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NATIONAL COUNCIL OF PROVINCES

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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

The Council met at 14:04.

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

The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, I have been informed that the Whippery has agreed that there will not be any motions today.

Before we proceed with the business of the day, hon members, I wish to make some comments with regard to our behaviour - and I include myself as part of the collective. I would like to stress the point that this behaviour we have seen recently is quite unacceptable and has had a negative knock-on effect on the decorum of the House. As presiding officers, we have noticed that some members have taken it upon themselves to want to question, debate, overturn, and in some instances, defy the officer presiding.

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I would like to refer members to the Council's Rules 35 and 37, which provide, as follows. Rule 35 states:

Whenever the officer presiding rises during a debate in the Council, a member addressing or seeking to address the Chair must sit down and allow the officer presiding to be heard without interruption.

Rule 37 states:

- (1) The officer presiding may order a member to leave the Chamber immediately for the remainder of the day's sitting if the officer presiding is of the opinion that -
 - (a) the member is deliberately contravening a provision of these Rules;
 - (b) the member is in contempt of or is disregarding the authority of the Chair; or
 - (c) the member's conduct is grossly disorderly.

Members should be mindful that, as hon members, we are supposed to conduct ourselves in a manner befitting of the decorum of this august House. To interject when an officer presiding is addressing

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the House or to call to question the ruling of the officer presiding after it was delivered is totally unacceptable, and is tantamount to contempt and/or disregarding the authority of the officer presiding.

As officers presiding, we have a responsibility to conduct proceedings of the House and to protect speakers at the podium in order to ensure that the business of the House is not compromised. Members might have noticed that we always encourage them, in case a member is not satisfied with the decision of the officer presiding, to write and bring that matter to the attention of the Chairperson of the Council. Therefore, there should not be any justification for members who are not satisfied with rulings of the officer presiding to disrupt proceedings of the House.

I therefore call upon all members to co-operate with us and to afford us the opportunity to conduct the business of the House, uninterrupted. Failure to do this will leave us with no other option but to protect the decorum of the House and enforce the Rules.

The second part of it is as follows. Yesterday, I committed myself to looking at the Hansard and to come back to the House with regard to some rulings where members requested rulings be made. There is a technical problem that we are experiencing with the Hansard with

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regard to those specific rulings. However, I shall do that before I leave the Chair, or before the House adjourns, and make rulings in so far as those particular rulings are concerned.

APPROPRIATION BILL

(Policy debate)

Vote No 16 - Health:

The MINISTER OF HEALTH: Hon Deputy Chairperson of the House; my colleague, the Deputy Minister of Health, Dr Joe Phaahla; my colleagues; the MECs from Limpopo, KwaZulu-Natal, Gauteng and the Eastern Cape; the Chairperson of the Select Committee on Social Services, the hon Dlamini; hon members of the select committee; distinguished guests; ladies and gentlemen, good afternoon.

This is the year of Oliver Reginald Tambo, one of the most revered icons of our struggle for freedom. He once declared:

We have a vision of South Africa in which black and white shall live together as equals in conditions of peace and prosperity.

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I believe that for us, black and white, to live together as equals in conditions of peace and prosperity, we need to make sure that all people enjoy the health dividends of our democracy, as Oliver Tambo would have liked.

Yesterday, the Department of Health took a huge step in our endeavour to make sure that these health dividends of our democracy reach all our people. I presented the final policy document on the national health insurance, NHI, to a joint meeting of all Cabinet committees.

I am aware that many people are still not sure what NHI actually is. It is something Oliver Reginald Tambo would have cherished. It is something that our forebears, in drafting the Freedom Charter in 1955, dreamt of. It is something that the United Nations did not only dream of, but adopted, in September 2015, as one of their 17 Sustainable Development Goals. They named it "universal health coverage", using the name given to it back in 2005 by the World Health Organisation, WHO.

In the week of 22 to 27 May 2017, the World Health Organisation convened its 70th World Health Assembly. The World Health Assembly is an annual gathering of all health Ministers and health experts

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around the world. Every five years, the Ministers elect the Head of the World Health Organisation, who is given the title of Director-General.

Such an election took place on 22 May this year in Geneva, Switzerland, where the World Health Assembly sits on an annual basis. For the first time in the 69-year existence of the WHO, an African was elected as the Director-General. I thought you would cheer - because you will not have another opportunity of 69 years! [Applause.] I thought you would applaud.

He is Dr Tedros Adhanom Ghebreyesus from Ethiopia. He and two other candidates, one from the United Kingdom and the other from Pakistan, were granted an opportunity to address the Assembly for 15 minutes before voting could begin. I want to simplify the concept of universal health coverage, or NHI, to you, by quoting from his address:

I have dedicated my life to improving health. To reducing inequalities. To helping people everywhere live more productive lives. That commitment has driven me throughout my life and career. And it's what brings me before you today. It is that commitment with which today I seek to lead the World Health

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Organisation, and serve its noble mandate. And I make the following five promises:

Number One: I will work tirelessly to fulfil WHO's promise of Universal Health Coverage.

For the sake of time, let me skip the promises numbered 2, 3, 4 and 5, which he made, and go on to explain what he said about promise Number 1 - universal health coverage - by quoting him further:

Last December, I met a medical student in Santo Domingo, Dominican Republic. He suffered from kidney failure and was receiving dialysis three times per week. I asked him how much he was paying for it. He said he did not know. He said the government covers it. Without it he would be dead. His treatment should have made him miserable. But, he was smiling and full of hope. He told me when he completes his medical training he will work to help others.

Because of his access to health, this young man is alive. He will thrive and give back to his community. His story touched me very deeply.

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He went on to say:

Universal Health Coverage represents our most basic common values and aspirations, as you can see from this man. It is about delivering health and hope to our people and investing in the prosperity of future generations.

That is why I always say all roads should lead to Universal Health Coverage. Universal Health Coverage should be the centre of gravity in our activities. Universal Health Coverage means as you know it - quality diagnosis and care, ensuring access to quality drugs and addressing financial barriers to health. Universal Health Coverage is a matter of political commitment and we have to ensure political commitment if we are going to achieve it.

He concluded by saying:

I will not rest until we have made good on our promise of Universal Health Coverage.

So, when I presented our final policy document on NHI to the joint Cabinet committee yesterday, I was also driven by this ideal. When our forebears drafted the Freedom Charter in 1955, under the

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heading, There shall be housing, security and comfort, they stated, "A preventative health scheme shall be run by the state." When they also stated, "Free medical care and hospitalisation shall be provided for all with special care for mothers and young children", they actually did not know or could not have guessed that, 60 years down the line, this concept would be adopted by the whole world, at the United Nations, and be called universal health coverage.

The predecessor to Dr Tedros, the Director-General voted into office in 2012, Dr Margaret Chan, said:

Universal Health Coverage is an ... equaliser ... between the rich and the poor. It is an ultimate expression of fairness.

So, how do we actually define universal health coverage? It is a health financing system that pools funds to provide access to quality health services for all South Africans based on their health needs, irrespective of their socioeconomic status. This definition may very well fit the definition of a medical aid scheme. However, there are two very notable exceptions that make NHI and medical aid schemes look like chalk and cheese.

