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**AN ANALYSIS OF THE 2025/26 FINANCIAL YEAR (FY) FIRST
QUARTER PERFORMANCE REPORT OF THE GAUTENG
DEPARTMENT OF HEALTH & WELLNESS**

**PREPARED FOR THE HEALTH & WELLNESS PORTFOLIO
COMMITTEE**

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	: Acquired Immune Deficiency Syndrome
ALOS	: Average Length of Stay
ANC	: Ante-Natal Classes
AR	: Annual Report
ARV	: Anti-retroviral
BAS	: Basic Accounting System
BAUD	: Asset Management System
BOR	: Bed Occupancy Rate
CAPEX	: Capital Expenditure
CCMT	: Comprehensive HIV/AIDS Care, Management and Treatment
CHCs	: Community Health Centres
CHW	: Community Health Workers
DHS	: District Health System
DOTS	: Direct Observed Treatment Support
EMS	: Emergency Medical Services
HIV	: Human Immune Deficiency Virus
MDR	: Multiple drugs resistance
MTEF	: Medium Term Expenditure Framework
NHLS	: National Health Laboratory Services
PCR	: Polymerised Chain Reaction
PERSAL	: Personnel and Salary Administration system
PFMA	: Public Finance Management Act
PHC	: Primary Health Care
PMTCT	: Prevention of Mother to Child Transmission
PTC	: Pharmaceutical Therapeutic Committee
SANBS	: South African National Blood Services
TB	: Tuberculosis

EXECUTIVE SUMMARY

From the main budget of R67 042 497 000.00 for all performance targets of 2025/26 financial year, the department spent R 17,083,575 equating to 25.5% expenditure in the quarter under review. The Department has also incurred R122 675 000 on irregular expenditure and no fruitless expenditure was noted in the first quarter.

The number of employees has decreased from 82 932 in the previous quarter of 2024/2025 FY to 82 910 in the quarter under review due to terminations; female decreased from 63 691 to 63 634; male increased from 19 241 to 19 276. Amongst the 82 910 there were 23 827 (28.7%) youth and 1 762 (2.1%) people living with disability (PwD). Women employed on senior positions is monitored annually.

Service delivery was acknowledged as follows: Programme 1 had two targets in the quarter under review and all of them were not achieved regardless of overspending by 13.5%. The District Health Services (DHS) had 33 quarterly targets and has achieved 24 targets with 26.6% expenditure. Emergency medical services (EMS) had 2 targets and only one was achieved while they underspent by 1.6%. Provincial hospital services had 8 quarterly targets, and two were unachieved with expenditure of 24%. Central hospital services had 8 targets, four were unachieved though 24% of the budget was spent in the quarter under review. Health Science and training spent 16.9% of its budget meanwhile the targets are monitored annually. Health care support services spent 24.8% of the budget and achieved two out of three set targets. Health facility management spent 32.7% of the budget and monitor the two targets annually.

It is worth noting that analysis of the above targets does not include annual targets hence they might be less compared to those in a performance report.

1. INTRODUCTION

This report provides the analysis of the performance of the department during the first quarter of 2025/26 financial year (FY). The analysis of the quarterly performance report provides the Portfolio Committee with progress made by the department during the period under review in relation to the allocated budget and service delivery. This is one of their oversight roles over the Executive by the Committee¹. The analysis also demonstrates whether the department is implementing services for all the indicators that are listed in the annual performance plan (APP-2025). The analysis was done as prescribed by the Gauteng Provincial Legislature's Sector Oversight Model (SOM) analytical tools which include **Information level test and Budget variance study**. This also entails the sequence followed to analyse the department's report.

The discussions are divided into the following sections: oversight on policy priorities, oversight on technical performance, oversight on budget expenditure, cross-cutting issues; conclusion; and proposed questions to the department.

2. OVERSIGHT ON POLICY PRIORITIES

2.1. Departmental key priorities from 2022/23 to 2026/27

According to the Department, in delivering the provincial priority, "*Education, Skills Revolution and Health*", the following mission has directed priorities which should be the outcomes of the results-based Gauteng Department of Health 2022/23 – 2026/27 Strategic Plan and the 2025/26 Annual Performance Plan (APP) towards the achievement of the Gauteng Provincial Government Priorities:

- National Health Insurance (NHI) implementation,
- Improved patient experience of care,
- Improved clinical services,
- Strengthened public health literacy and health promotion,
- Strengthened governance and Leadership, and

¹ Oversight Model of the South African Legislative Sector.

