2026 SoNA commitments—particularly around poverty reduction, GBVF response, child nutrition, and expanding access through digital services.

Unless otherwise specified, the Department of Social Development should respond to the Committee's recommendations within 7 working days.

The Select Committee on Social Services supports Budget Vote 19.

Report to be considered.

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