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The first exception is the word "all". Under NHI, we intend to pool funds for all South Africans. In medical aid schemes, the word "all" does not exist. Medical aids are designed for a selected, privileged few and pretend that the majority of South Africans do not exist. All members in this House, today, are unfortunately part of those privileged few - myself included.

Since 1967, when the first Act to consolidate medical aid schemes was enacted by the then apartheid government which came into power in 1948, medical aid schemes, to date, have only served 16% of the population. Hence, according to that system, 84% of South Africans have no right to access to good quality health services and they can be served through some alternative means.

The second notable exceptions are the words "irrespective of their socioeconomic status". Under the medical aid system, even the selected, privileged few - which you belong to - are stratified according to their economic status. Even inside that system, the more senior the job you perform, the higher your salary, and the better the quality of health services you get. The more junior your job status, the lower your salary, and the lower the quality of health services you get.

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This cannot be allowed to go on any longer. It is a flagrant disregard of our Constitution because the Constitution does not recognise economic status in the provision of health services. It is also a flagrant disregard of our Constitution because, under medical aid, health is a condition of employment status whereas in the Constitution health care is a right.

When the United Nations says "universal", they mean all. They mean no one shall be left behind. So, NHI is going to be exactly that. The document that is going to be brought to the House after the Cabinet finally approves it next week shall reflect that we have now started on this noble but difficult journey towards equalising health care between the rich and the poor. High blood pressure is high blood pressure. It cannot be treated differently for a rich person and a poor person. It can't.

Hence, NHI represents a substantial policy shift that will necessitate a massive reorganisation of the current health care system, both public and private. I want to repeat this. We are going to reorganise the present health care system on a massive scale, in order to meet the ideals of NHI. When the Cabinet has adopted the final document, when we come to you and give it to you, hon members, because it must then be passed into law, we will outline in detail

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what we actually mean by this massive reorganisation, because this policy shift has never taken place in our country before. Nor has it ever taken place in many parts of the world. This concept of universal health coverage is completely new.

In conclusion, I would like to inform you that, in January this year, the WHO established a movement in Geneva. They said that for this concept to be driven around the world, we want a movement reminiscent of the movements that were formed to fight HIV/Aids; the strong movements which everybody around the world knows were formed in Geneva to drive the principle of universal health coverage all over the world.

I present to you this budget of R42 625 723 000 for 2017-18 for adoption by this House. Some people are looking at me, thinking I would trip on these numbers. [Interjections.] I never did.

[Laughter.] R42 625 723 000. That is the budget for Health. Thank you very much. [Applause.]

Ms L C DLAMINI: Deputy Chairperson, the minutes that were left by the Minister will be added to mine. My greetings to the Minister, the Deputy Minister hon members, MECs from different provinces and special delegates.

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The health status of any country is considered a key precondition for long-term economic growth as well as an outcome of sustainable economic development. Improving the health status or the health outcomes of citizens is thus a key social and economic development goal for most countries. It should not be seen as healing a person.

Hon Deputy Chair, the committee supports the budget as presented by the Minister for simple reasons that in 1990, life expectancy amongst white South Africans was 69 years for males and 76 years for females. By contrast, life expectancy amongst Africans was 60 years for males and 67 years for females. At birth, the probability was that the life of an African female would be nine years shorter than that of a white female.

The indicators also show that in 1995, the infant mortality rate amongst Africans was at 48,3% per 100 live births. That means that it was six times higher than that of whites which was at 7,4% per 1 000 live births. This simply means that prior to 1994; public health services were only available to a small portion of the population, while the majority of Africans had inadequate or no access to healthcare.

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The disproportionate allocation of resources was mirrored in life expectancy figures of the different racial groups - meaning that you had to have a lighter skin to be given healthcare services at the time.

Over the past 23 years, major transformation has taken place in South Africa in health legislation, policy and the delivery of services to all South Africans irrespective of colour or whether you are rich or poor, all South Africans are given equal healthcare services.

In recent years, the South African government has introduced a universal health coverage known as the South Africa National Health Insurance. This initiative seeks to ensure that all South Africans have access to good quality healthcare, irrespective of their financial status.

South Africa has been grappling with the scourge of HIV/Aids and TB for many years. Recently, the country has been making good progress in addressing HIV/Aids and TB. To this end, it is worth noting that the mother to child transmission of HIV has been reduced. However, the number of new infections in young girls and young women aged 15 to 24 years are still very high. It is plausible to note that there

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are much needed interventions currently done by the department. We really appreciate that hon Minister.

Furthermore, the National Development Plan, NDP, aims to have an AIDS-free generation of under 20s by 2030. To this end, the department has announced two major plans to be implemented during the current financial year: To provide access to ARV treatment to anyone confirmed HIV positive, meaning that they are not going to wait for the CD4 count to be at a certain level; to provide Pre Exposure Prophylaxis to sex workers.

We also note the improvement in addressing drug short outcomes which has been a problem for a while in the country. The department has embarked on a pro-active strategy called Stock Visibility System, SVS, to address the medicine supply challenges in all our health facilities.

Hon Deputy Chair, we have been to different provinces, even in the poorest of the poor areas, where there are serious challenges but in terms of drugs availability there were drugs available for citizens in all the areas that we visited.

While recognising the progress made by the National

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Department of Health in delivering quality healthcare services to the people of South Africa, challenges remain, especially in the provincial level. In this current financial year 2017-18, the South African healthcare system had 45 733 vacant posts, and 351 925 filled posts. This present a shortfall of 11,5%. Deputy Chairperson, you can do whatever you can but if you don't have enough personnel to implement your programmes, whatever programme is bound to fail.

The provinces that are most affected are: Limpopo with the highest number of vacant posts, 10 074; Eastern Cape has 7 005 vacant posts; and Gauteng has 6 100. We are therefore saying that these posts are very much important to be filled. I do not know what the challenges are for the provinces to fill those vacancies, but their plans are bound to fail if they don't have enough personnel.

The posts include those for doctors, nurses, optometrists, audiologists, administrators, psychiatrists, financial and hospital managers, and maintenance workers. As we have been going around we realised that most of the challenges in infrastructure is maintenance. So, if there are still vacant posts to be filled of people responsible for maintenance, we do not know what the problem is in filling those vacant posts.

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Human resources is the most critical component in delivering quality healthcare services to the people. Therefore, there is a great need to fill the vacant positions within the Department of Health, especially at provincial level.

In 2016-17 financial year, healthcare spending was increased by only 5,6% and provincial hospital services faced a 2% cut amounting to nearly R600 million. When the healthcare inflation rate is taken into account, which according to medical aid schemes was 11%, the health budget for provinces, in real terms, was cut by 13%.

While we recognise that the country is in difficult financial situation, it is critical that health allocations to provinces should not only meet rising costs but must also be increased in real terms above inflation to ensure that improvements of services is realised.

Hon Deputy Chair, we went to the Free State to do a pre-visit in Xhariep District as the National Council of Provinces. Minister, we are not doing well at all when it comes to the infrastructure. Most of the health facilities are houses that were converted to clinics. We are also requesting the Minister to engage the Minister of Co-operative Governance and Traditional Affairs, because all health

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facilities there were affected by water cuts by Bloem Water because the municipalities have not paid.