- Economic empowerment and job creation².

3. OVERSIGHT ON TECHNICAL PERFORMANCE

This section provides a detailed analysis of service delivery performance by the department during the quarter under review. There were 91 targets that were monitored quarterly during the 3rd quarter compared to 96 of the previous quarter.

3.1 PROGRAMME 1: ADMINISTRATION

Out of R1 915 488 000.00 allocated to this programme, R736 867 000.00 was spent in the quarter under review. This exceeded the budget by 13.5% unlike R1 820 866 000.00 (95.2%) of the 4th quarter of 2025/26 FY.

Table 1: Expenditure on Administration-Q1-2025/26 FY

Programme	Main appropriation R'000	Quarter 1 expenditure R'000	Quarter 1%
Administration	1 915 488	736 867	38,5%

There are two targets in the quarter under review under this programme while the rest are monitored annually. These include the following: The percentage of hospitals with Integrated Health Information Systems (HIS) which was unachieved at 2.7% (1/37). This was unachieved even in the previous quarter due to unavailability of mobile devices, among others. The percentage of service providers invoices without dispute paid within 30 days was unachieved at 20% (4 954/24 514), below the set target of 100% (99 799/99 799) in the quarter under review. The target was unachieved due to accruals and unplanned litigation costs.

3.2 PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

This programme spent R6 052 899 000.00 of R22 756 387 000.00 which is 26.6% spending within expectations. In the previous quarter of the 2024/25 FY they spent R22 341 748 000.00 (100.3%).

² Gauteng Province Estimates of Provincial Revenue and Expenditure

Table 2: Expenditure on programme 2 – Q1- 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure R'000	Quarter 1%
District Health Services	22 756 387	6 052 899	26,6%

3.2.1. District Health Management


Out of the four (4) quarterly targets two (2) were unachieved and 2 nachieved as follows:

Severity assessment code (SAC) 1 incident reported within 24 hours rate was achieved at 98% (49/50), below the set target of 85.7% (30/35). Complaints resolution within 25 working days rate was achieved at 98.4% (444/451) exceeding 97% (308/316) set target in the quarter under review. Both targets were achieved in the previous quarter.

The following targets were not achieved: Patient Safety Incident (PSI) case closure rate at 76.9% (50/65) below 95% (75/79) set target. This target was not achieved in the previous quarter and in the quarter under review due to late reports of 2 and 5 cases in Ekurhuleni and COJ, and 7 and 1 in Tshwane and Sedibeng respectively. Percentage of PHC facilities with functional clinic committees was not achieve because out of 371 facilities only 316 have functional clinic committees.

Even if the number of facilities providing 24-hour is monitored annually, the department is commended for having to implement 24-hour service to all 40 clinics, set as targets.

3.2.2. District hospitals




Out of the 4 targets in the quarter under review, 1 was achieved and 3 unachieved. Severity assessment code (SAC) 1 incident reported within 24-hours rate was achieved at 98.6% (72/73) exceeding 93% (80/86) set target. This target was achieved in the previous quarter. The unachieved targets are as follows: Patient Safety Incident (PSI) case closure rate at 71.4% (125/175) was below the set target of 95% (190/200). This target was unachieved even in the previous quarter due to 41 cases that are still open in Bertha Qxowa hospital. Complaint resolution within 25 working days rates is not achieved at 98.5% (67/68) because this was less than 98.8% (85/86) set target due to 1 complaint that was resolved after 25 days. This target was achieved in the previous quarter.

Percentage of hospitals with functional hospital boards were not achieved at 33.3% (4/12) compared to 100% (12/12) set target in the quarter under review. This was not achieved due to lack of meeting the quorum and despondency regarding lack of payment of stipends. Because this issue has been a concern for the Committee, during a meeting which was held on 31 July 2025 at GPL, the committee concluded that the department should submit all 222 files. **Because this can end up being tedious, questions that arise are: What was the criteria used for appointing the hospital board members? How many applicants met the criteria and how many did not? What strategies are in place to improve selection process of the hospital board members?**

