THURSDAY, 04 JUNE 2026

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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

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The Council met at 14:03.

The Deputy Chairperson took the Chair and requested members to observe a moment of silence for prayers or meditation.

The Deputy Chairperson announced that the hybrid sitting constituted a sitting of the National Council of Provinces.

APPROPRIATION BILL

(Policy debate)

Debate on Vote No 18 – Health:

The MINISTER OF HEALTH: Hon Chairperson of the National Council of Provinces, my colleagues, the Minister of Social Development and my colleague, Deputy Minister of Health, Dr Joe Phahla, chairperson of the Select Committee on Social

Services, Ms Desery Feinies and members of your committee, members of the executive committee, MECs of Health present in the House and on the platform, I see the MEC Eastern Cape and Western Cape in the House, welcome, hon members, members of the NCOP, distinguished guests, ladies and gentlemen.

It is a privilege to present you the 2026-27 budget for the national Department of Health and to outline our plans for the new financial year and beyond. In the state of the nation address by President Ramaphosa in February this year, he announced three important programmes of the Department of Health which must unfold this year. I wish to quote him. He said:

"We are working to build a healthy nation. As part of preparation for the National Health Insurance, we are investing in health facilities, personnel and systems to improve access to quality care. We will be undertaking substantial investment in health infrastructure, prioritising the construction and revitalisation of academic hospitals. On a recent visit to George Mukhari Hospital in Ga-Rankuwa, I witnessed the dire effects of inadequate health infrastructure starting with George Mukhari Hospital, we will be working with

various public and private financing institutions to finance the building and revitalisation of health care facilities."

The department wasted no time to bring this pronouncement to life. However, I must emphasise that we are not starting from ground zero. A lot of strategic health infrastructure is already under construction in different provinces, but at various stages of development.

We have Limpopo Central Hospital with 488 beds at 43% completion. Siloam Hospital in Limpopo, 24 beds at 92% completion. Dihlabeng Regional Hospital in Bethlehem in the Free State is at 57% completion. Bambisana District Hospital in the Eastern Cape, 69% completion. Bophelong Psychiatric Hospital in the North West is at 38%. Mapulaneng Hospital in Mpumalanga is at 92%. [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Sorry about that, Minister. Please continue.

The MINISTER OF HEALTH: We are just waiting for the date for the President to officially open Middleburg Hospital in Mpumalanga. We will make an announcement as soon we get the date.

In February this year, during the Budget Speech, the Minister of Finance announced an increase in capacity of budget facilities for infrastructure, an instrument for managing large public infrastructure.

Last week, the Minister of Finance allocated a dedicated person to assist our department with these complex applications. The department has already started working with this dedicated person. Treasury has pronounced four bid windows in this regard.

The Department of Health has sent 11 bids for any infrastructure project that will cost more than R1 billion. The bids will start in July this year. We have sent in a bid for Dr George Mukhari Academic Hospital in Gauteng, Victoria Mxenge, who used to be called King Edward, in KwaZulu-Natal, Nelson Mandela in the Eastern Cape, Tshilidzini Regional Hospital in Mpumalanga. This is a replacement of a totally dilapidated and aged facility. Elim Hospital in Limpopo is also another replacement of a completely aged facility.

We also sent in a bid for Soshanguve District Hospital in Gauteng, Diepsloot District Hospital in Gauteng, Thabang Hospital in Dobsonville in Gauteng, Eldorado Park Hospital in

Gauteng, Holomisa Hospital in Holomisa Informal Settlement in Westonaria in Gauteng, and Mpumalanga Mental Health Hospital in Mpumalanga.

I'm sure hon members are going to raise the issue of why there are so many facilities are in Gauteng. It is because of the growth of that province. Dramatically, from 6 million in 1994 to about 16 million now. Everybody is going to Gauteng, and their facilities are just overwhelmed.

The other facilities which we are going to send are six community health centres, which will be announced in due course. The second announcement that the President made in February during the state of the nation, and I quote him:

"In support of our programme to prevent and ultimately eliminate HIV/AIDS, will be undertaking a massive roll-out of Lenacapavir, a six-monthly injection that has proven highly effective in preventing transmission of HIV."

I can announce here today, that tomorrow, the 5th of June, the President is launching Lenacapavir in Secunda, Mpumalanga. Many international partners in the fight against HIV/AIDS have

confirmed that they will be in Mpumalanga to attend this event.

I want hon members to understand that we have 6,2 million people on Antiretroviral, ARVs. Those are HIV-positive. The people who are going to be on Lenacapavir are only those who are HIV-negative, so that they remain negative forever. We need to understand the difference. Everybody will be subjected to testing before receiving the Lenacapavir, injection. If you are positive, then we put you on ARVs. If you are negative, we put you on Lenacapavir to remain negative. That is the main difference. That's why we call it a gamechanger.

Hon members, Lenacapavir has been delivered in 99% of 360 facilities in high burdened districts in six provinces as a start. We started with only three provinces, but we have already supplied 360 facilities with Lenacapavir. When the President launches tomorrow, it must be in those facilities. We have specifically targeted the following categories of the population for prioritisation.

One, we have targeted adolescent girls and young women up to the age of 24 years. Two, we have targeted pregnant and breastfeeding mothers. Three, we have targeted female sex

workers. And four, we are targeting men having sex with men, transgender people, and injecting drug users. Those are the four people targeted.

It does not mean any other person can't get Lenacapavir, but after engaging all the stakeholders, we agreed that these are priorities. Hon members, we are actually in a position to dare say we can eliminate HIV/AIDS as a public health threat, at least by 2030 or so. All we have to do is to work hard, and we know what happens when we work hard.

Remember that in 2010, we launched the world's biggest HIV counselling testing and treatment programme. And what have we achieved? We achieved a dramatic rise in life expectancy to 66,9 years by 2025, which was as low as 54 years in 2010.

We have reduced maternal mortality to 89 deaths per 100 lives birthed by 2020, from a high of 240 deaths per 100 000 in 2010, before we started this programme. We have also reduced under-five mortality and reduced incidence of tuberculosis, TB. We achieved all this by taming the scourge of HIV and AIDS. Imagine what we can achieve if we work together once more on Lenacapavir.

The third and last announcement that the President made on that day was the elimination of cervical cancer. That is cancer of the womb. I quote the President once more.

"We are also working to end cervical cancer in our country by mobilising society to ensure that every young girl between the ages of 9 and 15 years receives an HPV vaccine, that's human papillomavirus vaccine. Hon Chair, cervical cancer is the second biggest killer of women after breast cancer, but we do not have a mechanism of eliminating breast cancer, but we have a mechanism of eliminating cervical cancer.

Without any doubt, hon members, cancer is now becoming our new HIV/AIDS pandemic. The sooner we do something about it, yes, the better. It is spreading at a rate perhaps as fast as HIV/AIDS used to spread.

Scientific advances have now put us in a position where we are least able to eliminate one of them, cervical cancer, to help women. The World Health Organization has delivered a formula called 90-70-90. I'm sure many of you know the formula of eliminating HIV, which is 95-95-95.

The first 90 of the 90-70-90 means that young girls between the ages of 9 and 15 years, at least 90% of them must receive this vaccine. I want to inform the House that we are lucky as a country because somehow, we started this HPV vaccine in 2014. As I am speaking, we vaccinated 6 million girls in our country and we're only vaccinating in public schools because we thought parents in private schools are well to do it on their own.

Now, the World Health Organization has just informed us that one dose is enough. We used to give two doses in February and October. That one dose is enough. As a result, we are now extending our campaign to private schools.

The middle 70 means that 70% of women aged between 35 and 45 years need to be screened with a new deoxyribonucleic acid, DNA-based technology. I'm sure many women here will know something called a Pap smear, which many have been doing. We are now replacing a Pap smear with a better technique that is DNA-based.

While the World Health Organization has defined the age of 35 to 45, because of our unfortunately unique but unwanted problem of HIV and AIDS, we have somehow amended this World

Health Organization formula because in our country 65% of all women diagnosed with cervical cancer are actually HIV positive.

For this reason, we have amended this formula to 10 years earlier and 10 years later, meaning instead of 35 and 45 years we have done 45 and 55 years because we need to work harder than all the other countries.

The last 90 is that 90% of women with advanced cancer, that means those who are at stage three and four, need to be put on treatment. I want to make it clear in front of you that, that is not the direction we want to take because it means chemotherapy, it means radiation and other demanding and very expensive techniques with very highly trained oncologists, which many of whom we do not have.

And clearly there is no woman anywhere in the world who will want to find herself in a position where they've got advanced cancer. It is in the interest of all of us to work very hard so that the first 90 and the 70 are actually achieved to avoid the last 90.

Hon members, we have also undertaken to screen 5 million people for TB on an annual basis. This project was launched on World TB Day last year by the hon Deputy President. We shall be using modern digital x-ray machines to do so.

Two weeks ago, I received two digital portable x-ray machines from the ambassador of South Korea. This portable x-ray equipment can be carried on your back into the mountains and far rural areas. So, there's no issue about roads and all that. It is also designed to work on artificial intelligence, which means it can analyse an x-ray within one minute.

What it means is that you don't need a highly trained qualified radiologist to read what is your x-ray in the far rural areas where we don't have such radiologists. This is a big development for us. We currently have four of these portable units in the country and we shall announce in due course where we are going to start utilising them. We are already putting a plan to start launching.

Hon Chair, Health has suffered austerity measures for over a long period of time, a decade of austerity. After discussions with the Minister of Finance last year, he decided to start

the first steps to take us out of austerity. He gave us a sum of R6,7 billion.

We decided, at the National Health Council, Minister and all MECs sitting together with SA Local Government Association, Salga and the SA Military Health Services, we decided that this amount of money is not what we wanted. We wanted much more than that, but it was better than nothing.

We decided that we want to do something that will make an impact on public health. We hired 1 200 post-community health doctors. We hired 2 000 community health workers. We acquired 1,4 million articles worth R1,3 billion to spice up public hospitals in the form of new beds, bassinets, mattresses, etc. Lastly, we paid whatever accumulated money we owed to service providers.

Today, I wish to give you an account of how far we have gone in executing these four projects. One, out of the 1 200 doctors, from January to March, I could not yet get the figures from provinces for now, but from January to March, in that period of three months, we had hired 933 post-community health doctors.

I want you to understand that it's not all doctors. We have long hired more than 2 000 doctors who are doing internships. They received letters of appointment in October last year. More than 2 700 doctors who are doing community service also their letters last year. These are the post-community health doctors who have completed internships and community service. Nine hundred and thirty-three are on the jobs, and the adverts are still being filled.

Regarding the hiring of 27 000 community health workers, by the end of March, we have hired 22 856, who’s matric has been verified. On acquiring linen, beds, and other articles, I can confirm that 25 589 new beds have already been purchased, 83 333 new mattresses have already been purchased, and 73 748 new pieces of linen have been procured by the end of March. We we have paid R1,4 billion accruals by the end of March, and still continue.

This is the money specifically from Treasury. Provinces are encouraged to use their own resources to pay for more accruals. It's not that national is paying for them, we're just trying to boost them.

Hon House Chair, I wish to thank the acting director-general, Professor Nicholas Crisp, and the team he is leading with the hard work they are doing. I wish to thank my colleagues, the Deputy Minister of Health, the hon Dr Pahla for a very good working relationship, such that we are able to log these successes.

Hon House Chair, and hon members of the House, I hereby wish to present to this House the budget of the National Health Department of R64 807 200 000. Sometimes people get confused. This is the budget of the National Department, because I represent that department. Each province has got their own budgets, which they'll mention here in this House, which are not part of this R67 billion.

Hon members, thank you very much. I'm left with two minutes, I hope you'll give it to me.

Ms D W FIENIES: Hon Deputy Chairperson, hon members, hon Minister of Health, hon Minister of Social Development, hon Deputy Minister, esteemed guests, ladies and gentlemen, as the chairperson of the Select Committee on Social Services, it is not merely a privilege, but a profound and urgent calling to address this august House today during the Budget Vote of the

Department of Health. Our debate on strengthening health systems to advance universal health coverage is not a sterile academic exercise, it is a fierce commitment to the very heart and soul of every South African, a pledge to their fundamental right to health and wellbeing.

From the dawn of our democracy, the ANC has been unwavering, unyielding and absolutely resolute in its commitment to utterly transform the entrenched legacies of the two-tiered health system. This deeply unjust system, born of apartheid's cruelty, has for far too long forged a gaping wound between those who can afford quality health care and those who are cruelly denied it.

Let us be explicitly clear, the apartheid health system was designed for inequality. It was a brutal system built on racial segregation where access to care, quality of facilities and even the very pathways of medical training were rigidly determined by race. White South Africans, a privileged minority, enjoyed access to world-class facilities, highly trained staff and ample resources, often benefiting from a well-resourced private sector. Meanwhile, black South Africans, the vast majority of our population, were deliberately, systematically relegated to a severely

underfunded, overcrowded and understaffed hospitals and clinics, often in the Bantustans receiving vastly inferior care.

The very concept of universal health coverage was abhorrent to that regime. Access to health was a cruel privilege tied to race and economic status, not a fundamental human right.

This historical context is not just a foot note, it is the very bedrock upon which our current struggles and aspirations are built. The stark, searing realities exposed by the Health Market Enquiry and the section 59 report are not just dry statistics to be filled away. They are blistering indictments of a system that, while no longer legally segregated, still bears the deep painful scars of its past. These reports bravely lay bare the exorbitant costs, the crippling fragmentation and the profound inequalities that continue to plague our health landscape. They reveal a landscape where economic inequality too often mirrors the racial disparities of the past, where the burden of disease falls disproportionately on the poor and where access to specialised care remains a luxury for too many. These findings serve as a thunderous call to action, a powerful, unambiguous reminder of the urgent, immediate and non-negotiable need for fundamental

revolutionary change. We cannot and will not rest until these legacies are fully dismantled.

It is in this crucible of historical injustice and present day challenges that we explicitly affirm, with every fibre of our wellbeing, the National Health Insurance, NHI, hon Badenhorst, as the central, indispensable pathway to achieving universal health coverage.

The NHI is not some fleeting ideological whim, not a hasty, ill-conceived plan. It is a carefully, considerate, meticulously crafted, evidence-based strategy to dismantle item by item the fragmentations and inequities that define our current system. It is about utterly transforming health care from a commodity into a fundamental human right. It is about ensuring that access to quality health care is a sacred right, not a cynical privilege cruelty determined by one's ability to pay. It is about pooling our collective strength, our shared resources, uniting our nation's health budget, strengthening our public facilities with unwavering resolve and ultimately forging a healthier, more equitable and a more just nation. The NHI is our commitment to a South Africa where no one is left behind due to the cost of care.

However, the journey of the NHI is not without its formidable challenges and we must fast track with relentless urgency critical preparations reforms to support its phase implementation. This includes, but is not limited to, fortifying the very foundations of the Office of the Health Standards Compliance to ensure uncompromising consistent quality across all facilities, public and private alike. We must accelerate with passionate zeal, infrastructure revitalisation, building new clinics, upgrading hospitals and ensuring that our health facilities are not just fit for purpose but beacons of hope and healing. In every community, improved governance across the health sector is not an option, it is an absolute categorical, non-negotiable imperative. Without robust, transparent and accountable governance at every level, from national to local, even the best intention policies will crumble into dust. We must root out inefficiency and embrace best practice in the health administration.

In the 21st century, digital health systems are no longer a mere luxury, but an absolute necessity, a lifeline for dramatically improving health outcomes and the quality of care – from electronic health records to telehealth services, from remote diagnostics to real time data analysis. Technology offers immense transformative potential to streamline

processes, enhance diagnostics, improve patient management and empower both patients and practitioners. Yet, we must acknowledge and address the imperative burning need of closing the slow and uneven implementation across all provinces. The digital divide within our health system must not be allowed to widen. Every province must be equipped and empowered to leverage these technologies, ensuring that the benefits of digital transformation reach every citizen, regardless of their location or socioeconomic status. This is not just about efficiency it's about equity in access to modern care.

We cannot, will not shy away from acknowledging the persistent governance failures that continue to undermine, sabotage and betray our transformation agenda. Corruption, mismanagement and a shocking lack of accountability erode public trust like a corrosive asset and divert precious resources away from where they are most desperately needed. This committee calls for robust, unwavering parliamentary oversight and relentless accountability from the executive. We must ensure that those entrusted with public health resources are held to the highest, most yielding standards, and that consequences for failure are swift, decisive and uncompromising. We owe it to the people we serve to ensure

that every rand is spent wisely and ethically directly contributing to better health outcomes.

Furthermore, this committee expressed concern over the budget in real terms for the Department of Health. The implications of this underfunding of key programmes from our vital TB initiatives, which have saved countless lives, to maternal and child health, which lays the foundation of future generations, are profound, devastating and deeply worrying. We cannot and we dare not, compromise on the health of our nation. We call for the unwavering prioritization of the social wage in defending and advancing our democratic gains. Investing in health is not an expense, it is an investment in our very future, our human capital in our productivity and in the enduring prosperity of our beloved nation. A healthy nation is a productive nation, a resilient nation, a nation capable of achieving its full potential.

Finally, we must emphasise that the public confidence in our health system is paramount, sacred and absolutely essential. This confidence is earned through tangible and undeniable improvements, reduce waiting times, demonstrate improved patient care, better management of complaints and unwavering accountability from the department and all its entities. Every

citizen deserves to be treated with dignity and respect, to receive timely and effective care and to have their concerns addressed with urgency and empathy. It is our collective sacred responsibility to ensure that our health system truly serves the people it is meant to protect with passion, with dedication and with unwavering commitment. Let us therefore unite with fierce determination in our commitment to build a health system that is equitable, efficient and accessible to all. Let us work tirelessly relentlessly and with every ounce of our being to ensure that the promise of universal health coverage becomes a lived, vibrant and undeniable reality for every single South African. I thank you. May our collective efforts forge a healthier, brighter future for all by improving the budget of the Department of Health. I thank you, Deputy Chair.

Ms N S DU PLESSIS: Deputy Chair, Minister, MECs and fellow South Africans, health care comes with a duty of care that ensures that the dignity of every patient is regarded as top priority. This duty of care is a shared responsibility, and in public health care, this responsibility includes every person in the ecosystem of public health care. In South Africa, as I have often mentioned, the duty of care is encapsulated in the Batho Pele principles that each clinic and hospital in public

health care needs to implement. These principles are world-renowned and respected. They comply with various policies of the World Health Organisation, and they point to a world-class benchmark. Why, then, do we not have a world-class health care system? No matter the political spin, no matter the rhetoric that will be used in today's debate, the fact is that Batho Pele principles are not implemented effectively and efficiently, and this cannot be discounted.

No one can argue that Tembisa Hospital is labeled by independent organisations as the most dangerous facility, as a result of disproportionately high levels of medical negligence, adverse events, severe infrastructure collapse, and let us not forget the murder of a whistleblower. Neither can anyone argue that Charlotte Maxeke Hospital in Johannesburg is remotely worldclass, with high rates of patient infections, long backlogs and famously infrastructure issues, including the incomplete rebuilding after the 2021 fire.

Finetown Clinic, in Lenasia, and surrounds Jubilee Hospital, Chris Hani Baragwanath Hospital, none of these have focused on the Batho Pele principles. Outside of Gauteng, hospitals in the Eastern Cape like Mthatha General Hospital are known for

poor hygiene, lack of basic linen and staff negligence. And in KwaZulu-Natal, RK Khan Hospital made headlines for deteriorating conditions, rodent infections, and severe lapses in patient care. The list of clinics and hospitals that have not fulfilled their duty of care throughout South Africa is endless.

However, let me give credit where credit is due. Mamelodi Clinic has turned around with strategic and focused interventions. Khayelitsha Clinic is continuously improving and offering service through public-private partnerships and utilising AI-enabled retinal scanning, showing the benefits of all forms of e-health. The Harry Comay Hospital in George is regarded as one of the top TB treatment hospitals in the world. The list is there. However, it is much shorter than the list of those who do not fulfill their duty of care.

The frustration felt by patients can be understood when billions have been spent on the ecosystem of health care over years, yet they experience a system that is overwhelmingly not implementing Batho Pele principles. People will be angry; people will be disillusioned by those who have been entrusted to ensure access to adequate health care.

On looking at the APPs, there are various goals that will address the shortfalls in the health care ecosystem. However, historically many of these goals have not been adequately achieved, which is a concern for future achievement. In the 2030 goals, life expectancy at birth needs to be 70 by 2030. In 2024, it was 66,5 and it increased to 66,9 in 2025. At this trajectory, 70 will only be achieved three years after the goal date of 2030.

However, the decrease in TB incidences show great promise, again, showing that there are things to celebrate. But there are areas of deep concern. It is further of concern that the difference between universal health care coverage and the National Health Insurance, NHI, is not understood by the department. Simply stated, universal health care, UHC, coverage is the goal. It is the goal that we support as a UN SDG. It is a goal that we strive for where we govern as the DA. It is a goal that addresses the basic principles of the Constitution of South Africa to protect the vulnerable in society.

However, universal health insurance cannot happen in a broken ecosystem. It cannot happen when more money budgeted for health care finds creative ways through conditional grants to

the pockets of the corrupt than to the ecosystem of health. NHI is not UHC. NHI is a flawed haul the department is suggesting we will be able to implement universal health care

The Money Bill is further taxing the people of South Africa to pay for the corruption and fraud of the past 30 years. There are other funding models that need to be discussed before another slush fund for the greedy is created. The first funding model is what happens in the Western Cape. Stop corruption and spend money budgeted for the health care ecosystem on the maintenance and improvement of health services.

There are more solutions, and we are open to discussion. But let us start by stopping corruption and see how well the health care ecosystem is able to fulfill the duty of care based on the Batho Pele principles. Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, the temperature in the Chamber is being addressed. I have asked the staff to attend to it. The temperature was fine all this time. I don’t know why suddenly somebody switched it on and made it so cold. I know we have many doctors in the House

today, even the Minister of Health is here, but we don't want to get sick. So please attend to it. Thank you very much.

Ms N Y CAPA (Eastern Cape): Hon Deputy Chair of the NCOP, hon Minister, hon Deputy Minister, hon members of executive council, MECs, hon members, ladies and gentlemen, good afternoon. It is a privilege to participate in this public debate on Budget Vote 18 – Health, during the year in which South Africa marks three decades of constitutional democracy.

The former President, Nelson Mandela, reminded us that a nation should not be judged about how it treats the highest citizens, but its lowest ones. That principle continues to define the moral test of our health system. South Africa continues to operate within a deeply unequal two-tier health system where a small minority access private health care while the overwhelming majority rely on an overstretched public sector.

More of this reality is evident in the Eastern Cape where poverty, rurality and the vast distance continue to shape access across the 777 primary healthcare facilities, 42 community health centres, and 65 district hospitals, often requiring communities to travel long distances to access

services. We have strengthened institutional leadership across the health system and we are embarking on appointing 24 chief executive officers.

To date permanent chief executive officers, CEOs, have already been appointed at Frere Hospital and Frontier Regional Hospital, reinforcing stability, accountability and effective governance. Recruitments are underway for Livingstone Hospital, Nelson Mandela Academic, Central Hospital, Madwaleni Hospital, St Elizabeth Mission Hospital and Empilisweni Hospitals. Our workforce remains our backbone of health delivery.

During the financial year, the department appointed 282 medical officers, 156 medical officers for community service, 21 medical specialists and 20 registrars, bringing a total of 479. Some were appointed through the ministerial allocation, as it was mentioned here by the Minister. A total of 1 874 community health workers have been permanently employed by the department, supported through the allocation of R450 million. Lay counsellors to be supported through an allocation of R112 million.

We have further strengthened emergency medical services by appointing 248 emergency care officers for paramedics. We further prioritise rebuilding a nonclinical support system by recruiting 1 000 general workers with the additional administration personnel to strengthen infection control, patient flow and overall quality of care. We have also bought 31 emergency vehicles and another 61 will be delivered by the end of July.

Primary health care remains the further foundation of our system. Through a ward-based primary health care outreach teams, the province conducted more than 1,4 million house visits across the province. We have also implemented 84 integrated outreach programmes, where we conducted across the province, including a programme in OR Tambo District, which reached more than 10 000 community members in partnership with the Department of Social Development, as well as the Department of Defence in the country, under the project Owethu.

We are also making significant progress in the digital transformation. The health management system 2, HMS2, billing system and electronic medical record platform have now been implemented across the 49 facilities and Emergency Medical

Services, EMS, bases. This module has contributed to a 66% increase in the revenue, emanating from the medical aid claims, rising from R19,2 million to R32,4 million.

In the Seventh administration, we are also addressing the medicolegal pressures through an integrated strategy. New cases have declined from 124 to 91. At the same time, centres of excellence for cerebral palsy are being established at Dora Ginza, Cecilia Makiwane and Frere hospitals, shifting the system from litigation towards prevention and improved clinical care.

Working with the Office of the Premier and provincial Treasury, we are strengthening the management of medicolegal matters and safeguarding the increase of children through the dedicated public health defence. Prevention remains central in our work. Birth among the girls aged 10 to 14 has declined.

The longer term trend shows a reduction from 553 deliveries in 2022-23 to 395 in 2023-24. Chair, 396 in 2024-25 and 292 in 2025-26, a 47% reduction from the baseline of 2022-23 financially. For the 15 to 19 years age group, the annual trend continues to decline with the deliveries decreasing from 17 064 in 2022-23 to 15 000 in 2023-24, 14 903 in 2024-25 to

13 916 in 2025-26, an 18% decrease from the baseline. We are also expanding the Human Papillomavirus, HPV, vaccination in the 2025-26 financial year.

Chairperson, 59 916 learners across the district, public and special schools were vaccinated, achieving 93% school coverage and 98% Grade 5 first dose coverage. The department achieved its target for the maternal mortality in our facility ratio during the 2025-26 financial year, reporting 105 maternal deaths per 100 000 live births against the target of 120. Crime has increasingly become a health issue, especially in the Gqeberha area.

In response to this, the department is implementing excessive security upgrades across facilities, including perimeter fencing, CCTV systems, biometric access controls and centralised monitoring. This system has already been piloted in the Nelson Mandela Bay District and will be rolled out across the province. The long-term objective remains the expansion of the safe, fully functional 24-hour community health centres across the province. In Gqeberha, as we speak, we have about nine facilities that are not working 24 hours because of the issues of crime. That is why we're prioritising it.

Again, we have, as a department, invested R416 million on Oncology units under construction at Nelson Mandela Academic Central Hospital. It will include 68 beds and house two state-of-the-art linear machines, valued at R42 million, as well as the biometric machine valued at R26 million. For the first time, the patients will be able to access chemotherapy, radiography and follow-up services closer to their home. As we speak, the patients from the eastern part of the province, they travel four days to access that service. However, we are promising that as of 18 July, we'll be commissioning that facility.

Earlier this year, we have also launched the Eastern Cape first public in vitro fertilization, IVF, clinic, making the province only the fourth in South Africa to offer the public fertility service. Major investments are also underway at St Elizabeth Hospital, Greenville Provincial Hospital. The construction of Elundini Community Health Centre, CHC, has been prioritised in the current financial year. The project is estimated at R60 million and projected to be advertised in the last quarter of the financial year.

The Indwe Community Health Centre is also taking shape in the Chris Hani District. The project is also estimated at

R120 million. This includes ... the project also is not merely a building, they are investing in human dignity, health care access, employment and provincial development. Last week, the department officially introduced a contractor in the far-flung areas of the Eastern Cape in Ingquza Hill Local Municipality, where we handed over the Good Hope Clinic.

The significance about this clinic is that there's been a dispute about the site and the communities fought about it and houses were burnt, but we can safely say we've managed to resolve that and we've handed over a contractor. The Eastern Cape Department of Health has been allocated a total budget of R32 983 000 000 for the 2026-27 financial year. The largest allocation remains compensation of employees at R22 410 000 000, including an additional R242 million to support the employment of medical professionals, R269 million dedicated to strengthening and upgrading community health worker programme.

A further R1,7 billion has been allocated to health infrastructure, including R880 million through the health facility revitalisation grant for upgrades, additional and refurbishment across the province. The investment is supporting major projects such as R560 million for Madwaleni

Hospital and combined with R1,6 billion investment in the upgrading of Bambisana and Zithulele Hospitals. We further continue to appeal for support and addressing the historical debt burdens and for greater investment in strengthening clinical service. Thank you very much. [Time expired.]

The DEPUTY MINISTER OF HEALTH: Hon Chair of the session, the Deputy Chair of the NCOP, let me also recognise my colleague, the hon the Minister of Health, Dr Motswaledi, the Minister of Social Development, who has just taken leave, any other Ministers, Deputy Ministers, MECs, the MEC for Western Cape and the Eastern Cape, and other MECs online, hon the chair of the committee, Mme Desery Fienies, we also greet you, and members of the of the Social Services committee and all the members of the NCOP present, distinguished guests, ladies and gentlemen, good afternoon.

I indeed feel very much privileged and honoured to participate in this debate today, of our Health Budget Vote 18 of 2026-27. This has been made more significant by the fact that we have just started Youth Month in the year where we also commemorate 50 years of the 1976 youth and student uprising, also 70 years of the Women’s March to the Union Building, and of course, 30 years as we also celebrate the democratic Constitution. It may

be of interest to members of the House, and I hope you don't take out your calculators and start estimating our age, that Minister Motswaledi and I did our matric in this year of 1976.