During our visit, most of the health facilities, including hospitals, did not have water. We are requesting the Minister to engage with the Minister of Co-operative Governance and Traditional Affairs to deal with that issue. Such should not affect our citizens. You cannot imagine a hospital running without water. That has to be addressed.

While the country's health facilities have serious challenges in most of the provinces, especially in the rural areas, we have also seen cuts in the infrastructure budget. We are asking ourselves how these challenges are going to be addressed. We are requesting the Minister to engage the National Treasury to talk about these cuts and how they are going to make up on the infrastructure that is a challenge in our provinces.

The recent Life Esidimeni tragedy highlights the vulnerability of mental health care users in Gauteng. We all remember the issue of Life Esidimeni: The Gauteng Department of Health used limited funds as an excuse for discarding mental health care users, which led to

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the deaths of over 100 mental healthcare users and the neglect of over 1000 such users.

While the mental health budget is not, itself, detailed in the budget, we are just wondering if we are not going to see other challenges in other provinces as well if this is not taken as a priority.

The Department of Health aims to improving district mental health facilities where each district would look at the key clinical priorities. However, there were limited people in the psychiatric profession. Hon Minister, we are proposing that you consider providing bursaries for people who are dealing with psychiatric cases with the condition that they support the department for a limited time after they finish.

I am not going to cover all the issues that the Minister covered. We also visited Mpumalanga recently to do our oversight as a committee. One of the topical facilities was Rob Ferreira. We have learned that most of the issues that were raised by the previous committee were addressed except these three issues: Staff attitude, long queue at the reception area - people wait for long, and a very small mortuary that only takes 12 people. We feel that it is very small, as much as

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we know that there are private facilities but for a government hospital, a mortuary that can only accommodate 12 people is not big enough.

We also experienced budget process challenges in this financial year, 2017-18, in Mpumalanga. However, the Mpumalanga health department will continue to provide the resources to expand opportunities for the people to access quality healthcare services in the province.

The following are the challenges we learned: Slow contractor performance; re-works emanating from poor quality of works; social protests resulting to disruption of works; changes on scope of work - which means that there has to be more budget allocated for a project; delays in approval and connection of services such as electricity and water; appointment of a new contractor after termination of poor performing contractor; and the lack of capacity within the Department of Public Works.

We also experienced a number of projects that are implemented by the department, especially in hospitals that are being revitalised by the province. We therefore, as a Select Committee on Social Services, support the budget.

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We are saying we will continue to support the Department of Health and its provincial department to work towards improving the quality and access of healthcare through the introduction of the National Health Insurance and other services that are provided by the department. We support the budget Deputy Chair. Thank you.

IsiXhosa:

Nks T G MPAMBO-SIBHUKWANA: Mandizibulisele kuwe Sekela Sihlalo wale Ndlu, mandibhekise phaya kuMphathiswa ndithi ilizwe lethu libeke iliso elibukhali ekukhathaleleni nakuphuhliso kwiSebe lezeMpilo. Nangona kunjalo, urhulumente ubonakala engathi uyasilela ekuhoyeni ezempilo, ingakumbi phaya ezilalini. Kungangcono, xa sisonke, ukuba sibeke iliso elibukhali ngokuthe wakufezekisa siphinde sijonge apho athe wasilela ukuze siqonde imikhomba-ndlela emasiyilindele nemiba ukufuneka siyakhele umkhanyo.

Into entle iyanconywa xa kufuneka inconyiwe. Siyiqhwabela izandla imali engange - 14,4 lezigidi ngezigididi ethe yanikwa iSebe lezeMpilo lephondo laseMpuma Koloni. Nangona iyindleko enkulu, sifanele siyichwayitele into yokufunywana koninzi lwabantu abatsha abazingcaphephe kwezempilo abaza kuvala izithuba zengqesho kumaziko angama-300 kwiphondo liphela. Nanjengoko iphondo lisaziwa

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njengephondo elineenkonzozo ezingekhomgangathweni kuninzi okwenziweyo. Kumaxesha akudala bekusilela ngakumbi kodwa ngoku simethulela umnqwazi uMphathiswa Motsoaledi ngokugqwesa kweli phondo laseMpuma Koloni.

Omnye umba obalulekileyo nosafuna ukuqwalaselwa phaya ezilalini ziinkonzozo zokuthuthwa kwezigulana. Zisasilela kakhulu phaya ezilalini ngoba zithi zifunwa phaya zibe zingafumaneki kwixesha likaxakeka. Kuyafuneka ukuba sihlabe amadlala kuba zisoloko zifika sekophulwe, itshoba lilele umbethe, ingakumbi kummandla waseGariep Dam. Sivile ngethuba besityelele phaya ukuba izigulana zifumana ingxaki ekufumaneni izithuthi kwangethuba. Izigulana ezisemagolokonxeni zithwaxwa yintlupheko ngenxa yokunqongophala nokusilela kwezi nkonzo. Ilulungelo labo ukuba bazifumane kwangethuba, Sekela Sihlalo.

ISibhedlela saseMonti iFrere, eMpuma Koloni safumana ama-42,2 ekhulwini kuvavanyo lolawulo lokusuleleka saze saphumelela ngama-80 ekhulwini. Loo nto ithetha ukuba izigulana zisemngciphekweni wokusuleleka ngethuba zisesibhedlela. Isibhedlela sasePelonomi, eBloemfontein sasilela ukuhlawula amaziko ayesebenza kumagumbi ezigulana anesifo sephepha. Ingxaki yeyokuba iSebe lezeMpilo lazibona linyumpantyumpeka kwiinkundla zamatyala lifakwa

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ngamaxwebhu abhalwa ngoogqirha nabaphathi abakhulu besibhedlela. Kolo bango ngokwasemthethweni lwama-48 ezigidi zeerandi kwiSebe lezeMpilo kwisiqingatha sesithathu sokuququnjelwa konyaka kuye kwalula ukuba bakhawuleze bafumane imali. Le mali ifunyanwayo yile ibifanele ukuba isetyenziswa kunikezelo lweenkonzo eluntwini ikwazi ukuba iphucule umgangatho wozonyango kwabo bantu bazimpula zikalujaca. Le mali bekufanele ukuba isetyenziswa ukuhlangula ubomi babantu kodwa ayisiwa kuloo ndawo koko isetyenziswa kubantu abasebenza ngokungakhathaliyo.

Kuyafuneka ukuba sazisiwe ngezinye iindleko ezithe zenziwa ngurhulumente. Kutsha nje kulo nyaka urhulumente uchithe isixa mali esingangesigidi sezigidi esinye kwintlawulo yamabango okungabinankathalo kwezonyango kwiSebe lezeMpilo lephondo laseGauteng. Lo mba mawungabethwa ngoyaba koko mawuthathelwe ingqalelo. I-Inshorensi yezeMpilo yeSizwe, NHI, ayibanga yinkcitho engenaziqhamo nangona le mali ihlala inganelanga.

Siyaluqonda uxanduva lohlahlo-lwabiwo-mali lwesizwe jikelele kuba abantu phandle apha bayimipha echutywe yalahlwa, bazimpula zikalujaca kwaye abathath'entweni, ingakumbi kwezempilo. Urhulumente udlala indima enkulu kakhulu kwicandelo lokubelekisa oomama kodwa kuyafuneka ukuba angenelele kwezempilo ezikolweni nakwabo

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bakhubazekileyo. UMphathiswa ukubethelele ukungenelela ngokubanzi kukarhulumente kubantu abakhubazekileyo wade wanabela ngakumbi nakuxinzelelo lwegazi.

