



Budget and Expenditure Monitoring Forum

Oral Submission to the NCOP Select Committee on Appropriations



18th of March 2014
Cape Town

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Introducing BEMF

1. BEMF held its inaugural meeting on the 21st of August 2009.
2. Budget and Expenditure Monitoring Forum draws together individuals, organisations from civil society, academia, government, organised labour to focus attention on ensuring that sufficient money is budgeted for and appropriately spent on health and basic education services.
3. BEMF seeks to consolidate budget and advocacy work in South Africa on Health, Education and other relevant social services.



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DORB Recommendations 2014/15

- 1. Constitutional duty to meet the people's needs**
- 2. Budget for Social Infrastructure**
- 3. Shukumisa Campaign**
- 4. Budget for Implementing the NSP - SANAC**
- 5. Budget For Rural Health - RHAP**
- 6. Budget for Health in the Eastern Cape – PSAM**
- 7. Budget for Housing - SPII**
- 8. People's Budget**



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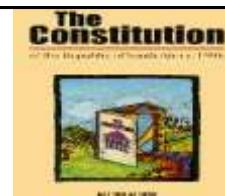
Keeping Our Eye on the Constitution

The Constitution mandates urgent, equitable, sustainable development

Von Holdt:

It is unclear how far the Constitution and the institutions it establishes are adequate to facilitate redistribution since the ANC in government has hardly tested the possibilities.

It has precluded such innovation through conservative policy choices (see other papers) shaped by internal developments, the pressures and inducements from business, international development institutions and 'expertise', and the constraints of global capitalism.



We therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to –

- Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;
- Lay the foundations for a democratic and open society in which government is based on the will of the people and every citizen is equally protected by law;
- Improve the quality of life of all citizens and free the potential of each person; and
- Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations.

The Constitution regulates and directs power to achieve rights through the Budget – Public, Private, Personal & Social

'the budget is the skeleton of the state stripped of all misleading ideologies" Goldscheid

- MTBPS 2013 Overall what is National Treasury told South Africans – “*2014/15 Budget will continue to be constrained with Government facing an extremely tight budgetary environment*”. This has an impact on the Division of Revenue for 2014/15
- People’s Alternative Budget Speech shows that there are alternative political/policy choices that Government could face to expand the budgetary environment for 2014/15 and the medium term.

Be Careful
What You
Cut



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Human Rights Framework

- A human rights framework asks 2 key questions:
 1. **Is state spending and generating funds to the maximum of its available resources to meet its human rights obligations?**
 2. **Are maximum available resources being used to prioritise reducing disparities and progressively realize the right(s) under review?**
 - Evaluating planned & actual resource expenditures

1. Constitutional Duty to Meet People's Needs

- The level of social and labour unrest in South Africa should show Government that real change is needed urgently in how it chooses to raise and allocate resources
- The current DORB proposal reflects the “small state” policies introduced in 1997. That of deregulation, narrow budget deficit, low-tax regime (restricts revenue collection) and tax dodging, increases to key social services below inflation.
- On the revenue side, the proposed level is still well below South Africa’s taxable capacity. This unnecessarily limits the resources available for spending between the three spheres of government and within government.
- Austerity policies as well as some of the main economic ‘fundamentals’ that are being implemented currently in South Africa have failed around the world. These policies have created greater inequality and social instability.
- While the Money Bills Amendment Procedure and Related Matters Act provides Parliament with the authority it requires to fulfill its obligation to take responsibility for the budget we, believe there are problems with the legislation that prevent Parliament from performing its duties properly. In particular, the requirement that the Fiscal framework, DORB and Appropriation Bill be considered in isolation rather than as a cohesive whole. This we believe undermines Parliament’s ability to engage substantively with the DORB to ensure appropriate equitable share allocations.

RECOMMENDATION

- Parliament should be considering the fiscal framework, DORB and Appropriation Bill as a cohesive whole in order to enable Parliament to exercise its amendment and oversight role effectively.
- Revise the current macroeconomic and fiscal framework to ensure that the Division of Revenue Bill can propose a greater role for service delivery by the three spheres of government as guided by the constitution.
- Welcome the focus on corruption and financial mismanagement.
Ensure that public officials do not engage in business with the state.
Implement the AG's recommendations and use the MFMA and PFMA to ensure those found guilty of corruption are held accountable.



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Division of Revenue Bill : Overall Macroeconomic Analysis

- Budget 2014/15 outlines a public sector that takes a smaller share of GDP (imveliso isizwe iyonke) until 2016/17.
- The Budget of R1.2 trillion which was tabled in 2013/14 (national, provincial and local) clearly has failed to deliver the services the majority of those living in South Africa needed and we see a small growth in total government expenditure again in 2014/15.
- A limit in real growth in non-interest public spending to approximately 2.6% is asking government to do more with less, and provides just the opposite of growth and pulls much needed spending out of the economy and will hamper the achievement of a **Capable State**.
- South Africa faces plenty of deficits and not just a budget deficit – should consider deficits relating to unemployment, infrastructure and social infrastructure (community play grounds, affordable clean water) deficits in our investment in future generations with respect to nutrition, quality of education, employment opportunities and protection of the environment.
- A budget deficit is ONLY dangerous if the interest paid on the debt is increasing too much according to the demand on returns from financial investors (often foreign investors taking South Africa's wealth outside of the country). BEMF believes that if these resources are then invested productively through the DORB in building social capital, improving infrastructure, the medium- to long-term yields will more than justify a revised deficit: GDP ratio and a revenue:GDP ratio that is higher.