3.2.3. HIV/AIDS, STI and TB (HAST)

Out of the 11 targets, 8 were achieved in the quarter under review, which is nearly the same as the achieved target. The targets achieved are the following: HIV positive 5-14 years (excl. ANC) rate 0.25% (143/57 805) showing less than 0.75% (398/52 751). This was achieved due to the successful implementation of Vertical Transmission Prevention of (VTP) programme including PrEP initiation to pregnant women which were also reported at the international AIDS Society (IAS-2025) in Kigali in July 2025. HIV positive 15-24 years (excl. ANC) rate was achieved at 0.77% (2 443/317 992) below the set target of 0.77% (2 443/317 992) in the quarter under review. ART children remain in care rate (12 months) 75.7% (281/371) showing more children who were compliant to ART by exceeding 70% (95/136) set target. ART adult viral load suppressed rate within 12 months was achieved at 77.4% (8 348/10 779)



demonstrating that more adult patients responded well to ART compared to the set target of 70% (11 299/16 1430). ART child viral load suppressed rate within 12 months was achieved at 51.9% (110/212) which is a positive response to ART uptake exceeding 50% (693/1 386) set target.

TB - RR/MDR (Rifampicin/Multidrug resistance) – Treatment Success Rate reported 12 months later was achieved at 63% (135/215) showing to be below 60% (150/250) set target. This shows that patients that were started on RR/MDR treatment in the previous 12 months have responded well to treatment. This was due to early tracing of patients. Number of DS-TB treatment start 5 years and older was achieved at 6 220 exceeding the set target of 5 616. This means that more children over 5 years of age were started on drug resistant TB treatment. Number of DS-TB treatment start under 5 years were 278 exceeding 192 set target, meaning that more children under 5 years were started on TB treatment. **The department is commended for strengthening co**

mmunity TB social mobilization; for increased TB case detection; prompt treatment initiation; and daily facility TB screening in all the health care facilities.

The unachieved targets under this programme includes the following: adults remain in care rate in 12 months was unachieved at 64.8% (15 370/23 719) because it is less than the set target of 70% (13 701/19573). This target was unachieved in the previous quarter due to high missed appointments. **How is awareness campaign influencing compliance on ART amongst the adults?** All DS-TB Client Treatment Success Rate was unachieved at 73.2% (5 898/8 060) less than 75% (7 177/9 570) due to ineffective referrals from hospitals to the clinics. This target was not achieved in the previous quarter. **What causes ineffective referral of TB patients from the hospitals to clinics?** TB Rifampicin resistant/multidrug – resistant treatment start was unachieved at 151, meaning that less than 221 targeted patients were started on this treatment due to limited case finding. **What strategies are in place to enhance case finding?**

3.2.4. Maternal, child and women's health and nutrition

Out of 11 quarterly targets, 3 were unachieved and 8 were achieved. The unachieved targets were the following: The couple year rate was unachieved at 29.2% (374 838/ (1506 807,57/5 156 693) like the unachieved 41.1% (509204*(20651090685355)/5028894*100) of the previous quarter. Immunisation under 1 year coverage was unachieved at 78.8% (50 886/ (204 103,187/258 879) compared to 90% (59 003/65 559) set target. This target was unachieved in the previous quarter due to mothers defaulting to bring children for immunization. Cervical cancer screening coverage was unachieved at 26.1% (40 022/613 945) less than 40% (61 018/152 544) set target.

The achieved targets include the following: number of Deliveries in 10-14 years in facility was achieved at 89 compared to 124 set targets because teenagers have access to contraceptives. Antenatal 1st visits before 20 weeks rate were achieved at 73% (33 693/46 170) exceeding 71% (40 691/57 311) set target. Mother postnatal visit within 6 days rate was achieved at 82% (38 153/46 505) compared to 81% (43 560/53 778) set target. Infant 1st PCR test positive at birth rate was achieved at 0.4% (37/9 307) less than 0.5% (52/10 291) set target. Child under 5 years diarrhoea case fatality rate was achieved at 1.7% (22/1 319) same as the set target of 1.7% (22/1 319). Child under 5 years pneumonia case fatality rate was achieved 1.02% (49/4 818) compared with the set target of 1.4% (41/2 752). This means that less children died of pneumonia in the quarter under review. Child under 5 years Severe acute malnutrition case fatality rate was achieved at 6.3% (24/379) compared to 6.4% (32/496) set target. This means that less children died of malnutrition.

3.2.5. Disease Prevention and Control

Out of the 3 targets, all of them were achieved. These include the following: Malaria case fatality rate as unachieved at 0.9% (2/220), meaning that less than 1% (3/320) set target of patient died of malaria. Normal Hemoglobin A1c (HbA1c) test results < 8% rate was achieved at 65% (73 306/112 170) and this was on target 65% (61 695/94 232) as planned. PHC mental disorders treatment rate new was achieved at 0.1% (6 857/4 666 973) on target 0.1% (36 034/3 603 450).