Kulawulo lweli phondo ndikulo sibongoza ubuchule kwinkcitho-mali yesebe bokutyeshela ukunanza izinto ezingenafuthe. Sikholelwa ukuba makunikwe imigangatho enemiqathango esuka kurhulumente kuwo onke amaphondo. Siyazingca sikwaneqhayiya ngomgangatho weenkondo zonedo lokuqala kwiSebe lezeMpilo lephondo kuba zixhaswa lulawulo olufanelekileyo kwiingingqi nasephondweni. Ulwazi lwethu lulandela ekhondweni lokukhathalela ngezempilo kuba phantsi kwe-DA, kweli phondo, yinkungu nelanga yabantu abafikelela kukhathalelo lwezempilo.

Iyinyaniso engafihlekiyo ukuba inani loqikelelo lobomi eNtshona Koloni ephantsi kolawulo lwe-DA likuma-66 eminyaka ubudala xa kuthelekiswa nama-62 eminyaka ubudala bokuphila kuzwelonke. Njengombutho i-DA siyayiqonda ingxaki yeNtsholongwane yeSifo uGawulayo nesifo uGawulayo kweli lizwe kwaye silandela ekhondweni lesimemelelo loMbuthe wezeMpilo weHlabathi, WHO wama-90-90. Lo mbutho uphakamisa ukuba ngowama-2020, ama-90 ekhulwini abantu abaphila neNtsholongwane yeSifo uGawulayo noGawulayo baya kube

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bezazi ukuba banayo (status) kwaye ama-90 ekhulwini baya kube befumana unyango.

Isixa mali esingeneno kuhlalho-lwabiwo-mali kuncedo lokuqala lwezempilo kuthetha ukuba akukabikho minatha yothungelwano ngokumeleneyo kunikezelo lweenkonzo zempilo kubantu baseMzantsi Afrika kwiindawo ezikufuphi namakhaya abo. Iinkonzo zokubelisa oomama ngumba ongundoqo ngenxa yeentsana ezingama-53 ekhulwini ezithi zisweleke ekuzalweni. Isixa esi-R18,278 sezigidi sabelwe inkqubo yokulwa neNtsholongwane yeSifo uGawulayo noGawulayo, ukubelekisa nokhathalelo lwezempilo. Icandelo lezobelekiso alufumani mali yoncedo ngokwaneleyo eMzantsi Afrika ngenxa karhulumente ongathathel'ingqalelo izinto ezithethwayo ngabantu.

Abahlali bacelile kwintlanganiso ebesinayo ukuba sidlulise umyalezo wokongezwa koomongikazi abangamadoda kweli thuba le nyanga yeSilimela yokuya esuthwini. Amadoda awakwazi ukusebenzisana kakuhle noomongikazi abangoomama xa kufikelelwa kumba wokuya esuthwini. Enkosi. [Kwaphela ixesha.]

IsiZulu:

Ms L L ZWANE: Sihlalo ohloniphekilewendlu, ngibingelela uNgqongqoshe, isekela lakhe, namaLungu ahloniphekile wePhalamende,

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izivakashi kanye nama-MEC abavela ezifundazweni. Ngiyajabula ukuba yingxenye yale nkulumo-mpikiswano esiyenza ngesikhathi esibalulekile ngenyanga yentsha. Siyazi ukuthi zimbili kuphela izinsuku ezisele ngaphambi kokuthi sifike ku-June 16. Ngeke salikhohlwa igalelo le ntsha yaseNingizimu Afrika eyafa, iningi layo lifa ngama-uprising ase-Soweto ifela ukuthi abantu baseningizimu ngelinye ilanga baphile impilo engcono. Mhlawumbe ngabe intsha yethu ayilwanga ngaleso sikhathi, nhlawumbe ngabe ngiyaphoqeleka namhlanje ukukhuluma ngesiBhunu, ulimi labacindezeli. Kodwa ngoba zalwa izingane zethu, siyalibonga kakgyulu igalelo labo.

le nkulumo futhi yenzeka ngesikhathi nangonyaka lapho sikhumbula khona umzabalazi wangempela wenkululeko, ubaba u-Oliver Tambo, owalwa elwela inkululeko, owaba ngumholi onehlonze kuKhongolose isikhathi eside njengomongameli we-ANC kusukela ngo-1967 kuya ku-1991. Siyalibonga igalelo lakhe nenkulumo yakhe yokusikhuthaza eyayithi angeke size siphumule umuntu omnyama engakaphili impilo ekufanele ayiphile la kule lizwe lethu esilithandayo.

Phakathi kwentsha engifisa ukuthi siyikhumbule intsha enjengo-Andrew Zondo, ngijabulile izolo uma umhlonishwa uNkwinti ekhumbula lokho ukuthi intsha enjengo Andrew eyagwetshwa intambo ngoba wabekwa icala lokuthi nguye ofake ibhomu laphaya edolobheni labelungu eManzimtoti,

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KwaZulu-Natali. Abelungu kade benze i-raid eLesotho babulala abantu abayisishiyagalombili, uma sekuqhuma ibhomu eManzintoti sekuthiwa o-Andrew Zondo. Wagwetshwa emncane egwetshwa isigwebo sentambo, intambo yakhe yayintambo eyizigaba ezinhlanu. Okusho ukuthi isidumbu nesidumbu esaphuma kwakuyisigwebo sentambo. Sithi lezo zimo angeke sazikhohlwa ngoba lezo zingane naleyo ntsha yafela ukuthi sibe la sikhona namhlanje. Mabalale ngokuphumula kanye nabanye ozakwabo afa nabo ngaleso sikhathi.

Uma izwe uzolibheka ukuthi lithuthuke kangakanani, uzobheka ukuthi abantu bakulelo lizwe bafunde kangakanani, uzophinde ubheke ukuthi ezempilo zakulelo lizwe zisezingeni elinjani. Uzobheka futhi ukuthi umnotho walelo lizwe usezingeni elinjani. Siyabonga la eNingizimu Afrika ukuthi uhulumeni kaKhongolose wenze ukuthi abantu baseNingizimu Afrika bakwazi ukuthola izinga lezempilo elisezingeni elifanele ngaphansi kwemigomo yemali esinayo.

Ngongqoshe, umnyango wakho nohulumeni wonke oseNingizimu Afrika siyanibonga ngokuthi nifake lolu hlelo okuthiwa yi-NHI okhulume ngayo. Le NHI yenza ukuthi wonke umuntu akwazi ukuthola usizo lwezempilo, noma ngabe uyisigwili noma ngabe umpofu kodwa akwazi ukuthola usizo ngendlela efanayo ngoba uhulumeni efuna ukuthi kuphele leya nto yobandlululo eyenza ukuthi izinga lempilo elinikwa

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abamhlophe libe phezulu bese kuthi abantu abamnyama bangahlelelwa nhlobo udaba lwezempilo kanye nezinga lokuthola imishanguzo. Iphelile-ke leyo nto ngalo hulumeni okhona kaKhongolose.