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Division of Revenue Bill : Overall Macroeconomic Analysis

RECOMMENDATION

- Allow for a budget deficit of 6% to do so would not make South Africa exceptional: recently wealthy economies United States, United Kingdom, France and India have all had budget deficit shortfalls in excess of 8% of GDP. Just a mere 2 percentage point increase could inject an additional R67 billion per year into the public purse allowing a for greater expenditure between the three spheres of government that could fund long-term social projects.
- Greater domestic borrowing – Government has a R1.5 trillion fund at its disposal (Public Investment Corporation) where it can borrow at a reasonable and regulated rate to repair defunct social infrastructure and invest in services that stimulate employment and demand. Pension savings have been used to build infrastructure all over the world.
- Borrowing from a domestic fund at a regulated interest rate is a guarantee that all that the government has borrowed will be paid back to the claimants/creditors. It also does not put the South African government (and economy) at the mercy of international risk taking and financial shocks.

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Example of what the effects of current macro-economic policy are on Health

There is no NHI budgeting by the Treasury anywhere near the DoH plans from 2011 & MTBPS 2013

R billion (2010 prices)	DoH 2011 Green Paper	Fiscal year	MTBPS Oct 2013	MTBPS shortfall
2012	125.4	2012/13	113.5	11.9
2013	134.8	2013/14	113.4	21.4
2014	144.4	2014/15	116.2	28.2
2015	156.2	2015/16	117.6	38.6
2016	166.7	2016/17	119.1	47.6

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A Tale of Two Services!

Assessment of the DORB 2014



**Budget
and
Expenditure
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2. Budget for Social Infrastructure

- The presentation so far has indicated that there are other options government could be pursuing to stimulate growth and employment in South Africa.
- The 2014/15 Provincial fiscal framework (inclusive of conditional grants) is revised downward by R200 million over the 2014 MTEF in comparison to the 2013 MTBPS

Health

- over the medium term, consolidated health budget allocation will increase on average, in real terms, by approximately 1% with an estimated budget of R164 billion by 2016/17. The effect of this is that Eastern Cape Department of Health (Equitable Share and Conditional Grants) sees over the medium term an average real growth of -2.2%

Education -

- over the medium term the consolidated education budget allocation will increase in real terms by approximately 2% by 2015/16.

Social Protection and Child Focused budget –

- Consolidated government expenditure towards social protection is set to increase in real terms by 2016/17 by only 1.8%.
- We see below inflation increases for social grants.

Housing

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3. Division of Revenue The Department of Social Development

- The Shukumisa Campaign is a national coalition of approximately 30 non-profit organisations working to combat sexual violence. Many member organisations provide crucial social support and sheltering services to women and children who have experienced violence.
- Case studies of 17 member organisations showed that 100 jobs were lost between 2010 – 2013 and 10 services discontinued. This due to the withdrawal of donors from SA and reductions in support from DSD and Health.
- Treasury recognised crisis and allocated extra funds in 2012, to kick in 2013 and 2014. This is welcomed.

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- Judgement in NAWONGO case against Free State DSD resulted in DSD commissioning KPMG to calculate actual cost and value of VEP social services provided by NPOs.
- Concerned that the division of revenue does not appear to reflect the increases calculated by KPMG, meaning VEP services continue to be under-funded
- Concerned that provinces fund the same service differently eg some provinces provide more to shelters than others and none cover full costs.

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Recommendations

- Need to equalise upwards and standardise funding across provinces. Inequality in funding translates into inequality for organisations and their staff AND inequality for potential beneficiaries.
- Funding policy to NPOs needs to be reviewed as a matter of priority. Cannot start from the premise that only part of NPO costs must be subsidised and leave NPOs to find the rest. Contributes to inequalities in service.
- Extensive consultation with NPOs required.
- Under-spending to be carefully monitored in light of funding crisis

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4. Financing the National Strategic Plan for HIV/AIDS STIs and TB