It was in this year that on the Monday morning in the month of November, we sat down for our English Paper 1 in this very difficult year, very tense, but we had to soldier on. So, I want to take this opportunity to dedicate this Budget Vote to the brave youth of 1976, and also to the prosperity and good health of the youth of today. We are again reminded that we're only four years to the attainment of the Sustainable Development Goals, SDGs, as set out by the United Nations and our own National Development Plan, NDP, targets, of 2030.

It is in this regard that on 25 September 2025, heads of state gathered in New York at the UN High-Level Meeting to commit again accelerate action against noncommunicable diseases, NCD, and achieve the UN targets of 2030. Subsequent to that, a political declaration addressing, dealing with cancer, diabetes, heart disease and also mental health was adopted by the UN General Assembly on 15 December 2025. Here in our country, as we push for elimination of infectious disease with a major focus on HIV and Aids, TB, malaria and children's infections, we also continue to see a rapid rise in

noncommunicable disease, NCD, those which are listed by the United Nations, but also including chronic lung disease.

We've, therefore, launched our National Strategic Plan, NSP, for prevention of this noncommunicable diseases, NCD, in the Sixth Administration, Thanks to all the MECs in the Sixth and also in the Seventh Administration for embracing this programme and rolling out the prevention of NCDs in all provinces. Just a few months ago, I was in Limpopo Province, in the Giyani District, where we had a very good turn out by community leaders and community structures, embracing the campaign for the prevention of noncommunicable diseases, NCDs.

Our campaign entails providing health education, focusing on prevention, screening for early detection and initiation on treatment where necessary. Our integrated approach means that every time when there are major events such as the World TB Day, World AIDS Day, including, as the Minister has indicated that tomorrow will be on a major campaign to launch the Lenacapavir injection for prevention of HIV. There will also be screening for noncommunicable diseases, NCD, and also some of the infectious diseases such as HIV and TB. We provide this comprehensive services to provide healthy living and to induce screening for both NCDs and communicable disease.

We've also improved our media campaigns such as through the radio, social media and also billboards. We extended our screening coverage by also training the traditional healers because we know that many of our people start consulting traditional healers when they have ailments. So, we have trained them to be able to measure blood pressure. Those who've been trained have blood pressure machines, they are also able to measure urine sugar, to see if their clients have raised sugar levels in their blood.

I was quite impressed some few months ago, when we were in the North West Province at Moruleng with Kgosi Pilane, where the traditional healers were demonstrating their expertise in taking blood pressure and also in measuring urine sugar. So, this is to make sure that nobody is left behind. As a result of this, in the 2025-26 year, we managed to conduct a total of over 39 million blood pressure screening and the same number for urine sugar and blood sugar, actually. Another measure, noncommunicable diseases, NCDs, explosion, which Minister Motswaledi referred to, specifically as far as cervical cancer is that, overall, cancer is an increasing threat to the health of South Africans, as it is so in other parts of the world.

Leading cancers such as breast cancer and cervical cancer for women, prostate cancer for men, and colon and lung cancer amongst men are also rising rapidly. The mainstay, again, of this remains prevention through healthy living, healthy diets, non-smoking, and minimal use of alcohol and also exercise, it’s very important. Secondary intervention, of course, is early detection, as mentioned with cervical cancer. In many of these cancers as well, you can prevent and also detect early. Other cancers can be detected early through screenings and even self-examination in as far as breast cancer is concerned.

If all that fails, we make sure that we can treat early, which has become very paramount. So, we're working with the provinces to increase oncology services. The MEC for the Eastern Cape has already alluded to the programme which has been rolled out in Mthatha, at the Nelson Mandela Academic Hospital. Now, hon Du Plessis, I think is very misinformed about conditional grants, the very programme of making sure that all provinces can be assisted, over and above their normal budgets, it’s through this conditional grant, because we are then targeting areas where there is inequality in the country.

That’s why, for instance, the Eastern Cape is being assisted to develop, not just chemotherapy, but also radiotherapy to make sure that cancer treatment can be available all over, even in the rural provinces. We support the provinces through maintenance of radiotherapy infrastructure, first of all, installing those infrastructure and then maintaining them; expansion of diagnostic imaging, pathology services, and also recruitment and retention of highly qualified staff such as oncologists and also specialists, including in rural areas.

Mental health is a major area of pressure of our health system. Over and above, other social conditions which trigger mental illness such as anxiety and depression. The explosion of substance abuse amongst our young people is putting a lot of pressure on our health facilities from district level right up to central hospitals, where casualty departments have to deal with many young people, especially young men, who consume lethal substances such as crystal meth. It is, therefore, of great worry for us, when we hear of incidences where law enforcement officers are alleged to be involved in aiding and abetting criminal syndicates who are pushing narcotics amongst our youth and children.

This is not just a health hazard, but it is also a social problem which all of society must rise up and fight against. In order to increase access to mental health services, we have integrated mental health into our primary health services, with 75% of our community health centres having at least one mental health practitioner, that is either a psychiatrist doctor, a psychiatric nurse, a psychologist or a registered counsellor. We are also expanding our services in a situation where the high burden of disease, both communicable and noncommunicable, have to keep on innovating.

One of the innovations which we have brought up, which has been rolled out and increasing, is the central chronic medicine dispensing and distribution. Through this innovative programme, patients who are stable on treatment can obtain their treatment closer to home, whether it’s in terms of chronic infections such as HIV and TB. They can receive their medication if they are stable at pharmacies, GPs, community centres, and even traditional authority offices, so that they can relieve pressure on the health facilities but also relieve their spending on transport.

Currently, we have two service providers who receive scripts from more than 3 000 health facilities. As by the end of 2026,

just over 3,6 million patients have already been currently participating in this programme. Patients can now receive up to three months of package of treatment at a time, which reduces the frequency of travelling. More than two million of these are those who are on Antiretroviral Therapy, ART. But we are also working to make sure that, as patients are more stable and our systems are also stable, we can even provide treatments, with some who have even started on four months and even want to go up to six months.

No nation can improve its health if it does not look after its children, and therefore, our Integrated School Health Programme, ISHP, which was started in 2012 in collaboration with the Department of Basic Education, has been growing in leaps and bounds, providing screening for vision, hearing, oral health, and also providing immunisation at schools. Those who need more services are referred accordingly. Over the last 16 years, more than 10 million children have benefited from the Integrated School Health Programme, ISHP.

Outside of school, we continue to provide youth-friendly services at our primary health services where we have established youth zones where young people feel safe, even from sometimes the pressure of parents. They can receive

counselling, receive services, including in as far as family planning and various other support. We remain concerned about the persistent high rise of HIV infections amongst young people, especially young girls, adolescent girls, and young women. Even more concerning is the persistence of child pregnancy and teenage pregnancy.

We are happy to get feedback, including what the MEC of the Eastern Cape has reported, a significant improvement in this regard. We remain highly concerned about the increase of usage amongst young people of novel smoking products such as e-cigarettes and vaping. This has been proven and there is clear evidence that these products are very dangerous to the lungs and cardiovascular systems and even brains of young people. Evidence shows that in some instances; this has led to fatalities amongst very young teenagers.

These products have been recognised as health risks, not just by our own clinical specialists, but also internationally, under the World Health Organisation, WHO. We've got a Bill in the National Assembly which we're hoping that those who are still obstructing will relent, so that it can be passed and come to you, in order for us to be able to protect our children. While the COVID-19 pandemic is behind us, we have

been warned by scientists that future pandemics are still a threat. We also have to be ready to deal with regional outbreaks such as Ebola, cholera and mpox. Even children's infections such as measles and diphtheria have not disappeared.

We have, therefore, commenced with the implementation of an integrated disease surveillance and response system under the WHO. Recently, there was concern about the hantavirus, which was detected in a cruise ship, but we want to assure South Africans, again, that they are safe. We want to say also that our system enables us to detect these hazards very early, and so, we want to assure hon members and the South Africans that, even the current outbreak of Ebola in the part of the DRC, we are monitoring that and our scientists and our National Institute of Communicable Diseases, NICD, are working very hard with our surveillance centre to make sure that our people and communities are safe.

I want to join the Minister in tabling our 2026-27 Budget Vote, and I hope that all hon members and provinces will support our budget. Thank you.

Mr M V MAHLATSI (Free State): Hon Chair, hon Deputy Chairperson of the NCOP, House Chairperson Committees, House Chairperson Member Support, Chief Whip of the National Council of Provinces, Programming Whip, hon Minister of Health, Deputy Minister of Health, esteemed members of the NCOP, my colleagues, the MECs for Health, let me acknowledge you.

I rise today to support the Health Budget Vote. A budget that is more than just a collection of numbers. It symbolises our dedication to safeguarding lives, enhancing well-being, fortifying our health care system and guaranteeing that all citizens have access to high-quality health care services, irrespective of their income, location or background.

Health is one of the most fundamental human rights as contained in our Constitution. A productive economy, flourishing communities and a prosperous nation are all predicated on a healthy population. Children learn more effectively, labourers are more productive, businesses expand, and communities thrive when our people are in good health.

Consequently, the investment in health is not an expense; it is an investment in the future of our nation. The health budget was presented at a critical juncture. Health care

systems worldwide are currently grappling with significant challenges, including population growth, the emergence of new diseases, the escalating cost of health care, the challenges associated with climate change and the growing demand for high-quality services.

Bold leadership, strategic investment and sensible financial management are necessary to address these challenges. The Health Budget Vote is designed to confront the challenges by implementing targeted interventions that are designed to enhance the delivery of health care, expand access to services, improve infrastructure, enhance human resources for health and promote preventative health care.

The enhancements of fundamental healthcare services is one of the budget's primary objectives. The initial point of contact between the health system and citizens is primary healthcare. It is the location where immunisations are administered and maternal and child health services are provided. Chronic ailments are managed, and preventative health interventions are implemented.

By investing in primary health care, we alleviate the burden on hospitals, enhance health outcomes and bring health care

closer to communities. This budget allocates resources to enhance clinics, community health centres and guarantee the availability of essential medical supplies and medications. We acknowledge that a significant number of citizens, particularly those residing in rural and underserved communities, continue to encounter obstacles in obtaining health care.

Construction, renovation and modernisation of health facilities are therefore prioritised to ensure access. It is imperative to have a contemporary health care infrastructure in order to guarantee patient safety and provide high-quality services. The allocation for health infrastructure development will facilitate the acquisition of modern medical apparatus, the maintenance of critical facilities, the expansion of clinic networks and the upgrading of hospitals.

These investments will contribute to the improvement of diagnostic capabilities, the reduction of waiting times and the enhancement of overall patient experience. Health care personnel are essential for the efficient operation of any health care system. The foundation of our health care system is comprised of physicians, nurses, pharmacists, laboratory

personnel, emergency personnel, community health workers and others.

It is for this reason that we recently celebrated our nurses in the Free State province. We celebrated the excellent service that they are providing to our communities. Health care professionals have exhibited remarkable resilience, dedication and courage in recent years in order to safeguard public health and provide patient care. They have worked extended hours in challenging conditions.

This budget acknowledges their invaluable contribution by allocating resources to workforce development, recruiting, training and retention. We are dedicated to establishing an environment that provides health care professionals with the necessary resources, support and opportunities to provide high-quality care.

Preventative health care continues to be one of the most cost-effective investments that we can make. Long-term health care costs are reduced, and lives are saved through prevention. This budget enhances initiatives that prioritise health promotion, disease prevention, vaccination campaigns, nutrition, education and screening services, while

simultaneously addressing the increasing burden of non-communicable diseases, including diabetes, hypertension, cardiovascular diseases and cancer. It also supports initiatives to combat communicable diseases.

Another critical area that is receiving attention within this budget is mental health. Individual families, workplaces and communities are all impacted by mental health challenges. The budget contains provisions that aim to enhance the accessibility of mental health, raise awareness and integrate mental health care into primary health systems.

Maternal and infant health continues to be a national priority. I believe that every mother deserves safe pregnancy and childbirth services, and every infant deserves a healthy start in life. This budget enhances nutritional interventions, neonatal services, maternal health care programmes and child immunisation initiatives. These investments have a direct impact on the reduction of maternal mortality, the reduction of neonatal mortality and the enhancement of long-term health outcomes.

Health care delivery continues to be revolutionised by technology and innovation. Digital health solutions have the

potential to enhance patient management, expand access, improve efficiency and strengthen health system accountability. Investment in health information systems, electronic medical records, telemedicine and data-driven decision-making tools is supported by this budget.

By adopting innovation, we can optimize the utilisation of available resources and enhance service delivery. Additionally, the budget enhances the capacity to respond to emergencies and prepare for them. The significance of resilient health systems that are capable of responding promptly to disease outbreaks, natural disasters and other public health emergencies has been underscored by recent global experiences.

In addition to commemorating these investments, it is imperative that we prioritise accountability. The health sector is responsible for the efficient, transparent and responsible management of all public resources. Results are anticipated by citizens. They anticipate the availability of medication, the efficient operation of facilities, the support of health care personnel and the delivery of services with professionalism and dignity.

Consequently, we advocate for the implementation of robust financial controls, robust supervision mechanisms and ongoing monitoring and evaluation to guarantee that the intended outcomes of the allocated funds are achieved. Health is a collective obligation. Government, health care professionals, civil society, the private sector, communities and individual citizens all have significant responsibility in the promotion and protection of public health.

This project is a testament to our shared dedication to the development of a health care system that is sustainable, resilient, accessible and equitable. It illustrates our commitment to guaranteeing that quality health care is accessible to all citizens and that no one is left behind.

Consequently, I implore all hon members to endorse this Health Budget Vote. Let us all collaborate to invest in a brighter future for all, a stronger health system and healthier communities. Hon Chair, I thank you.

Ms F MAZIBUKO (Gauteng): Hon House Chairperson and greetings to all the hon members of the NCOP, greetings to the Minister, the Deputy Minister, and colleagues from other provinces. Hon House Chair, it is an honour to be speaking to this Budget

Vote of Health today, which is a debate that brings light to the types of work that we do in order to service our people.

This Budget Vote speaks directly to the lived realities of our people who depend on the public health care system that must function every day with consistency, care and dignity. It is about a grandmother who arrives early at a clinic to collect a chronic medication so she can manage her health and continue supporting her family. It is about a young mother attending antenatal care with the hope of a safe delivery. It is about a child screening early through school health services so that conditions can be detected and treated on time.

IsiZulu:

Lokhu kusho ukuthi sisebenza ngqo ezimpilweni zabantu, sibanakekela futhi sibalalela njengoba bedinga usizo lwezempilo.

English:

Hon members and House Chairperson, it is from this reality that we continue to strengthen a health system that is more accessible, efficient and responsive to the needs of our people.

We are on course and we continue to move forward with steady progress in expanding access and improving service delivery. One of the most important shifts we are making here in Gauteng is to strengthen preventative and community-based health care so that services reach people where they live and we are not limiting health care to only hospitals alone. We are also taking services into communities, schools, local spaces where people can access them and be able to have more care earlier and quicker.

Through 14 mobile clinics working with district school health teams, we have screened more than 200 000 young learners. This intervention allows us to detect health conditions early and ensure timely referrals and treatment where necessary. In the same way, our HPV vaccine programme continues to expand, strengthening long-term protection against cervical cancer and safeguarding future generations.

In addition, the wellness programmes implemented across 180 townships have reached more than 250 000 people and these programmes focus on screening, health education and awareness, empowering our communities to take charge of their health before illnesses become severe. This reflects a clear

commitment to prevention and early intervention as the foundation of a stronger health care system.

At the same time, we are steadily modernising our health care system to digitise transformation. This is essential if you want a health system that is efficient, accurate and responsive to patients that are in need. We currently have three hospitals with fully integrated health information systems, while 15 hospitals are transitioning from paper-based records through the e-digitisation programme. This shift is improving the way patient information is recorded, accessed and used in clinical decision-making.

It also strengthens co-ordination of the care across facilities and reduces inefficiencies in service delivery. We are building a health care system that is more connected, modern and better equipped to serve our people. The strength of any health system is also measured by how it protects its mothers and children.

Our maternal mortality ratio currently stands at 110,6 per 100 000 live births, while under five mortality is recorded at 1,7. These figures guide our continued focus on strengthening antenatal care, improving high-risk pregnancy management, and

ensuring that emergency obstetric services are always available when needed. We are also strengthening immunisation and nutrition programmes so that children not only survive but grow up healthy and strong. Hon House Chair and hon members, every improvement in this space represents a life protected and a future secured.

We continue to make progress in our response to HIV and AIDS and TB through sustained and community-based intervention. Adult viral load suppression currently stands at 81,5%, which is above target, and we continue to strengthen adherence support and improve outcomes for children, ensuring that progress is sustained across all age groups. Through the 1,1 million ART campaign, we have traced and re-engaged patients who have defaulted, ensuring that they return to life-saving treatment.

Hon House Chairperson, this work is important because treatment only succeeds when people remain in care. On TB, we are strengthening early detection, improving treatment adherence, and working closely with communities to ensure that patients complete their treatment. TB remains both preventable and treatable and our interventions continue to reduce its impact across communities.

A strong health system depends on people, the health care workers who show up every day to serve others. We are investing in building a skilled and capable workforce that can deliver quality care across all levels of the system. We are currently having 117 emergency medical staff care students that are currently training and 1,917 nurses that are also preparing to enter the system.

In addition, more than 920 employees are supported through bursaries to strengthen their qualifications and skills. Through the Ziveze Campaign, we are aligning staffing structures with approved organisational posts to improve stability and efficiency across facilities. We are also recognising and valuing the critical role that infrastructure plays in delivering quality health care services with dignity.

Health care infrastructure remains a key foundation for effective service delivery. We have completed almost seven major maintenance refurbishments across key hospitals that the Minister has already spoken about. These upgrades include essential systems such as water supply, heating, cooling, and energy infrastructure that ensures hospitals remain operational and reliable.

This means patients are treated in environments that are safe, functional and dignified. We are building more than a health care system. We are rebuilding hope in every clinic, every ward and every community we serve. A mother in Soweto must be able to walk into a clinic and be received with dignity without fear of being turned away. A child in Tembisa must receive care on time, not when it is too late. An elderly patient in Sebokeng must feel seen, heard, and cared for in their moment of vulnerability.

This is the Gauteng we are working towards, where care is not delayed, but delivered with compassion and urgency. Step by step, we are restoring trust between our people and the health care system. As we do, we carry one promise - no one will be left behind.

This Budget Vote speaks directly to this commitment, because the provision of services, especially at primary health care level, remains the foundation of a responsive and equitable health system. It is at this level where our people first enter the system, where illnesses are detected early, where prevention takes place and where many conditions are managed before they become life threatening. We are therefore not only investing in facilities and services, but also investing in

dignity, access, and the right of every person to receive care close to where they live.

A health system that works at primary health care level is a system that protects lives before crisis, not only when people are already critically ill. This is the direction of our transformation, a system that is closer, faster and more humane. I thank you very much, hon Chairperson.

The HOUSE CHAIRPERSON (Mr D R RYDER): Thank you very much, hon Mec Mazibuko, hon delegates, before we take the next speaker, I'd just like to, as always, welcome everybody in the gallery and particularly today, we have Rudy Williams, who is the wife of the hon Billy in the Chamber. So, welcome to you and thank you for sharing time with us today.

Let's move on. Hon delegates, we have the next participant in the debate from Mkhonto weSizwe, participating online, and it's the hon Mhlongo.

Ms L P MHLONGO: Good afternoon, Chair. Can I please switch off my video as my network is compromised here?

The HOUSE CHAIRPERSON (Mr D R Ryder): Yes, you may. Thank you. Please proceed with your speech. Eight minutes.

Ms L P MHLONGO: Thank you, Chair.

IsiZulu:

Ngibingelele kubahlonishwa, ngibingele uSihlalo, ngibingelele bakwethu baseNingizimu Afrika.

English:

The MK Party rejects Vote 18. We reject this budget because it does not meet the health care needs of the people of South Africa. It does not meet the obligations of the Constitution. It does not meet the ambition of the National Development Plan, NDP, and it certainly does not meet the realities facing poor and working-class communities who rely entirely on the public health system. The Department of Health received R66,9 billion for the 2026-27 financial year. The government presents this as an increase, but once inflation is taken into account, this budget declines by 1,8% in real terms. In simple language, the department has less spending power than it had last year, yet the department expects South Africans to believe that declining spending power will somehow produce better health care.

The contradictions become even clearer when we examine where the money is allocated. Programme 3, responsible for HIV/Aids, TB, and maternal, child, and women's health, receives R26,5 billion, but declines in real terms. Programme 5, hospital systems, receives R26,2 billion, but also declines in real terms. These two programmes account for almost 79% of the department's budget. They are the frontline of public health; they are where lives are saved, they are where poor South Africans depend on the government, and yet both programmes lose purchasing power. How do we reduce TB deaths with less real funding? How do we improve maternal health care with less real funding? How do we strengthen hospitals with less real funding? South Africa remains home to approximately 8 million people living with HIV. The department reports that 96% know their status, yet 78% are receiving treatment. This leaves approximately 1,1 million people outside treatment programmes. Tuberculosis remains the leading cause of death in South Africa and continues to claim approximately 54 000 lives every year. At the same time, the withdrawal of PEPFAR-supported programmes has placed additional pressure on public health services. The government knew these risks existed. The government should have planned for them.

Instead, communities are now expected to absorb the consequences of reduced funding and inadequate preparation. The condition of public health care facilities tells its own story. Patients continue to spend entire days in clinic queues. Hospitals continue to struggle with overcrowding, equipment failures, medicine shortages and staff shortages. Emergency medical services remain under severe pressure. In many rural communities, ambulances arrive late, or fail, or never arrive at all. For a woman in labour, a heart attack victim or a critically ill child, those delays can mean the difference between life and death. Yet, this budget offers no convincing response to these realities. Capital expenditure declined from R2,5 billion to R1,8 billion. This is happening while hospitals require maintenance, clinics require upgrades, and equipment replacement backlogs continue to grow. The government speaks endlessly about National Health Insurance, NHI, but NHI cannot be built on crumbling infrastructure. NHI cannot succeed while hospitals struggle to produce basic services. NHI cannot succeed while health care facilities remain underresourced. Before the government promised a new health care system, it must first fix the one that already exists. The health care workforce crisis remains one of the greatest failures of the government.

Health care facilities tell us they need nurses. Patients tell us there are not enough doctors. Communities tell us clinics are understaffed. Yet thousands of qualified health care professionals remain unemployed. We have unemployed nurses while clinics need nurses. We have unemployed doctors while hospitals need doctors. We have unemployed pharmacists while medicine management remains under pressure. That is not a skills shortage. That is a failure in planning. That is a failure in budgeting. That is a failure in leadership. This budget also exposes the government's misplaced priorities. More than R609 million is allocated to contractors. More than R250 million is allocated to consultants and advisory services. More than R110 million is allocated to travel and subsistence. South Africans do not need more consultants. They need doctors. They need nurses. They need pharmacists. They need ambulances. They need medicine. Those are the priorities of the people. Health care cannot be separated from the conditions under which our people live. Communities continue to live under sewage spills. Many households lack reliable access to clean water. Waterborne diseases continue to threaten vulnerable communities. Health care begins with clean water. Health care begins with sanitation. Health care begins with dignity. A government that fails to provide these basic

necessities cannot claim to be protecting the health of our people.

Provincial health departments continue to face financial instability, accrual, procurement failure, and medicolegal claims worth billions of rand. Resources that should have been spent on clinics, equipment, and health care workers are increasingly diverted to deal with the consequences of poor management. One of the most disappointing omissions in the budget is the continued neglect of indigenous medicine. Long before colonial health care systems arrived in Africa, our people had developed sophisticated systems of healing, prevention, and wellness. Millions of South Africans continue to rely on traditional healers and indigenous medicine, particularly in rural communities. For many citizens, indigenous medicine remains their first point of health care access. Yes, there's little meaningful investment in indigenous medical research. There is little support for developing African country products. There is little effort to integrate indigenous health care knowledge into broader health planning. We cannot build health care sovereignty while remaining dependent on imported solutions and neglecting our own heritage.

The Constitution guarantees health care. The National Development Plan promises improved health care outcomes. The department's APP promises universal health care. People cannot be healed on promises. They need functioning hospitals. They need medicines. They need a government that takes its constitutional obligation seriously.

A budget that does not rise to that challenge falls short of the Constitution. It falls short of the National Development Plan. It falls short of the needs of the people. For these reasons, the MK Party rejects Vote 18 in its entirety. Thank you.

Ms M KENNEDY: Hon House Chairperson and hon members of the NCOP, the EFF strongly opposes this ...

The HOUSE CHAIRPERSON (Mr D R Ryder): Hon Kennedy, just a moment please, we have a point of order.

Ms J S MANANISO: Hon Ryder, kindly caution hon Kennedy that there is somebody in the meeting behind her on the video.

The HOUSE CHAIRPERSON (Mr D R Ryder): Thank you very much, hon Mananiso. Hon Kennedy, if you can just make sure that you are the one that is presenting the speech.

That's much better. Thank you very much. You can proceed.

Ms M KENNEDY: Greetings to the House, the Ministers and members in the virtual meeting. The EFF strongly opposes this 2026-27 Health budget. We reject this budget that starves public health facilities of necessary funding while catering to the privileged. The EFF rejects this Health budget as it falls short of resolving the crumbling health care crisis because it does not have that sufficient funding for infrastructure maintenance, fails to merge inflation with frontline service investment and under allocates resources for the growing non-communicable disease epidemic.

The infrastructure crisis is growing and stagnant while the R64 billion national allocation focuses modestly on large capital projects through the budget facility of infrastructure grants while smaller everyday facilities have not kept up with inflation, causing localised clinics' conditions to further deteriorate.

This budget seems to be isolating and ignoring the chronic diseases realities. The budget fails to align the financial planning with epidemical realities, neglecting the rapidly growing diabetes and hypertension epidemics. This lack of funding normalises avoidable amputations and strokes. It puts a burden on provinces as the division of revenue shifts significant responsibility to provinces where historical debts are ballooning, wage bills frequently resulting in underspending and a lack of dedicated funding for critical frontline health posts.

Despite the increases in overall nominal allocations, the state lacks the in-house technical capacity, project readiness, and consequence management required to ensure every rand translates into actual service delivery improvements. This Health budget disproportionately impacts rural health environments where already strained primary facilities are left to absorb the shortfall of underfunded mandates.

Without proportional increases for local clinics, rural populations face catastrophic out-of-pocket costs for transport to distance facilities and deteriorating preventative care. At a primary health care clinic in, for example, rural Mopani District serving villages like Mamaoha,

Taulome and Hlohlokwe, security and budget constraints forced the Limpopo Department of Health to slash operations from 24-hour down to 12-hour shifts. Patients face a 64-kilometer journey to the nearest 24-hour hospital for after-hours emergency.

The health facility revitalisation grant saw minimal nominal increases because this lags behind inflation. It translates to a real-term funding out. Rural clinics will continue to suffer from maintenance backlogs, water shortages, and inadequate equipment which severely degrade the quality of care. These while villages like Muswane in Vhembe District and Mbaula in Mopani District have been waiting decades for a permanent clinic to be built.

Residents risk bad road conditions to travel hours just for basic services. When local rural clinics reduce services or close after hours due to budget constraints, patients are forced to travel much longer distances to secondary or tertiary hospitals. The cost of private transport forces vulnerable rural families to sacrifice other essential needs.

Rural areas rely heavily on community outreach programmes, but these stalled support and funding gaps compounded by the

reduction of external donor funding means that mobile testing units and rural community-based disease prevention initiatives will remain stalled. While the national department has brought on thousands of posts community service doctors and permanent community health workers, the broader financial constraints of provincial health budget risk pulling operational capacity away from rural areas, forcing rural hospitals to bear surgical and specialist backlog without adequate staffing.

The EFF advocates for the immediate implementation of 24-hour clinics operating seven days a week in marginalised and working-class communities. Funding must therefore be redirected away from administrative load and redirected toward hiring more medical staff, opening clinics and keeping them fully stocked. Budget reduction prevents the employment of adequate doctors and nurses, leading to turnout extended waiting times in maternity wards, understaffed conditions mean expectant mothers are sometimes transferred or redirected due to the lack of midwives.

Clinics frequently suffer from inadequate water supply. Without safe running water and constant electricity, staff are forced to turn away patients, cancel maternal deliveries and whole basic hygienic practices. Unbudgeted expenditures result

in deteriorating dilapidated buildings, broken medical equipment such as blood pressure monitors, and stockout of needy medication. A lack of funded posts for newly graduated health professionals risk driving skilled young doctors and nurses into the private sector or out of the country.

The Auditor General of South Africa reported that up to nine out of 10 provincial health departments have liabilities exceeding their assets. Billions in irregular expenditures and unpaid accruals roll over annually, significantly draining resources. Escalating medical claims, totalling over R125 billion nationally, divert crucial funds away from frontline service delivery and maintenance.

Most provincial departments fail to achieve even 60% of their set service delivery targets. This is heavily exacerbated by prolonged staff shortages with approximately 80% of doctors operating in the private sector despite serving only 20% of the population.

As the EFF, we once again would like to reiterate that we advocate for the setting up of a state-owned pharmaceutical and health care equipment manufacturing to drastically reduced the cost of medicines and supply hospital reliably. We see the

National Health Insurance, NHI, as an admission of government failure that merely outsource care to private providers rather than fixing and dignifying public hospitals directly. It is obvious that South Africa’s medical institutions are experiencing major financial shocks in medicine due to both domestic budget limits and international donor funding freezes. This threatens the country’s ability to conduct localised trials and manage future health emergencies.