3.3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Out of R2 244 019 000.00, programme 3 spent R524 811 000.00. This is underspending by 23.4% compared to R2 360 052 000.00 (120.6%) of the previous quarter.

Table 3: Expenditure for EMS – Q1 – 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure ¹ R'000	Quarter 1%
Emergency Medical Services	2 244 019	524 811	23,4%

Out of 2 targets, 1 was achieved and 1 unachieved in the quarter under review. The targets achieved are the following:

- EMS P1 urban interfacility transfer (IFT) under 30 minutes rate was unachieved at 38% (397/1049), less than 55% (250/453) set target. This target was unachieved in the previous quarter due to service delivery protests which delayed response times; and infrastructure, Human Resource and footprint limitations in districts to optimize service delivery. **What causes footprint limitations.** EMS P1 urban inter-facility transfer (IFT) under 60 minutes rate was achieved at 83% (5/6) exceeding 65% (49/75) set target. This shows improvement because this target was not achieved in the previous quarter due to improvement on internal challenges at hospitals on turnaround times for ambulances.

3.4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Out of R13 370 085 000.00 the programme spent R3 213 604 000.00 (24%) compared to R12 520 226 000.00 (98.3%) of the previous quarter.

Table 4: Expenditure on programme 4 – Q1 – 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure ¹ R'000	Quarter 1%
Provincial Hospital Services	13 370 085	3 213 604	24,0%

This programme is divided into regional and specialized hospitals.

3.4.1 Regional Hospital

Of the 4 targets, 3 were achieved and 1 unachieved in the quarter under review. The targets achieved are as follows: Severity assessment code (SAC) 1 incident reported within 24 hours rate was achieved at 97.4% (229/235), meaning that the cases assessed exceeded 94% (220/234) set target in the quarter under review. Patient Safety Incident (PSI) case closure rate was achieved at 91.8% (546/595) exceeding 91.8% (546/595) set target. These were achieved due to facilities conducting scheduled PSI meetings to discuss cases for redress and closure. Complaint resolution within 25 working days rate was achieved at 97.3% (143/147) exceeding 96.9% (159/164) set target. The department is applauded due to improved performance on this programme compared to the previous quarter.

The unachieved targets are as follows: Percentage of hospitals with functional hospitals Boards 33.3% (3/9) less than 100% (9/9) set target. This was not achieved due to the board that did not meet a quorum or did not honour invitation as a result the meeting was not held.

3.4.2 Specialized Hospitals

Out of the 6 targets, 3 were achieved. The achieved targets are the following: Severity assessment code was achieved at 100% (15/15) which was less than 85% (17/20) set target. Patient Safety Incident (PSI) case closure rate was achieved at 96.2% (150/156) exceeding 95% (95/100) set target. Complaint resolution within 25 working days rate was achieved at 100% (17/17) exceeding 96% (22/23) set target. Percentage of hospitals with functional hospital boards were not achieved at 66.7% (4/6) below 100% (6/6) set target. This target was not achieved in the previous quarter due to the board not meeting quorum or not honour invitation.

3.5. PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

Out of R23 426 595 000.00 the program spent R5 653 776 000.00 which was 24.1% compared to R22 904 781 000.00 (97.5%) of the previous quarter.

Table 5: Expenditure for programme 5-Q1-2025/26 FY

Programme	Main appropriation R00	Quarter expenditure R'000	1 Quarter 1%
Central Hospital Services	23 426 595	5 653 776	24,1%

The central hospital services are divided into central hospitals and tertiary hospitals.

3.5.1. Central hospitals

Out of 4 targets, 2 were achieved and 2 were not. The achieved targets are the following: Severity assessment code (SAC) 1 incident reported within 24 hours rate was achieved at 99.5% (205/206), meaning that the cases assessed exceeded 98%

(98/100) set target in the quarter under review. Patient Safety Incident (PSI) case closure rate was achieved at 89.9% (657/731) below 95% (157/165) set target. This was unachieved due to CMJAH and SBAH cases still awaiting PSI investigation still to be discussed in PSI meetings and to conduct redress to close while observing the 60 days of closure.

The following targets were unachieved:

- Complaint resolution within 25 working days rate was achieved at 97% (212/219) exceeding 95% (55/58) set target.
- Percentage of hospitals with functional hospitals was unachieved at 0% (0/4) due to lack of quorum.