Funding trends, gaps and strategic considerations

BEMF

18 March

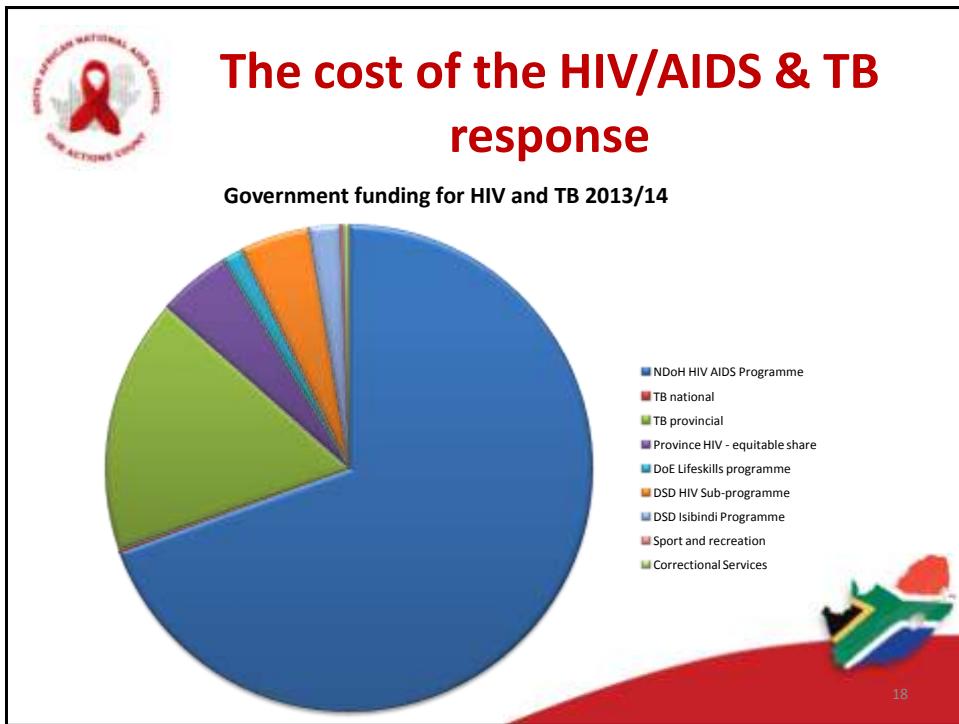
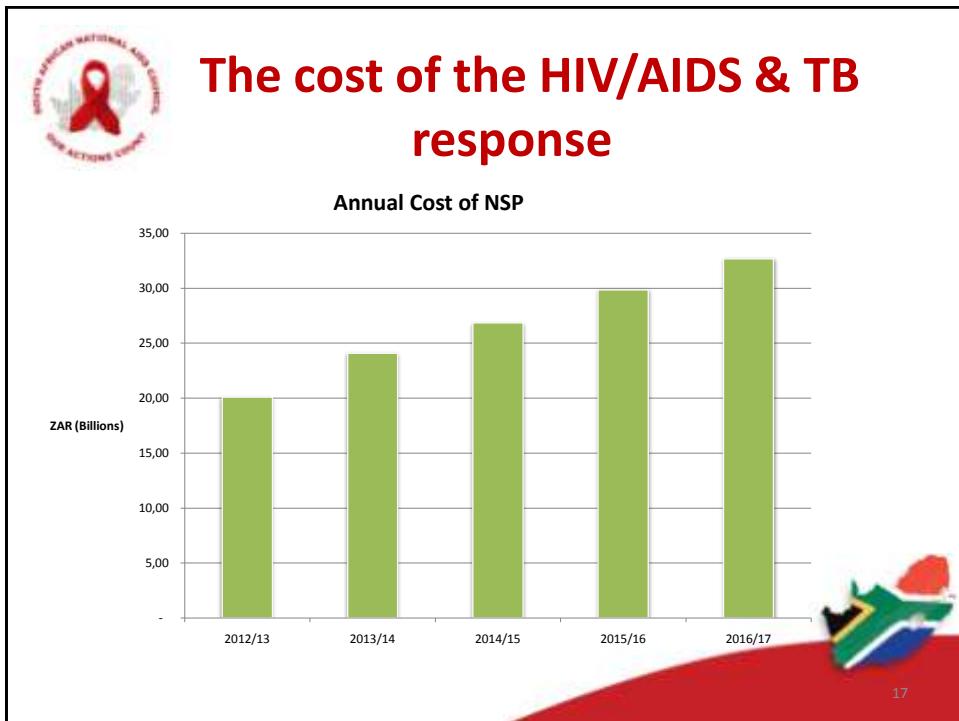
Select Committee on Appropriations