Recently, we lost a member of our community in Seshego, who was admitted in Seshego hospital on Monday 25. On Tuesday, the patient was still fine as we left her the previous day. No medication, no eating, no drip. On Wednesday, she was moved to high care where we had that hope that something will be done to help her, but she was just left there in the same situation. The nursing sister said there’s nothing she can do because they have only one doctor and one nurse. When the children confronted the doctor, the doctor told them that he was not aware that their mother is hit by a double stroke. Otherwise, he could have transferred her to a provincial hospital. On Thursday and Friday, they found her with a drip which was not moving, the very same drip which was put on the previous two days. Saturday, when they visited her, they found

her with the same drip which never served its purpose as she was no longer in this world — she had passed on.

This is very painful unfortunate situation was never supposed to have happened in that way in a so-called high care of the hospital. These are the results of the budget, which even fails to employ sufficient doctors and nurses in our South African hospitals.

The cascading effects of the shortage impacts both the operational capacity of facilities and the wellbeing of the individual seeking care. Remaining doctors and nurses are forced to work longer hours with heavier patient loads, accelerating burnout and causing higher rates of staff resignation. Thus, the budget ridicules the objective and intention of better health care for all. This inadequate budget severely compromises our health care services and system. Therefore, the EFF reject this budget. I thank you.

Ms S MASUMPA (Western Cape – ANC MPL): Greetings to the House Chairperson, to the Ministers, Deputy ministers, MECs, all members in the House and those that are on the virtual platform and all our visitors and media. Minister, as I’m

representing the ANC from the Western Cape, this budget speaks directly to the people ...

IsiXhosa:

... abahluphekileyo ...

English:

... those that were disadvantaged from ...

IsiXhosa:

... kwaNokuthula, kwaNonqaba, eMandlenkosi, eKhayelitsha, eCrossroads naseGugulethu.

English:

This budget will balance our services of health, strengthening integrated response to combating communicable and noncommunicable diseases.

South Africa is faced with the duty to protect the broader population, strengthening existing systems and ensure intergovernmental co-ordination of data. It has credible burden of diseases, illnesses and violence. Noncommunicable diseases account for the highest proportion and are the leading cause of death in our country. This is sad closely

followed by the communicable diseases, yet there is a sustainable developmental goal to reduce premature mortality from noncommunicable diseases by one third by 2030. Is this possible?

Even the National Development Plan sets a target to reduce the prevalence of cardiovascular diseases, diabetics, cancer, and chronic respiratory disease by 28% in 2030. Since 2030 is about four years away, the question still remains, what will it take for South Africa to reduce the burden of disease? A simple answer is yes; it can be done. As articulated by the Department of Health, the goal can be met through prevention and treatment of illnesses and promotion of health and mental well-being.

Using primary care package standardised Appropriate Primary Health Care, APHC that includes vaccination, antenatal care, ANC, postnatal care, PNC, Pro Retina, when necessary. We have all heard the saying, prevention is better than cure. This is an old proverb that still rings true today. It calls for re-engineering and strengthening of primary health care.

The only way it will be possible to heath care access is prescribed in our beloved Constitution that we found in 1996.

One way to strengthen primary health care is introduction of Lenacapavir 95-95 in our country. It’s a twice-yearly injectable drug that has been approved by the SA Health Products Regulation Authority as a high effective form of a Pre-Exposure Prophylaxis, PrEP. Its purpose is to reduce the risk of getting the Human Immunodeficiency Virus among people who are HIV negative. It gives people a good chance to living well.

Additionally, roll-outs of ground drug is distinct in high incidence cases aligned with Joint United Nations Programme on HIV/Aids. Gone are the days of shaming people living with communicable or noncommunicable diseases or just conditions one won’t understand. The same is to educate ourselves about resources made available by the national Department of Health and organisations such as the SA National AIDS Council. The shame is not supporting initiatives such as Close the Gap Campaign, arising awareness in our communities.

Indeed, the Department of Health and SA National AIDS Council, Sanac should be recommended for these public health initiatives aimed at reaching and re-engaging over a million people with HIV status to start or to continue with antiretroviral therapy. We cannot progress as a society when

we do not apply Ubuntu in our daily life. It starts with us, our homes, communities, wards and provinces. We know it's less likely to go to a health care facility. We need to learn and understand how we can educate and support each other for initiatives as such to close the gap. In that we can achieve it, advocate and organise a value for quality primary health care.

We can encourage our communities to go for screening because this allows early detection of illness and prevention of diseases. We have to be proactive and recognise the value of early detection. Let us all be influenced by making health care our responsibility. Let us be influenced in recognising that health is wealth. Health is wealth. Screenings are important in households as part of school health programmes. Screening is also important in ward outreach. Let's support a call.

We want society to approach to promote healthy lifestyle choices and eradicate communicable and noncommunicable diseases. So yes, to regular health checkups. We live in a different time from the time we grew up, things have changed. Young people are exposed to the internet and there's so much social media at their fingertips. Access to social media does

not always translate to access to the correct source of information. Therefore, as members of society, we have a responsibility to provide young people and youth with accurate information in ways that appeal to them.

We can make sure that we promote health care services to young people through a multi-sectoral approach, innovations, using youth zones and recognising that the access to sexual and reproductive health is a right and not a promotion of promiscuity or passport for young persons to experiment with risky sexual behaviour. This means recognising that sexual reproduction health is essential in education and informing young people about health risk, dispelling myths and misconceptions enabling them to make informed decisions.

Yes, parents and guardians are the first point of call, but health practitioners at our local clinics will give guidance to these young people. As responsible adults we cannot fold arms and wait for the Department of Health and Department of Basic Education to deal with the work.

IsiXhosa:

Makusetyenzwe.

English:

Let’s deal with the challenge.

Lastly, let’s applaud the Department of Health for considering this as their plan. Beyond that, we have to ensure that those plans translate to practice. We have to move beyond considering policies and reach a point of seeing the health practitioners and health users knowing their policies and applying with them on their day-to-day lives and that they deliver the expected outcomes. Let us learn from other countries that are facing the day-to-day reality. We need solutions that are sustainable.

We can all make progress when we remember that at the core, we cannot combat communicable and noncommunicable diseases without ... [Inaudible] ... the provision of access to health, which is grounded in the principles of Ubuntu. As we engage in this debate, let us keep in mind the shared humanity and interconnections. Ultimately, our goal is to live in a healthier South Africa, not just for ourselves, but also for our children and future generations to come. We cannot afford any delay.

I endorse the strengthening of co-ordination and initiatives to address communicable and non-communicable diseases. Therefore, I endorse the budget of the Department of Health that can be able to assist people that are out there. They are looking forward for these services. Thank you.

Cllr G MARAKALALA (Salga): Hon House Chairperson, the Deputy Chairperson, hon Minister and Deputy Minister of Health, hon Chief Whip of the Council, hon MECS, and hon members present here, I greet you all.

The HOUSE CHAIRPERSON (Mr D R Ryder): Cllr Marakalala, if I can interrupt you, please? Your signal is failing you. I suggest you turn your video off and try to proceed with your speech.

Cllr G MARAKALALA (Salga): Chairperson, on behalf of the SA Local Government Association, I rise to acknowledge the bold and ambitious vision set out by the Minister in his Budget Vote.

We commend the Department of Health for its continued commitment to improving health outcomes, especially through infrastructure investment, HIV prevention, and cancer

screening. We commend the department for the roll-out of strategic infrastructure, some of which is already under construction in different parts of the country. This will go a long way in reducing long queues and preventing the demeaning scenes of frustrated health service seekers.

It is worth noting that municipalities are responsible for critical enablers of health infrastructure in the form of water, sanitation, electricity, waste management, and road access, without which no hospital can function effectively. We therefore call for intergovernmental protocols between the Department of Health and municipalities where new health facilities are to be built, to improve the co-ordination of the necessary municipal infrastructure. Furthermore, we call upon national and provincial governments to support municipalities' provision of this basic infrastructure, especially in townships and informal settlements such as Holomisa and Diepsloot in Gauteng. Some of our municipalities are struggling to fund this critical infrastructure, as they are owed hundreds of millions of rand by provincial and national departments.

We welcome the announcement of the Lenacapavir roll-out. This indeed is an indication of the department's commitment towards

eliminating HIV/Aids as a public health threat. We therefore support the prioritisation of the identified populations, particularly key populations, and believe this will go a long way in curbing the spread of HIV. This, together with the roll-out of the human papillomavirus, HPV, vaccine for cervical cancer on an annual basis, is an important step towards improving health outcomes.

We further welcome the appointment of many essential health care workers and the procurement of beds, linen, and other articles from the R6,7 billion allocated to health. We believe that the distribution of these professionals and articles should be done in a manner that considers where the greatest backlog exists, including in rural communities where the most vulnerable people are found. This will go a long way in winning back people’s trust in the public health system.

Whilst we acknowledge the investment towards strengthening our public health system, we wish to emphasise that municipal health services such as food control, water quality monitoring, waste management, port health, and vector control are essential public health functions that prevent disease in our communities, resulting in fewer people going to our health facilities. We therefore call upon national government, and in

particular the Department of Health, to support local government in addressing the challenges confronting the delivery of municipal health services, particularly the shortage of environmental health practitioners.

Government must therefore strike a better balance between expenditure on curative health and investment in preventive health. A health system that is heavily weighted towards treatment alone will remain costly and overburdened, whereas stronger prevention and municipal health services can reduce disease outbreaks, lower patient numbers at clinics and hospitals, and ease pressure on the very expensive curative health system.

Municipalities are, however, underresourced to adequately fund municipal health services despite being at the frontline of prevention. The Department of Health will therefore do well to allocate a portion of its budget to support municipalities so that preventive health interventions can be strengthened and the overall cost of health can be reduced over time. Hon Chairperson, we therefore support this Budget Vote. I thank you.

Ms T BREEDT: Hon Mananiso, I missed the “Haak, Vrystaat!”

Afrikaans:

Huisvoorsitter, laat ek begin deur die LUR van gesondheid in die Vrystaat te bedank vir sy bereidwilligheid om in te gryp daar waar die gesondheidstelsel onder druk verkeer. Ons erken die pogings wat aangewend word om uitdagings aan te spreek, maar eerlikheid vereis ook dat ons sê daar is steeds baie ruimte vir verbetering.

English:

Earlier this year, the Select Committee on Social Services visited facilities in the Motheo District. What we saw was deeply concerning. Health care workers are expected to deliver quality care with severely limited resources. Buildings are deteriorating, equipment is failing, and shortages continue to affect service delivery. Behind every statistic is a human story.

Afrikaans:

Onlangs is ek gebel deur ’n bekommerde familielid in Pretoria. ’n Pasiënt is op ’n Vrydag hospitaal toe geneem na ’n ambulans nie opgedaag het nie — deur die buurtwag, nogal. Sy het vir ure by toelatings gelê voordat sy uiteindelik die volgende dag na ’n saal geneem is. Die familie moes hul eie linne en beddegoed neem, want daar was niks nie. Daardie Sondag het die

familie gaan kuier, maar sy was weg. Niemand kon kry waar sy is nie, en die familie moes selfs die SA Polisiediens kontak. Eers na ’n skofwisseling kon ’n verpleegster vir die familie bevestig dat sy na ander familie toe oorgeplaas is.

Voorsitter, dit behoort nie te gebeur nie, en ek moes noodgedwonge vir LUR Mahlatsi kontak ...

English:

... and I thank you for resolving this matter, but this is unacceptable. Every member in this House probably has a similar story in their own province. These are not isolated incidents. These are symptoms of a health care system under immense strain.

During a constituency visit to Parys Hospital, I witnessed similar challenges. There is only one audiologist serving a community of more than 10 towns. Hearing aids are unavailable. There are shortages in optometry and orthopaedic services. Only one theatre is operational in the hospital, and the oxygen system is faulty. They have to use duct tape. Roofs are leaking. Pharmacy infrastructure is inadequate. Yet, in spite of all of this, the staff continues to serve with dedication and professionalism.

Afrikaans:

Aan hulle wil ek vandag hulde bring. Hulle hou die stelsel aan die gang, ten spyte van die uitdagings rondom hulle.

English:

However, dedication alone cannot sustain a health care system. Every year, we hear about medicine shortages, procurement failures, information system problems, and delayed maintenance. These are not new challenges. They are recurring failures that demand accountability.

Afrikaans:

Dit is juis waarom die VF Plus van mening is dat fokus eers op die herstel van bestaande gesondheidsdienste moet wees voordat daar nog beheer in ’n sentrale stelsel soos die Nasionale Gesondheidsversekering gekonsentreer word. Ons kan nie ’n nuwe dak op ’n huis bou terwyl die fondasie besig is om te kraak nie.

English:

We must first ensure that our hospitals are functioning, that ambulances arrive, that medicine is available, that equipment works, and that health care professionals are supported. We also cannot ignore reports from provinces — and, hon Minister,

this is specifically the North West — that are experiencing critical shortages of tuberculosis medicine and vaccinations for children.

Preventive health care remains one of our most important responsibilities, and we need to look after that. Nelson Mandela said, "A nation should not be judged by how it treats its highest citizens, but how it treats its lowest." A true measure of our health care system is not found in policies and budgets. It is found in the experiences of everyday citizens.

Afrikaans:

Dit is tyd dat ons minder fokus op beloftes het en meer op resultate. Dit is tyd dat ons die waarde van elke pasiënt eerste stel. Dit is tyd om verantwoordbaarheid te eis, en dit is tyd om die gesondheidsdiens weer funksioneel te maak. Dit is ons tyd om Suid-Afrikaners eerste te stel.

English:

It is our time.

Afrikaans:

Ek dank u.

Ms N SIMELANE (KwaZulu-Natal): Hon Chair, good afternoon to you, to the hon Minister, Deputy Minister, and all the members. We welcome, as the province, the opportunity to participate in this important debate on the future of health care in South Africa. One of the important truths that must always be uppermost in our minds in all that we do is the fact that access to health care is not a privilege but a constitutional right.

Adopted on 26 June 1955, the Freedom Charter envisioned a South Africa in which all people would share in the country's wealth and opportunities, including access to health care. Our Constitution, established 30 years ago, gives effect on that vision by guaranteeing every citizen the right to access health care services. The National Health Insurance, NHI, which the government continues to champion, aims to turn this promise into reality by ensuring that all South Africans have access to quality health care, regardless of where they live or how they earn a living.

I wish to congratulate the hon Minister of Health, Dr Aaron Motsoaledi, on the historic launch of Lenacapavir, which will take place tomorrow in Mpumalanga province. As the Minister indicated, Lenacapavir is a long-acting HIV prevention

injection, and the launch represents one of the most significant milestones in the fight against HIV and Aids since the rollout of the antiretrovirals, ARVs. KwaZulu-Natal, as a province that is adversely affected by HIV and Aids, openly and happily welcomes these developments. For a country that continues to have one of the highest rates of HIV burdens in the world, this breakthrough has the potential to transform HIV prevention efforts, as the Minister indicated. I am also sure that the Minister will give an elaborate presentation tomorrow on the benefits, but he also indicated in this meeting the benefits of this drug. But as the province of KwaZulu-Natal, I can confirm that we are ready to support the successful rollout of this groundbreaking intervention. We believe future generations may look back on this moment as a turning point in the fight against HIV and Aids.

We are of the view that universal health coverage cannot be achieved without investing in health infrastructure. We therefore warmly welcome and appreciate plans by the national Department of Health to put forward Victoria Mxenge as one of the 11 hospitals that are meant to bid for investment in the revitalization programme. We appreciate that very much because this puts the province of KwaZulu-Natal on the map, and we are hoping that we will be one of the four hospitals that will be

chosen. Victoria Mxenge, previously known as King Edward Hospital, is one of KwaZulu-Natal's oldest and most historically significant health care institutions. During apartheid, when access to health care was deeply segregated, it was amongst the few major hospitals that provided services to black South Africans who had been excluded from many other facilities within the province. Generations of families have passed through its doors in search of care, healing, and hope, making it an institution that is deeply woven into the social fabric and history of our province. Despite this rich heritage and continued importance, the hospital's infrastructure has deteriorated significantly over the years. Aging buildings and a growing maintenance backlog place immense strain on both health care workers and patients, underscoring the urgent need for major refurbishment and investment. As a province, we have long been aware of these challenges and have consistently sought to make provision for the revitalisation of this facility through our budgeting processes. However, the scale and cost of the required upgrades have exceeded the province's financial capacity, making comprehensive refurbishment unaffordable to date. So, this investment will really assist a lot. The hospital is also a critical academic and teaching platform, playing an indispensable role in the training of

medical students, interns, community service doctors, and other health care professionals.

At a time when South Africa is working to strengthen its health workforce, we must preserve and enhance one of the institutions that help produce the doctors and specialists that our health care system so greatly depends on. It is therefore only fitting that Victoria Mxenge Hospital be prioritised for this funding. Such an investment would not only restore a historic institution and improve the quality of care for thousands of patients, but it would also honour the legacy of Victoria Mxenge herself, who dedicated her life to the struggle for dignity, justice, and equality. By renewing this institution, we would ensure that a hospital that has served generations of South Africans continues to heal, teach, and inspire for generations to come.

A health care system is only as strong as the people who serve it. We therefore welcome the recent decision by the national Department of Health to absorb community health workers into the health care system. In KwaZulu-Natal, more than 5 000 community health workers benefited from this decision of permanent employment, while just above 4 000 were given the

added incentive where they did not qualify to be absorbed. And as we speak, they are all hard at work.

These health care workers are the backbone of primary health care. They are one of the main players in our provincial strategy of strengthening primary health care in KwaZulu-Natal. They provide health promotion, support treatment adherence, and conduct health screenings. They also trace patients who have defaulted on treatment and connect communities with health care services. Their work helps us move health care beyond the walls of hospitals and clinics and into communities where people live. Despite significant financial pressures, KwaZulu-Natal continues to make progress in strengthening health care delivery.

We remain at the forefront of the fight against HIV, TB, and Aids. We also continue to expand access to cervical cancer screening and Human Papillomavirus, HPV, vaccination programmes. Despite limited resources, we have continued to strengthen our community outreach efforts through a range of programmes, including school health services and youth development initiatives.

One of the greatest challenges facing the health care sector is also the unequal contribution of specialist health care services. Rural communities deserve the same access to specialist care as urban communities. For this reason, the province of KwaZulu-Natal started reconfiguring selected hospitals from district to regional status to improve access to specialist health care. These are Vryheid, Dundee, Bethesda, and Christ the King hospitals.

While this reconfiguration process has been delayed by certain administrative challenges, its long-term success will depend on specialists being willing to serve in rural and underserved communities. We are of the view that health care equity cannot be achieved if specialist services remain concentrated in a few urban centres. That is why we make a call that our specialists must be willing to attend to as far-flung areas as possible so that we can provide the service that is much-needed in those communities.

In conclusion, I do want to say that, as a province of KwaZulu-Natal, we have been struggling with our finances because of the cuts to the baseline. However, I want to appreciate the allocation that we received from the national Department of Health in the past financial year. It assisted

in ensuring that where there were gaps in employing doctors and nurses, we could plug those gaps. Of course, we have not been able to address all the challenges, but the amount that we received in the last financial year did indeed assist in ensuring that health care is provided properly within the province. Thank you very much, Chair.

Ms J M ADRIAANSE: Hon House Chairperson, hon Minister, hon Deputy Minister, hon members and fellow South Africans, good day. Section 27 of our Constitution guarantees every South African the right to access healthcare services.

For millions of our people, healthcare remains not a constitutional reality, but a daily struggle for survival. The department's annual performance plan speaks of the National Health Insurance, NHI, improved life expectancy, improved hospitals and better health outcomes. These are absolutely worthy aspirations, but aspirations do not save lives. Accountability does, and especially service delivery does. Unfortunately, this annual performance plan, APP, contains warning signs that this House cannot afford to ignore. The first concern is funding.

Although the department's budget has increased by R66,9 billion, in real terms, when inflation is taken into account, it has actually declined by 1,8%. Even more concerning is that the two programmers carrying the greatest burden of healthcare delivery both suffer real-time reductions. Hospital systems decline by 3%, while HIV, Aids, TB, maternal and childhood health declines by 1,6%. At a time when hospitals are overwhelmed, clinics are under pressure, and communities are demanding better healthcare. This sends precisely the wrong message. Across South Africa, patients wait for months for an operation, for specialists, and families spend hours in overcrowded clinics.

Ambulances arrive too late, if at all. The committee has raised these concerns about emergency medical services, ambulance fleet functionality, maintenance backlogs, and response times. These are not only administrative shortcomings. These are matters of life and death.

The second concern is infrastructure and also mentioned by the Minister. The APP speaks proudly about preparing for the NHI and buildings and refurbishment, yet health facilities infrastructure management suffers a real-term reduction of 9,3%. How can a government build an NHI system while reducing

investment in the very hospitals and clinics expected to deliver that care? Before creating new systems, government must first fix collapsing hospitals, replace broken equipment, address maintenance backlogs, and modernise failing patient record systems across the country. You cannot build a world-class healthcare system on a foundation that is crumbling. But wait, there's more.

There's a third concern, and that is corruption and governance. South Africans are being asked to place their faith in an ambitious healthcare system, yet they have every reason to be skeptical. They remember the personal protective equipment, PPE, looting. They remember the procurement scandal. They remember the Auditor-General's relentless findings of waste, weak controls, and poor financial management. This is still fresh in everyone's minds.

Accountability is not just a technical detail of healthcare reform. It is its foundation. Without it, no amount of funding will ever be enough and will ever deliver quality healthcare.

The challenge facing healthcare is not merely a shortage of money. It is a shortage of accountability. We welcome progress

in HIV diagnosis and especially the new treatment and prevention programme.

But the APP acknowledges that approximately 1,1 million people living with HIV still need to be traced, initiated on a treatment, and retained in care. At the same time, recent reports of poliovirus traces detected in Cape Town wastewater remind us that strong vaccination programmes are essential. Disease surveillance and public health preparedness are to be imminent.

Diseases we thought were behind us can quickly return when vaccinations and vigilance decline. Let me be clear. The DA supports a healthcare system that delivers quality care, protects the vulnerable, and expands access to services.

But support can never mean silence. The government must not be judged by what it spends but by what it delivers. South Africans are not asking for miracles. They are asking for a healthcare system that works. A budget is not judged by promises but by delivery. A healthcare that provides dignity instead of despair and hope instead of disappointment. I thank you.

Ms M WENGER (Western Cape): Chair, hon Minister, MECs, members of the NCOP, fellow South Africans, the governance and delivery of health care to every resident of South Africa is both one of the most complex responsibilities and one of the greatest privileges entrusted to government.

As a concurrent function shared between the national and provincial governments, health care succeeds only when all spheres of government work together towards a common purpose, ensuring that every person can access quality care where and when they need it.

This debate on Vote No 18 therefore provides an opportunity not only to consider budgets and programmes, but also to reflect honestly on the challenges facing our health system.

It also allows us to recognise the extraordinary commitment of health care workers across the country and demonstrate how these investments will help us improve health outcomes for all South Africans.

Our health system has faced an extraordinary combination of pressures over recent years. The lingering effects of the COVID-19 pandemic, prolonged fiscal austerity, restrictions on

workforce growth and reductions in donor funding have all placed significant strain on services.

Yet, throughout this period, health care workers across South Africa have continued to serve their communities with remarkable resilience and dedication. Thanks to additional funding provided to the health care sector recently, we are now beginning to see encouraging signs of recovery.

Through disciplined financial management, innovation and a commitment to patient-centred care, we are moving from crisis management towards long-term rebuilding and reform.

The increase in health care funding was sorely needed and is warmly welcomed. The additional funding in the 2025-26 adjustment budget and now in the main appropriation is giving us more resources needed to respond to immediate pressures, while also investing in the long-term sustainability of the health system.

For the Western Cape, it enables us to continue investing in critical infrastructure, while addressing persistent pressures within our goods and services budget. It allows the department to stabilise specific service points that have experienced the

most pressure over the last two to three years, like emergency centres.

As a department, our five-year strategic plan is built around our commitment to walk a life journey with every resident in the province. We want our children to start well, our communities to live well and our residents to age well with dignity and support.

This life course approach recognises that health outcomes are shaped throughout a person’s life and that every stage requires targeted interventions supported by a responsive, integrated and sustainable health system.

It’s also guided by a belief that every person should be able to access quality health care regardless of where they live, and to be able to live a life that they value.

Universal health care is about ensuring that services are accessible and responsive to the communities that rely on them.

In the Western Cape, we have a Western Cape model for Universal Health Coverage, UHC. We have been working closely

with the private sector, academia and civil society through our universal health care think-tank to identify practical ways of strengthening our health care ecosystem and expanding access to care.

We believe that the delivery of quality health care to every South African will take the combined efforts of the entire sector.

Across the province, there are already hundreds of partnerships helping us to bring services closer to communities and improve patient experiences.

For example, in the Garden Route, you can collect your state chronic medication from a private pharmacy close to home.

In Op-die-Berg in the Cape Winelands, a rural farming community where distance and geography create significant barriers to accessing health care, a farm which is home to more than 200 families has teamed up with the provincial government to provide a doctor, nurses and medication to support the health and wellbeing of farm workers and their families.

Together, this partnership is bringing health care closer to where people live and work, ensuring that residents can receive the right care at the right time without having to travel very long distances.

This is what universal health care looks like in practice — government, communities and partners working together to expand access, strengthen services and improve health outcomes.

It’s through these kinds of partnerships that we continue to build a stronger, decentralised and more inclusive health system. That commitment to prevention, early intervention and access is reflected across all our programmes.

One example is our continued effort to tackle tuberculosis, TB. This year, the Western Cape was honoured to host the national World TB Day event in Caledon.

During February, the Western Cape Department of Health and Wellness recorded its highest ever monthly TB testing figures, with almost 40 000 people tested.

Between 2023 and 2025, the number of annual TB tests conducted in the province increased by 70%. That is almost 150 000 additional tests in just two years and reflects our determination to find and treat TB earlier.

We are equally committed to strengthening HIV prevention and treatment services. With the national launch tomorrow, the province will roll out Lenacapavir at 22 sites across the Western Cape in communities with the highest HIV burden from Monday.

This is an important milestone in South Africa’s fight against HIV, and offers renewed hope that we can continue driving down new infection numbers.

We’re also working to improve immunisation coverage and to strengthen our response to vaccine preventable diseases. During the 2025-26 financial year, measles immunisation coverage for children under one reached 97% in the Western Cape.

Measles vaccination continues to form part of routine immunisation services and is supported through ongoing

outreach and facility-based services and school health programmes.

Through these specific campaigns, 40 000 individuals have been vaccinated, and to ensure reach we have 63 brand-new mobile clinics for our rural districts. These were co-designed by our nurses and are fitted out with fridges, basins, solar panels, examination beds, eye testing facilities and folder storage, and they're helping us to care for rural communities.

Our health workers in Nkqubela have set up Thursday nighttime mobile clinics for those that cannot access services during the day.

As the Western Cape population continues to increase, the demand on health care rises and the investment in infrastructure is critical to enable the delivery of services.

Over the last financial year, our department has more than 40 infrastructure projects underway. These range from routine maintenance and upgrades to major capital works and the construction of entirely new facilities. They include new or replacement facilities in Saldanha, Knysna, Philippi and Ravensmead.

... also the R255 million emergency centre expansion at Groote Schuur Hospital, the R150 million rehabilitation of wards at Alexandra and Lentegeur, the R42 million upgrade of Montague Hospital, and critical repairs and upgrades of theatres in New Somerset, Tygerberg and Caledon hospitals. Many of these investments will come into service during the current financial year.

We are also responding to a growing demand for mental health services. This year, three new acute psychiatric units, APUs, at Eerste River, New Somerset and Khayelitsha hospitals will come online, adding 90 additional mental health beds to the provincial platform.

These APUs are helping to create a health care system that is more accessible and better equipped to meet the needs of the residents we serve.

One of the devastating challenges that South Africa is facing are the high rates of gender-based violence and femicide in our country. The President recognised the destructive impact of gender-based violence, GBV, when he declared it a national disaster last year. All organs of state were mandated to respond.

The Commission for Gender Equality noted that one in three women report having experienced physical or sexual violence during their lifetime. These figures demand urgency from all of us.

I therefore wish to acknowledge the important oversight work undertaken by my colleague in this House, hon Gotsell and other Members of Parliament, which has highlighted shortages of rape evidence collection kits at police stations, including several on the Cape Flats.

As our contribution to the fight against GBV, we will be rolling out a forensic nurse qualification at our College of Nursing. This qualification is critical to enabling nurses to conduct forensic exams, collect evidence, and testify in court and ensure that survivors receive both care and justice.

I’d like to thank the National Health Council for its support in addressing the long delays in the accreditation of this diploma.

While there are many challenges facing the health care system, there’s also reason for hope. By focusing on prevention and expanding access, investing in infrastructure and embracing

partnerships, we can build a health care system that delivers better outcomes for all, because ultimately, health care is a team effort and when we work together we can ensure that South Africans have the opportunity to live healthier, more dignified and more fulfilling lives. I thank you.

Ms D M MASHEGO (Limpopo): Hon Chairperson of the session, hon Minister of Health, Dr Aaron Motsoaledi, Deputy Minister, hon members, fellow MECs, distinguished guests, ladies and gentlemen, good afternoon. It is an honour to participate in this important policy debate on Budget Vote 18 on behalf of the people of Limpopo and the African National Congress.

This debate takes place at a critical moment in our country's democratic journey. We gather under the leadership of the ANC-led Government of National Unity, committed to building a developmental state that advances social justice, economic transformation and an improved quality of life for all our people.