Siyabonga ukuthi emzabalazweni wenu wezempilo nikwazile ukukhulisa inani lokuphila komuntu. Ngesikhathi sengcindezelo abantu babephila isikhathi esincane, mhlawumbe umuntu aphilile nje kufike iminyaka engama-54 kodwa kuthe kungathatha nina nakwazi ukukhulisa iminyaka yokuthi siphile isikhashana sibe side, sifike laphaya eminyakeni engama-62 ngoba nikwazile ukulwa nezifo ezinjengengculazi nesandulela nakwazi futhi ukulwa nesifo se-TB ekadesingumashayabhuqe ngemali enabelwe ukuthi nidlulisele leyo mishanguzo.

Siyabonga ukuthi nikwehlisile ukufa kwezingane ezincane. Izinga leshe ngendlela eyisimangaliso lezingane ezizalwa zingasekho. Izingane ezifa phakathi komnyaka owodwa neminyaka emishlanu lehlile, nilehlisile izinga lokufa kwalezo zingane. Niphinde nehlisa izinga lokufa komama bebeletha, manje akuseyona into evamile ukuthi umama uma ephumile eyobeletha kuthiwe inyanda ibuke nesibopho, isikhathi esiningi omama babuya baphethe izingane zabo bephila kanye nezingane zabo ziphilile.

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Niphindile futhi nalwa nesifo sofuba ebekade siqeda abantu. Siyalubonga futhi uhlelo lwenu lokungena esivumelwaneni namanye amazwe ngokubonelela isimo sokuthi isimo sezempilo kufanele sithuthuke. nenhla izinhlelo namazwe anjengo-Cuba ukuthi kube khona odokotela abaphuma la eNingizimu Afrika baye e-Cuba bayoqeqeshelwa ubudokotela ukuze bazobuya bese basebenzisa amakhono abawaqoqe kulelo lizwe bakwazi ukuthuthukisa izinga lezempilo laseNingizimu Afrika.

Ngenkathi sisekomodini noMnyango Wezempilo ngiyakhumbula sitshelwa ukutho odokotela bangama-800 ngonyaka ozayo bayabuya e-Cuba. Lokhu kusho ukuthi liyakhuphuka inani lodokotela abazoba semitholampilo nasezibhedlela ngenxa yokuzabalaza nokusebenza kukaKhongolose. Lo mbono wokuthi kube khona lokhu ukuthiwa ngesiNgisi ukuthi yi-ideal clinic, ukuhleleka kwemitholampilo - besithi uma singena eMpumalanga singena nase-Free State ezindaweni ezinjengo Gariep sibone lolu hlelo lwe-ideal clinic. Iyodwa indawo lapho abantu bathatha khona imithi, iyodwa indawo yokubona udokotela kukodwa futhi lapho kuthathwa khona imishanguzo ethile yama-ARV; nihlelile.

English:

Nonetheless, Minister ...

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IsiZulu:

... siyafuna ukukubeka ukuthi zikhonyana izindawana sesisebenzile kunjalo ezisafuna ukuthi sizilungise, njengesikhathi abantu abasilindawo emitholampilo ngaphambi kokuthi babone abahlengikazi nodokotela. Sithi asingabi side, besithi uma sifika kulezi zindawo sifice abantu bekhala mhlawumbe bethi sifike la ngo-7 manje sekungu-12 kodwa asikakwazi ukungena sibone udokotela noma umhlengikazi.

Enye inkinga ekhona emitholampilo esemaphandleni ikakhulukazi, Ngqongqoshe, inkinga yokuthi odokotela okuyibona abasevisa leyo mitholampilo abekho kahle. Ngasikhathi ufika uthole ukuthi udokotela emtholampilo othize eMpumalanga kufanele afike izinsuku ezimbili esontweni, kodwa udokotela ufika usuku lube lunye emasontweni amabili ngenxa yokushoda kodokotela. Mhlawumbe labodokotela abazofika baqedele ukuqeqeshwa kwabo ngaphakathi ezweni bazokwenza ukuthi lesi simo sikwazi ukulapheka.

Namafayela eziguli othola ukuthi uma efuneka awekho futhi akwazeki kahle ukuthi ayephi. Zonke lezo zinto kufanele ukuthi zilungiswe kubandakanye nokwebiwa kwemishanguzo. Sibonile nakumabonakude ukuthi kukhona ama-syndicate acekela uhulumeni phansi, uthole ukuthi uhulumeni ukhiphe le sabiwomali okade ushisho Ngqongqoshe, sekuyosiza abantu ngaphandle kuthengwe imishanguzo kuphiliswe abantu

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nazo zonke izinsizakusebenza ezidingekayo laphaya. Kodwa kuba khona abantu abakuba-syndicate okweba imithi yabantu; sithi labo bantu umthetho uzobagoxa, ngeke baqhubeke isikhathi eside.

Olunye udaba ukuphatheka kweziguli, Ngqongqoshe wami wase-KZN, ngibhekisa kuwe manje ngoba uma sikhuluma ngalolu daba simela abantu ngeke sikhulume ngokuhle kuphela. Uhlelo lwezempilo e-KZN ...

English:

... is very good and I know that my MEC is very passionate about health issues, he is a doctor himself. Nonetheless, MEC, there would be those hospitals that need your closer attention. Northdale Hospital in Pietermaritzburg, can you please pay your attention to that hospital ...

IsiZulu:

... ukuphatheka kweziguli akuhambi kahle, iziguli zilinda isikhathi eside zingemukelwa esibhedlela, mhlawumbe kuze kudlule usuku umuntu engaka ngeni ewadini egula kakhulu. Ngicela ukuthi ...

English:

... pay your close attention to that particular hospital. The hospital in Port Shepstone, you have built a very big provincial

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hospital there but there are challenges. At the moment the hospital has burnt, I do not know whether the occupational health and safety systems were in place but please I would request that you pay close attention to those issues.

IsiZulu:

Ngenxa yokuphela kwesikhathi, ngizoma lapho kodwa ngifuna ukusho ukuthi kusetshenziwe, ezempilo zisezingeni elifanele sihlulwa nje imali eyanele. Ngiyayisekela ibhajeti siyikimiti. Ngiyabonga.
[Ihlombe.]

Ms P DYANTYI (Eastern Cape): Hon Deputy Chairperson, Hon Minister of Health, Dr Motsoaledi, hon Deputy Minister, Dr Phaahla, my colleagues, MECs from other provinces, Chairperson of the Select Committee on Social Services, Mme Dlamini, hon members of the select committee, hon members of the House, distinguished guests, ladies and gentlemen, good day. Let me express my gratitude to this distinguished House for granting us the privilege and opportunity to debate the Health Minister's policy debate on Budget Speech. Hon Chair allow me to also appreciate the governing organisation, the ANC, for continuously displaying its commitment and accountability to the people of South Africa, together with its public representatives who timeously come to the Legislative Assembly to

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give an account of the people's work. Through accountability, we are able to see where we are going and with this government, we are definitely moving South Africa forward.

Hon members, it is without any shadow of doubt that our government has come a very long way to transform the livelihoods of our people as far as their health is concerned. Today more people have access to all levels of care, accessing health care services from the best doctors and nursing professionals irrespective of their socioeconomic status.

In the Eastern Cape province, we have put aside R14,4 billion for compensation of employees.