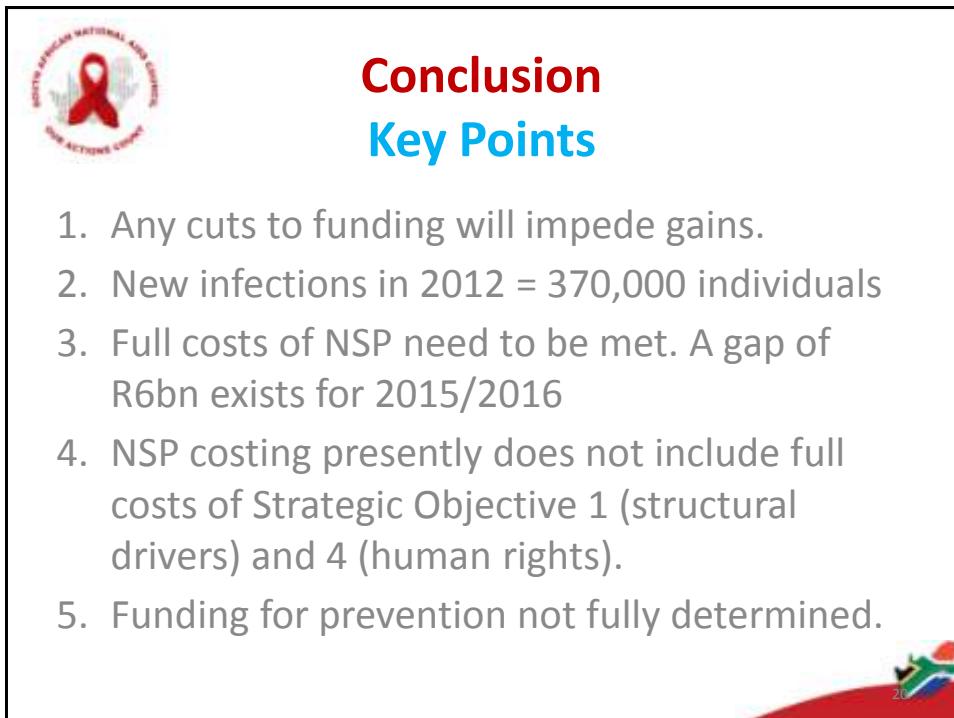
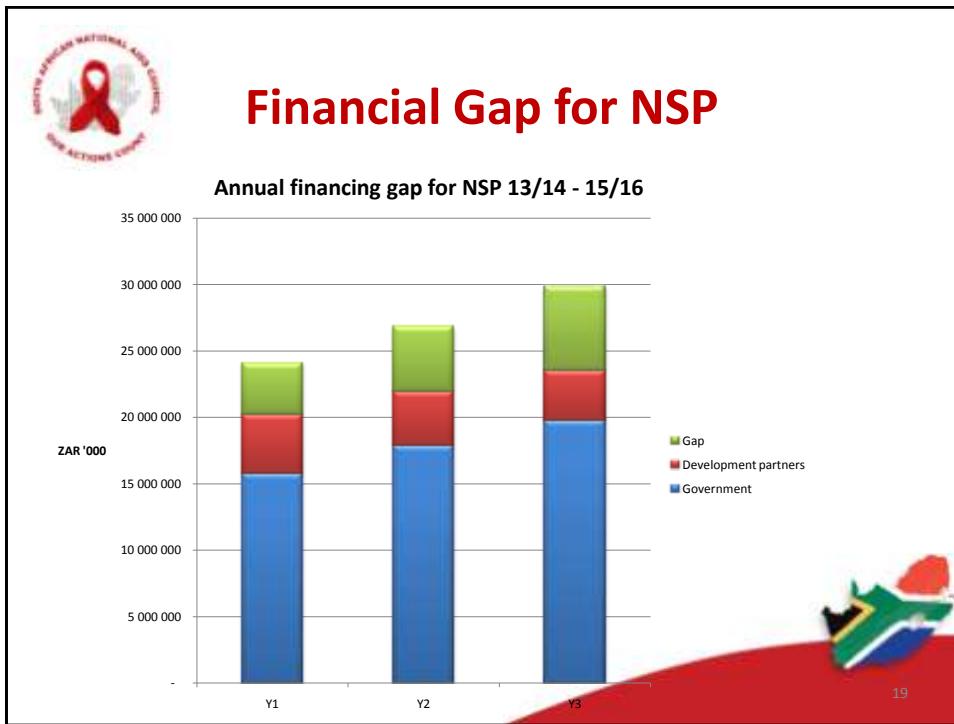
Dr. Nevilene Slingers

South African National AIDS Council (SANAC)



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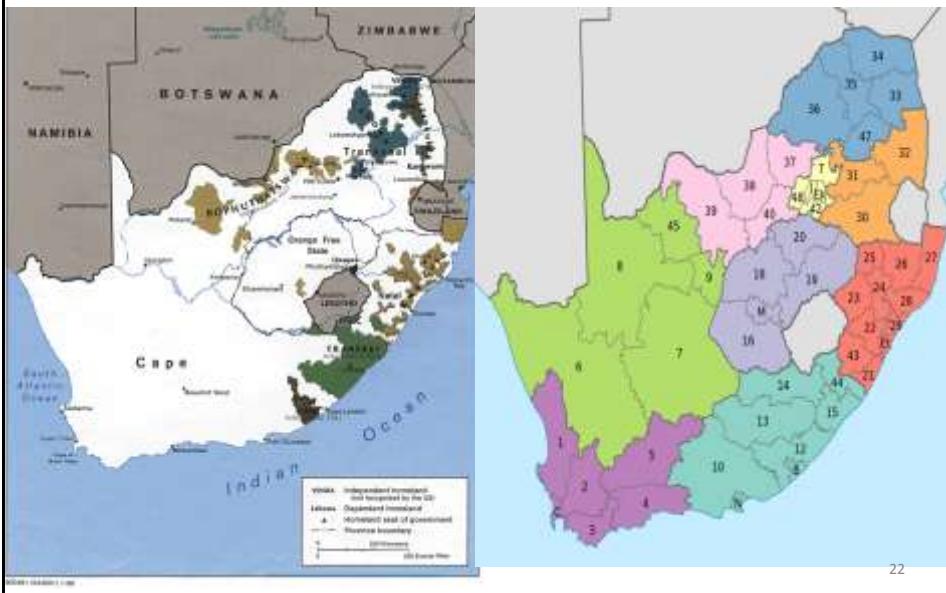
5. DORB – Budget for a rural financing strategy: a social justice perspective

Daygan Eagar



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Historical neglect of rural areas



Geographic inaccessibility of care

- Lower utilization health care services due to transport and distance (Jackson et all, 2006 and Reach 2009)
- Of poor households, 15% live more than an hour from the closest clinic and 20% live more than an hour from the closest hospital (Econex, 2010)
- Catastrophic transport costs for 15% of people seeking outpatient care in rural areas (Harris *et al.*, 2011)