The Constitution places health at the centre of human dignity and social development. Section 27 affirms the right of everyone to have access to health care services. As government, we remain committed to progressively realising

this right, despite fiscal constraints and increasing demands on the public health care system. Hon Chairperson, we support Budget Vote 18 because it seeks to strengthen the health system, improve access to quality health care, reduce inequalities and advance the implementation of the National Health Insurance, NHI, as a vehicle for universal health coverage.

The budget reflects government's determination to protect the gains of our democracy while responding to the evolving health care needs of our population. In Limpopo, we continue to align our provincial priorities with the National Health Sector Strategic Plan and the Medium-Term Development Plan. Our focus remains on strengthening primary health care, improving infrastructure, addressing human resource challenges, enhancing governance and ensuring that every citizen receives quality health care closer to where they live.

Hon Chairperson, one of the most important pillars of our health system is primary health care. We have consistently maintained that health care must be people-centred and community-based. We, therefore, welcome continued investment in clinics, community health workers and district health services. Primary health care remains the foundation of our

health system and the first point of contact for the majority of our people. Across the province, we currently have a total of 476 primary health care facilities of which 204 are already providing 24-hour services. Through the rollout of the 24-hour service, we once again demonstrate a province that is not only expanding access, but doing so in a structured and measurable manner, aligned to service demand and population distribution.

In a predominantly rural province such as Limpopo, primary health care remains the first point of contact for millions of citizens. Our provincial government continues to invest in outreach programmes, Ward-Based Primary Health Care Outreach Teams and community health interventions aimed at prevention and early detection of disease. We are encouraged by the national commitment to strengthening health care services in underserved communities, particularly those located far from urban centres.

Hon Chair, human resources remain the backbone of health care delivery. We acknowledge the concerns raised regarding shortages of health care professionals across the country. The reality is that health care workers continue to carry enormous responsibilities under difficult conditions. We, therefore, support efforts by the National Department of Health to

strengthen workforce planning, improve retention strategies and expand training opportunities for health professionals. In Limpopo, we continue to prioritise the recruitment of doctors, nurses, pharmacists and allied health professionals within available resources.

We are also investing in the training of young health care professionals and supporting initiatives that place skilled personnel in rural and underserved communities. We have also strengthened management capacity at facility level through the appointment of 87 operational managers at primary health care facilities. This intervention has improved oversight, co-ordination and accountability within facilities, ensuring that service delivery is better managed and more responsive to community needs.

Community-based services remain a critical pillar of primary health care. We therefore welcome the support from the National Department of Health that enabled us to permanently appoint 2 932 community health workers with matric qualifications while continuing to support 3 931 community health workers without matric through stipends.

Hon Chair, infrastructure development remains central to the health care transformation. The condition of a health care facility directly affects patient experience, staff morale and service quality. We welcome investments aimed at revitalising health care infrastructure, modernising facilities and ensuring that hospitals and clinics are properly equipped.

We are pleased with the progress of the Limpopo Central Hospital and Siloam Hospital. We also have several infrastructure projects that have been implemented to improve service delivery and expand access to health care. These interventions include upgrading clinics, maintaining existing facilities and strengthening emergency medical services infrastructure. Our objective is clear. Every citizen must have access to safe, functional and dignified health facilities.

Hon members, mental health remains a critical priority within the health system, requiring a response that is both structured and sustained. In the previous financial year, we ensured that all five District Mental Health Review Boards were fully functional. These boards continue to play a central role in safeguarding the rights and dignity of mental health care users, overseeing assisted and involuntary admissions,

and ensuring compliance with legal and clinical standards in line with the Mental Health Care Act. Through regular sittings and case reviews across all districts, these structures have strengthened accountability, improved governance and ensured that mental health services are delivered within a framework that prioritises human rights and ethical care.

Hon Chairperson, the implementation of the NHI remains one of the most significant policy reforms in democratic South Africa. We remain unwavering in our commitment to universal health coverage. The NHI is fundamentally about equity. It seeks to ensure that access to health care is determined not by one’s income, race, geographic location or social status, but by need. While challenges remain, we believe that the phased implementation of the NHI provides an opportunity to address historical inequalities and strengthen the public health care system. As a province, we stand ready to continue working with the National Department of Health to prepare our systems, strengthen governance and improve service quality in support of the NHI implementation.

Hon Chairperson, the fight against HIV, tuberculosis, TB, and non-communicable diseases remains a priority. South Africa has made significant progress in reducing HIV-related deaths and

expanding access to treatment. However, much work remains to be done.

Our response to HIV, TB and other communicable diseases continues to show measurable progress, reflecting a health system that is increasingly proactive, co-ordinated and outcomes driven. We strengthen HIV prevention and treatment interventions through a combination of innovation, scale and targeted community engagement. The introduction of HIV self-screening as a service that is available across public health facilities has expanded access to HIV services significantly.

In the fight against TB, the province has also maintained a strong performance. Facility-based screening has consistently exceeded 100% coverage, while TB testing increased by 75,3% compared to the previous financial year. Treatment initiation reached 99,2%, exceeding the national target of 95% and treatment success rates met the provincial target of 81%. We support continued investment in prevention, treatment and community-based interventions.

The growing burden of hypertension, diabetes, cancer and mental health conditions is equally important. These diseases require integrated responses that combine prevention, early

diagnosis and effective treatment. Our health care system must increasingly focus on wellness and prevention if we are to reduce long-term health care costs and improve health outcomes. The Sepedi proverb says,

Sepedi

... thibela bolwetši e phala kalafo ...

English:

... meaning, prevention is better than cure.

We have made measurable progress in improving maternal and women's health outcomes, reflecting strengthened clinical services and preventative interventions. Specialist recruitment has strengthened services, with 26 specialists now serving across our district hospitals, improving the management of high-risk pregnancies. The human papillomavirus, HPV, vaccination programme continues to perform strongly, achieving 96% coverage, the highest in the country. Cervical screening has improved through targeted interventions, including procurement of eight additional colposcope machines, ensuring all 37 hospitals offering acute services are equipped.

In the 2026-27 financial year, we will strengthen antenatal care access, improve monitoring of high-risk pregnancies and sustain high immunisation rates. [Time expired.]

Thank you very much, Chair.

Mr B J FARMER: Hon Chairperson, hon Deputy Minister and hon members, I greet you in the name of Jesus Christ, our Lord and Saviour.

Chairperson, health is not just another department. Health is life. Health is dignity. Health is whether a mother receives help when her child is sick, whether a pensioner receives medication on time, whether an ambulance arrives when a family is in crisis and whether a patient is treated as a human being and not as a number in a queue.

South Africa does not only have a health funding challenge, but we also have a health delivery challenge. Too many people wait too long, clinics are overcrowded, hospitals are under pressure and too many frontline workers are exhausted. Too many communities still experience health care as frustration, instead of care. It must be clear that poor people must never be forced to accept poor health care. A person’s dignity must

not depend on whether they can afford private medical aid. Public health care must be safe, clean, professional and compassionate.

Hon members, we welcome continued investment in national health priorities, including HIV and TB, medical research, public health programmes and preparation for the NHI. But the NHI cannot be built on weak foundations. If a clinic has no medicine, the NHI will not fix that by name alone. If a hospital has no staff, the NHI will not fix that by policy alone. If procurement systems are corrupt, the NHI will not fix that by promise alone.

The Patriotic Alliance believes in universal access to health care. We believe that every South African deserves quality care. But we also believe that any reform must be practical, transparent, properly costed and corruption-proof. Chairperson, before we can speak about the future system, we must fix the system people are using today, because health care is not delivered in speeches, it is delivered at the bedside.

Hon members, we must also speak about our health workers. Doctors, nurses, emergency workers, cleaners, porters,

pharmacists and community health workers carry the system every day. Many work under extreme pressure. Many face overcrowded wards, trauma cases, staff shortages and emotional exhaustion. Yet, at the same time, we have qualified health professionals who remain unemployed while hospitals and clinics are understaffed. That cannot make sense.

The Patriotic Alliance calls for a practical staffing plan that matches funded posts to real service delivery needs. Where posts are vacant, they must be filled. Where professionals are trained, they must be placed. Where rural communities are underserved, incentives must be strengthened. We cannot preach care while neglecting the carers.

Chairperson, infrastructure is another urgent issue. A broken clinic building is not just an infrastructure problem; it is a health risk. When roofs leak, toilets do not work, waiting areas are overcrowded, generators fail and equipment is broken, patients suffer. A health budget must build and maintain facilities that are fit-for-purpose. Hon members, we must also protect the integrity of health procurement. Corruption in health is not ordinary corruption. When money meant for health is stolen, people suffer directly.

Hon members, having been diagnosed with the exact same disease that took my father’s life, I realised what the difference means of having access to medical aid. Today, I am a cancer survivor, and my dad is in his grave, simply because my cancer could be detected early thanks to having medical aid, whereas he could not afford it.

Hon Minister, the NHI is urgently needed. From the grandma in Ocean View, here in the Western Cape, to the young girl in Musina, in Limpopo, all deserve the same dignity when they enter the public health system.

In closing, fellow citizens, the Patriotic Alliance supports this budget because no responsible party can oppose money meant to keep South Africans alive. Parties have opposed this budget simply as a blanket political approach, whilst in the same breath, we should propagate their concern for the poor. Without a budget, even the little that comes your way won’t be possible. This proves that talk is cheap and compassion for the poor can ride on everyone’s lips, only to realise it is just another attempt to bring the Guptas back. This budget, however, should not only fund the health system, but also heal the health system.

Afrikaans:

Moenie baiza nie. Salut.

Ms S J MANZINI (Mpumalanga): Hon House Chairperson, let me take this opportunity and greet hon members, the Minister, Deputy Minister and MECs. Hon Chair, allow me to begin my debate by stating that we fully support the budget vote as it is driven by the desire and willingness to continue to provide adequate healthcare to the people of South Africa, regardless of their age, class, race, socioeconomic status or any other categorisation. Before I dwell much in my presentation, let me evoke the profound word of former United Nations Secretary General Kofi Annan, who once said:

> Health is a basic human right. It is a fundamental building block of stable, prosperous and peaceful societies

These words resonate deeply with our constitutional commitment to ensure that every South African has access to quality healthcare services irrespective of their socio-economic status or geographic location.

As we gather here today during the month that embraces and celebrates the youth, we are reminded that the future of our

nation is intrinsically linked to the health and well-being of its young people. To this end, government remains steadfast in prioritising youth health through comprehensive programmes that address sexual and reproductive health, mental health support, HIV prevention, substance abuse intervention, immunisation campaigns, nutrition campaigns and youth-friendly healthcare services.

The youth of South Africa are not merely beneficiaries of healthcare services, they are the future workforce, innovators, entrepreneurs and leaders who will drive our country's developmental state. Investing in their health today is investing in their prosperity of tomorrow. Hon Chair, the Mpumalanga Department of Health continues to accelerate service delivery despite prevailing fiscal constraints and growing healthcare demands. We are guided by the principle that quality healthcare must be accessible to all our people, particularly the most vulnerable communities.

In his state of the province address debate earlier this year, Premier Mandla Ndlovu reflected that the factual report released by Oxfam, which stated boldly that approximately 89,8% of Mpumalanga's population depends on the public healthcare system. This reality places a profound

responsibility on government to strengthen public healthcare infrastructure, expand access to quality services, increasing human resource for health and ensuring that no citizen is left behind.

As part of embracing the Fourth Industrial Revolution, we have introduced the single electronic patient medical record system which will transform healthcare delivery by ensuring continuity of care, reducing duplication of services and enhancing patient management throughout the healthcare system, working with the National Department of Health. This initiative is currently piloted in the Steve Tshwete Local Municipality in Nkangala District Municipality and we are in the process of rolling out to other districts including Govan Mbeki Local Municipality in Trichardt, Gert Sibande District Municipality and Mbombela in Ehlanzeni District Municipality.

Our readiness for the implementation of the National Health Insurance, NHI is demonstrated by the fact that our district hospital achieved 100% on ideal facility framework while our primary health care facility is at 98.2%. These achievements reflect the significant progress we have made in improving governance, patient safety, infrastructure and service delivery. The NHI remains one of the most transformative

policies in democratic South Africa. It seeks to eliminate the inequalities that continue to characterise healthcare access and outcome. It is a bold step towards ensuring that quality healthcare is determined by need and not by one's ability to pay.

To this end, we are accelerating the employment of health professionals, strengthening primary healthcare services. We recently appointed 25 medical doctors and deployed them to community health centres across Mpumalanga. As a result, 36 community health centres now have full-time doctors stationed permanently while an additional 10 healthcare are supported by contracted doctors. That brings up to 77% coverage. Hon members, our commitment to strengthening healthcare infrastructure remains unwavering during the current financial year. We will complete seven clinics and commence the construction of four new clinics to improve access to healthcare services, particularly in underserved communities.

We have also completed the technological advanced Middleburg Regional Hospital, a world-class healthcare facility that is fully operational and ready to serve the people of Mpumalanga. We eagerly await its official opening by President Cyril Ramaphosa. Furthermore, the state-of-the-art Mapulaneng

Hospital is scheduled for a practical completion next year. Once completed, it will significantly strengthen specialised healthcare services in the province and improve patient outcome.

Hon Chairperson, the fight against HIV and Aids remain one of the foremost priorities. Mpumalanga continues to play a leading role in advancing scientific innovation and public health intervention aimed at ending HIV as a public threat. We welcome the projected launch of the Lenacapavir HIV-prevention injection tomorrow. Minister, we are waiting for you in Mpumalanga at Gert Sibande District Municipality and this groundbreaking initiative places our province at the forefront of global efforts in eliminating HIV. This initiative complements our comprehensive HIV response strategy which include widespread HIV testing, treatment programme, prevention campaign, voluntary medical male circumcision and pre-exposure prophylaxis, vertical transmission, prevention and community awareness campaign. Through this intervention, we continue to move closer to achieving epidemic control and protecting future generations from HIV and Aids.

Hon members, the success of our healthcare service system depends on bringing service directly to the people. This is an

essence of the Cheka Impilo campaign which speaks to proactively identifying health conditions before they become severe and costly to treat. Through this campaign, healthcare teams visit communities, workplaces, schools and public places to conduct health screening and hypertension, diabetes and tuberculosis, HIV, cervical cancer and other chronic conditions. The campaign promotes a culture of prevention, early detection and early intervention thereby improving health outcome and reducing pressure on healthcare facilities.

Similarly to Ezempilo Ebantwini Programme reflects government commitment that we have launched in the province to placing people at the centre of healthcare services. Through this programme, healthcare leadership engaged directly with communities to assess service delivery challenges, strengthen accountability and implement practical solutions that improve patient experience and healthcare outcomes. Ezempilo Ebantwini Programme is more than a programme, it is a demonstration of government determination to ensure that healthcare services are responsive, accessible and people centred.

Hon Chair, the progress we have achieved will not be possible without the dedication, resilience and sacrifice of our healthcare workers. Every day, doctors, nurses, pharmacists,

emergency personnel, community healthcare workers and support staff continue to provide quality healthcare service under often challenging circumstances. Their commitment embodies the spirit of public service and demonstrates what can be achieved when professionals are driven by compassion and a genuine desire to improve the lives of our people.

As government, we acknowledge challenges that remain. We recognise the pressure posed by population growth, disease burden, resource constraint and infrastructure demand. However, we remain confident that through innovation, strategic partnership and sound governance, unwavering commitment will continue to strengthen our healthcare services.

In conclusion, let me remember the words of our beloved statemen, Nelson Mandela, who said:

> It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.

The pursuit of universal health coverage is ultimately about dignity, equality and social justice. It is about ensuring

that every child, every young person, every woman, every man can access quality healthcare service when they need them the most. Mpumalanga stands ready to contribute meaningfully to the national endeavours. We stand ready for the implementation of the National Health Insurance. We stand ready to deepen healthcare in transformation. Most importantly, we stand ready to ensure that quality healthcare reaches every corner of our province. I thank you, hon House Chairperson.

IsiXhosa:

Mnu. M M PETER: Sihlalo weNdlu, Mphathiswa wesebe, Sekela Mphathiswa namalungu ale Ndlu ahloniphekileyo, ndivumeleni ndikhahlele kuni. Okokuqala nje, ndifuna ukwenza umbulelo kuGq Kgosientsho Ramokgopa, xa bendikhala kuye izolo ngeelali esele zigqibe iveki zingenawo umbane. Namhlanje ezo lali zinawo umbane. Ndiyabulela kakhulu Mphathiswa. Mandiphinde ndenze umbulelo ongazenzisiyo phaya kuMasipala oMbaxa iNelson Mandela Bay, kwaWard 55 ebendikhala ngaye kuquka eAlexandria apho uMphathiswa uye wathatha iinkcukacha zezo ndawo. Ukhona umbane njengokuba ndithetha nawe nje. Sihlalo weNdlu, asikwazi ukungawenzi umbulelo kuba asizelanga ezopolitiko kuphela apha koko sizele ukuthetha neenyaniso ezi.

Mandize ke ngoku kuMphathiswa weSebe lezeMpilo. Usapho lakwaNgalo eMdantsane, lwafumana ilishwa liyobeleka umntwana kwisiBhedlela iCecilia Makhiwane. Umama wafa umzimba wonke saze isibhedlela samthembisa ukuba siza kumhlawula izi-R4,5 million abangazange bamnika ukusukela ngowama2011. Namhlanje, ngunyaka wama2026 kwaye sele kuphele iminyaka eli15 benza eso sithembiso. Zonke iinkcukacha ngesi sehlo zikhona, ndinazo apha kum. Zange afumane uncedo kwaye sicela ungenelele Mphathiswa. Olu sapho lakwaNgalo luhlala kwilali yaseNdevana eQonce.

Enye ingxaki endiza nayo kuphaya kwicandelo loogqirha ezibhedlela. Sekela Mphathiswa, oogqirha abekho ezibhedlela. Andazi nokuba niyayiqwalasela na loo nto. Asikwazi ukuba isibhedlela sonke sibenogqirha omnye jwi. Mandikwenzele umzekelo ngesiBhedlela iDora Nginza apho ndihlala khona, eGqeberha. Urhulumente wakhe iwadi yababelekayo phaya eDora Nginza kodwa kunanamhlanje ayikasebenzi. Umbuzo umile, ingaba niyazibeka iliso ezi zibhedlela kusini na?

Mandigqithe eDora Nginza. Ndiza kunika iindawo ezine endiza kuthetha ngazo. Ingaba nikhe niye phaya eThafalofefe kuCentane? Nikhe nilibeke iliso phaya? Kwesa sibhedlela awakho amayeza. Ingaba nikhe niye eNompumelelo eNgqushwa? Kubi

kakhulu ke apha. Nikhe niye kwiKlinikhi yaseJoe Slovo ekuWard 41, phaya eGqeberha? Zange abakho amayeza kula klinikhi. Yiklinikhi elixhoba lokuqhekezwa mihla nezolo ngoorhunta.

Xa ndigqibezela, ndifuna ukuba ndithethe ngoMthatha, oyenye nje yeenhyikityha yeendawo enezinto ezingalunganga. Abantu abazazi nokuba bangakhalaza phi kuba izibhedlela zigutyungelwe zezopolitiko. Umbuzo umile, Mphathiswa, ingaba niyaya kusini na ukuya kubeka iliso kwezi zibhedlela? Siyi-UDM sixhalabile kuba onke amathemba ethu awele kuni. Sixhalabile kuba yonke into ebanjwa zizandla zenu iyaphuncuka. Sicela nisihlangule kuba eli lizwe lisa jonge kuni nathi sikhona ukunixhasa. Ngaloo mazwi, olu hlahlomali siyaluxhasa. Enkosi.

Mr M BILLY: House Chair, hon members, fellow South Africans, as this debate draws to a close, one thing is clear, the Minister will no doubt dismiss much of what has been said today as criticism, in particular criticism from the DA. But, Minister, that would be a mistake. Because our criticism does not come from a desire to see government fail. It comes from a desire to see public healthcare succeed for those who desperately need it. The DA wants a public healthcare system that works. We want hospitals that heal people, not buildings that make headlines for neglect.

We want clinics that provide dignity, not frustration. We want healthcare workers to be empowered, to be supported, to be equipped to do the jobs they entered the profession to do. We want doctors to be employed. Yet, whenever these failures are raised, government resorts to a familiar tactic, shift the conversation to the NHI, as if it is some grand saviour for years of ANC failure.

South Africans are repeatedly told that anyone who questions the National Health Insurance, NHI, is opposed to universal healthcare, and that is simply not true. The DA supports universal healthcare. We support the constitutional principle that every South African deserves access to quality healthcare, regardless of their income or status in society. What we do reject is the notion that a broken healthcare system can be fixed simply by creating a new funding mechanism.

Universal health coverage is the goal. NHI is merely one proposed vehicle, and no vehicle can reach its destination if the engine is broken. The department’s own plans speak about improving the quality of healthcare, strengthening hospitals, maintaining infrastructure, improving governance, filling critical posts, and reducing maternal and child mortality.

Those are worthy objectives. But the question is not whether the targets are correct, the question is whether this government can be trusted to achieve them after decades of failure.

The simple question is, why is the same passion you demonstrate when defending the NHI not directed towards fixing what already exists? Direct that energy towards rooting out corruption, directed it towards ending procurement abuse, directed it towards ensuring that money allocated to healthcare reaches patients rather than politically connected contractors.

South Africans have not forgotten the digital vibes saga. Directed towards fixing broken hospitals, replacing failing equipment, ensuring medicines are available when patients need them. Because for millions of South Africans, healthcare is not a policy debate, it is a matter of life and death. It is the mother waiting for treatment. It is the pensioner standing in a queue before sunrise.

Just a few days ago, my own grandmother was sick, but I could not dare take her to Holy Cross Hospital in the Eastern Cape

because that hospital is notorious for neglecting desperate and poor people from the rural Eastern Cape.

I am disappointed that the MEC of Health in the Eastern Cape has left. It is the cancer patient waiting for months for care. It is the nurse trying to save lives without the tools required to do so. And sadly, examples of waste and mismanagement continue under your watch, Minister.

At Dr Pixley Ka Isaka Seme Memorial Hospital, in Durban, expensive orthopaedic traction beds were purchased but have never been operational because essential components were not procured. Minister, this is what you are presiding over. This is why South Africans are losing faith. Not because they oppose healthcare reforms, but because they have watched billions of rands flow into the health system while basic services continue to deteriorate.

Healthcare does not fail because we lack policies. Healthcare fails when accountability disappears, hon Fienies, healthcare fails when corruption is tolerated by the ANC. Healthcare fails when leadership refuses to confront uncomfortable truth.

The real test of this budget would not be the speeches delivered in this House today, the real test is whether an ordinary South African walking into a public clinic or hospital tomorrow experiences better care, greater dignity, and improved service. Until that happens, no amount of rhetoric, no number of slogans, and no amount of political spin will convince the public that things are improving.

The DA will continue to support every effort that genuinely improves healthcare outcomes. We will also continue to expose waste, corruption and mismanagement wherever it occurs, because patients deserve better, healthcare workers deserve better, and South Africans deserve better. Thank you.

Mr J S LEHARI (North West): Chairperson of the House, Minister of Health, Dr Aaron Motsoaledi, the Deputy Minister of Health, Dr Joe Phaahla, Minister of Social Development, Minister, Deputy Ministers present, fellow MECs present, the SA Local Government Association, Salga, heads of Department of Health entities, hon members of the House, thank you very much. It is both a privilege and honour to rise in support of the national Department of Health's Policy Speech for the 2026-27 financial year, presented by the hon Minister of Health, Dr Aaron Motsoaledi.

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon Lehari, there is a point of order in the House.

Mr F J BADENHORST: Please, Chair, can you put him out of his misery and put us out of our misery?

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon Lehari, can you get a new position where you can be more audible? You know, not just today, even yesterday it was just like that. Yes, I think that we must improve the infrastructure there. Hon Lehari, are you getting a new position? No, I think it’s bad. So, you are forfeiting your opportunity. Now, I will move to the last speaker who is going to address us in the House here.

Mr J S LEHARI (North West): Am I audible now? Hello, am I audible?

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon Lehari?

Mr J S LEHARI (North West): I can hear you.

The HOUSE CHAIRPERSON (Mr B A Radebe): Alright, hon Lehari. I am in the House, I can hear you. There is one presiding officer here. Hon Lehari, are you audible now? Are you in a

better position? Will you please try? Hon Lehari? It shows that you have a problem. [Interjections.] Thank you, hon Lehari. We are now having the hon Mokwele on the podium. Over to you, hon Mokwele.

Mr M F MOKWELE: House Chairperson of the Council ...

Mr F J BADENHORST: On point of order, Chair.

The HOUSE CHAIRPERSON (Mr B A Radebe): On what Rule are you rising, hon Badenhorst?

Mr F J BADENHORST: Rule 51, Chair. Please relegate yourself for irrelevance and repeating yourself the whole time. Thank you, Chair.

The HOUSE CHAIRPERSON (Mr B A Radebe): You are out of order. Your point is not sustained. Over to you, hon Mokwele.

Mr M F MOKWELE: Chairperson of the Council, House Chair, members of this House, Minister, Deputy Minister, distinguished guests, and most importantly ...

Sepedi:

... batho ba bohlokwa, e lego badudi ba Afrika Borwa bao re ba emelago ka botswerere.

English:

Today, as we deliberate on Budget Vote 18: Health, under the theme: Building the People-Centred Health Care System, we are reminded that our Constitution is not a static document. It is a living expression of the Freedom Charter, a promise that the people shall share in the country's wealth and that there shall be houses, security, and comfort. In Health, this means that every South African, regardless of geography or circumstances, must have access to quality and dignified care.

The President, in the 2026 state of the nation address, reaffirmed that health is the heartbeat of our development state. He reminded us that without a healthy population, our ambition for growth, innovation, and social injustice cannot be realised. This budget, therefore, is not just numbers on paper. It is a moral commitment to the people.

The Constitution incites the right to health care services, including reproductive health care. This right is not aspirational. It is actionable. By aligning our health system with the transformative vision of the Freedom Charter, we

ensure that health care is not a privilege for a few, but a guarantee for all. A people-centred system means listening to the communities, like we did there in North West, by respecting cultural context, and ensuring that the dignity of patients is always at the centre of care.

The World Health Organization identifies six building blocks of the well-functioning health system: service delivery, health workforce, information system, medical product and technologies, financing, governance, and leadership. This budget affirms our commitment to each of these pillars. By supporting it, we are not only strengthening our domestic health system, but we are also aligning ourselves with the best global practices, which I will share with you at the later stage.

This is how we build resilience, efficiency, and equity. Fellow South Africans, we all know that quality health care is not measured only in statistics, but in a lived experience. It is the mother from Limpopo, in Schoornoord, who received timely medical attention. It is the child there in Khayelitsha, in Cape Town, who was vaccinated against preventable diseases or the elderly man in Kimberley, who received chronic medication without delay. When we care, it is

safe, timely, and patient-centred - outcomes improves, and mortality decreases. Life expectancy always rises. Community thrives. This is the true dividend of investing in health. That is what the ANC is about - we live it. We don't just say it. We cannot speak of transformation without addressing infrastructure. Too many of our facilities remain under-resourced, overcrowded, and outdated. But this budget prioritises ideal clinics, climate-resilient hospitals, and investment in renewable energy to ensure continuity of care during load shedding or climate shocks.

Equally important is technology. The move towards a single electronic health record will integrate our system, reduce duplication, and ensure that whether a patient is in Mthatha or in Polokwane, their medical history is accessible and secure. This is a modernisation with a human face. Our doctors, nurses, community health workers, and specialists are the backbone of our sector. Yet too often they are overburdened, they are under-resourced, and unevenly distributed. Urban centres attract talent while rural areas are struggling.

As the Minister has indicated, this budget makes provision for continued investment to absorb practitioners at all levels and

ensure fair distribution must honour their sacrifice by creating conditions that allow them not only to serve but to strive. Minister, one of the gravest threats to our sector is the rise of bogus and fake doctors, particularly in small towns, rural areas, and townships. This imposes a spread of disparity, endangers life, and undermines trust in the system.

Let me go back to where we are lending a good practice to other countries. Hon members and fellow South Africans, as the Select Committee on Health, we had an opportunity to visit one of the wealthiest countries in the world, Switzerland, just a few weeks ago. Minister, that is where they also have the same problem or the same challenges we have in South Africa. But what we have learned from them, Minister, is that when they source doctors or professionals from other countries, they make sure that they screen them in their country and even put them under specific training. As South Africa, we can also learn from Switzerland so that we avoid these bogus and fake doctors, which is indeed something we need to do. We must strengthen regulations, Minister, enhance community awareness and ensure that law enforcement acts decisively. Health care is too scarce to be left vulnerable to fraud.

The COVID-19 pandemic taught us that preparedness is not optional. Emerging threat now, as we have indicated, Minister, such as hantavirus and other zoonotic disease, remind us that vigilance is essential. This budget continues in continuous investment in civilian system, laboratory capacity and repeat response mechanism. Diseases have no borders, preparedness, and must be national, regional, and global. In his Sona, President Matamela Ramaphosa declared that we will not rest until every South African can walk in the clinic or hospital and know that they will be treated with dignity, efficiency, and compassion. That is why primary health care for the ANC is the cornerstone of what we will never compromise. This budget is the pathway toward vision. It is a bridge between construal promise and lived reality. It is a statement that health is not a cost but an investment in human capital, social cohesion, and national prosperity.

Before I conclude, I just want to try to conscientise hon members. In fact, the last one that has been speaking, trying to protect and saying that when the DA is criticising, is not trying to come up with a scapegoat. Hon Billy, you come on this podium, and instead of providing solution, as you normally say that you represent the people, you come and complain and not give us solutions. I have been warning you,

hon members, I know it is not only you. Even hon Adrianse and you always come here and tell South African about corruption.