Minister Motsoaledi's speech illustrates how the department has unpacked government's plan to improve the country's health care service package for the benefit of all South Africans in order to accordingly change their lives for the better as well ensure that they too experience a quality lifestyle.

Nelson Mandela in one of his speeches once said and I quote, "There is nothing I fear more than waking up without a programme that will

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help me bring a little happiness to those with no resources, those who are poor, illiterate and ridden with terminal diseases.”

I am pleased and honoured to be associated with a government which cares for its people and has a plan to transform their lives for the better, living up to the vision and aspirations of our forbearers and freedom fighters such as Tata Nelson Mandela. With all the work we are doing in the health sector, with a clear conscience, we are able to say, we do not live with and have the fear of failing our poor and ill people which Tata Mandela referred to, but have a plan to transform their lives for the better, living up to the vision and aspirations of our leaders.

I am extremely humbled that, we take stock and note the department's progress at the time when we honour our stalwart and freedom fighter, Tata Oliver Reginald Tambo, who was a firm believer of quality and respect of human rights.

Hon members, I concur with the Minister's posture on the National Health Insurance, NHI, indeed the preparatory phase of the NHI has been a successful learning journey which has brought many positive changes in our communities. In the Eastern Cape, O R Tambo pilot district, we can attest to the successes of the programme, with

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visible infrastructure, improved services, better access to medicines as well as running our facilities.

Hon Chair, in preparation for the NHI, we are making a good progress in preparing health facilities to be ideal clinics through the Ideal Clinic Realisation and Maintenance programme. Taking lessons from the pilot site, we have moved to the second pilot site to ensure that more and more of our people enjoy the benefits. We have resolved to further roll out elements of NHI throughout the entire province to ensure that all districts benefit. I therefore agree with the Minister's sentiments that the time for change and move towards economic equity has now arrived.

Our province is making good advances to enforce our management of both clinical and administrative records for purposes of improving our effectiveness. The new initiative by the department working with Council for Scientific and Industrial Research, CSIR, the Department of Science and Technology and the Department of Home Affairs for patient records and unique patient identifier will surely enhance service delivery efficiency and effectiveness in health. We are looking forward to its full implementation.

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Hon Minister, we have made significant progress in provision of adequate infrastructure for health. I am pleased to share with this august House our progress with regards to infrastructure development at the O R Tambo NHI pilot district; we have completed over 10 clinics. Outside the pilot districts, we also have completed facilities which are now ready for use.

Our Cecilia Makiwane mega project has reached its practical completion stage and the site has now been officially handed over by the contractor to Premier Masualle. [Applause.] These R1,3 billion flagship project is a noteworthy step towards NHI readiness as it is a platform where our people will access high-quality services right at their door step.

Hon members similarly to infrastructure, availability of efficient Emergency Medical Services, EMS, is essential for health, as EMS provide the initial medical assistance to patients in accident scenes or any other medical related emergencies. Accordingly in May 2017, we distributed 32 4x4 brand new emergency vehicles, 21 Medical Response Vehicles and 11 Patient Transport Vehicles across the province, to beef up our fleet on the ground as well as emergency service effectiveness.

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Hon members, in the Eastern Cape, we took note of success drawn as a result of the World Health Organisation's 90-90-90 strategy on HIV, sexually transmitted infections, STIs and TB and we will continue its implementation during 2017-18, even beyond management and treatment of HIV, STIs and TB and HIV counselling and testing in order to improve the HIV testing coverage in the province. We will also adopt the 90-90-90 strategies and expand it to other chronic conditions such as Diabetes and Hypertension, as a way of managing and treating noncommunicable disease.

In conclusion hon members, the ANC continues to give priority to health as provision and access to quality health care. In this regard, under our Minister's leadership, we are committed to working even harder to ensure that the citizens of our beautiful country benefit from our efforts. Through our dedication and unified effort, we will surely achieve our Vision 2030 objectives as well as Sustainable Development Goals. With those words hon Chair, I welcome the national Health Department 2017 Budget Vote. Thank you.

[Applause.]

The DEPUTY CHAIRPERSON OF THE NCOP (Mr R J TAU): Are you standing in for hon Chabangu? Where is she? Oh, my bad! [Laughing].

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Mr M M CHABANGU: Deputy Chairperson, Minister and all protocol observed. The EFF rejects Budget Vote 16 on the Department of Health. The EFF aspires for an accessible high performing health system that ameliorates health disparities and provides quality health care, bolstered by multisectoral mobilisation under adept management, leadership and governance. Unfortunately, South Africa is very far from achieving these ideals.

Firstly, public health sector is littered with examples of poor leadership, neglect of the public health care sector, leading to preventable deaths amongst the poorest and most vulnerable of our people.

The South African Health Review, published by the Health System Trust in November 2016, identified three key fault lines in implementation underpin the relatively poor performance of our health system and are impeding realisation of improved health for the nation.

This faultiness are tolerance of ineptitude and failures in leadership, management and governance, a district health system that does not adequately drive the delivery of primary health care, and the unsolved health workforce crisis. These constitute a conjoined

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threat to the feasibility of National Health Insurance, especially in the Free State where everybody is acting. When are we going to have permanent people? Seemingly posts are reserved for cadres.

Secondly, good quality health care remains inaccessible to vast majority of people who do not have access to medical aid. Only 17,4% of the population is medically covered, and that is just 9,4 million people leaving 45 million people without cover. Furthermore, only 10,5% of black African people are covered by private medical insurance, compared to 72,7% of white people. Can you protect me Chairperson?

To highlight the depth of the problem, there are 25 state doctors and 92 private sector doctors per 100 000 people in South Africa. This therefore means that if you have money and can afford private medical care, you are more likely to get help than if you are poor, black and have no other option but to use the public health system.

While this paints a very bleak picture, the South African Department of Health continues as if its business as usual. It is also for this reason that the implementation of the National Health Insurance is so critical. To this day, it is not clear when the National Health Insurance, NHI, will be implemented; it is not clear where the

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budget for the implementation of NHI will come from. But more seriously, under the conditions we have just explained, it will be difficult to implement the National Health Insurance.

There needs to be a massive, systemic and systematic focus on refurbishing public hospitals, on ensuring that these hospitals are resourced with good quality doctors and nurses, with properly qualified management that can respond to issues faced by our people on the ground. Many rural hospitals have just one or no permanent doctors like Ladybrand Hospital in the Free State.

Between 70% and 80% of doctors also prefer not to work for the state and the main reason for this is not poor pay, but poor working conditions. Other reasons include lack of equipment and medical provisions, a heavy workload and insufficient protection against HIV and tuberculosis infections.

This is a crisis Minister, and despite some of the commendable work you have personally done, that we have seen, the problems relating to health care in this country are structural and require that fundamentally, you must lead a process to restructure health care in this country. That must entail the dismantling of the divide between

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the public and private health care sector. The country must have one health care system that takes care of all South Africans.

For these reasons therefore, the EFF rejects Budget Vote 16.

The DEPUTY CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Thank you very much hon Chabangu and please pass my regards to hon Mathevula because I thought you were Mathevula. May I therefore call the MEC for Gauteng, hon Ramokgopa. [Applause.]

Ms N P KONI: Deputy Chair, I rise on a point of order that, how do you confuse the two? Mathevula is a female and Chabangu is a male.