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Availability of care in rural SA

- In addition to geography basic care often not available, due to:
 - Inadequate infrastructure
 - Unreliable supply of medicines (regular stock-outs)
 - Lack of ambulatory care
 - Maldistribution of health care professionals (38 % of population but only 12% of the doctors and 19% of nurses)

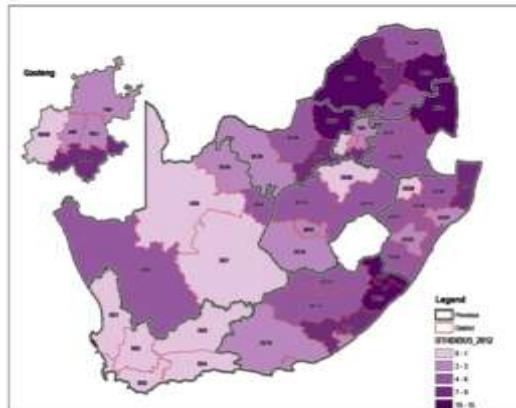
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Table 2: Comparison of selected health outcomes

	Best performing province	Worst performing province
Maternal mortality ratio per 100 000 live births	Gauteng: 112	Free State: 313
Infant mortality rate per 1 000 live births	Western Cape: 22.9	Eastern Cape: 57.1
Tuberculosis cure rate	Gauteng: 78.7	North West: 58.3
HIV prevalence (age 15-49 years)	Western Cape: 9.7	KwaZulu-Natal: 25.7

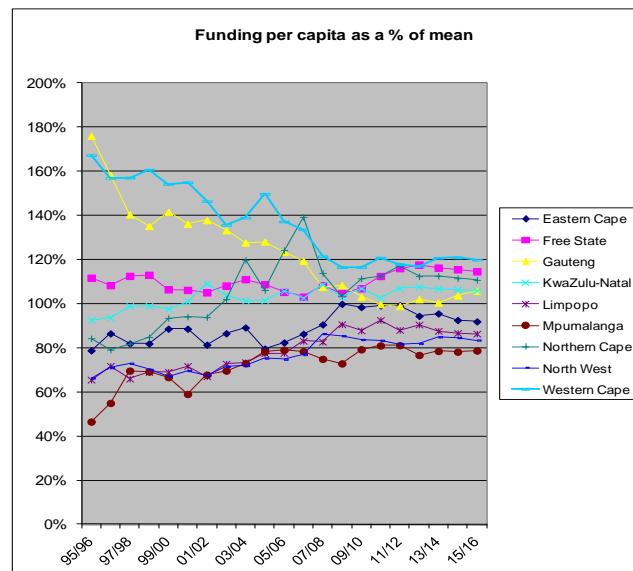
Source: Day and Gray, 2010.¹⁰

Map 3: Child under 5 years diarrhoea case fatality rate by district, 2012/13



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Inequitable budget allocations

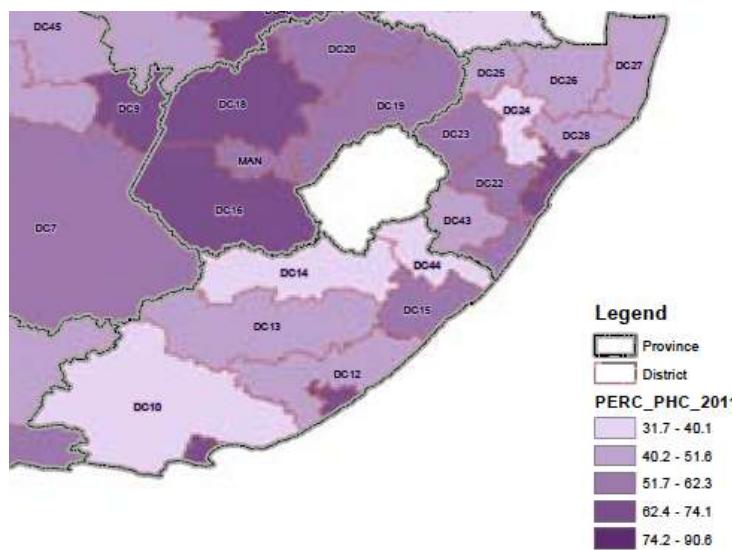


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- Large inequities persist within public health expenditure
- Primary Health Care (PHC) expenditure per capita (uninsured person) continues to steadily increase, from R291 in 2004/05 to R684 in 2011/12
- Limpopo and Mpumalanga, which are both largely rural provinces, have the lowest PHC per capita expenditure of R589 and R571 respectively
- Gauteng and the Western Cape have significantly higher per capita spending of R760 and R798 respectively

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PHC expenditure in EC and KZN



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Division of Revenue Processes

- Rurality is not a factor used in allocating resources or developing budgets
- There is no common definition of rural used in government planning or allocation processes
- The Equitable share formula does include measures of need (health and education) and infrastructure backlog. But these are often negated through economic variables.
- does not deal with allocations within provinces. Provinces make decisions on how to allocate resources