Let me remind you again that as the ANC, we don't come here and grandstand about corruption. When there is corruption, we act and arrest, irrespective of who is involved in corruption. My friend, the Minister was just here because the problem with you when the speaker is on the podium, you are not listening. The Minister was here indicating that they have just recently introduced a machine that can be operated by anyone. But you come here and say that you don't see any improvement. So, we must learn to listen, not always come here and speak as if we do not mean what we say.

Hon members and fellow South Africans, as the ANC, the reason we are saying that we will support this Budget Vote is that it is for a people-centred health system. It is not just a slogan. We are not just coming here and talking. Hon Badenhorst, we are here even fixing the things that have been done by yourself. In fact, the DA must not say anything. By supporting this Budget Vote, we affirm our collective responsibility to the people of South Africa, we affirm that health is the solution of the freedom, dignity and development. Let me make the last appeal to you. Let us

therefore rise above this partisanship, hon Billy, and unite behind this budget for health. The state is not political, hon members; it is humane.

We must learn that when we talk of health and start to politics and do whatever, we must understand that this thing, it must always unite us as the people of South Africa. Let me finalise. In fact, I thought that I wouldn't entertain those other two parties. The EFF and MK parties, always when they come here on the podium, they complain, and don't tell us anything. But at the end of the day, you will hear them saying that they reject. They come here just to reject everything without even listening to what the budget entails. I therefore want to make an appeal to South Africans not to waste their votes, particularly on the EFF and the MK party, because they come here all the time, and they don't even know - I mean, they are like people who ran out of ideas.

By so saying, as the ANC, we support this budget. We are saying, Minister ...

IsiZulu:

... qhuba ...

English:

... so that the people of South Africa can get decent health.

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon delegates, the Minister has saved two minutes in his opening remarks, so they'll be added at the end when he responds now. Over to you, hon Minister Motsoaledi.

The MINISTER OF HEALTH: So, I've got seven minutes, okay. Hon Chair, hon Billy, I am not here to respond to the criticism of the DA. That is not my job.

Mr F J BADENHORST: Chair, on a point of order: Rule 68, rights of delegates to speak, Chair. There was a ruling in this House last week by the Deputy Chair of this House to say that you cannot add time at the end of somebody's speech. There was a ruling. So now you are changing that ruling. So, what happened to conventions? Thank you, Chair.

The HOUSE CHAIRPERSON (Mr B A Radebe): Thank you, hon Badenhorst. Your point of order is not sustained because these minutes are coming from the Minister himself. It is not taken from another member. It is from his own speech. He reserved that. That is why when hon Steenhuisen was speaking here,

during his Budget Vote debate, he had 15 minutes before. And then had 10 minutes at the end. It was his time because the Ministry is provided 25 minutes. So, it is within his rights. Over to you, Minister.

The MINISTER OF HEALTH: It is not necessary to do so. But I am here to clarify when people are going wrong and misleading the public. Firstly, we do not push the debate to the National Health Insurance, NHI. We are pushing it to equity in health care. And in that case, we are not apologetic. Equity in health care. The concept of universal health coverage was not brought about by the ANC. It is a concept brought by the World Health Organization and adopted by the United Nations. I don't remember any country on earth, when the debate took place, at the UN to adopt universal health coverage, I don't remember any country standing against that. That is why 12 December has been chosen as Universal Health Coverage Day.

Now, many people in our country, including you, sir, have adopted their own definition of universal health coverage. They define what it is and how it should work. Not what the originators meant. The originators of universal health coverage, which is the World Health Organization, did not just dream about a new type of health care system. It was out of

many years' experience of observing how health care systems are run around the world. One of their major experiences was that whenever human beings on this planet access health care, whatever health care is available, when they access it, they usually suffer financial hardships.

And the World Health Organization has got figures, not in millions, but billions, of people who, in terms of the Poverty Datum Line, were not classified as poor. But they got poor because somebody in the family got sick and needed health care. And they are suddenly very poor. And this observation was made over many decades. And they found that it's because not all people on this planet are covered objectively in terms of universal health coverage. Now, hon Du Plessis, you came up with two concepts that are different. You mixed them into one. You said everybody, or yourself, you support universal care coverage. There's no such concept. There is no concept called universal health coverage. These are two different concepts. There is universal health care, SUH care. Then there's universal health coverage, SUHC. They might be related but are different. Universal health care is a system that delivers medical services to people, regardless of what type of medical services are available, and how to receive them. As long as you deliver medical services, that's universal health care.

But universal health coverage specifically speaks about money from each individual. Its goal is that when everybody accesses quality health care, they don't suffer hardships financially and so fall below the Poverty Datum Line. It answers three questions about universal health coverage. Who is covered? We know in South Africa, only 14% of the population is covered in universal health coverage.

It is us with medical aids in the population. In this population, where 14% are covered, when you divide it, and that's where our biggest problem is, only 10% of the black population is covered, but 72% of the white population is covered. And yet we must leave that system as it is. It can't be fair. And we can't be apologetic when we attack that type of system that it must change. And again, which services are covered? If you go to medical aids, they will tell you of Prescribed Minimum Benefits, PMBs, as if people choose what disease they have. When you've got the PMB, the medical aid will pay in full. If your disease is not a PMB, then they don't pay. Who calls for a disease? Who decides that I want to have a PMB now because I want to be paid for in full? Diseases just come. You get diabetes, you get cancer, you get HIV; nobody chooses. So it can't be that we only cover certain diseases and leave others. Then the issue of what proportion

is covered. We are running a health care system here: all of us here have got medical aids, which don't usually cover vaccines. They don't usually cover diseases of prevention, like we are doing with Lenacapavir tomorrow. And I've been talking to medical aids about this. Even the HPV vaccine, which we are going to launch later, they don't pay for it. When we launched the HPV vaccine, which is what we're going to do under NHI.

When we launched it in 2014, I want to give you the figures and not wrong ones. That vaccine was costing R613 per child, R613. Only people with medical aid could access this vaccine. We went to the company and said, we are giving you the whole population. That's what we are going to be under universal health coverage, NHI. We said we are going to give you the whole population of young girls. That is why there are 6 million today. And the company sold the vaccine for R157, not R613, which is what happens when you don't have a system of universal health coverage, because you know the economy of numbers is very important. So, the health system we want must be preventative, must be promotional, must cover the whole population, and not individuals. Because the present system covers individuals, it covers them maybe more or less well, because they are comfortable. But what about the whole

population? It does not reduce; it only increases life expectancy if you cover a few people in the population. Everybody must be covered because we are all equal. Lastly, I heard your leader, your new leader, and I'm sending you to him, saying the DA is going to put up a health care system where we don't punish people who worked very hard for their medical aid. Meaning people who don't have medical aid never worked hard. That is 90% of the black population; they never worked hard. You don't have medical aid because you worked any harder. You were just privileged. Thank you very much. [Time expired.]

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon delegates, I think that, as this Chamber, we must appreciate team health, because the participation of the various MECs in this debate was very encouraging. So, it shows, Minister, that you are leading a very solid team. Thank you for the job well done.

Debate concluded.

APPROPRIATION BILL

(Policy debate)

Vote No 19 - Social Development:

The ACTING MINISTER OF SOCIAL DEVELOPMENT (Ms L S Chikunga): Hon House Chairperson, chairperson hon Desery Fienies and members of the Select Committee on Social Services, Deputy Minister of Social Development, Mr Ganief Hendricks, MECs for Social Development here present and those who have joined us online, acting Director-General Advocate Gugulethu Thimane, and all managers and staff of Social Development and of course our state-owned agencies, distinguished guests, fellow South Africans, our partners, I am deeply honoured to rise before the National Council of Provinces in my capacity as Acting Minister of Social Development to table Budget Vote 19 of the Department of Social Development for the 2026-27 financial year.

From the onset, I wish to reiterate that I fully recognise the immense responsibility that comes with the role of acting as Minister of Social Development; a portfolio whose effective governance and delivery is inextricably linked to the well-being and developmental prospects of the most vulnerable among us. For as long as I'm entrusted with this responsibility, I pledge to carry it with utmost diligence and integrity. I'm deeply honoured by the trust bestowed upon me by His

Excellency President Cyril Ramaphosa and I pledge to work with everyone in the sector in delivering on this critical Department of Social Development mandate.

It is against this background that I wish to lead with the words most often attributed to Hubert Humphrey who said:

> The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in shadows of life, the sick, the needy, and the handicapped.

And the words of President Mandela. He said: "There can be no keener revelation of a society's soul than the way in which it treats its children.

These words should bind us all. Hon Chairperson, Social Development is a concurrent national and provincial function. Achieving its strategic priorities as contained in this Budget Vote will therefore require that in the true spirit of Batho-Pele, we deepen that co-operation across all spheres of government. To this end, two days ago, I held my first meet and greet special meeting with MECs responsible for Social

Development. We agreed on the urgent need to strengthen co-operation and to ensure that the three strategic priorities of this administration find clear expression in our work. During this meeting, MECs proposed a number of priority items for the MINMEC agenda, the first of which with our Ministry is taking place in June.

Chairperson, it is befitting that we begin by paying homage to the women who came before us, the women of 1956 on whose broad shoulders we stand. The year 2026 marks a platinum jubilee, that is 70 years since 1956 when our mothers took the apartheid regime head-on and paved the way for all of us, both men and women.

We honour their demand for development to be women-led and for substantive representation in all spheres where decisions are made and power is exercised. Through their activism, our society has made serious headways in eradicating the exclusion of women from leadership and decision-making structures, from property rights, and from educational opportunities. Today, ours is to take active measures to ensure that women are found in all spaces where power is exercised and economic hierarchies are disrupted.

As we table this Budget Vote in the month of June, we celebrate 50 years, a golden jubilee since the young person took the bull by its horn and defeated the tyranny of Bandu education. On this 30th anniversary of our Constitution and Bill of Rights, we honour those who laid the ground for a compassionate, caring and more humane society.

We are also celebrating the 20th anniversary of the SA Social Security Agency, Sassa, during which we are honouring a legacy and foundation built by the late former Minister, Dr Zola Skweyiya. For two decades, Sassa has stood as a constitutional promise kept to shield millions of vulnerable communities from the indignity of poverty through the expansion of our social protection safety net.

Hon members, despite a drop in violent crime rates, we remain deeply concerned about child sexual exploitation driven both online and offline, and rising cases of statutory rape recorded on the National Child Protection Register. This year, alongside the Child Protection Month program currently underway, we are working to shine the spotlight on these twine challenges confronting our nation. The official closing ceremony is scheduled for 7 June at Ezibeleni under Enoch

Mgijima local municipality, Eastern Cape province, one of the hot spot areas.

We have been rallying society behind the Child Protection Month as part of the 368 Days Child Protection Programme of Action. Protecting children is a shared national responsibility. In IsiZulu, we say ...

IsiZulu:

... umntwana wakho ngumntwana wami.

English:

Your child is my child, and my child is your child. Against this backdrop, I wish to recognize and honour the indispensable role of our social service professionals, child and youth care workers, all of whom provide critical professional and support services to our country's most vulnerable groups. In the coming days, I will be meeting both the SA Council for Social Service Professions and the SA Social Workers Association in order to lay a solid foundation for serving the marginalized. Without our social services professionals, our work is incomplete.

Hon members, with only four years left to realize the ambitious vision of the National Development Plan, our budget takes its cue from President Cyril Ramaphosa's state of the nation address under the theme: *A Nation that Works for All*, and sets out a clear cause of action on how the Department of Social Development portfolio will contribute to the medium-term development plan's three strategic priorities.

This financial year, the Department of Social Development is allocated a budget of R302 billion to fund the annual performance plans that align with the medium-term development plan priorities. Of this amount, R293 billion, which constitutes 96,7% of the Department of Social Development budget allocation, is allocated to social assistance program for direct monthly transfers to children, older persons, and of course persons with disabilities; R36,4 billion for the continuation of the COVID-19 social relief of distress until the end of March 2027; R300 million allocated to Sassa to provide for the increased cost of administration for COVID-19 social relief of distress, SRD; R225 million to the National Development Agency; an additional amount of R58,4 million for Sassa for costs related to the incentivized early retirement and voluntary exit programs for 134 employees; R54,7 million to support 25 national councils and R9,9 million reprioritized

from the department's baseline to improve the operational efficiency of the Central Drug Authority; an additional allocation of R8,9 million to the department's budget for costs related to incentivized early retirement and voluntary exit programs for 12 employees.

We will build on Sassa's successes of the previous financial year as we aggressively root out ineligible beneficiaries through the implementation of the grants review process and the enhancement of fraud detection systems. In this regard, an earmarked amount of R77 million is allocated to Sassa for fraud investigation. Our focus this year is to make Sassa more efficient and more responsive than ever before.

Key amongst others, the agency will expand its digital footprint and expedite lifestyle audits for Sassa officials in grant administration, finance, ICT and procurement. Working jointly with key service delivery departments such as the Department of Health, Home Affairs, and SA Police Service, we will conduct 70 Integrated Community Registration Outreach Programs, ICROPs, with particular focus on areas identified as high risk for child malnutrition.

Hon members, as mentioned earlier, the transfer to Sassa for social grant administration has been increased by an amount of R300 million to provide for the increased cost of administration of the COVID-19 SRD. This provision currently benefits approximately 8 million working-age persons every month who are unable to support themselves and their families. We will continue to intensify the implementation of data cross-referencing with the National Population Register and banks to eliminate any fraudulent beneficiaries from this provision.

With regard to basic income support, we are finalizing consultation processes with key departments as directed by Cabinet. We intend to re-table the revised policy proposals inclusive of cost implications and linkages to economic opportunities in the second quarter of this financial year. We intend to scale up the Generating Better Livelihoods initiative to all provinces this financial year. The pilot phase of this initiative, which we implement in collaboration with the FinMark Trust and BRAC, was piloted in Free State, Gauteng and KwaZulu-Natal, and it is working.

The National Development Agency has supported the establishment of community-owned enterprises in all nine

provinces across the country. To augment its budget allocation of R225 million, the National Development Agency has set itself an ambitious target of raising over R40 million this financial year. Last month I had an opportunity to visit one of the NDA supported and youth-led initiatives called Sozo Foundation Trust at Vrygrond here in the Western Cape. Here I saw thriving young entrepreneurs in the areas of food and catering, beauty and personal care, clothing and creative industries, and renewable energy solutions. The agency will continue to prioritize similar high-impact initiatives.

An amount of R9,9 million has been reprioritized from the department's baseline to improve the operational efficiency of the Central Drug Authority. While we are awaiting the recommendations of the joint portfolio and select committees for the appointment of new Central Drug Authority, CDA, members, we are concurrently finalizing the cluster consultation on the National Drug Master Plan 2026-30 before taking it to Cabinet.

Consistent with the NSP, that is National Strategic Plan on Gender-Based Violence and Femicide, we are expanding access to shelters and psychosocial support services for survivors of gender-based violence. Together with the provincial

departments, we provide financial support to 142 shelters across the country. Courtesy of the National Lottery Risk Commission, these measures will be augmented by the deployment of around 60 contract social workers and 100 gender-based violence and femicide, GBVF, ambassadors to strengthen prevention and response interventions, focusing on the 30 identified GBVF hotspot areas.

We are grateful to the European Union Gender Equality and Women Empowerment Programme. With their support, we will be able to establish four new shelters, two in the Waterberg and Vhembe district in Limpopo, one in Kenneth Kaunda District North West, and one in John Gaetsewe district in Northern Cape. We are on track to roll out the integrated digital platform for non-profit organisation, NPO, registration and reporting system which will allow real-time monitoring of compliance and early identification of NPOs at risk of money laundering and terror financing.

During this financial year, we intend to finalize the following legislative and policy priority matters: The Sexual and Reproductive Justice Strategy for South Africa; table the National Drug Master Plan 2026-30 to Cabinet; finalize consultation with Nedlac on the Children's Amendment Bill in

preparation for its introduction to Cabinet and Parliament; finalize the regulations to bring the Older Persons Amendment Act into effect. On a related matter, we intend to finalize the National Strategy on Ageing for South Africa.

We are prioritizing strategic partnerships with key sectors of our society. To this end, we have begun engagements with Eskom Foundation, Seriti Institute, among others. We are also in consultation with key sector departments on the implementation of the sector strategy for the employment of social service practitioners.

Hon Chairperson, before I conclude, allow me to reflect on some of the commitments we made to this august House and achievements. We are on track and I am pleased to report that the new Department of Social Development organisational structure has been approved by the Department of Public Service and Administration, and it is being implemented concurrently with the change management and transformation agenda. We have filled five critical posts of Sassa regional executive managers in the Free State, Limpopo, Mpumalanga, Northern Cape and Western Cape. We are on course to fill the same post for Gauteng and North West in the second quarter of this financial year. On a related matter, we have recently

finalized the process for the appointment of the Executive Director Inspectorate for Social Assistance, which will soon be tabled to Cabinet for approval.

The intensified grant review process has saved the national fiscus over R1 billion, which has been redirected to fund other national priorities. As of September 2025, Sassa has successfully rolled out the beneficiary biometric system across all its 432 offices. At the end of the previous financial year, approximately 1 million new grant applications had been enrolled on the system. Sassa has expanded the rollout of the queue management system from 113 to 378 Sassa offices. The system has helped us to reduce long queues at Sassa pay points nationwide.

Numbers do not lie. The impact we have speak for itself. When it comes to social grants, our return on investment is particularly visible. For instance, on the impact of child support grant, we need look no further than the educational journey and achievements of its beneficiaries. Of the 927 143 matric learners who wrote their national senior certificate examination in 2025, 68,5% were social grant beneficiaries. The results showed that 71% of social grant beneficiaries who wrote grade 12 and passes that enable access to further

education and training, many of them have gone on to become the first in their families to access colleges and universities through National Students Financial Aid Scheme, NSFAS, precisely because Sassa beneficiaries who are admitted to universities and colleges automatically qualify for fully subsidized higher education and training through NSFAS.

I wish to end by expressing my most sincere gratitude to the hon chair and hon members of the select committee for your anticipated co-operation and guidance. I look forward to working with select committee in the coming weeks and months to achieve the annual performance plans outlined in this budget. Special thanks to the Deputy Minister, hon Ganief Hendricks, MECs across nine provinces and their staff, the acting Director-General, Advocate Gugulethu Thimane and the entire Department of Social Development team, the CEO of Sassa, Mr Themba Matlou and Sassa team, the acting CEO of National Development Agency, NDA, Ms Ramokgopa and the NDA team, and all our stakeholders for their warm welcome I received to the Department of Social Development portfolio.

Hon House Chairperson and members, it is my singular honour to table Budget Vote 19 of the Department of Social Development for your support. I thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr P Govender): Thank you very much, hon Chikunga. You have done very well in this short time that you have been with the department. Thank you very much for your presentation of your budget.

Ms D W FIENIES: Hon Deputy Chair, Members of the NCOP, distinguished guests, comrades, ladies and gentlemen. I stand before you today as the Chairperson of the Select Committee on Social Services to support the Budget Vote for the Department of Social Development.

This is not merely a bureaucratic exercise. This is about the soul of the nation. As we stand at the majestic crossroads of 30 years since the adoption of our revolutionary Constitution, let there be no doubt the fundamental, foundational principles of human dignity, equality, and socioeconomic rights are not just words on a page. They are the very fire in our belly, the unwavering bedrock of our developmental ambitions. These ambitions are linked; woven into the very fabric of the national democratic society we are so passionately building.

Today, as we deliberate on this crucial budget, it is imperative that we cast our minds back not just 30 years, but further into the dark times of the apartheid system. For too

long, our people suffered under a social system meticulously designed for oppression, segregation and a systematic denial of human dignity.

Let us be clear, the social system of apartheid was not merely flawed. It was a construct of injustice, a deliberate weaponisation of social services to end transracial hierarchy and subjugation. Under apartheid, social services were fragmented, discriminatory, and very unequal. Black South Africans, particularly African people, were deliberately excluded from mainstream social welfare provisions. Their needs were relegated to underfunded, poorly administrated Bantu Departments or entirely ignored.

Where services existed, they were vastly inferior, inadequate housing, non-existing healthcare in many areas, education designed to prepare one for servitude and welfare grants that were a pittance compared to what was begrudgingly offered to white citizens.

The very concept of social security for the majority was a cruel joke, replaced by forced removals, influx control laws, and the deliberate destruction of family units and community bonds.

The injustices were legion, racial segregation and disparity. Social grants, pensions, and disability benefits were determined by race, with white citizens receiving significantly higher amounts than their black counterparts. This was not just disparity it was a blatant assertion of racial superiority and economic subjugation.

Geographic disenfranchisement; the creation of Bantustans, and townships meant that the majority of people were deliberately placed in areas starved of infrastructure, health facilities, schools, and any semblance of social support. Access to social workers, clinics, or even clean water was a privilege, not a right.

Deliberate underdevelopment; education of black children was deliberately inferior, designed to limit their potential and perpetuate a cycle of poverty and dependence. That was not an oversight. It was a policy of grand scale social engineering to maintain a cheap labour force.

Family disintegration; laws like the Group Areas Act and Pass Laws tore families apart, forcibly removing people from their homes and communities, eroding the very fabric of social

cohesion and support networks, exclusion from economic opportunity.

The entire economic system was structured to deny black people meaningful economic participation, leading to widespread poverty, malnutrition and a dire lack of opportunities, which such social services were then conveniently absent to address.

Contrast to this, hon members, with the social system we are building today, our Constitution born from the ashes of apartheid is the antithesis of the brutal past. It enshrines human dignity, equality and the right to social security for all.

The Department of Social Development, under the guidance of the ANC, is mandated to dismantle the statues of the oppression system and build a new, inclusive and caring society.

Our current social system is founded on the principle of universal access and non-discrimination. We have a comprehensive social ground system providing a lifeline to millions of our vulnerable citizens, the elderly, people with

disabilities and children, through grants like the Old Age Pension Disability Grant and the Child Support Grant.

These grants, while facing budgetary constraints, are a testament to our commitment to poverty alleviation and social protection, reaching individuals previously denied any meaningful support.

Integrated community development; our focus on community participation, scaling up nonprofit organisations, NPOs, and funding civil society organisations, CSOs, is a direct response to the apartheid strategy of disempowering communities. We empower local structures to identify and address their own needs, fostering self-reliance and local ownership.

Child protection services; the very idea of extracting children from the streets and providing foster care and care dependency grants is a radical departure from apartheid's neglect and dehumanisation of Black children. We are building systems to ensure every child has a safe, nurturing environment.

Addressing social ills with ubuntu; our commitment to rooting our social ills and building safer communities is steeped in ubuntu. This is a rejection of the apartheid state's use of violence and division, replaced by the vision of mutual respect, healing, and collective well-being.

People-centred social security; we are striving for a social security system that is not just a safety net, but a trampoline, providing dignity and pathways to economic inclusion for all. This directly counters apartheids designed to exclude and marginalise.

Yes, hon members, we still face immense challenges. The structural inequalities forged by the apartheid run deep and persist. Like I have just experienced outside after my health budget speech by hon Badenhorst for calling his name in my speech, I have to do it again. According to him, I cannot write my own speech because I am not white. That is how our people were bullied and humiliated during apartheid and others are still doing it today like hon Badenhorst.

Poverty, unemployment and inequality are not easily undone, but the fundamental difference is our intent, our mandate and our constitutional commitment. We are building brick by

painful brick, a social system rooted in justice, compassion, and the unwavering belief in the inherent worth of every South African, regardless of race, greed, or background. We are actively reversing the legacy of apartheid, not through vengeance but through justice and development.

This budget is not just numbers. It's our commitment to continue this yet noble journey. It is our promise to those who suffered under apartheid that the struggle was not in vain and that we are building the society they dreamed of.

I urge all members of this august House, with the weight of our history and the hope of our future, to support this budget with conviction and pride. I thank you, Deputy Chair.

Ms N S DU PLESSIS: Hon Chair, Acting Minister, members and fellow South Africans, South Africa is at a crossroads. We can continue on the current path of stagnation and squandered potential or embrace this new beginning within the department brought about by the firing of ex-Minister Tolashe, who has held this department back. We can choose a course that restores dignity, expands opportunities and protects the most vulnerable.

Today's Social Development Budget and the implementation thereof should be the instrument of that choice. It should move from barely patching poverty to building pathways out of poverty. There is no doubt that social protection is a constitutional imperative and a moral duty.

The Child Support Grant, the Old Age Pension and the Disability Grant keep millions from destitution, but this duty has often been misused as a licence to obfuscate fraud, corruption and plain complacency. When this happens, this House must insist on reform and not political rhetoric.

Three principles should guide the budget. The first is dignity through reliability. Pay the correct grant to the correct person on time, every time.

The second is value for money. Every round must reach a person in need, not a middleman, not a corrupt official, not a politician and not a loan shark.

The third is mobility. Social protection must be a springboard into education, work and enterprise. It must not perpetuate state dependency. Further, on reliability, the DA welcomes

steps towards end-to-end digitisation at the SA Social Security Agency, Sassa, but targets must be binding.

We propose on value for money that we cannot tolerate any leakage while children are stunted and mothers skip meals.

We urge zero-based budgeting for Sassa administration over two years to strip out legal inefficiencies. Aggressive recovery of irregular expenditure on personal consequence management with personal consequent management - it means if you signed for it unlawfully, you pay back the money.

On mobility, our grant should be paired with services that unlock human potential.

Indexing the Child Support Grant to at least the food poverty line over the Medium-Expenditure Framework, MTEF, and coupling this with universal early childhood development vouchers redeemable at accredited centers because a child's prospects should not depend on a parent's proximity to an official or a politician.

Converting the Social Relief of Distress Grant into a work-seeking support instrument where recipients who opt in receive

job matching, transport stipends for interviews like my city bus does, access to short skills training and recognition of prior learning. Poverty relief must be a bridge into real livelihood.

Also, streamline application processes by establishing an initial screening process that can identify those who do not qualify for disability specific grants to reduce the burden on the main assessment.

The other two issues, food security. Food security remains a national emergency. Instead of politically connected food parcels that arrive late and a little light, we support scaling community kitchens and food hubs through transparent grants to NGOs with proven delivery and audited quarterly. Removing that from more nutritious staples identified by an independent panel is of the utmost importance.

Closing wasteful programmes is important because we need a fund by this and not by increasing the tax burden on working families.

Another crisis is gender-based violence. It is not just a department crisis; it is a criminal crisis. But within this

department, we need to expand the network of social workers and auxiliary workers with performance contracts focused on case resolution and survivor support.

In addition to that, we need to ensure that the National Register for Sex Offenders is integrated into hiring for all child-centered services, public and private. To finance this agenda without reckless borrowing, we propose reprioritisation. Every inefficiency is a meal stolen from a child, a shelter bed denied to a survivor.

Good policy is not paid partisan, it is practical. Where the department meets measurable standards, we will support it. Where it falls short, we will hold it to account. An example of this is the funds that the department misappropriated in the last budget cycle from the Central Drug Agency or that it is almost impossible to get hold of a social worker to assist the vulnerable in I have tried many times.

In the Western Cape, we have shown that transparent procurement, community partnership, and relentless data tracking improve outcomes.

South Africans do not want ideology; they want systems that work. The DA stands ready to support a Social Development Budget that protects dignity today and expands possibilities tomorrow. One that turns sense into results and compassion into capability.

Let us choose the course that restores dignity together and measure ourselves not by our speeches but by the lives we have made better, the lives of the most vulnerable in South Africa. I thank you.

Ms G B FANTA (Eastern Cape): Hon Chairperson of NCOP and Deputy Chairperson of NCOP, hon Acting Minister of Social Development, Deputy Minister of Social Development, hon members, distinguished guests, ladies and gentlemen, ...

IsiXhosa:

... nabo bonke ababukele kumakhasi onxibelelwano ...

English:

I want to greet you all in the wonderful name of Jesus. Today we stand at the intersection of history, hope and responsibility. We gather in this House not merely to debate a budget but to reaffirm our collective commitment to ideals

that have shaped our nation and continue to inspire our future.

We gather at a time when South Africa is called upon to remember where we come from, celebrate how far we have travelled and recommit ourselves to the work that still lies ahead. This year, our nation commemorates a defining milestone in our democratic journey: The 72nd anniversary of the Women's Charter; the 70th anniversary of the historic Women's March of 1956; the 50th anniversary of the Soweto uprising of 1976; and 30 years of our democratic Constitution.

These are not merely dates on a calendar. They are powerful reminders of the resilience of our people, the courage of ordinary South Africans and the enduring triumph of hope over adversity. They carried a vision of a society where every woman will be valued, respected and empowered. Their footsteps continue to echo across the decades, reminding us that social progress is born from courage and sustained true collective action.

Thirty years into our constitutional democracy, we continue to draw strength from one of the most progressive constitutions in the world. Our Constitution is more than a legal document.

It is a promise that every person matters; a promise that human dignity is not negotiable; and a promise that government must work tirelessly to protect the vulnerable, advance equality and create opportunities for all.

For those of us entrusted with the responsibility of social development, that constitutional promise is our daily mandate. It compels us to stand with the poor, the unemployed, the vulnerable, the elderly, persons with disabilities, women facing violence, children requiring protection and young people searching for opportunities.

As we gather today in Youth Month, we are also marking the 50th anniversary of the Soweto uprising. The youth of 1976 changed the course of our nation’s history. Their struggle was ultimately about opportunity. It was about demanding a future where young people can learn, grow, lead and realise their full potential.