3.5.2 Tertiary Hospitals

Out of 4 targets, 2 were achieved and 2 were not. The achieved targets are the following: Severity assessment code (SAC) 1 incident reported within 24 hours rate was achieved at 99.7% (6/70), meaning that the cases assessed were more than the planned 805 (200/250). Complaint resolution within 25 working days rate was achieved at 97% (37/38) exceeding 95% (380/400) set target.

Patient Safety Incident (PSI) case closure rate was unachieved at 66.5% (155/233) below 85% (245/287) set target. This was unachieved due to ward managers not submitting investigation reports to the quarter under review on time. **Why did managers delay submitting quarterly reports on time? How does the delay affect patients' wellbeing?**

Percentage of hospitals with functional hospitals was unachieved at 0% (0/1) against 3 planned hospitals. This was not achieved due to failure to quorate.

3.6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

Out of R935 254 000.00 Programme 6 spent R158 129 000.00 which is 16.9% expenditure. compared to R754 554 000.00 (72.3%) of the previous quarter.

Table 6: Expenditure for programme 6 – Q1 – 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure ¹ R'000	Quarter 1%
Health Science & Training	935 254	158 129	16,9%

There are four targets under this programme, and these are monitored annually. They are employee satisfaction rate; number of nursing students enrolled; number of emergency medical care students enrolled; and number of bursaries awarded to internal employees. It noted that the department has achieved all these four targets. It is acknowledged that the department is planning to revise the monitoring tool for employee satisfaction rate.

3.7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

Out of R 497 023 000.00 programme 7 spent R123 024 000.00 equating 24.8% of expenditure compared to R464 513 000.00 (95.9%) of the previous quarter.

Table 7: Expenditure for programme 7 – Q1– 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure ¹ R'000	Quarter 1%
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Health Care Support Services	497 023	123 024	24,8%
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This programme has 3 targets to monitor quality health services in public health facilities. Out of 3 targets, 2 were achieved. The unachieved target is described below:

The percentage of vital medicine availability at health facilities was unachieved at 95% like the unachieved 94% of the previous quarter. This was unachieved in the previous quarter due to the phased out latest ART regimen changes. **What strategies are in place to mitigate this challenge?**

The achieved targets are the following:

- The percentage of essential medicine availability at health facilities was achieved at 97% exceeding 97% set target.
- The percentage of vital medicine availability at health facilities he centralized chronic medicine dispensing and distribution (CCMDD) achieved enrolment of 1 542 067 people on chronic medicine exceeding 425 000 set targets.

3.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

Out of R1 897 646 000.00 programme 8 spent R620 465 000.00 which was 32.7% expenditure compared to R2 109 281 000.00 (100.1%) of the previous quarter.

Table 8: Expenditure for programme 8 – Q1 – 2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure R'000	Quarter 1%
Health Management Facility	1 897 646	620 465	32,7%

The programme has two performance indicators which are monitored annually. The targets are as follows:

- Number of capital infrastructure projects completed in health facilities and

- Number of new PHC centres completed.

4. OVERSIGHT ON OVERALL DEPARTMENT'S BUDGET EXPENDITURE

Table 9 below shows that of the main appropriation of R67 042 497 000.00 of 2025/26 FY, quarter 1 spent R17 083 575 000.00 which is equivalent to 25.25%. This is less R18 837 690 000.00 (29.1%) spent in the first quarter of the previous year.

Table 9: Budget expenditure-Q1_2025/26 FY

Programme	Main appropriation R'000	Quarter expenditure R'000	Quarter 1%
Administration	1 915 488	736 867	38,5%
District Health Services	22 756 387	6 052 899	26,6%
Emergency Medical Services	2 244 019	524 811	23,4%
Provincial Hospital Services	13 370 085	3 213 604	24,0%
Central Hospital Services	23 426 595	5 653 776	24,1%
Health Science & Training	935 254	158 129	16,9%
Health Care Support Services	497 023	123 024	24,8%
Health Facility Management	1 897 646	620 465	32,7%
Grand Total	67 042 497	17 083 575	25,5%

The Department has incurred R122 675 000 on irregular expenditure and no fruitless expenditure in the first quarter. The reasons for the overspending and underspending on the programmes is described below.