The DEPUTY CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: No, hon member! Please take your seat. You may continue, MEC.

Ms G RAMAKGOPA (Gauteng): Hon Deputy Chair, hon Minister of Health, Dr Aaron Motsoaledi, Deputy Minister of Health, Dr Joe Phaahla, Ministers and Deputy Ministers who may be here, colleagues, MECs, the Chairperson of the Portfolio Committee on Health, hon Dunjwa, hon members of the House, distinguished guests, ladies and gentlemen, I am greatly privileged to be part of this NCOP's

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Health's budget debate. Indeed, the Constitution determines health as a concurrent national and provincial function.

The experience that we have gained over the past 23 years of attempts to integrate and strengthen the public health system, makes it vividly clear to us that without a mandatory universal health coverage system, the many good efforts that our members have so aptly presented here and in the past, and the progress that we have made, may not necessarily be sustainable. However, it is also important that we acknowledge that the Minister's main focus over the past months has been on making sure that the White Paper on the National Health Insurance, NHI addresses this matter. It is in that context that I hope the EFF will change its mind and support this budget because it is indeed geared towards having more equitable health system in our country.

Greater urgency and resolve to implement the NHI will not only enable us to achieve the NDP goals, but also contribute to a more humane and equitable health system in the world we live in through the United Nations Sustainable Development Goals that we are signatories to. We welcome the Minister's pronouncement in this regard, of fast-tracking the NHI White Paper and commit to ensure that Gauteng makes its contribution.

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Amongst the progress we will be building on in terms of ushering the National Health Insurance system, is the strengthening of primary health care where 196 clinics out of 369 attained the ideal clinic status since inception. Our target for 2017-18 financial year is to have 240 of these clinics achieving the ideal clinic status. We must improve quality so that our people can indeed have access to affordable quality care through a reliable primary health care system.

I am also pleased that, despite all the many problems we have including then Life Esidimeni tragedy, the Gauteng Department of Health obtained the highest average score on ideal clinics for 2016 at 78% against the national average of 69%. We fully agree with the Minister and have spared no effort in ensuring that all those cited in the Health Ombudsman's report on the tragedy of the Gauteng Mental Health Marathon project are held accountable.

As a department, we are going even further to try and understand the underlying factors as well as the risk factors so that we can truly say, never again. We are very encouraged by the progress that has been made in relocating patients from the unsafe NGOs to safer

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facilities, and this is also one area where partnership with the private sector can help us achieve more equity and quality care.

We will continue apprising the families that have worked very closely with us in this regard, including the positive consideration of one of the recommendations they made, that in these facilities that have been voluntarily assisting mental health patients, family committees are critical. We will implement this within this financial year.

One of the two underlying factors is indeed the burden of disease that we are facing and secondly, the financial pressures that the public sector and system suffer from despite the reasonable 8,5% of the country's GDP being spent on health. It is important that we fast-track initiatives to ensure an integrated health system.

As Gauteng, we support the health budget as it will facilitate various health promotions and disease prevention strategies including in mental health, maternal and child health, HIV/Aids and TB, as well as screening of various noncommunicable diseases. In our attempt to optimally utilise resources available in the totality of the health system, we are participating in the contracting of general practitioners in clinics and also in services like medical

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male circumcision. We are also serving many patients who are on medical aid as the benefits of many of them get exhausted by the end of the year, or they are referred by their private doctors to even higher quality of care in the public sector.

The complexity and fragility of the financing of the public health system dictates that any attempt to effect efficiencies needs professional and expert support with optimal involvement of patients and their families so that patient safety is not compromised. Further, there is also a need to strengthen the public health approach and stakeholder involvement in disease prevention, health promotion and overall reduction of the burden of disease because this is a burden not only on people as individuals, but also on the economy and the society at large. It is in this regard that we will be instituting awards for health promoting municipal wards in our province so that communities participate in lifestyle changes to reduce that burden of disease and take control of their own health, as well as to go early after screening for diseases.

In view of all these challenges but also possibilities, the department is also strengthening frontline services. Currently, we see over 22 million patients in our Emergency Medical Services, EMS, primary health care facilities as well as in hospitals. In this

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regard, we will be strengthening the clinic committees' involvement. We have agreed that we will be meeting on a quarterly basis with all the clinic committees and similarly with the hospital boards. We are encouraging the ownership of the Gauteng health services by the people themselves.

We will also be mitigating the financial risks that are there and Minister, we look forward to your leadership in legislation which will help in reducing the risk of litigation in the health sector. This litigation will not only assist the public health system but will also ensure that doctors, especially obstetricians and those in the surgical specialities, stay in the health system. It is important that, whilst we look at the issue of improving patient safety, we also mitigate against the risk of medico-legal litigation.

We look forward to this legislation and in the meantime, we have instituted a mediation process in a bid to minimise escalating costs. The department has managed to save over R61 million to date from 18 cases which were referred to a team of lawyers and medical specialists, and amongst those in that team is retired Judge Claasen.

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In terms of infrastructure of quality, we have completed a number of constructions and revitalisation projects in the first financial year. With the additional national infrastructure grant that is part of this budget that is being debated today, we will be building new facilities as well. We will also fast-track the renovation of the psychiatric wards in Helen Joseph and Charlotte Maxeke hospitals; as well as the forensic pathology facilities.

I also want to take the opportunity here to indicate that we have quite advanced in negotiating with the officers that support forensic pathology doctors to mitigate against the continued pain and discomfort brought by the 'work to rule' by the officers at our various forensic pathology facilities. I can assure the public that, with the support of the military health services, we will restore these facilities to the public.

With these few words and committing also to open primary health care facilities in addition to the Randgate that we have opened early this year, Soshanguve Block JJ Clinic which was built by the municipality has also begun services, and many others. We believe that supporting the budget as presented by the Minister will help us build on the progress we have made and work quicker towards universal health coverage. I thank you. [Applause.]

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The DEPUTY CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Thank you very much, MEC. I just thought I should bring to the attention of the House - if you listened to the MEC's last part of the speech - the current challenge that the province is faced with. There was a special request that she be excused immediately after presenting her input, to which we have agreed. It should not appear as if she is not interested, but was just interested in us listening to her. You are excused Madam. Thank you very much for your commitment. Despite all the challenges that you are going through in the province, you still found it necessary to come to the House. Thanks for that commitment.

Mr S M DHLOMO (HEALTH MEC - KWAZULU-NATAL): Hon Deputy Chair, hon members of this House, Minister Motsoaledi, Deputy Minister Phaahla, my colleagues and MECs from various provinces, we take ... [Inaudible.] ... to this House to actually give our thanks and respect to the Minister and also support his commitment and the budget that he has just tabled.

He points out recently that this year we are at the end of our five years, which is regarded as a preparatory phase of the National Health Insurance, NHI. The Minister has given an extensive account

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of the NHI and for me here is just to mention that we are very humbled that we have three districts in the province that are piloting NHI and I will point out to what is actually the outcome of the process.

If you look for an NHI you will not find a bullet called NHI, you will see steps of preparations by our country and its system towards that. These are some of the issues that I am going to raise. One, we have what we call family health teams where health care workers go to families to check and establish the health status of each and every family. Hundred and thirty six of those teams have been established to lead community caregivers.