Today, as we honour their sacrifice, we must ask ourselves whether we are doing enough to ensure that the youth of 2026 inherit the future which the youth of 1976 fought for. The challenges confronting many young people today are different, but not less urgent. Unemployment, substance abuse, mental

health care challenges, gender-based violence and poverty continue to hinder the aspirations of millions of young South Africans and women.

The responsibility of Social Development is therefore not only to respond to social challenges, but to ignite hope, unlock potential and create pathways towards opportunities. The allocation of R12,6 million towards women and youth development is a bold investment in architects of our future; a commitment to empower young minds, uplift women, break cycles of poverty and inclusion; and build the Eastern Cape where opportunity is not privileged for the few, but a reality for all.

This debate also takes place during Child Protection Month, a period that reminds us that the future of our nation is rich in the lives of our children. The Eastern Cape is honoured to serve as the national host province for the official launch of the Child Protection Month. We accept this responsibility, and we are humbled.

The measure of our democracy is reflected in how we treat our children. A society that protects its children protects its future. A society that invests in its children, invests in its

own prosperity. An amount of R149,4 million has been budgeted for by the Eastern Cape Department of Social Development to provide quality protection and family services. The priorities outlined by the Acting Minister in Budget Vote 19 resonate strongly with the developmental vision of the Eastern Cape Social Development.

The DSD Budget Vote for the 2026-27 financial year is tabled within a significant year of reflection, as we honour three decades of Section 27 and 28 of the Constitution, which remain a binding commitment that must realise true action, policy and budget choices. A budget of R2,2 billion was allocated for the development of Social Development for the 2026-27 financial year.

Our provincial policy priorities recognise that Social Development remains central in the transformation of society. We remain committed to strengthening social welfare services; children and families' development; protecting vulnerable groups; combating gender-based violence and femicide; empowering youth; supporting people with disabilities; and building stronger families and communities.

We were humbled and we were happy when the President pronounced that it has been declared a disaster. Eastern Cape is a province that has a high rate of gender-based violence. We understand that economic growth and social development are not competing priorities. They are usually reinforcing pillars of a capable, caring and inclusive state.

It is for this reason that Eastern Cape Social Development has been allocated R50 million towards the employment of social workers and the provision of essential tools of trade. This investment is a declaration of intent. It is a recognition that social workers remain among the most important nation builders in our society. They are the professionals who work alongside families in crisis, protectors of vulnerable children, advocates of the voiceless and the bridge between despair and hope.

At a time when communities are facing complex social challenges, this investment strengthens our ability to intervene early, protect the vulnerable and restore dignity where it has been eroded. The allocation of R50 million is therefore not merely a budgetary provision; it is an investment in the people.

In addition, R14,6 million has been set aside to give effect to the professionalisation enhancement of ... [Inaudible.] ... for social safety practitioners. It is an investment in stronger families. It is an investment in safer communities. It is an investment in a more caring society. We are committed to promoting access to safe and hygienic sanitary dignity for indigent young girls in the province. About 157 000 young girls will benefit from this programme in quintiles 1, 2 and 3 to the tune of R46 million.

Gender-based violence and femicide remain one of the greatest challenges facing our nation, leaving a trail of trauma, loss and broken communities. It is a national disaster that demands a decisive and compassionate response from all sectors of society. In the Eastern Cape, the Department of Social Development has allocated R336,1 million to strengthen GBV response services, ensuring that survivors receive the care, support, protection and healing they need.

This investment reaffirms our commitment to restoring dignity to survivors, supporting their recovery and creating safer communities where women, children and vulnerable persons can live free from violence and fear. As the Eastern Cape, we remain committed to this noble mission and to working

alongside the national Department of Social Development to build a society in which every person is valued, included and empowered.

It is therefore with this conviction, confidence and optimism that the Eastern Cape pledges the full support of Budget Vote 19. We support the Minister for bringing us this wonderful budget, and we are hoping to work hard to change the lives of our people. I thank you, Chairperson.

Ms N NKOMO-RALEHOKO (Gauteng): Hon Chair, with your permission if you allow me that I switch off my camera because I have connectivity problems where I'm sitting.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr P Govender): Can you switch it on just for few seconds so that we see you, please.

Ms N NKOMO-RALEHOKO (Gauteng): Yes, Chair, I'm here.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr P Govender): Thank you very much.

Ms N NKOMO-RALEHOKO (Gauteng): Thank you, Chair. Let me start by greeting yourself, then greet the hon members of the House and ...

The DEPUTY CHAIRPERSON OF THE NCOP (Mr P Govender): Hon MEC, I think you have muted yourself. We can't hear you now. Hon MEC, can you hear me? I think we have ...

Ms N NKOMO-RALEHOKO (Gauteng): ... I'm with you, Chair.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr P Govender): Sorry, yeah. Okay, we can hear you now. Please, go ahead.

Ms N NKOMO-RALEHOKO (Gauteng): Let me greet you, Chair. Greet the hon Acting Minister of Social Development, Ms Chikunga, Deputy Minister, chairperson of the select committee, hon members, fellow members of executive council, MECs, and distinguished guests.

The Gauteng provincial government fully supports the Budget Vote as presented by the hon Acting Minister for Social Development. We do so because this is the people's budget. It is a budget for social transformation, sustainability and empowerment.

It is a budget that seeks to restore dignity to the vulnerable, strengthen the social fabric of our communities and advance the constitutional promise of a caring and developmental state. It provides government with the necessary instruments to intensify the fight against gender-based violence and femicide, strengthen child protection, combat human trafficking and build resilient communities that are capable of overcoming poverty, inequality and social exclusion.

As we debate this budget, we do so during the Children's Child Protection Week, a period that reminds us of a collective responsibility to safeguard the rights, dignity and future of every child in our country. We do so while continuing to commemorate the 30th Anniversary of our democratic Constitution, a document that enshrined social justice as a cornerstone of our democracy. We also enter Youth Month as we prepare to commemorate the 50th Anniversary of the June 16 uprising, honouring a generation of young people who sacrificed for freedom and whose legacy compels us to ensure that today's youth enjoy meaningful opportunities for development, empowerment and participation in society.

The great revolutionary thinker, Amilcar Cabral once reminded us that, I'll open quote:

> Always bear in mind that the people are not fighting for ideas, for the things in anyone's head. They are fighting to win material benefits, to live better and in peace, to see their lives go forward, to guarantee the future of their children.

It is precisely because of this understanding that we support this budget. Social development is not an abstract concept. It is about changing the material conditions. It is about ensuring that children are protected, that women are safe, that young people are empowered, that older persons live with dignity and that vulnerable households receive the support they need to improve their lives.

Budgets are therefore not merely financial statements. They are instruments of social justice and vehicles for the realisation of the constitutional rights. In Gauteng, we are pleased to report that our commitment to build a capable and a caring developmental state is beginning to yield measurable results. We're happy to announce in this House that we have

surpassed 80% of our first quarter target for service level agreement payments to nonprofit organisations.

This achievement reflects our determination to strengthen partnership with all civil society and ensure that organisations delivering critical services to communities receive funding timeously. We understand that social transformation cannot be achieved by government alone and that the nonprofit organisation, NPO, sector remains one of our most important partners in delivering services to the people of Gauteng.

The Gauteng Department of Social Development enters into 2026-27 financial year with a budget allocation of R5,6 billion. While this represents a modest increase, it reflects government’s commitment to protecting social services even under difficult fiscal conditions. Importantly, the budget continues to prioritise frontline services that directly impact communities, particularly programmes supporting children, families, victims of violence, older persons, persons with disabilities and vulnerable households.

Significant portion of the budget continues to be directed towards social welfare services, child protection

interventions and family strengthening programmes. The children and families programme remains the largest component of our budget, accounting for more than 37% of total departmental expenditure. This demonstrates our unwavering commitment to protect children and ensure that every child has the opportunity to grow in a safe and nurturing environment.

The budget further strengthens interventions that are aimed at addressing social ills that continue to affect many of our communities. Throughout the restoration service programmes, resources have been directed towards substance abuse prevention, rehabilitation services, crime prevention initiatives and support for victims of violence. These interventions are critical as we confront the complex social challenges associated with rapid urbanisation, unemployment, poverty and inequality.

One of the most indicators of a developmental state is its ability to work effectively with community-based organisations. In this regard, Gauteng intends to increase funding allocated to nonprofit institutions. Nearly R2 billion has been allocated towards supporting NPOs across the province. These organisations serve as the backbone of social

service, delivering enabling government to reach communities where the need is the greatest.

Through these partnerships, we continue to extend services to children, older persons, persons with disabilities, victims of abuse and vulnerable families. We are particularly encouraged by the continued support for the Expanded Public Works Programme integrated grant, which has increased to R13,7 million in our province. This investment will create over 400 job opportunities, while simultaneously strengthening the capacity of practitioners operating within the social development sector.

In a province facing high levels of unemployment, particularly among young people and women, even employment opportunity created contributes towards building stronger and more resilient communities. We are not just speaking about job creation, we are implementing it. We are also pleased that His Excellency, President Cyril Ramaphosa, in his state of the nation address, he announced that the South African Police Service will also employ social workers to ensure integrated service delivery to our people.

We are advancing a national democratic revolution. Our commitment to dignity restoration remains visible throughout the programmes that directly address the lived realities of vulnerable households. Significant resources continue to be invested in school uniform, dignity packs and food support programmes.

These interventions are not acts of charity, they are investments in human dignity. They ensure that children can attend school with confidence, that young women can participate fully in society and that vulnerable families receive support during periods of hardship. We also recognise that social development requires infrastructure that is responsive, accessible and fit for purpose.

Gauteng continue to invest in upgrading, rehabilitating and maintaining social development facilities. This includes investment in rehabilitation centers, integrated social facilities, child and youth care centers, homeless shelters and secure care facilities. This investment will strengthen the capacity of the state to provide quality services while protecting public assets for future generations. The infrastructure programmes demonstrates a deliberate shift

towards maintaining and improving existing facilities while strategically expanding access where necessary.

This approach reflects prudent governance and responsible stewardship of public resources. It ensures that facilities serving vulnerable communities remain functional, remain safe and compliant with established norms and standards. The social challenges facing our nation require a united response.

Gender-based violence and femicide continue to threaten the safety and dignity of women and children. Substance abuse continues to destroy families and communities. Human trafficking remains a serious threat for vulnerable persons. Child neglect and abuse continue to undermine many young South Africans. The budget before us then strengthened government's ability to confront these challenges through prevention, protection and empowerment programmes.

As Gauteng, we remain committed to support the national social development agenda. We recognise that our province carries unique responsibilities due to its position as the economic hub of the country and a destination for many seeking opportunities. Thank you, hon Deputy Chair. [Time expired.]

Mr B B NXUMAYO (MKP MPL – Mpumalanga): Hon Deputy Chairperson, hon Deputy Acting Minister, hon Acting Minister, hon members of the NCOP, fellow South Africans. Today we rise on behalf of the millions of poor, unemployed, vulnerable and forgotten South Africans who depend on the Department of Social Development for survival, dignity and hope.

As MK, we reject Budget Vote 19. We reject this budget not because our people do not deserve social support, but because this budget fails to respond decisively to the social collapse taking place in our communities. It is a budget of statistics without transformation, promises without urgency, and allocations without meaningful impact on the ground.

South Africa is facing a deepening social crisis. Poverty is expanding. Hunger is growing. Youth unemployment continues to destroy families and communities. Gender-based violence and femicide are rising. Drug and alcohol abuse are consuming our young people. Child-headed households continue to suffer in silence.

Elderly citizens are neglected. Persons living with disabilities remain excluded from meaningful opportunities.

Yet government continues to present budgets that merely maintain suffering instead of ending it.

We acknowledge the importance of social grants in keeping millions of households alive. However, grants alone cannot become the permanent economic policy of government. Social relief without economic empowerment becomes a cycle of dependency.

Our people do not want to survive forever on grants. They want jobs. They want land. They want skills. They want opportunities. They want dignity. But this budget does not present a radical plan to move beneficiaries from dependency into sustainable economic participation.

One of the biggest failures of this department is the handling of the Social Relief of Distress Grant. Millions of unemployed young people continue to experience delays, unfair rejections, system failures and uncertainty.

Young people stand in long queues with no answers. Appeals take months. Corruption and allegations continue to emerge. Fraud syndicates continue stealing from the poor while government systems remain weak.

How do we speak of caring for the poor while corruption continues to eat resources meant for hungry families?

As the MK, we demand stronger accountability mechanisms within South African Social Security Agency, SASSA, and the entire Department of Social Development.

We are equally concerned about the collapse of community-based social services. Across provinces, nonprofit organisations and community care centres are underfunded and neglected despite carrying the burden of social support in poor communities.

Government continues to praise social workers in speeches while failing to provide the resources they need. This budget does not adequately strengthen the frontline of social development.

Hon members, the crisis of gender-based violence and femicide requires a national emergency response. Women and children continue to live under fear in their own homes and communities.

Yet year after year, we receive speeches of concern without visible improvement in protection systems, shelters,

counselling services and prevention programmes. You ask yourself; how many more women must die before government moves beyond slogans and launches decisive interventions?

A caring state cannot exist while disabled citizens remain invisible in development planning. We must also speak honestly about substance abuse and mental health. Drugs are destroying communities in both rural and urban areas. Young people are losing direction, families are collapsing, and crime is increasing.

But rehabilitation centres are insufficient. Prevention programmes are weak. Community awareness programmes are inconsistent. Mental health services remain neglected despite rising depression, trauma and hopelessness among citizens.

We need a department that works closely with agriculture, education, health, youth development and local government to build self-sustaining communities. We need community food production programmes. We need youth cooperatives. We need rehabilitation linked to skills development. We need support for ex-convict reintegration. We need investment in early childhood development. We need stronger rural development

programmes. We need social protection that restores dignity and independence.

This budget fails to inspire confidence that the Department of Social Development is ready to lead a social recovery programme for our nation.

Therefore, as the MKP in this House, we reject Budget Vote 19. We reject it because it fails the unemployed youth in Bushbuckridge. We reject it because it fails vulnerable women and children eLekwa, Emalahleni. We reject it because it fails community organisations eNkomazi, KaMhlushwa. We reject it because it fails social workers eMbombela, Msholozi, Mathafeni. We reject it because it fails rural communities Thaba Chweu, Graskop, eSabie. We also reject it because it fails the poor eMkhondo, Piet Retief and many other areas in our province. And above all, we reject it because it does not offer hope for real social and economic transformation.

South Africa deserves a developmental state that places people before bureaucracy, dignity before statistics, and justice before political convenience.

Xitsonga:

Ndza khensa, Mutshamaxitulu.

Ms N E HLOPHE (Mpumalanga): House Chair, I request to mute my video.

The HOUSE CHAIRPERSON (Mr D R Ryder): Yes, you can turn it off, hon member.

Ms N E HLOPHE (Mpumalanga): Thank you very much, House Chair. Let me greet the Acting Minister, the Deputy Minister, the MECs present here, hon members, the South African Local Government Association, Salga, representatives, and all our distinguished guests.

It is an honour to participate in this policy debate on Budget Vote 19 on behalf of people of Mpumalanga. As we debate this budget, we do so during the period of significant economic pressure facing many South African households. Rising living costs, unemployment and inequality continue to place immense strain on families. It is precisely during such periods that the work of social development becomes even more important.

Social development is not merely a welfare function; it is an instrument of social justice, human dignity and inclusive

development. We therefore welcome Budget Vote 19 — an allocation of R302 billion towards strengthening South Africa's social protection system. This allocation demonstrates government's unwavering commitment to protect the most vulnerable members of society while creating pathways towards sustainable livelihoods.

This year marks an important milestone as South Africa celebrates 20 years of the South African Social Security Agency, SASSA. For two decades, SASSA has stood as one of the most successful instruments of social protection, as alluded by the Acting Minister, on the African continent. Millions of older persons, persons with disabilities — contrary to what hon Nxumayo was saying — children and vulnerable households have experienced dignity through the social grant system.

We therefore welcome the continued support for social assistance programmes, including the extension of the Social Relief of Distress, SRD, grant. For millions of unemployed South Africans, this intervention remains a critical lifeline while the government continues to pursue long-term economic solutions.

As Mpumalanga we also welcome national efforts aimed at modernising the SASSA systems and improving service delivery. The rollout of a biometric system, queue management system, and enhanced cybersecurity measures will improve efficiency, strengthen integrity, and ensure that beneficiaries receive services in a dignified manner. This intervention further demonstrates government commitment to building a capable, ethical, and developmental state.

The priorities outlined in this budget are priorities that resonate strongly with the work currently underway in Mpumalanga. During the 2025-26 financial year, despite fiscal constraints, the Mpumalanga Department of Social Development continues to expand and strengthen services aimed at building resilient communities and improving living standards of our people through our community development programme for self-sustainability.

Our community nutrition and development centres continue to provide food security support while also empowering beneficiaries through livelihood initiatives. These centres remain important platforms for combating hunger, malnutrition, and poverty within communities. Our youth development programmes continue to create opportunities for skills

development, entrepreneurship and economic participation through facilities such as Vukuzakhe Youth Development Centre and other community-based initiatives. Young people are receiving support that enables them to become active participants in the economy.

We are particularly proud of our efforts aimed at empowering women and supporting vulnerable households. Through partnerships with funded organisations and community programmes, More than 2 400 women have participated in empowerment initiatives that seek to promote self-reliance and economic independence. These interventions contribute directly to the fight against poverty while advancing gender equity and women’s economic participation.

In terms of gender-based violence and femicide, which continues to be one of the greatest threats facing our society, we further welcome the continuous strengthening of the gender-based violence, GBV, centre and support governance efforts to ensure that no district remains without access to shelter services. We support the national efforts to expand shelter services, psychosocial support, and victim empowerment programmes in Mpumalanga. We continue to strengthen partnerships with civil society organisations, victim support

centres, and community structures to ensure that survivors receive the assistance they require.

The Minister correctly emphasised the importance of linking social protection beneficiaries to sustainable livelihoods. In Mpumalanga we fully support this approach. Social protection must provide relief through various community development programmes, skills development interventions, and support to income-generating projects. We continue to build pathways out of poverty. We particularly welcome support provided through the National Development Agency.

Community organisations remain essential partners in service delivery and development. Through community-owned enterprises, youth employment initiatives, and support to civil society organisations, communities are being empowered to become active participants in their own development.

Good governance remains fundamental to effective service delivery. During the past financial year, the Mpumalanga Department of Social Development made significant progress in strengthening governance, accountability and financial management. We further acknowledge the contributions made by the social workers, community development practitioners, child

and youth care workers, caregivers, and all frontline officials who continue to serve our communities under challenging circumstances.

These officials remain a backbone of social services delivery. Every day they enter communities, support vulnerable families, protect children, respond to cases of abuse, and provide hope to those facing difficulties. Their work often goes unseen, yet it remains essential to the well-being of our society.

As we commence the 2026-27 financial year, we remain committed to drawing from the wisdom of oversight structures, strengthening partnership with communities, and ensuring that every programme contributes towards building resilient communities and improving quality of life. The people of Mpumalanga support Budget Vote 19 because it speaks directly to the aspiration of our people for dignity, opportunity and social justice.

As the sun rises in Mpumalanga ...

IsiNdebele:

... siyavuka sisebenze. Ngiyathokoza, Sihlalo Wendlu.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: House Chair, with your permission, I would like to switch off my video. House Chairperson, hon Acting Minister of Social Development, Chairperson and members of the Select Committee on Social Services, Deputy Minister. ... [Interjections.] ...

The HOUSE CHAIRPERSON (Mr D R Ryder): Deputy Minister, sorry, I beg your pardon. If you could show us your face first, please, so we can see you, and then we can proceed. You will then be welcome to turn your video off once you have done that. Thank you.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: ... I hope my face is clear, House Chair?

The HOUSE CHAIRPERSON (Mr D R Ryder): You may need to speak to Minister Ramokgopa for some assistance there, but thank you, Deputy Minister, you may continue.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, House Chair. I am grateful. House Chairperson, Acting Minister of Social Development, Chairperson and members of the Select Committee on Social Services, MECs responsible for social development present, senior guests, ladies, and

gentlemen, I would like to thank the Deputy Chairperson of the NCOP for recognising that the Acting Minister of Social Development hit the ground running.

In fact, twelve hours after her appointment, she was in Vrygrond near Muizenberg to lead a programme creating pathways for young people currently receiving social grants, offering a route to employment and opportunities. I would also like to thank the MECs for their support of the newly appointed Acting Minister. Just imagine, after hitting the ground running, what our Acting Minister could achieve with R302 billion. I hope this House will support the budget.

I spent the day in a place called Sheshegu Village in the Raymond Mhlaba Municipality. He was the first Premier of the Eastern Cape, and all levels of government were present in a village that few even knew existed. The entire private sector was there. All the Sector Education and Training Authorities, Setas, were present. Even the provincial commissioner of police attended. All those who matter in South Africa joined the traditional leaders, under the leadership of Chief Zulu, to begin the process towards achieving full employment in that village.

As you know, most of the learners – four hundred—were present, and the hall was overflowing. Most of them receive social grants. Therefore, we held a career expo. The universities were there. Everyone was present. These learners in Grades 10 and 11 were making an early start to ensure they would not have to rely on social grant assistance.

I also have the privilege to participate in this important debate on budget Vote 19 of the Department of Social Development. We do so at a time when millions of South Africans continue to depend on the social wage as a source of dignity, stability, and hope. This budget Vote, therefore, speaks directly to the lived realities of our people in villages - and I am so happy to be in a village delivering my budget contribution in villages, townships, informal settlements, farms, and cities across all nine provinces.

As the National Council of Provinces, we are uniquely positioned to assess not only what policies are adopted nationally, but how they impact communities on the ground. We heard the MECs talking. We are called upon to ensure that national priorities translate into tangible improvements.

The Government of National Unity, GNU, has identified poverty reduction and addressing the high cost of living as a key priority. These priorities are particularly relevant in provinces where unemployment, inequality and vulnerability remain deeply entrenched.

The Department of Social Development continues to play a leading role in advancing these priorities through a combination of social assistance and development social services. The kind of work that we were doing in Sheshegu Village today.

This year is particularly significant as we celebrate 20 years of South African Social Security Agency, Sassa. For two decades, Sassa, has been a critical pillar of our social protection system, ensuring that millions of beneficiaries receive the support they need to survive and participate meaningfully in society. The department’s allocation of more than R3,2 billion demonstrates government’s continued commitment to protecting vulnerable citizens during difficult economic times.

I remember one of the first speeches, His Excellency Cyril Ramaphosa, made is that that steps will be taken to ensure that every South African has a warm plate of food.

The overwhelming share of this budget is directed towards social assistance, recognising that grants remain one of the most effective tools for reducing poverty, improving household food security, and supporting local economies. If people apply for the grants, there is no need to have malnutrition, no need for people to die of starvation. The grants are available from the cradle to the grave.

Across our provinces, social grants are often the difference between hunger and survival. Official social assistance reporting shows that the largest concentration of beneficiaries is KwaZulu-Natal, KZN, in the Eastern Cape and Limpopo also carries a substantial caseload because of the large population and high levels of urban vulnerability.

These grants enable grandparents to care for their grandchildren. As we celebrate 20-years of Sassa, we reaffirm our commitment to ensuring that the right grant reaches the right person at the right time. Sassa, having implemented such

a strategy, is now capturing the imagination of the nation after a difficult last few years.

The National Development Agency remains an important partner in strengthening community-based organisations and supporting initiatives that promote food security, livelihood opportunities, and local economic development. In addition, I have been assigned five critical delegations that I would like to share with you.

I am responsible for combating substance abuse, and you have heard that we are now ready to submit the next five-year drug master plan. We are also ready to appoint a new central drug authority, and we look forward to implementation because we need to address the scourge of drugs.

I joined the Premier of Gauteng in Tembisa at a sports stadium, and as a result of the efforts of the MEC, the premier, and members of my department, we were able to send five hundred young children from the stadium directly to beds in drug rehabilitation centres. This was an amazing achievement and was appreciated by the residents of Tembisa, as we managed to secure five hundred beds and could send the children straight from the stadium to these facilities.

I am also responsible for older persons and look forward to the publication of the regulations, which will soon be presented to Cabinet because just too just too many of our older persons are being abused by young people and I am going all over the country to ask young people to stop this. It is not fair that the older person should be abused. We are going to use the provisions of the Older Persons Act, which the President signed, I think, in December, to make sure that they enjoy the rights of that particular Act of parliament and that we stop the abuse of older persons.

At the same time, the Development of the National Strategy on ageing in Africa will provide a comprehensive framework. I invite you, House Chair, to join the Olympics that we are going to have for older persons to show that they are doing their best to keep fit.

I am also responsible for HIV/Aids, and community development. As you know, Chair, I am the patron of the men's Parliament. I have also started a boys' Parliament, and they met at Stellenbosch University, and they will be meeting in Pickett Berg next month so that we can hear the voices of our boys. And I would like to reiterate the call, what about our boys? If we can get our boys to play, to understand the challenges

we have, we will not have gender-based violence going forward. Working with the men is fine, but we have decided that let us start with the boys. What about the boys so that when they grow up to be exemplary fathers and brothers and men?

I am also responsible for persons with disabilities. I would like to apologise to the nation that we are still struggling to get the Bill approved by Cabinet. It has been sent back. We are re-drafting it because Cabinet Ministers had other ideas. And we also feel that it is important for persons with disabilities to have their own Acts of Parliament so that they can play a rightful role in society. However, policy is not enough. Our success will be measured by where the persons with disabilities in every province are able to access services, opportunities, and support without barriers.

My personal call is that there should be full employment for people with disabilities and not the present 8% or 9%. There should be full employment, and the country should be bold enough to put steps in place so there is full employment for people with disabilities.

We will continue working with the provincial department and stakeholders. We are having a MinMec very soon. There was a

meet and greet online. We would like to meet with them because the Acting Minister feels that they are the hub of the department and we really want to benefit from their expertise.

Working together across provinces, the success of budget Vote 19 depends on effective implementation across all spheres of government. The National Council of Provinces has a key role to play in strengthening accountability, oversight, and co-operation between national, provincial, and local governments. We cannot work in silos.

As we implement this budget, we must continue sharing best practises across provinces, strengthening institutional capacity. The challenges facing our people may vary from province to province. But our commitment to social justice, human dignity must prevail. In conclusion, budget Vote 19 is fundamentally about investing in people. We have an Acting Minister that is going to make effective use of that R3,2 billion that we hope you will approve. It is about protecting the vulnerable, strengthening families, empowering communities, and ensuring that no South Africans are left behind. Together, let us continue working towards a South Africa where dignity is key and is socially and legally protected.

I also want to say that we have launched a family strengthening programme. When I attended the last Cabinet cluster meeting, the Minister of Training and Monitoring highlighted all the woes that we have with substance abuse, with violence. And we asked what the solution and he is said we must strengthen families. I have the pleasure to say that we have launched a family strengthening programme developed by United Nations Children's Fund, UNICEF, of the United Nations. It has been launched and many families are participating in this because we feel by strengthening families, we will be able to reduce the social ills that we have. I hope that all hon members will support budget Vote 19. Thank you very much.

Mr M K MAMPURU: House Chair, I hope I am visible enough.

The HOUSE CHAIR (Mr D R Ryder): You are visible on my screen, but not on the main monitor, so if you can just try that again, and then you are welcome to start with your speech for a moment. If you can unmute and go ahead, hon Mampuru.

Mr M K MAMPURU: House Chairperson, a seasoned Ethiopian author, Ephraim ..., said that the most fundamental duty of any government is to ensure the survival of its citizens. When the state not only abdicates this duty but actively turns the

necessity of life into instruments of control, it shatters the social contract beyond repairs. This is exactly what the Government of National Unity, GNU government is doing.

But first, let me indicate that hon Mokwele will not understand what I'm talking about because these issues are way beyond his capacity unlike when he was presiding over Mogalakwena, which, when he was there, Mogalakwena was looted to death, like the ANC have been doing everywhere where it's governing. The Department of Social Development is tasked with protecting the country's most vulnerable. It sits at the centre of South African constitutional promise of social security as it is responsible for drafting policy and setting norms, funding non-profit-making organisations, running child and youth care centres, and managing victims' empowerment programmes, such as shelters for abused women and children, and addressing issues of substance abuse.

Yet, this department struggles to fulfil its constitutional mandate. From administrative crisis and corruption in Gauteng and the North West, to the lack of planning and capacity in the Eastern Cape, Limpopo and KwaZulu-Natal, this sector is failing to provide a comprehensive safety net which the country desperately requires. The Department of Social

Development is supposed to be a lifeline for our people, but right now it is completely failing the system.

The department has been allocated R302 billion up from the R294 billion in the previous financial year. On the surface, the allocation reflects a state committed to protecting its poorest citizens. However, a closer look in the budget reveals deep structural flaws. The department has allocated an overwhelming majority of its budget towards social grants and income support, providing a critical safety net that shields millions of extreme destitute.

However, while social grants keep people from starving, they do not eliminate poverty because a R370 grant is simply not enough for our people to live on. This overwhelmingly large portion of the budget also leaves less than 4% of the department’s resources to fund critical support infrastructure such as child protection, gender-based violence, response centres, substance abuse treatment, and community development projects.

This is concerning for us, as despite being awarded a massive provincial budget in the province of Gauteng, where I’m from. The province of Gauteng Department of Social Development

continuously fails to deliver funding to non-profit-making organisations, NPOs on time, crippling a vital community service. As a result, the province faces absolute chaos with a massive backlog with organisations being left to run essential services without any contract or financial support from the government, and drug rehabilitation centres, soup kitchens, and orphanages are often left stranded.