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Cost of rural health care

- Evidence that the cost of providing care in rural areas is higher:
 - Greater average geographic distance to facilities;
 - Low **population densities** reduce **economies of scale**;
 - **Higher costs** associated with **HR**
 - Higher **burden of disease** and often more complex cases
 - Potentially higher costs in other areas

- Few financing strategies that deal with rural context
- Resistance from policy makers and Treasury
 - Issues around absorptive capacity
 - Perceptions of 'cost effectiveness'
 - Perception that urbanization is the key to development
- But, global movement to universal access provides a good opportunity to rural-proof health financing

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Allocation and management of resources

- Targeted resource allocation based on some measure of need and rural cost is necessary
 - Deprivation index
 - Burden of disease
 - Distance
 - Service delivery platform costing

The NHI and opportunities for rural health

- While still opaque, underlying principles are sound:
 - “Access should be free from any barriers and any inequalities in the system need to be minimised” (NHI Green Paper, section 52e,)
 - “Everyone is accorded protection from financial hardships linked to accessing these health services” (NHI Green Paper, section 53).
- NHI development must be revisited with rural-proofing in mind
- Rural-proofing as mandatory with tools and clear technical processes

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Recommendations

- **Division of Revenue must ensure**
 - Care be free at point of service delivery
 - Risk equalization through pooling and contributions based on ability to pay
 - Allocations must be based on need not absorptive capacity
 - Provider payment mechanisms to improve equity: DRG's, needs based budgeting, and capitation
- **Human resources**
 - Implementation of Rural chapter of the HRH
 - Recruitment and retention based on more than salary
 - Reimbursement including rurality factors

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Recommendations

- **Infrastructure**
 - Infrastructure allocations based on need and not absorptive capacity
 - Infrastructure that is appropriate for context
 - Development of infrastructure beyond facilities (roads, water, sanitation and electricity)
- **Transport**
 - Implementation of mechanisms that remove OOP expenditure on transport
 - Transport vouchers or transport grants
- **Administration**
 - Decentralization to district level (planning and resource allocation)
 - Strengthening of DHS management teams
 - Provinces provide oversight and technical support

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Presentation to the Select Committee on Appropriations on the
2014 Division of Revenue Bill:

4. Health allocations from the
perspective of the Eastern Cape

DORA 2014, Eastern Cape Department of Health Budget Allocations & the equitable share (ES)

- EC Prov received 3rd largest share of ES (after KZN and GP respectively)
- Vote 3 (Health Vote) still has 2nd largest allocation in EC Prov
- Although this is the case, Health has not been explicitly included as a ‘provincial priority for the 2014 MTEF’, as has been done under the ‘national priorities for the 2014 MTEF’ (pg 14 &15 of Eastern Cape EPRE 2014/15)
- An inference can be made that there is a priority to address the infrastructure concerns of health under the ‘economic development’ priority which will take on the ‘carry through costs of the infrastructure allocation to the Eastern Cape Development Corporation (ECDC)’ (pg 14 &15 of Eastern Cape EPRE 2014/15)

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DORB 2014 cont'd

- The EC Prov experiences a decrease in ES (mainly due to Census 2011 results which showed “an increase in outward migration of 267 905 people from the province” (pg22 Eastern Cape EPRE 2014/15))
- This was a direct decrease of R5.144 billion funds available to the province in the 2013 MTEF
- The drop in ES across all provinces resulted in EC loosing R727 million in 2013 MTEF
- These drops were cushioned by funds received for three years only – the province has to prepare for its own cushioning for year 2016/17 “to avoid disruptive drops” (pg22 Eastern Cape EPRE 2014/15)

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Effects of DORB 2014 & Reduction of ES on EC Health budget

- Long standing Infrastructure backlogs in the province are planned to be eradicated through the implementation of the Infrastructure Delivery Management System (IDMS), as well as the Infrastructure Procurement Project to be implemented
- At national level, a ‘national health grant’ was created in 2013/14 to be spent by the Department of Health on behalf of provinces
 - The grant has three components of support, namely, support towards , infrastructure projects, NHI pilots, and the human papillomavirus vaccine for young girls .
- An argument has been made that “the infrastructure component will be used to accelerate construction, maintenance, upgrading and rehabilitation of new and existing health infrastructure, and to supplement expenditure on infrastructure delivered through public-private partnerships” (pg 86,DORB 2014)

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Effects of DORA 2014 cont'd

- Continual reduction in ES means that the ECDoH has to deliver on its plans and mandate with less.
- However, this also forces the ECDoH to prioritise and exercise caution where its priorities are concerned (while at the same time trying to address National priorities)
- “The health facility revitalisation grant funds the construction and maintenance of health infrastructure. This grant was created in 2013/14 through the merger of three previous grants: the health infrastructure grant, the hospital revitalisation grant and the nursing colleges and schools grant. In 2013/14, the grant had separate ring-fenced components corresponding to the previous grants that it replaced. From 2014/15, these components fall away, giving even greater flexibility to provinces to shift funds between projects during the year so that delays in one project do not result in underspending on the grant as a whole. The grant funds a wide range of health infrastructure projects, including large projects to modernise hospital infrastructure and equipment, general maintenance and infrastructure projects at smaller hospitals and the refurbishment and upgrading of nursing colleges and schools” (pg 85,DORA 2014)
 - In a Province that struggles with a great deal of infrastructure backlogs (though there are pockets of improvement), as well as the reduction of this grant in the outer 2015/16 financial year, and no allocation at all in year 2016/17, it is likely that the flexibility granted on this grant will seek to address infrastructure needs, while others take a back seat