- **Programme 1: Administration.** The over-expenditure in this programme is mainly due to the payment of legal fees and claims against the state and payment of GG vehicle meanwhile in the previous quarter the programme underspent due to slow spending on National Tertiary Services Grant.
- **Programme 2: DHS.** Underspending is due to delays in finalisation of budget and creation of purchase orders and change in processing systems from SAP to Invoice Management System (IMS). In the previous quarter the programme spent all its budget including on equipment 'though there were some delays in delivering

them'. The Committee should follow up on facilities that have received new equipment in the quarter under review.

- **Programme 3: EMS.** The underspending was due to delays in finalization of the budget, and the creation of purchase orders. It is noted that in the previous quarter the programme overspent due to payment of EMS vehicle accruals.
- **Programme 4: Provincial hospital services.** Underspending is due to delays in finalization of budget and creation of purchase orders. Worryingly, in the previous quarter the programme underspent due to delays in payment of NHLS for laboratory tests verification.
- **Programme 5: Central hospital services.** The underspending is due to delays in finalisation of budget, which was the same in the previous year.
- **Programme 6: Health Science and training.** The underspending is due to delays in finalization of the budget. In the previous year, the underspending was due to incorrect personnel linking on PERSAL and low student intake at the universities.
- **Programme 7: Health Care Support Services.** The underspending is due to delays in finalization of budget meanwhile in the previous year the underspending was due to reduced spending on diesel and delays in delivery of equipment.
- **Programme 8: Health Facility management.** The underspending is due to delays finalization of budget, yet in the previous quarter the programme spent all its budget.

5. CROSS-CUTTING ISSUES

The number of employees has decreased from 82 932 in the previous quarter to 82 910 in the quarter under review due to terminations; female decreased from 63 691 to 63 634; male increased from 19 241 to 19 276. Amongst the 82 910, there were 23 827 (28.7%) youth and 1 762 (2.1%) people living with disability (PWD). Women employed on senior positions is monitored annually.

6. CONCLUSION

From the main budget of R67 042 497 000.00 for all performance targets of 2025/26 financial year, the department spent R17,083,575 equating to 25.5% expenditure in the quarter under review. The Department has also incurred R122 675 000 on irregular expenditure and no fruitless expenditure was noted in the first quarter. The over-

expenditure under programme 1 was due to the payment of legal fees and claims against the state and payment of GG vehicle meanwhile in the previous quarter the programme underspent due to slow spending on National Tertiary Services Grant. Worryingly, all the programmes that underspent their budget seem have delayed due to finalisation of the budget.

7. PROPOSED QUESTIONS EMANATING FROM ANALYSIS OF THE 1st QUARTER PERFORMANCE REPORT AND THE ADJUSTED BUDGET OF TE 2025/26 FY

7.1. Because selecting hospital board members from 222 files can end up being tedious.

7.1.1. What was the criteria used for appointing the hospital board members?

7.1.2. How many applicants met the criteria and how many did not?

7.1.3. What strategies are in place to improve selection process of the hospital board members?

7.2. Since adults remain in care rate in 12 months was unachieved at 64.8% (15 370/23 719) due to high missed appointments.

7.2.1. How is awareness campaign influencing compliance on ART amongst the adults?

7.3. All DS-TB Client Treatment Success Rate was unachieved at 73.2% (5 898/8 060) less than 75% (7 177/9 570) due to ineffective referrals from hospitals to the clinics. This target was not achieved in the previous quarter.

7.3.1. What causes ineffective referral of TB patients from the hospitals to clinics?

7.4. TB Rifampicin resistant/multidrug – resistant treatment start was unachieved at 151, meaning that less than 221 targeted patients were started on this treatment due to limited case finding.

7.4.1. What strategies are in place to enhance case finding?

7.5. EMS P1 urban interfacility transfer (IFT) under 30 minutes rate was unachieved at 38% (397/1049), less than 55% (250/453) set target. This target was unachieved in the previous quarter due to footprint limitations in the district.

7.5.1. What causes footprint limitations?

7.6. In tertiary hospitals, Patient Safety Incident (PSI) case closure rate was unachieved at 66.5% (155/233) below 85% (245/287) set target due to ward managers not submitting investigation reports to the quarter under review on time.

7.6.1. Why did managers delay submitting quarterly reports on time? How does the delay affect patients' wellbeing?

7.7. The percentage of vital medicine availability at health facilities was unachieved at 95% like the unachieved 94% of the previous quarter. This was unachieved in the previous quarter due to the phased out latest ART regimen changes.

7.7.1. What strategies are in place to mitigate this challenge?

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