The administrative crisis is further worsened by a severe underspending of allocated funds, as the Gauteng department often leaves tens of millions of rands unspent across its children and restorative service program. This unspent capital directly translates to thousands of children being denied trauma counselling access to drop-in centres and proper foster care support.

In the City of Tshwane where the department is primarily tasked with running the indigent programme management section and registering 516 000 households for indigent support, this directive is hindered by an outdated application-based model that sees residents having to travel to municipal offices in time just to prove that they are poor.

On top of that, the administration behind the programme is a mess, as there is a lack of technology which leads to massive backlog, leaving people waiting for months for approval. There is also not enough workers, and the staff there does not get the right training. The worst part is that while people are stuck waiting for this administrative backlog, the City of Tshwane still continues cutting off their water and electricity instead of acting as a safety net. The whole system has become a bureaucratic roadblock that punishes the poor.

In the Eastern Cape, the social services are falling apart because of the severe rural poverty and red tape. The province continues to struggle to implement basic food security projects, which means critical feeding programmes just aren’t working. It's tragic because so many of our people are going hungry with no proper nutrition intervention plan.

The province is also plagued by the chronic shortage of social workers, leading to massive delays in the finalisation of child abuse cases. In many parts of that province, there are no social support systems at all. This department has not been able to open functional gender-based violence centres, which shows a lack of political administrative will.

The department’s offices are also dealing with severe service delivery failures, particularly in Motherwell SA Social Security Agency, Sassa branch in Nelson Mandela Bay. At the Motherwell branch in Gqeberha, vulnerable people are forced to queue outside harsh weather all day without help. This operational breakdown is caused by bad informal management, where staff regularly show up one or two hours late, delaying opening until 11 o’clock and taking prolonged breaks throughout the day with nothing being done to enforce punctuality, cut down long breaks or make sure that the offices open on time.

Added to this set state of affairs are the reports of fraud, corruption, irregular expenditure within the provincial department supply chain management across all provinces. The rod runs deep that the former minister Sisisi Tolashe was removed from the Cabinet last month following irregular appointments and poor performance. The dismissal of Minister Tolashe highlights how public resources are diverted for personal luxury by the very same officials assigned to fight poverty.

The EFF rejects this budget of the department that refuses to employ thousands of qualified unemployed social worker

graduates for years. Thousands of young professionals who studied on state-funded bazaars have been left sitting at home while frontline social worker teams remain completely overwhelmed. The shortage of social workers has led to case backlog for foster care applications, leaving orphaned children without legal guardians or financial support.

Community shelters for abused women are also collapsing due to the lack of professional staff and substance abuse rehabilitation centres are practically non-existent in our township. The EFF again demands the immediate permanent employment of all qualified social graduates into permanent well-paid public sector positions. Absorb graduates directly and permanently. Eliminate reliance on underfunded NPOs and run social work into an attractive well-paid career pathway.

Leaving qualified professionals unemployed while communities lack basic care is a sign of poor governments. Back up all your digital platform with fully operational decentralized physical services centre and mobile units that provide immediate dignified assistance in our local language.

Provide automated cross-departmental data sharing where anyone registered with Sassa grant is automatically enrolled for free

municipal water and electricity. Deal decisively with corruption for when your officials steal money from social welfare budget. They are taking food directly out of the mouth of the hungry children.

Do away with culture of nepotism and outsourcing. And lastly, insource all departmental service and blacklisted corrupt service providers and criminally prosecute any official who mismanages welfare funds. Until that is done, the EFF will reject this budget. As I said, hon Mokwele must know that the EFF is not here to massage his ego. We are neither here as proxies of the ANC and never will we be told by him or his GNU partners of the DA on how we must run our issues.

Sepedi:

Ntate Mokwele, tsamaya o lokiše bothata bjoo o bo dirilego kua Mogalakwena bja meetse le bja go thwala batho ka tsela yeo e sego molaong. O tseba gabotse gore o dirile phošo, tlogela EFF e dire dilo tša yona ka tsela ya yona. Lebana le mathata a lena le Mopresidente wa lena ya go uta tšhelete ka fase ga matrase. Ke a leboga, Modulasetulo.

English:

I thank you.

Mr M P SIBANDE: Hon Chairperson, hon Acting Minister and Deputy Minister, hon members, compatriots, and fellow South Africans, the ANC rises in support of Budget Vote No 19: Social Development because it speaks directly to the soul of our democratic mission: building a caring society rooted in human dignity, solidarity, and social justice. This budget is not merely a financial instrument. It is an expression of the values that have guided our liberation movement for more than a century — the values of Ubuntu, compassion, equality, and collective advancement.

Chairperson, allow me to ... I want to dedicate my debate to the youth of the 1970s and 1980s, in particular, in Mpumalanga, Comrade Naph Manana, the late Naph Manana. Unfortunately, he is no more. May his soul rest in peace. I also want to dedicate my debate to Comrade Johannes "Ka" Shabangu, who spent a long time on death row, waiting to be hanged like Solomon Mahlangu. Because of the role played by the ANC, inside the country and outside the country, they survived, and their convictions were changed to life sentences on Robben Island.

My debate is grounded on the theme of advancing the social system enriched by Ubuntu, epistemology, and sustainable

pathways for beneficiaries. This must serve as a reminder to us that government must never become detached from the lived realities of the people. Ubuntu teaches us that ...

IsiZulu:

... umuntu ngumuntu ngabantu ...

English:

... which is loosely translated as I am because of others.

This philosophy remains a central pillar of the ANC's vision of a developmental state that leaves no family abandoned to hunger, poverty, violence, or hopelessness. In the 2026 state of the nation address, President Cyril Ramaphosa reaffirmed government's commitment to strengthening the social wage, protecting vulnerable households, and ensuring that economic recovery reaches the poor and working class.

These commitments are reflected in the 2026-2027 budget of the Department of Social Development, which continues to allocate the largest share of expenditure towards social assistance and welfare protection. Over the Medium-Term Expenditure Framework, government has maintained significant allocations towards social grants, child protection services, gender-based

violence interventions, substance abuse programmes, and community development initiatives. This demonstrates that government understands that social development is not separate from economic development. It is, in fact, its foundation.

Hon members, this year marks two decades since the establishment of the SA Social Security Agency, Sassa. For 20 years, Sassa has stood as one of the most important pillars of democratic transformation, ensuring that millions of elderly citizens, children, persons with disabilities, and vulnerable households receive support with dignity and consistency.

When the ANC inherited this country in 1994, millions of black South Africans were systematically excluded from meaningful social protection. The apartheid regime used the welfare system selectively and discriminatorily, leaving black communities trapped in cycles of deprivation. Today, through democratic government, social grants have become a lifeline for millions and one of the most effective poverty alleviation instruments in the developing world. Renowned social theorist Pierre Bordieu argued that social institutions must actively confront structural inequality and social exclusion. The ANC therefore views social protection not as charity but as an

instrument for restoring dignity, social participation, and social cohesion.

The ANC proudly celebrates the work done by Sassa over the past 20 years across villages, townships, informal settlements, and urban centres. Grant beneficiaries continue to rely on these services for survival and stability. In provinces such as Mpumalanga, where unemployment and rural poverty remain severe in many districts, social grants continue to sustain vulnerable households and child-headed families. Equally, in Gauteng, rapid urbanisation and growing economic pressures have increased the number of working-class families dependent on social assistance.

Chairperson, allow me to take this one to say I am so grateful to debate with people who are predictable. It is well known that they are unable to bring new ideas and solutions, and, for them, it is to reject everything. That means these people do not reject the budget but reject what is supposed to go to the people. That means they are rejecting the people.

IsiZulu:

Ngavele ngasho ngathi kuzoduma upotiyane kwabanye abantu. Lokho okwenza ukuba ikati ligibele esihlahleni kuzonifikela

nani. Nizolutheza olunenkume okanye injobo izolingana nomsinsila ngoNovemba. Sicela ukuthi abantu bonke babhalise. Sicela abantu bayozihlola ukuze bakwazi ukuvotela inhlangano abayifunayo, hhayi amadlwadlwane.

English:

Fellow South Africans, whilst most South Africans think clockwise, it is unfortunate that some people from the opposition parties use their mindset anticlockwise. What distinguishes the ANC from the opposition parties is that we do not approach social development through wish lists and selective outreach. We believe in an integrated approach and transformation. We understand that building a caring society requires institutions, resources, planning, and sustained implementation. Others are comfortable reducing social pain to political theatre whilst offering no practical programme for long-term social transformation. The ANC, by contrast, has consistently expanded the social wage, broadened grant access, strengthened child protection systems, and institutionalised social assistance within the democratic state.

Hon members, I would like to borrow a quote from some wise people: People may destroy your image, stain your personality, but they cannot take away your good deeds because, no matter

how they describe you, you will still be admired by those who really know you.

I wanted to come up with something as well. You know, some people, and they are well known, from the opposition parties in particular, the key one. They do not debate, and they do not bring ideas but are just laptops of ...

Afrikaans:

... lank, lank gelede.

English:

They forget that they were hanging. They forget that there was a Mr Basson, a Dr Basson. They forget all those things, and they forget that they were in power for 374 years, but we only took 30 years. When a child is born, you must allow the child to grow.

IsiZulu:

Angeke umntwana ethi evela manje useyakwazi ukukhuluma, ukudla, ukudlala. Angeke.

English:

Hon members, as I stand here, unfortunately some of them will come after me. I can predict what the hon Mokae is going to say. I could have predicted what the hon Du Plessis said. I can predict them all — what they are going to say.

The HOUSE CHAIRPERSON (Mr D R Ryder): Hon Sibande, won't you take your seat, please? Hon Nzimande, on what are you rising?

Mr E NZIMANDE: Chair, I wanted to ask him a question, whether he is still debating what is supposed to be debated here in the House. No, I want to ask a question, whether he will take a question.

The HOUSE CHAIRPERSON (Mr D R Ryder): Ah, you want to ask if he will take a question. Hon Sibande, will you take a question?

Mr M P SIBANDE: Alright. I agree. I will take your question, not now, on the bus when we travel home.

The HOUSE CHAIRPERSON (Mr D R Ryder): I think you have your answer, hon Nzimande. You can continue, thank you.

Mr M P SIBANDE: As I indicated, I can predict what they are going to say. They will say the ANC has done nothing for the past 30 years.

Mr S A ZULU: We are travelling with different buses.

The HOUSE CHAIRPERSON (Mr D R Ryder): Members online, order, please! That is inappropriate in the extreme to unmute when you have not been recognised. Hon Sibande, please continue.

Mr M P SIBANDE: Most of the time, when they talk about corruption and other things, they forget one thing. To them, when there are new companies belonging to black people, that is corruption. They believe in legacy companies. Those companies that were there before, like Balwin and others, I do not want to name them; they believe they must keep on getting the same benefits.

So, hon Chairperson, allow me to say thank you very much, and to thank all these laptops for coming here and giving their ...

Afrikaans:

... lank, lank gelede stories.

English:

Thank you.

Ms T BREEDT: Hon House Chairperson, let me start off by answering hon Sibande. It is very easy to predict what the hon Du Plessis said because she had already spoken. My name is hon Breedt. This is exactly what is wrong with social development. It is the cheap politicking that you are using to actually go at all of us here when we are trying to solve South Africa and trying to stand up for our citizens who are the most vulnerable. Let me continue with.

The Department of Social Development carries one of the most important responsibilities in government. It serves elderly people who cannot travel long distances and have no place to go. It serves a person with a disability who struggles to access services. It serves the child living in poverty and the family facing daily hardship. That is why this debate cannot only be about budgets and programmes. It is about human dignity.

The department’s budget increases from more than R290 billion to more than R300 billion for the 2026/27 financial year. Yet, despite this increase, the budget, in real terms when

inflation is taken into account, is not a win for Social Development. The question therefore remains: Are South Africans receiving services for this money? Too often, the answer is no.

Afrikaans:

Ons hoor gereeld van mense wat ure in rye by Sassa-kantore staan. Ouer persone en persone met gestremdhede moet dikwels groot afstande aflê, net om diens te kry, en dan sit hul daar en kom voor en dan word daar vir hulle gesê: ...

English:

... oh sorry, we are offline.

Afrikaans:

En dit is die problem. Vir baie van hulle is die reisgeld na die Sassa-kantoor hulle laaste sente wat hulle gebruik om hulp te kry. En by etlike kantore is dit nie die laaste keer dat hulle dit moet doen nie.

Die departement en sy entiteite moet op groter toeganklikheid fokus. Byvoorbeeld, Sassa, hoekom het ons nie huisbesoeke vir daardie bedlêende ou mense en die bedlêende persone met gestremdhede nie? Dit is mos waansinnig.

English:

Government cannot claim that we have greater access to services because we do not. The reality is that vulnerable South Africans are often met with frustration, delays and poor service. No budget, no matter the amount, can compensate for a lack of accountability, professionalism and compassion at the point where services are delivered to our people.

Afrikaans:

Die departement stem saam dat meer as 40% van Suid-Afrikaners, wat neerkom op meer as 50% van Suid-Afrikaanse huidhoudings afhanklik is van Suid-Afrikaanse toelaes.

English:

This includes millions of children and more than four million older people.

Social grants remain necessary. They provide a lifeline to millions of families and households. But social assistance was never intended to become a permanent substitute for real economic empowerment of these people.

The department’s own mandate speaks about empowering individuals, families and communities and building a self-reliant society.

Afrikaans:

Dit is presies wat die VF Plus wil sien. Ons moet mense ondersteun wanneer hulle hulp nodig het, maar ons moet hulle ook nie onafhanklik maak nie.

English:

Success cannot be measured by the number of people who get Sassa grants every month. Success should lie in the number of people who get out of hardship and away from Sassa.

Government should be creating the conditions to allow this to happen. But political instability, poor leadership and misplaced priorities have a real human cost. It is the poor, the elderly, the people with disabilities and our vulnerable people that are at risk.

Afrikaans:

Dit is ons tyd om beter dienslewering te eis. Dit is tyd om mense te bemagtig, eerder as om hulle afhanklik van ons te

maak. Dit is tyd om waardigheid terug te plaas by die mees swakste.

English:

It is our time. Thank you.

Cllr L MAHLANGU (Salga): Chairperson and Deputy Chairperson of the NCOP, hon Acting Ministers and Deputy Minister of Social Development, hon Chief Whip, hon MEC present, special delegates, hon members, Salga appreciates the opportunity to present the perspective of local government on Budget Vote 19 for the 2026-27 financial year. Social development is experienced most directly in communities, and municipalities are where the realities of poverty, unemployment, hunger, vulnerability, gender-based violence, substance abuse, child neglect and social exclusion are most visible. While local government is not the primary budget holder for social assistance and welfare services, municipalities remain critical partners in ensuring that social development interventions reach communities effectively.

Salga notes the positive commitments contained in the Budget Vote, including the extension of the Social Relief of Distress Grant, SRD, to March 2027, efforts to strengthen social

protection, support for vulnerable groups, continued focus on gender-based violence and femicide, GBVF, and the modernisation of Sassa systems. These priorities have significant implications for local planning, service delivery and intergovernmental co-ordination.

The first issue is that poverty is territorially concentrated and locally expressed. Municipalities are where communities experience the practical effects of unemployment, food insecurity, informal settlement, vulnerability, inadequate access to care services, family distress and violence. This means the impact of Budget Vote 19 will ultimately be measured not only by national outputs, but by whether people in villages, small towns, townships, informal settlements and secondary cities experience real improvements in dignity, access and wellbeing. Salga therefore welcomes the broad direction of the budget, but stresses that implementation must be spatially responsive and intentionally localised.

The second issue is the need for stronger intergovernmental alignment. There is still nonalignment between national and provincial planning and priorities and that is concerning. Salga submits that municipal planning must also be brought into this conversation more deliberately. Social development

priorities should be reflected in district and metropolitan planning platforms, Integrated Development Plans, ward-based planning processes and local intergovernmental forums.

Municipalities play a vital role in identifying vulnerable communities, supporting access to facilities, co-ordinating local stakeholders, and enabling community outreach. We therefore call for a structured intergovernmental implementation model that includes local government in planning, targeting, monitoring and reporting on social development outcomes.

Thirdly, Salga supports the continued extension of the SRD Grant and the department’s emphasis on linking beneficiaries to livelihood opportunities. Municipalities strongly support a shift from passive income support towards developmental social protection. However, this transition will only succeed if local economies are deliberately activated. Through local economic development initiatives, public employment programmes, support for informal economies, food systems, local markets and social enterprises, municipalities can help connect vulnerable households to economic opportunities. Salga therefore calls for a formal local government role in connecting vulnerable households to sustainable livelihoods.

Fourthly, service access remains a critical concern. Challenges relating to digital systems, documentation requirements, long queues and access barriers continue to affect many beneficiaries, particularly in rural and underserved communities. Municipalities are often the first point of contact when residents struggle to access grants and social services. Infrastructure such as Thusong Centres, community halls, municipal customer care facilities and outreach programmes can support improved access, but this requires stronger partnerships and appropriate resourcing. Salga proposes a more integrated service delivery model in which municipalities, Sassa and provincial social development departments jointly co-ordinate outreach, beneficiary education and referral systems.

Fifthly, Salga wishes to emphasise the importance of addressing gender-based violence, child protection and community safety. Municipalities confront the realities of GBVF daily through unsafe public spaces, inadequate lighting, weak support networks and the social impacts of poverty and substance abuse. Local government plays an important preventative role through safer public environments, community awareness programmes, local partnerships and co-ordinated referral systems.

Salga supports increased investment in shelters, victim support services and prevention programmes, but stresses that these interventions must be integrated into local safety and social infrastructure planning. Municipalities must not be treated as peripheral actors in this effort; they are indispensable partners in prevention and response.

Sixthly, municipalities are responsible for much of the public environment in which inclusion must be realised. Accessible buildings, inclusive public participation processes, equitable basic services, responsive local transport planning, and universal access to community facilities are all matters that affect the dignity of residents. We therefore support the department’s policy and programme commitments in this regard, while stressing that municipal capacity and infrastructure support must be strengthened if inclusion is to be meaningful at community level.

Seventhly, Salga wishes to highlight the role of community-based organisations and non-profit organisations. Municipalities work closely with these organisations in communities and know their value in delivering food relief, shelter support, psychosocial care, youth programmes, disability support and community mobilisation. A well-

functioning social development system depends on a strong local ecosystem of civil society partners. Salga therefore supports measures to improve NPO registration, compliance and funding efficiency, and encourages stronger collaboration between municipalities, provincial departments and community organisations in identifying local priorities and co-producing solutions.

Eighthly, Salga welcomes the modernisation of Sassa and broader digitisation efforts but cautions that digital transformation must not deepen exclusion. In many municipalities, especially rural and poorer communities, the digital divide remains real. Connectivity constraints, device poverty, low digital literacy and documentation gaps mean that a digital-first approach can inadvertently push the poor further to the margins if not carefully balanced with face-to-face service options. Municipalities can help bridge this gap through local access points and community support systems, but national and provincial entities ... [Time expired.] thank you very much. I submit this.

The HOUSE CHAIRPERSON (Mr D R Ryder): Councilor, I want to congratulate you on your correct background, your strong internet connection, and a working camera. Thank you for

respecting the House. You could teach many of our colleagues who presented today.

Ms J M ADRIAANSE: I think you're all tired by now. Hon House Chairperson, hon Acting Minister, hon members, fellow South Africans, good day.

The true measure of a nation is not found in cheap populist political rhetoric, policies or budget allocations. It is found in whether the poorest child, the unemployed youth, the elderly pensioner and the vulnerable family is given a genuine opportunity, not merely to survive, but to succeed.

Social development should not be about managing poverty. It should be about defeating poverty. I was hoping that hon Sibande would be in the House because I want to take him down memory lane ... on our trip, our study tour, because one lesson that stood out above all others was that successful social development is not measured by how much money a government spends, but by the outcomes achieved for its people. That lesson is particularly relevant as we debate this budget.

The department’s allocation increases from 295,2 billion to 302,4 billion, but when inflation is taken into consideration yet again, this important department loses 2,8 billion in real purchasing power.

So, even more concerning is that the programmes carrying the greatest burden of protecting vulnerable South Africans are declining in real terms. The child support grant declines by 3,7% more or less. The foster care grant declines by almost 10%. The social relief of distress, SRD, grant declines by almost 5%.

Let’s remember that this is not just numbers in a budget. We are talking about people, meals that are not bought, children not adequately supported, families pushed closer to desperation. In a country where, as mentioned 42% of our population rely on social grants, these decisions matter.

Switzerland places enormous emphasis on wellness, prevention and early intervention. South Africa, by contrast, continues to spend billions dealing with the consequences of poverty, substance abuse, family breakdown and malnutrition, rather than preventing them. Following on from the Health debate, prevention is better than cure.

The department itself acknowledges the growing challenge of child stunting due to malnutrition. Every child who suffers from malnutrition today carries that burden into adulthood. Every stunted child represents lost potential, lost opportunity and a diminished future for our nation.

That is why we continue to advocate for expanding the basket of VAT-exempted food items to include protein sources, peanut butter, baby food to help vulnerable families to combat hunger and the rising cost of living. It is also why the DA proposes increasing the child support grant to the same level as the official food poverty line.

Another lesson from Switzerland was the importance of personal responsibility and self-reliance. Social protection should provide support to those who need it most, but it should also create pathways to opportunity.

The future of the SRD grant remains uncertain. Government intends replacing it from 2027 to 2028, yet millions of South Africans still don’t know what the future holds. Parliament cannot allow vulnerable households to face income shocks because of poor planning.

The DA therefore supports transforming the SRD grant into a job seekers grant linked to active job seeking, skills development and pathways into gainful employment, because social protection should be a bridge to opportunity, not a destination.

South Africa is filled with talent, resilience and potential, yet too often we manage poverty instead of confronting the real causes. A grant can help someone survive for a day or today or tomorrow, a job helps them build a future, a skill gives them independence and opportunity restores dignity.

We can do better. We must do better. We must build a system that empowers rather than entraps, develops rather than delays and creates hope rather than dependency. Our most vulnerable citizens deserve nothing less. I thank you.

Mr J J LONDT (Western Cape): Good afternoon. Hon House Chairperson, hon Acting Minister Chikunga, hon Deputy Minister, online, hon members in the House, today I rise on behalf of the people of the Western Cape to contribute to this debate on Budget Vote No 19. At the outset, let me welcome the increases in the Department of Social Development’s budget. These increases are important. Across South Africa, millions

of people continue to face unemployment, poverty, hunger and rising living costs. Social grants remain one of the most important tools available to government to protect vulnerable people and provide dignity where it is needed most.

The figures presented by the Acting Minister also remind us of the important role that social development plays in changing lives. These are not just statistics. These are young people whose lives are being changed through the support they receive. However, while we welcome additional funding, we must also ensure that every rand spend, delivers real value to residents.

For us in the Western Cape, the focus must always be on outcomes, accountability, and service delivery.

Hon members, the greatest challenge facing social development is not whether we have enough plans, it is whether we can work together effectively to implement them. Too often, residents do not care whether service falls under national, provincial or local government. They simply want help when they need it. That is why I want to use this opportunity to call for closer co-operation between the national Department of Social Development and provincial departments. We share the same

goal. We serve the same people. We should be working together to achieve the best outcome for our residents.

The Western Cape stands ready to partner with the national department wherever possible. However, partnerships require open communication, mutual respect and a shared commitment to service delivery, it cannot be driven by politics.

Hon House Chairperson, one area where we urgently need improvement is SA Social Security Agency, Sassa, service delivery in the Western Cape. We do acknowledge the progress made nationally through biometric verification, queue management systems and efforts to modernise the urgency. However, the experience of many residents in the Western Cape tells us that there is still much work to be done.

For far too long Sassa leadership in the Western Cape has remained in acting positions while residents have struggled with delays, poor communication and unresolved service delivery issues. We do welcome the permanent appointments now. As we committed at the meet and greet, we need re-establish that positive relationship that was at the beginning of this term that was there that faltered over the last year. For whatever reason, we need to get that working relationship

back, hon Acting Minister, for the residents of this province because our residents deserve better. The elderly standing in the queues, they deserve better. People with disabilities they do deserve better. Caregivers and vulnerable families, deserve better.

We therefore welcome that appointment of the new leadership and look forward to building a constructive and productive relationship with them. The Western Cape Department of Social Development is ready and willing to support Sassa wherever possible. However, that support must be matched by a willingness to work collaboratively and respond to the challenges facing residents. Partnership cannot be a one-way street. We must focus on delivering services, quickly, efficiently and with dignity.

If we are serious about strengthening social services, then we must also invest in innovation and yes hon Sibande, that means by using laptops and technology. Everyday social workers carry enormous responsibilities. They support vulnerable children, families in crises, victims of abuse, older persons and people living with disabilities. Yet, too much of their time is spent on administration instead of helping people. This is why I

want to encourage the national department to invest in technology that strengthen social work service.

Here in the Western Cape, we developed the Social Work Integrated Management System Application which is a mouthful which we just call it the Swims App. Today more than 1 300 social workers across the Western Cape government use the system. The Department of Social Development, Department of Health and the Department of Education. We are looking to roll it out further to other departments. We have already rolled it out to NGOs, statistic care, value development and ASFF. Just this morning, we trained child welfare, Helderberg in Kraaifontein. More than 100 000 cases have already been captured on the platform. The Swims App help social workers spent less time on paperwork and more time helping people. It improves record keeping, support better decision-making and help to ensure that vulnerable residents do not fall through the cracks.

Most importantly, it allows social workers to focus on people rather than paperwork. I believe there is an opportunity for government to explore how technology such as Swims App can strengthen social services across the country.

I was encouraged by the department's commitment to linking beneficiaries to sustainable livelihood opportunities. Social assistance must always provide protection, but it should also create pathways towards independence. This is why we want to encourage the national department to look closely at the independent living model that we are piloting in the Western Cape.

Earlier this year, our department launched a partnership with five experienced nonprofit organisations, NPOs, to support young people, leaving alternative care. For many young people turning 18 is exciting. However, for those leaving foster care or child and youth care centres it can be frightening and uncertain. Many do not have family support; many do not have a place called home. Many face the risk of homelessness, unemployment and exploitation.

Our independent living programme provides safe accommodation, mentorship, life skills development, psychosocial support and assistance with education and employment readiness. Most importantly, it provides a sense of belonging. I would welcome discussions on how this model can be expanded to other provinces so that young people leaving care are given the support they need to build independent and successful lives.

Hon members, gender-based violence, GBV, remains one of the greatest crises our country face. While we welcome the continued support for shelters and psychosocial services, we must acknowledge that the scale of the crises demands even greater investment. Everyday women and children continue to experience abuse and violence. Everyday social workers, shelters and community organisations work tirelessly to support survivors. We welcome the continued funding of shelters and the commitment to expand services.

However, prevention programmes, early intervention services and victim support programmes require sustained and increased funding if we are serious about ending the crises. Classifying GBV a national disaster is not enough. It must now be declared a disaster so that the money can follow through departments and NGOs that have proven they have spent the money well.

Hon House Chairperson, allow me to conclude by recognising the incredible work done by child and youth care centres across the Western Cape. These centres provide far more than a bed and a roof over a child’s head. They provide safety, stability, care and hope. This year alone the Western Cape Department of Social Development open a new spitskop for child

and youth care centre in Murrayburg bringing much needed services to vulnerable children in the Karoo.

We also launched the House of Grace Child and Youth Care Centre in Grabouw. A specialised facility that provides care and support to children with intellectual disabilities. These investments recognise that every child matters. Every child deserves protection. Every child deserves the opportunity to grow up in a safe and supportive environment. The work done by child and youth care workers, our social workers, therapists, and importantly our nonprofit partners is nothing short of extraordinary. They are often the difference between despair and hope.

Hon House Chairperson, the Western Cape supports efforts to strengthen social protection and improve the lives of vulnerable South Africans. We welcome the budget increases announced by the Acting Minister. However, we must now ensure that these investments are matched by stronger accountability, better co-operation, between spheres of government and improved service delivery.

Our residents are not interested in political battles; they want services that work. They want government to work together

and they want dignity, opportunity and hope. Let us place the residents first. Let us ensure that every decision we take is guided by the needs of the people we serve. On behalf of the Western Cape, I thank you and I look forward to working with you. [Applause.]

Mr B J FARMER: Hon House Chairperson, it is refreshing to listen to the MEC from the Western Cape that does not mention his party's name in his speech.

Hon House Chairperson and hon members, I greet you in the name of Jesus Christ our Lord and Saviour. Hon House Chairperson, social development is not only about grants, but also about dignity and protection. It is also about whether an elderly person can buy food, whether a child can go to school with something in their stomach, whether a person with disability is forgotten and whether a mother escaping abuse can find a safe place to sleep. This is one of the most humane departments in government because it deals directly with pain, poverty, vulnerability and survival.

Hon House Chairperson for 2026-27 the department has tabled a budget where social grants remaining at the centre of South Africa social protection service system. We note the increases

to the old age grant, disability grant, care dependency grant, foster care grant and child support grant. These increases do matter. However, let us be honest they are quickly swallowed by the cost of food, electricity, transport, school needs and the basic household survival. For many families a grant is not only supporting one person, but also an entire household.

So, when we debate this Budget Vote, we must remember that behind every number is a grandmother, a child, a care giver, a disabled person, an unemployed parent or a family trying to survive one more month.

Hon members, the PA believe that social grants are necessary. They are a lifeline. They keep millions from falling into complete destitution, but we must also say this clearly grants must be a safety net not a poverty cage. Social development cannot only manage poverty it must help people move out of poverty where possible. That means stronger links between social protection skills programmes, community development, food security project, substance abuse recovery family support and local economic opportunities.