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Recommendations

- Provinces and municipalities need to be encouraged to find additional ways of generating own revenue in the climate of a reducing Equitable Share
- Again, with the reduction in provincial Equitable Share and other factors, the Eastern Cape needs to be encouraged to create sustainable job opportunities in order to minimise loss in provincial ES and retain the young adults needed to drive the Province forward
- The National Health Grant should only be used in cases of critical need. Instead, Departments should be pushed and supported to make the best use of the funding received – this goes to the heart of planning by Departments

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7. Housing & the Department of Human Settlement (DoHS)

- The state can be commended on the number of houses that it has built over the years given the mammoth challenge it faced in 1994.
- However, the Constitutional provision promising everyone access to adequate housing stands in stark contrast to pervasive realities of housing backlogs, evictions and removals.

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DoHS 5 strategic programs for 2013/14 – also reflected in Outcome 8 agreement (DPME)

1. Implementation of revised **Finance-Linked Individual Subsidy program (FliSP)**
2. Implementation of the management of the **Rectification program**
3. **Municipal Accreditation** program
4. Improve delivery of **social and rental housing**
5. Better & improved **intergovernmental collaboration & coordination**

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Policy Context

- Since 1994, there have been significant shifts & adjustments in housing policy & delivery.
- **The Breaking New Ground (2004)** policy ushered in number of **shifts** regarding the approach to housing delivery (Tissington, 2011)
 - more demand-driven process
 - greater role for local government including the accreditation of municipalities, particularly the metropolitan municipalities, to manage the and take control of the demand-driven housing process
 - shift away from the delivery of RDP houses to a broader range of programmes.
 - 3 programmes which have been prioritized for housing delivery include:
 - Integrated Residential Development Programme (IRDP)
 - Informal Settlements Upgrading Programme (UISP)
 - Social/Rental Housing Programme.

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Budget analysis & performance

- DoHS has 4 main programs
 1. Administration
 2. Policy, Strategy & Planning
 3. Programme Delivery Support
 - 4. Housing Development Finance**
- There has been **significant under-spending in Programme 1,2 & 3**
- **Programme 4** is mainly responsible for administration and implementation of key housing delivery programs

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Programme 4

- Programme 4 has consistently received the **largest proportion of the housing budget - 97% over last 2 years.**
- Figure 1: Percentage change in budget allocated to Housing development finance (real & nominal)

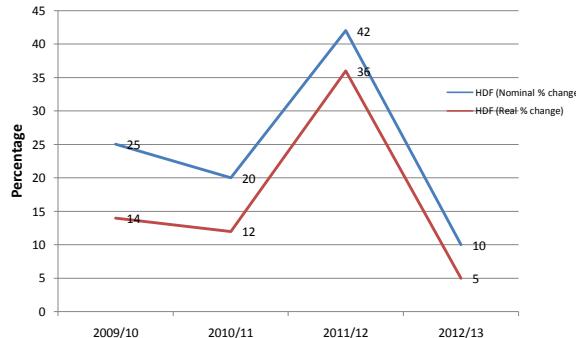


Figure 1 illustrates the percentage change in budget allocations to program 4 based on both nominal and real amounts. The **forgone effect of inflation** on allocations to departments raises a series of concerns.

In 2012/13, the change in real allocations (5%) fell below actual CPI inflation for the year (5.7%),

Source: Own calculations based on DHS Annual reports, MTBPS, various years

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9 sub-programs under Programme 4

Table 1: Program 4 Sub-program (nominal) allocations

Sub-program						
R'000			2009/10	2010/11	2011/12	2012/13
Management for Housing Development						
Finance			2 389	607	1 152	3 013
Chief Investment Officer			18 220	15 855	14 795	*
Regulatory Compliance Services			20 447	21 981	22 252	*
Human Settlements Development Grant	10 819 252	13 032 112	15 121 516	15 725 959		
Contributions			352 613	346 193	484 074	912 808
Rural Households Infrastructure Grant	N/A	61 614	187 353	340 625		
Backlogs in Water and Sanitation at Schools and Clinics			350 000	*	*	*
Urban Settlements Development Grant	4 418 189	4 968 023	6 266 998	7 392 206		
Program Monitoring and Evaluation			30 798	14 796	16 247	*
Total			16 011 908	18 461 181	22 114 387	24 374 611

Source:
ENE, various years.⁴⁷
DHS 2012/13 AR

9 sub-programs

- 3 of these (**in red**) are grants allocated to provinces and municipalities to fund the development and creation of sustainable human settlements in rural and urban areas.
- The **human settlements development grant (HSDG)** is given to provinces and is primarily responsible for providing funding for the construction of human settlements.
- This is the largest grant value allocated under programme four under the review period.