A mother receiving a child support grant must also be able to access skills training. A young person in a poor household

must be connected to opportunity. A community dependent on relief must be supported to rebuild themselves.

Hon House Chairperson, this year also marks 20 years of SA Social Security Agency, Sassa. We acknowledge that Sassa has played a major role in delivering social assistance to millions of people across the country, but we must also speak honestly about the problems. Too many beneficiaries still face long queues. Many elderly people struggle with systems they do not understand. Too many people battle with appeals, declined applications and poor communication. Too many vulnerable people are sent from one office to another without answers. The SA Social Security Agency must become a doorway to dignity, not a queue and frustration.

The PA calls for more efficient, accessible and compassionate Sassa system. Digital systems are important, but they must not exclude the poor, the elderly, rural communities and people without data or smart phones. Modernisation must serve the vulnerable not push them further away.

Hon members we must also act firmly against social grant fraud. When someone steals from the grant system they are not stealing from government they are stealing from the poor. When

officials, syndicates or dishonest applicants abuse the system they take food from children, medicine from pensioners and dignity from people with disabilities.

Hon House Chairperson, social development is also responsible for much more than grants. We must speak about gender-based violence. Too many women and children are still trapped in violent homes because shelters are full, social workers are overwhelmed and our community support systems are weak.

Hon House Chairperson, nonprofit organisations, NPOs, and faith-based organisations are often the hands and feet of this department. They intervene where government is slow. However, too many NPOs face late payments, underfunding and administrative burdens. Support them properly! Monitor them fairly and hold them accountable where necessary.

Hon House Chairperson, in conclusion, the PA supports this Budget Vote because we cannot oppose money meant to protect the elderly, children, persons with disabilities, foster families, victims of abuse and communities facing deep hardship.

Salute!

Ms F F RADZILANI (Limpopo): Hon House Chair, the Acting Minister of Social Development, hon Sindisiwe Chikunga, the Deputy Minister of Social Development, my colleagues, MECs, members of the Portfolio Committee on Social Development, distinguished guests, and fellow South Africans, a very blessed evening to you all. It is with profound humility and gratitude that I stand before this august House today to debate Budget Vote 19 of the Department of Social Development. It is a great honour to address this Chamber, which plays a pivotal role in shaping the future of social protection and development in our beloved country. It is also worthy for me to represent the province of Limpopo, which possesses a high and rich history and heritage that contributed to the nation-building of a democratic South Africa. I am deliberately saying this because we present this budget debate at the time our country and government are marking and celebrating notable milestones that took place pre- and post-democratic South Africa.

We will, as we do now, together with the entire nation, continue to celebrate and cherish the 30th anniversary of the Constitution of our country. The 70th anniversary of the people’s leaflet emanating from the corridors of Kliptown, the Freedom Charter, which remained the guiding bedrock to the

supreme law of our country, and the commemoration of 50 years since the Soweto uprising, led by the younger generation, whose effort and resilience have served as the catalyst to the realization of the 1994 democratic dispensation. Not forgetting the courageous effort of heroines who marched to the citadels of apartheid to demand the abolition of hatred pass laws against women. These are some of the remarkable moments that cannot go untold if we talk of the trajectory we traversed since 1994. I stand firm and upright in this august House that the establishment of the Department of Social Development and its entities are the offshoots of articulations, principles, and values set out in the Freedom Charter, and the Constitution of our country, which at the centre of them are the provision of equal rights, promotion of social security, and the establishment of democratic governance based on universal suffrage and equal participation. These are some of the motivating factors that led to the adoption of the charter, the massive protest of more than 200 000 women to the Union Building, and the generation of the 1976 Soweto uprising. All happened in the name of equality, which this government continues to uphold, and which the Department of Social Development is equally no exception, as I have already alluded to.

This department bears the solemn responsibility of safeguarding the dignity, rights, and wellbeing of our most vulnerable populations, including our children, the elderly, persons with disabilities, the poor, and survivors of social ills, amongst others. We are entrusted with the noble task of building a caring society where no one is left behind and where every individual is afforded the opportunity to live with dignity and hope.

As we debate Budget Vote 19, I want to acknowledge the significance of this occasion, especially as we conclude Child Protection Week, a week dedicated to raising awareness on the rise and safety of our children, as enshrined in our legal frameworks. Yet it is with a heavy heart that we began the Child Protection Month of May in Limpopo on a sober note with the disappearance of little two-year-old Ompile Sethole. She is yet to be found. This incident cast a shadow over our collective efforts to protect our children and serve as a stark reminder of the work that remains. We remain unwavering in our conviction that through strengthened collaboration among all stakeholders, community members, law enforcement agencies, nonprofit organizations, civil society, and government, we can create an environment where children are safe from harm, abuse, and trafficking. Our commitment is

resolute to ensure that every child in this country is protected, cared for, and treated with the dignity they deserve.

Poverty continues to ravage our communities, and Limpopo bears a disproportionate burden in this regard. It is a harsh reality that exacerbates vulnerabilities and perpetuates cycles of hardship. That is why we welcome the extension of the Social Relief of Distress, SRD, grant until March 2027, a vital intervention that provides much-needed relief to our people who rely on this support for their basic survival.

Furthermore, we are pleased to learn, as announced by the Acting Minister, about the progress made by the department since the tabling of the Draft Basic Income Support Policy to the Cabinet, particularly the costing model. This policy represents a transformative step towards addressing poverty and inequality, offering a sustainable safety net for our most vulnerable citizens. We believe that this intervention, once implemented, will significantly alleviate the hardship faced by many families and contribute to the broader social cohesion we all strive to achieve. In our ongoing efforts to combat hunger and improve food security, we have intensified our food parcels programme. While demand in Limpopo continues to

outstrip supply, having risen from 4 500 to over 7 200 families, this increase, though modest, is a testament to our unwavering commitment to reaching more families in need. We recognise that food security is fundamental to social stability, and we are determined to expand these efforts further.

Our social fabric is also challenged by pervasive social ills such as gender-based violence and femicide. The Acting Minister, in her recent address, highlighted that 142 shelters funded by the department continue to provide refuge to victims of abuse. Since the classification of gender-based violence and femicide as an emergency by the President, we have doubled our efforts to support victims, hold perpetrators accountable, and raise awareness to prevent further violence. Limpopo, unfortunately, remains one of the most affected provinces, but we are committed to intensifying our response, supporting victims, ensuring justice, and fostering communities free from violence.

The Department of Social Development remains the last line of defence for the vulnerable, and we take this mandate seriously. Working in partnership with our agencies and stakeholders, we will continue to mobilize the resources,

implement impactful programmes, and uphold our commitment to social justice. I want to reaffirm our unwavering dedication to building a caring society, one where every individual, regardless of their circumstances, can access the support they need to live with dignity.

As the Limpopo province, we call upon this esteemed House to support the Budget Vote 19 of Social Development, which reflects our collective resolve to serve the vulnerable and uphold the rights of all citizens. Let us work together in unity and purpose to create a future where social justice prevails, and no one is left behind. Thank you, House Chair.

IsiXhosa:

Mnu. M M PETER: Sihlalo weNdlu, amalungu ale Ndlu ahloniphekileyo, uMphathiswa obambeleyo nakubemi bonke boMzantsi Afrika, ndivumeleni ndintingele eNgilani.

English:

Hon Chair, the mandate of the Department of Social Development is far greater than just providing grants. It has a duty to develop and implement programmes aimed at eradicating poverty, ensuring social protection, and social development among the poor, the most vulnerable, and marginalized. Given such an

equivocal role, the department has been failing to design an integrated poverty eradication strategy that will provide direct benefits to those in great need, particularly women, youth, and children in rural areas and informal settlements. There are severe implementation delays in policies, failing systems, and increasing dependence on social grants instead of sustainable economic opportunities.

Millions of South Africans still rely on social assistance simply to survive while unemployment remains critically high. At the same time, communities continue to suffer from gender-based violence, and welfare services are very scarce. Many people in rural areas still do not know where to go when they have been raped or assaulted. The Thuthuzela Care Centres that are meant to help victims are nowhere to be found in rural areas. Amongst many departmental failures is the lack of an awareness campaign to promote the social protection of children and older persons. Recently, we have seen a high number of cases of child abuse. Elderly people are also financially abused by the SA Social Security Agency, Sassa, grants and neglected. Yet the department has not conducted any awareness campaign on elderly abuse and reporting methods in the Eastern Cape rural areas. Many elderly people are staying alone. They are often robbed of their Sassa money. We must be

honest. The number of social workers in this country is not even enough to respond to the social needs of our people. The department must employ more social workers on the ground to respond to the challenges faced by the communities. The UDM has been calling for the department to hire more social workers to help the troubled kids in society because without help, these kids will grow up to the end.

IsiXhosa:

Mphathiswa omhle, abantwana bethu bajika babengamaphara. Sicela eli Sebe lezoPhuhliso loLuntu liyandise le ndlela lisebenza ngayo. Kufuneka lize nezinye izinto zokungenelela ukuze kuncitshiswe inani lamaphara. Sihlalo weNdlu, iSebe lezoPhuhliso loLuntu linoxanduva lokuseka imibutho engajonganga nzuzo nemibutho engekho phantsi kukarhulumente. Ingxaki abantu abazazi ukuba bangadlala eyiphi indima kweli sebe. Uyakufumanisa ukuba sele beyenzile le mibutho engajonganga nzuzo, baye bangafumani nkxaso apha kweli sebe. Ingxaki ngeli sebe yile yokuba likuncedise uvule umbutho oza kuncedisa kodwa lingakwazi ukuba likunike inkxaso. Siyalicela ke noko eli sebe ukuba malikhe lize nezinye iinkqubo ezintsha. Siyi-UDM liyaluxhasa olu hlahlomali. Enkosi.

Ms G M MANOPOLE (Northern Cape): Hon House Chair, good evening, Acting Minister of Social Development, hon Sindisiwe Chikunga, Deputy Minister of Social Development, hon Hendricks, Chief Whip, hon Kenny Mmoiemang, hon Members of Executive Councils, MECs, hon members, ladies and gentlemen.

It is an honour to rise in this House in support of Budget Vote 19. As we debate this budget, we must acknowledge that many of the social challenges facing our country today are poverty, violence, substance abuse, food insecurity and child vulnerability, as rooted in the legacy of the apartheid, which weakened families, disrupted communities and entrenched inequality.

While the democratic government has expanded social protection and restored dignity to millions, much work remains to rebuild families and create stronger and safer communities. That is why Budget Vote 19 remains so important.

Hon Chairperson, in the Northern Cape social protection continues to play a critical role in supporting vulnerable households. As at 31 March 2026, more than 541 000 social grants were in payment in our province, with grants valued at over R7,2 billion disbursed during the 2025-26 financial year.

This demonstrates that government is continually committed in protecting vulnerable households and restoring dignity of our people.

Hon Chairperson and hon members, gender-based violence and femicide, GBVF, remain one of the greatest social challenges facing our country. Women and children continue to experience violence and abuse in spaces that would provide safety and protection.

In response, the Northern Cape Department of Social Development continues to strengthen support services to victims and survivors. Through our partnership with SA Police Service, SAPS, 75 gender-based violence and femicide volunteers have been placed in 41 police stations across the province to provide immediate support and referrals through victim-friendly facilities. This programme will be expanded during the current financial year.

The province is also working with the National Department of Social Development and the Department of Public Works to establish Khusela One Stop Centre, which will provide integrated support services and empowerment opportunities for survivors.

We recognise that economic dependency often traps women in abusive relationships. For these reasons, empowerment and skills development remain central in our response to gender-based violence and femicide.

Hon Chairperson, substance abuse continues to destroy families ... [Interjections.]

Adv Inkosi M NONKONYANA: ... [Inaudible.] ...

The HOUSE CHAIRPERSON (Mr B A RADEBE): Hon Nonkonyana, please don’t disturb. Switch off your video!

Continue, MEC!

Ms G M MANOPOLE (Northern Cape): Substance abuse continues to destroy families and fuels crime and undermines the future of many young people.

In the Northern Cape we continue to strengthen community-based prevention and intervention programmes, particularly in areas mostly affected by alcohol and drug abuse.

The department is partnering with organisations in the sector to train non-governmental organisations, NGOs, and volunteers to review the Ke Moja Programme, which has been implemented in schools to help learners make informed choices, improve educational outcomes and avoid substance dependency.

We remain committed in building safer and healthier communities free from the destructive impact of alcohol and drug abuse.

Hon House Chairperson, protecting children remains one of the government's most important responsibilities. To address teenage pregnancy and other social challenges affecting learners, the department has partnered with the Department of Education to place 48 child and youth care workers in priority schools across the province. In addition, 50 intern social workers will be deployed to provide psycho-social support and implement the social behavioural change programme.

The province has also continued to support initiatives such as the Ezikweleni Programme and the MEC's Back to School Programme, which provide school uniform, dignity packs, stationary and sanitary towels to vulnerable learners.

During the previous financial year about R2,2 million was spent to 906 learners who benefited from this intervention. These programmes are investments in the dignity, safety and the future of our children.

The future of the Northern Cape depends on the opportunities we create for young people today. During the 2025-26 financial year the department trained about 158 young people through an accredited skills development programme in partnership with the Northern Cape Urban, Technical and Vocational Education and Training, TVET, College and other stakeholders.

We also continue to provide workplace-based learning opportunities through partnerships with municipalities and private sector, enabling young people to gain valuable experience and access to employment opportunities.

During the 2026-27 financial year the department will provide additional skills development opportunities to further expand the programme to young people across the province and operationalise youth skills development hub, with a particular focus to artisan and technical skills.

This initiative forms part of our commitment to equip young people with competency required to access employment and entrepreneurship and other economic opportunities.

Our analysis of Social Relief of Distress, SRT, R370 grant, beneficiary profile indicates that approximately 60% of approved beneficiaries are youth, many of whom have educational qualifications above Grade 10. The youth skills development hub will, therefore, serve as a critical pathway to transition beneficiaries from social assistance to economic participation.

In this way, by linking beneficiaries to such opportunities, this projected R785 million allocated to SRT beneficiaries will not only provide immediate relief but also contribute to developing the skills, employability, economic potential of young people across the Northern Cape.

In addition, through Expanded Public Works Programme, EPWP, we will provide 1 678 work opportunities, providing much-needed income and pathways into the labour market. This intervention demonstrates our commitment to ensuring that young people become active participants in economy and drives of development.

Poverty, hunger continues to affect many households across our province, particularly in rural communities. Northern Cape continues to implement an integrated food and nutrition security programme in partnership with different government departments, municipalities and the private sector. Through this intervention, the department currently funds 232 services aimed at addressing food insecurity and providing nutrition meals for approximately 49 000 vulnerable beneficiaries across our province.

While food relief remains important, we are increasingly focusing on sustainable solutions through community-based food gardens and livelihood programmes that promote self-reliance and long-term food security. These initiatives are helping communities to produce food and create work opportunities and improve household resilience.

In conclusion, hon House Chairperson, this budget is about restoring dignity, is about protecting women and children, is about fighting poverty, hunger and substance abuse, and is about strengthening families and communities.

Together, through partnerships and collaborative efforts, we can continue building a society where persons have dignity, hope and opportunities.

As the Northern Cape government and the Northern Cape Department of Social Development, the budget allocation of 2026-27, about R1,1 billion, is in support of the work that is done by the national department towards protecting women, children, older persons and persons with disabilities. Therefore, I rise to support this Budget Vote 19, Chairperson. Ke a leboga. I thank you. Dankie.

Mr O J MOKAE: Hon House Chairperson, hon Acting Minister, hon Deputy Minister on the online platform, hon members and fellow South Africans, good evening. This department has a total allocation of just over R300 billion, making it one of the top three funded departments. This is largely due to its social assistance programme.

It is, thus, imperative that oversight on the budget and operations of the department are heightened. It needs to be heightened, as Parliament heard yesterday that the rot within this department does not stop with the fired Minister Tolashe, but implicates even the Deputy Minister Hendricks as well.

The leadership of this department, both political and administrative, must act above reproach. This is important as Social Development is mandated to be the vanguard of the most vulnerable amongst us. It is mandated to assist the poor and marginalised.

However, we have noted with much horror and dismay how this department was led by individuals with questionable moral and ethical standards in the recent times. We have seen with embarrassment how they have squandered public resources for personal gain, giving senior jobs to unqualified individuals. This is the hallmark of abuse of power and corrupt activities.

The critical work carried out by this department daily for marginalised communities was completely overshadowed by bad headlines.

Hon House Chairperson and members, while we welcome the axing of the former Minister Tolashe and the departure of Director-General Netshipale, leadership squabbles and instability is something we least expect from this department, because it plays such a crucial role for the vulnerable and we cannot fail them.

You see, this is not an isolated situation, but rather a clear demonstration of the systematic failure of the ANC government over the years.

Journalist and author Tara Ross captured the ANC well in her latest book:

> Years of factionalism, corruption and bureaucratic inertia had hallowed the party from within, stripping it of moral authority and leaving its capacity to inspire almost extinguished.

Ho Sibande.

How can we forget the words of the former Minister of this very department, Mme [Ms] Bathabile Dlamini, when she said:

> All of us in the NEC have our small smallernyanna skeletons and we don’t want to take all of these skeletons because hell will break loose.

These are not my words, but the horror stories that are well-detailed in the public domain. We know too well what transpired under her watch.

What has happened in the top echelons of this department should serve as an important lesson that the days of stealing from the poor are over, that corruption and malfeasance will never go unabated and treated with impunity.

The stabilisation of the political and administrative leadership of this department is crucial because this department now has an Acting Minister and an Acting Director-General. We hope that permanent appointments will be fast tracked as a matter of urgency.

What happened here must never be repeated, because we know too well that corruption and greed robbed ordinary men and women in the streets.

The DA believes that state resources that you will adopt in the budget vote must be used to uplift the vulnerable groups in society, as this department is mandated to do.

Acting Minister, we must never again hear that employees' salaries are halved and redirected somewhere else. We don't want to hear of beneficiaries struggling to get their grants due to inefficiencies in the system. And that is very

important and I think a lot of the hon members raised the issue of the allocation and administration of grants system.

Hon Chair, the less said about the EFF and the MKP the better. They continue to demand and tell us what must happen, but they don’t support the very budget that must deliver those services.

Hon Chairperson and members, as I conclude, let us do right by the people of South Africa. They do not ask much. Just as the slogan of SA Social Security Agency, SASSA, says, paying the right social grant to the right person at the right time and place, njalo. Indeed, let these words be the reality of those who depend on the state. I thank you. Ke a leboga. Baie dankie.

The HOUSE CHAIRPERSON (Mr B A Radebe): On that note of baie dankie, thank you for telling us what is involved with ... [Interjections.]

IsiXhosa:

Adv Inkosi M NONKANYANA: Ubhuda kanjalo umkhaya kwaye soze akuyeke ukubhada kwakhe.

English:

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon Nonkonyana, stop doing what you are doing! Because you are disrupting the House. If you want to heckle, please come into the chamber, that's where you can heckle. Because you're disturbing the whole system here.

Mr M FENI: Hon House Chairperson, let me take this opportunity to greet the hon members of this august House, not forgetting the hon Minister Chikunga, in our midst, also the Deputy Minister Hendricks, the SA Local Government Association, Salga, our councillors, as much as important in this debate as it is taking place to where they are, indeed ...

IsiXhosa:

... iinkosi zethu kuba thina singabantu bazo ...

English:

... led by hon Advocate Nonkonyana. Allow me, House Chairperson, first and foremost, because it's very important that we must not forget hon Peter. After his elections as a provincial chairperson, he has taken a milestone in terms of his leadership. I won't say anything to you, my colleague, hon

Billy. You know, I'm sympathising with you. I won't say what happened, but next time you will make it.

Hon House Chairperson, in supporting this budget, I think it's important, hon Minister Chikunga, to appreciate the support that you will be getting, because the speakers have confirmed that they are behind you. They are giving you all the necessary support to shape up and shake up things in the department, and with your Deputy Minister. The question of acting position, I think it's important to highlight it that you do have all the necessary authority with your acting director-general, DG, to make things to happen and to follow the budget that we are adopting today, so that you do not come here and lament. I think that's what the hon members have said here. They are giving you all the necessary support to move forward with the budget.

It is important also to raise this issue that is disturbing, that was taking place in this House, the undermining of the Chairperson of the select committee by one of the hon members here. I want to say to you, hon Chairperson Fienies, do not be deterred. Slowly but surely, we will deal with the question of white supremacy. Whenever it shows its head, we will deal with it, especially by males that are being used to do that. It is

abusing that we're talking about here in the adoption of this budget. We laugh at it, but when things get worse, that's when we begin. That cannot be under our name, as males. Black or white, we can't allow that to happen in this country. This is the journey that we are undertaking.

Therefore, this bullyism that the President of this country, the only Commander-in-Chief, CIC, of this country, has alluded to. The bullyism, we must totally reject it, no matter where it is coming from, and no matter what colour it is showing, we must just deal with it as it is showing as it is. We will never be deterred to transform this country. The country still needs to be transformed, both socially and economically. The fact that you still see the signs of segregation, you see, communities have been divided by leaders.

Unfortunately, the member of the executive council, MEC, of Western Cape is no longer here, he has left. I was going to lobby him to assist in terms of dealing with this question of having two cities in one province. You have a Western Cape that is on the other side, that has not been yet addressed politically its needs, because its spatial planning is clear. It still serves those interests. It continues to perpetuate the poor and the working class on the other side, and you have

the gloomy side. What is worse, they want to build a wall, a wall that will be continuing with the segregation. This is what is happening in Israel.

It tells you that the agenda that you are supporting, hon Mokae and hon Billy, has nothing to do with you, but it has anything to do with what has been happening. Therefore, I'm saying that these things, I know, are not easy to be addressed. However, in terms of building one nation and one country, we have still a long way to go. The unfortunate ... the unfortunate part is that ... [Interjections.]

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon Mokae, please hold your horses. You have started it and I was looking at you, please hold your horses. You have been given a chance to articulate whatever you articulated. Therefore, respect the speaker on the podium so that you can hear what was being said. Over to you.

Mr M FENI: Don't worry, House Chair, we will hit the dog, and the owner will come out. Nothing that will stop us to say things, because everyone has been given an opportunity to speak here. No one was intimidated. We will say things as they

are. If the shoes fit you, wear it. It is not our responsibility.

House Chair, I want to also to indeed appreciate the inputs from both hon Du Plessis and hon Adriaanse. I think I cannot be silent on their reaffirmation of what is in front of us. Indeed, they want what the hon Minister here has presented in terms how the budget must be constituted to address the question of your social cohesion, not to make the social grant as a destination. I think one of them has raised that. I think we must appreciate it that at least there is a direction that we are taking. We will leave alone those who do not want to be part of this nation. Therefore, we must appreciate that.

I think the hon Minister had heard that very well. It is so unfortunate that those who are making a lot of noise are not here. We are hearing that the MKP is on the left, but they cannot comprehend with what left is. They made the embarrassment of themselves. They were pleaded in terms of understanding what the conference of the left was all about. Therefore, it’s clear even here, when they are rejecting the budget, they don’t know what they are saying because the instruction that they were given is not clear. I’m encouraging

them to go back and get, you know, they are going to be where we are.

We are available just to assist them so that they can be acquainted with the left politics. You can't run away from socialism if you are claiming to be a left. No, you can't. It's totally counter-revolution. It's clear, in fact, that what they are talking about, and what they are standing for, they are not sure. Even those that are here, they are not sure when they will be recalled because it is their daily bread. I can see they are not relaxing.

With the EFF, it's unfortunate. They continue to spread lies. They are used to mislead the society, and they think that society is still appreciating their lies. They are not. They were corrected here. I think that it is here, in Western Cape, where there was a murder, a murder, a criminal conduct. They began to politicise it with misinformation. In fact, the community exposed them that, look, go and look for something else because you ran out of your ideas. There is nothing new to offer to the society. That is why you have nothing else to say. You are used to be shouted at. When you are amongst us, there is nothing to shout at.

Even the misinformation of corruption, if you are not reporting corruption in terms of the law, you are an accomplice to that corruption. You must be arrested. You can't make noise of a corruption without giving specifics to say that this one stole money from the SA Social Security Agency, Sassa. He directed the money. You are not doing any favour, but you are just opposing. You are still not voting for the budget, but you continue to enjoy the benefits of the budget that other members are voting. The communities that you are going to lie to, they are watching you today that you are not part of what we are saying. You are here for your own convenience, not for the service of the working class and the poor that you are claiming to be representing. That was unfortunate.

House Chairperson, further, in supporting the budget, I must just borrow from the teaching of the former Deputy Chief Justice, Dikgang Moseneke, to those who are claiming to be Africanists. I think that they must listen properly in terms of how you build a nation on what the African National Congress is currently doing. He is saying:

We are entitled to try and recreate society and move from that dark space into a better lit up space and surely improve the lives of people.

This budget is talking exactly to that. Come closer to where the Pan-Africanists, the socialists, even the communists understand exactly that you can't address the question of your social cohesion if you always run away from where most of the people are. Therefore, we must continue to learn as to how do we change the conditions of our people. How do we shape this country? That is why this intervention by the government of the African National Congress has been giving a relief to our people. The question of the social grant, that you are making noise, you do not even understand. You are confusing it. You must learn as to how ... [Interjections.]

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon delegates, let us give the speaker on the podium a chance to articulate, as you have been given your chance to. Over to you. I'll start throwing people out now. Over to you, hon Feni.

Mr M FENI: Thank you very much, hon House Chairperson, for your protection. In doing so, our approach must be grounded on the philosophy of Ubuntu. Ubuntu, one might not understand it,

but it’s a simple philosophy that has been followed for many decades by our forerunners.

IsiXhosa:

Umntu ngumntu ngabantu.

English:

Even those who are trying to run away from where we are at the centre, we are saying, we will be patient with you. We will not throw you away. You will be a sharp object because we’ll continue to sharpen you to where we want you to be. We will never do that. We never even gave up during, you know, the apartheid time, you know, where the people wanted to drive this country into chaos. We never ran away from that. It’s what we are currently doing.

House Chairperson, what is important when we’re adopting this budget, we must not lose hope. We must try by all means, let’s make sure that our people are not given up, are not allowed to be confused by people who are taking advantage of them. I want to quote what the former President of this country said, warned us about those people. He called them “umgodoyi”. I won’t go further than that, but I want to say that we can’t allow people to continue undermining us ... [Inaudible.] ...

the nation. Thank you very much, House Chairperson. [Time expired.]

The HOUSE CHAIRPERSON (Mr B A Radebe): On the note of "umgodoyi", your time has expired. Thank you, hon Feni. Now, hon Acting Minister, the people of the Republic have spoken to their representatives, please respond to them. Over to you.

The ACTING MINISTER OF SOCIAL DEVELOPMENT (Ms L S Chikunga): Hon House Chair, let me begin by thanking all hon members for their contributions to this debate. We have listened carefully to the issues raised, the concerns expressed and the proposals made. I do look forward to working with hon members and engaging further. I thank all the member of the executive council, MECs, and the Deputy Minister for participating in this debate and for outlining the work that they are doing in provinces and their areas.

You are correct, hon Fienies, social development is not charity. It is part of the democratic state's obligation to confront poverty, hunger and exclusion. The exclusion that was legislated when social grants were determined by race. Thanks to the ANC government, all South Africans who qualify are now receiving equal grants from the state.

Hon Du Plessis and Mokae, all that you see is corruption and nothing positive. Hon Du Plessis and hon Mokae, Security Industry Authority, SIA, pays grants at least to more than 25 million beneficiaries every month. I mean 12 times a year without fail. Can you not appreciate that? This is the largest scheme managed by the state, and it does that successfully every month. There may be glitches here and there, but these are addressed as beneficiaries visit the SA Social Security Agency, Sassa, offices.

Of course, we are dealing with any possibility of corruption, hence the lifestyle audit that I spoke about and the establishment of the independent inspectorate. It is also not true that food parcels are distributed to politically connected. The Department of Social Development distributed food parcels, even here in the Western Cape, to many flood victims, together with hot food, not to victims or those connected. Also, hon Du Plessis, here in the Western Cape, let transparent procurement of work is being done. We have submitted an action plan to Cabinet, and it was approved by the Cabinet while implementing that.

The state runs the following support programmes for victim support services: in Thuthuzela Care Centres, White Doors and

Green Doors centres, in shelters, in victims' friendly rooms and in police stations. We are also strengthening the capacity of the Central Drug Authority, and we are agreeing that, indeed, it is a problem. Hon Mampuru, most Sassa offices are operating together with service points that are nearby to reduce the pressure of long queues. Some offices, of course, like Motherwell, this is happening. However, of course, we also get affected by criminal activities that affect our operations.

Hon members, some hon members drafted their speeches about two weeks ago. They looked forward to the former Minister being here. Disappointed as they were, they still thought that they must deliver the outdated speeches. That is why they still say, Minister Tolashe this, Minister Tolashe that. She's not here. We have the Budget Vote that we have presented, and that we are asking you to support, so that our vulnerable, the most vulnerable, can then get their grants at the end of the month. Therefore, I say this, and I say that the ANC lives, the ANC leads. Thank you very much.

The HOUSE CHAIRPERSON (Mr B A Radebe): Hon delegates, I would like to thank the Acting Minister, the Deputy Minister, permanent delegates, and the six MECs, and all the special

delegates, and the SA Local Government Association, Salga, representatives for availing themselves for the sitting. Hon delegates, that concludes the business of the day. The House is adjourned.

Debate Concluded.

The Council adjourned at 21:07.