Human Settlements Development Grant (HSDG) allocations

Table 2: HSDG allocations							
R'Mill	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Nominal	6 678	8 150	10 178	10 819	13 032	15 122	15 726
Real	9 595	11 195	13 116	12 684	14 274	15 884	15 726
Difference	2 917	3 045	2 938	1 865	1 242	762	0
% change (N)	N/A	22.04	24.88	6.30	20.45	16.03	4.00
% change [®]	N/A	16.68	17.16	-3.29	12.54	11.28	-0.99

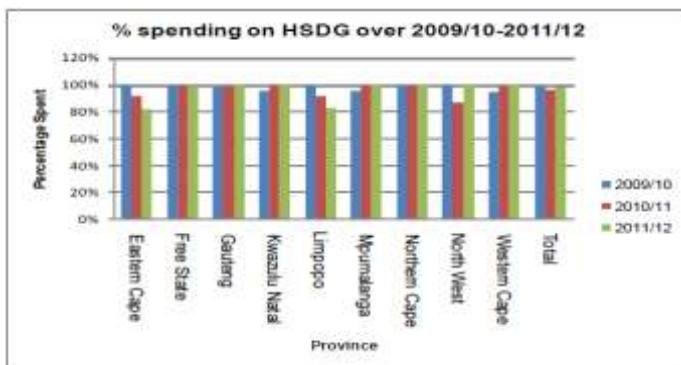
Table shows how nominal increases indicate that the HSDG budget has been increasing gradually during the review period.

Source: DHS annual reports, and own calculations based, various years.

However, when inflation is factored in, real allocations in 2009/10 and 2012/13 declined drastically.

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Spending patterns of the HSDG



Source: Financial and Fiscal Commission submission on human settlements vote, 2013

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Spending patterns of HSDG cont.

- Overall, expenditure on this grant has been good, with certain provinces even spending 100 percent of the total allocation.
- **Two provinces demonstrate decreasing spending trend (FCC, 2013):**
 - **Limpopo:** in 2010/11 provincial allocation increased by R130 million and under-spending at the end of the financial year was R11.5 million
 - **Eastern Cape:** in 2010/11 provincial allocation increased by R39 million and under-spending at the end of the financial year was R133 million.
- Raises question whether proper evaluation of the province to spend was done before increasing allocation.

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Optimal spending but targets not met

Despite optimal spending on the HSDG - certain critical housing targets have not been met.

Table 3: Housing development finance – Housing units

	2009/10	2010/11	2011/12	2012/13
Housing units planned	250 000	220 000	220 000	130 000 (projected)
Number of houses completed and constructed	161 854	121 879	120 610	72 223 (current)
Shortfall - housing units	88 146	98 121	99 390	-

Despite provinces spending almost 100% of their human settlement budgets there is massive under-delivery on houses.

This raises important questions which cannot go unanswered.

1. What is the nature of this expenditure if housing backlogs persist?
2. How is the allocated money being spent?

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RECOMMENDATIONS

- **ALLOCATIONS**
 - Need to take into account the effects of inflation
 - Need to factor in capacity of provincial and municipal governments & provide adequate support & monitoring
 - 2014 Budget speech indicated that R3.9 billion has been allocated to capacity building programmes over the MTEF, targeted at small towns and rural municipalities. This funding needs to be properly monitored to ensure that the metros are capacitated to take over the human settlements function.
- **Urban Settlement Development Grant (USDG)**
 - To date the USDG has not been used appropriately by metros. Instead of being spent on the “enhanced sustainability of human settlements and improved quality of households” it is being spent on for example roads and bridges and not informal settlement upgrading.
- **RURAL HOUSEHOLD INFRASTRUCTURE GRANT (RHIG)**
 - RHIG needs to be reviewed to make it more flexible and cost effective (FCC, 2013)
- **EMERGENCY ACCOMODATION**
 - Municipalities have failed to devise and implement proactive, programmatic and coherent responses to evictions and the provision of alternative accommodation in instances of eviction within their jurisdictions (SERI, 2013)

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RECOMMENDATIONS cont.

- **LOW INCOME RENTAL ACCOMODATION**
 - Lack of national policy and subsidy instruments that cater for the demand of low-income rental accommodation (SERI, 2013)
 - Need for public funded rental housing targeting those that earn below R3200 per month who are currently NOT targeted by social housing. This would require capital spending as well as the development of a operating subsidy to ensure management and maintenance of the rental housing. This currently does not exist.
- **POOR COORDINATION BETWEEN DIFFERENT SPHERES OF GOVERNMENT**
 - Reported delays in transfer of the HSDG from provinces to municipalities
 - Separate sectoral infrastructure grants not aligned with each other – hinder process of delivering houses
- **MONITORING SYSTEMS**
 - Need to develop a functional monitoring system for verification of housing projects delivered in all provinces - differentiating between houses completed & those still under construction (FCC, 2013)
- **PERFOMANCE TARGETS & EASILY ACCESSIBLE DATA**
 - Financial & non-financial performance indicators & targets are absent, unavailable and/or not clear or measurable - the situation at the provincial level is even worse
 - This data should be easily accessible through DoHS website

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8. People's Budget

RECOMMENDATION

- Review how we develop our national, provincial and local budgets.
- Implement gender-responsive planning and budgeting.
- Facilitate REAL participation and engagement in the budget process from the neighbourhood, ward, district to the province to national government.
- Support greater transparency and access to budget information at provincial and local levels. A black board outside a clinic, school or infrastructure project outlining the budgets, contractors responsible and so forth.

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THANK YOU



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