Two, we also have what we call School Health Teams, hon Chabangu. We have 209 of those, already established in the province. The leader of that team is a professional nurse supported by enrolled nurses and nursing assistants with community caregivers. They visit schools to screen learners for barriers to learning, for example, for visual, hearing, psychosocial and other physical barriers - just to name a few. Just in the past financial year, we were able to access over 3 000 schools, screening a total of 143 776 learners from Grade R to Grade 10. One of the other things that also make us to do this is through Operation Sukuma Sakhe. You will not believe that we are

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now able to identify malnutrition in children very early when we visit schools and package this as part of our poverty alleviation programme in the province, so that we could then focus on them.

Hon Zwane was talking about getting general practitioners. We have 90 contracted general practitioners who go to clinics and work there. They help some of the patients to bypass a district hospital because these doctors are able to see patients there and order x-rays in the hospitals and therefore see patients and even take it from the clinic straight into a regional hospital because of the work that they have already done. We have 80 facilities that have been accredited as ideal clinics through the Ideal Clinic Realisation and Maintenance programme in the province. These are the clinics which people call "our clinics" instead of saying they are government clinics. They open at convenient times and will not close until all patients have been seen.

We are happy that e-primary health care strategy is pioneered in the whole country. In the initial pilot sites we have initiated the Health Patient Registration System. However, it is important to say that these are the steps for you to build on. In the facilities that are under NHI, we have improved through revitalisation; R120 million

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has been sent to revamping Madadeni and Newcastle hospitals where there were challenges.

We have built Dannhauser Community Health Centre with the budget of R164 million, actually alleviating and therefore bringing the health system to an optimal level. Down in that forgotten area where nobody ever go to called Pomeroy, we have built a hospital there to the tune of R161 million. At Edendale Hospital, which is part of the NHI; we have revamped and improved the maintenance and the facelift of that hospital in a big way, at a tune of R250 million. We also have an outpatient and casualty departments that look like the ones in private hospitals.

Townhill Hospital, one of our mental health facility hospital, has been revamped also with a tune of R53 million. Fort Napier Hospital, just next to it, also has R16 million been used for revamping. For this to be successful, we continue hiring engineers and maintenance people because this was the Minister's vision. You cannot revamp your hospitals and clinics unless and until you have your own engineers in there - and we do have them.

One of the success story that was initiated by the national Department of Health was the programme called Central Chronic

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Medication Dispensing and Distribution initiative, where patients now do not have to come to our facilities every month. They come once in a period of four months and the subsequent months we give them medication. We have found that in KwaZulu-Natal we have 576 000 patients that are already on this programme and this saves them money. This is also decongesting our facilities because it has reduced waiting times and we no longer have queues in our clinics as we are able to serve them satisfactorily.

This being the year of O R Tambo, I am reminded of what he said at the International Conference on Children, Repression and the Law in Apartheid South Africa in 1987 and I quote:

We cannot be true liberators unless the liberation we will achieve guarantees all children the rights to life, health, happiness and free development, respecting the individuality, inclinations and capabilities of each child'

Inspired by the Minister, we therefore started a programme in the province called human milk bank, where we actually ask lactating mothers who have enough milk to spare us that milk so that we can give it to children or neonates whose mothers have either passed on or are not able to breastfeed. We have been following this because

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it is from August 2011 when the Minister declared that South Africa is a breastfeeding country. To date, we have 13 functional human milk banks in nine of our 11 districts of the province. We have received donations from 570 mothers for our human milk bank and we dispensed pasteurised donated human milk to 887 infants and pasteurised 606 726 milliliters of donor milk. So we are really going out there asking mothers to donate milk because it gives life to other children.

At the community level we have established a programme called Phila Mntwana Centres and it is again supported by Operation Sukuma Sakhe. We are able to go early enough in the communities and identify children that may either be malnourished or having other challenges. Through this, hon Minister, we have now recorded that we have a noticeable decrease under-five mortality. Maybe it is early in our records but we have seen this figure coming up. We have said that we must go back to basics and we are building mothers' waiting lodges and those we are constructing in great numbers. After the World's Aids Conference we thanked 3 500 nurses who wrote a book about their experiences of how it was to diagnose, treat and manage patients with HIV/Aids. We have 1,1 million in the province who are on antiretroviral therapy, ARVs.

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We want to indicate that we have launched a campaign where we go around and stop those people we call "health murderers" - people who put stickers that advertise "safe abortions and quick abortions." We remove those stickers and request members of our society to come to our facilities if they want to terminate pregnancy. Probably, it is still early to notice but I have checked at Durban hospitals where we have seen a decreased number of septic abortions - meaning that women still do have abortions but they don't have the septic ones, justifying that they don't go to those areas.

I want to conclude by mentioning two issues that the medico-legal litigations process is been focused on. One, we have established a unit that is focusing on these processes and it is composed medical practitioners, legal experts and other administrative staff. With few seconds remaining, hon Chair, I am sure you will do the same to me when I finish with my budget - not because I do not like ...

There is a challenge that we are facing in the province that I am supposed to be part of in resolving. At Inkosi Albert Luthuli Hospital we have recorded the departure of the last two oncologists. Therefore, the service of those oncologists that is supposed to be ongoing is having challenges. However, we have a very short-term plan where we have put doctors who are oncologists at the Grey's Hospital in Pietermaritzburg to come and support us at Inkosi Albert

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Luthuli Hospital on certain hours and days. We also do have doctors there; it is just that we need to have a team leader who is an oncologist. Two, we had a discussion with the four oncologists who are on private practice called Rainbow Oncology Centre and have agreed to come to the hospital. They are already working with us but will extend their hours, supporting us on obstetrician and gynaecology clinics on Tuesdays and Thursdays. Three, there is also a team of 25 oncologists under the name, Hopelands Oncology Clinic, who are going to be sitting outside, where they are working. They are going to deal with the issue called "offsite planning", which is a planning that helps in managing patients. It is very possible if you link that with the support of offline planning. Five, we are waiting for a clearance of a foreign national who has applied to be an oncologist and we are ready to employ. A full service will come when we get a sizeable number of resident oncologists in that hospital. Hon Chairperson,, with those comments, I should have asked you before I start that you should have allowed me to live in another province, somewhere, so that I could manage the province and, amongst other things, deal with challenges that they face on the issue of oncologists. Thank you very much.

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The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much. You see, the only difference between MEC and Ramokgopa is that hers is on record - there is a letter that has been written.

Mr M KHAWULA: Hon Chairperson, hon Minister, hon Deputy Minister, the public health sector is seriously challenged by infrastructural organisational and staffing shortfalls.

The NCOP has just return from the Taking Parliament to the People preliminary visits in the Free State province. In almost all the clinics and health centres visited the biggest challenge was staffing shortages and non-availability or dire functionality of equipment.

This crisis is largely a result of the toxic mix of corruption and incompetence in government. Whether one blames this on the legacy of apartheid or the last 23 years of ineffective leadership depends on one's political lengths.

Of late, the KZN health system is fast collapsing under the watch of the present administration. Most public hospitals, community health centres and clinics in the province have a shortage of equipment and medication. There is a critical shortage of doctors and other

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healthcare professionals. There is a raging poor treatment of overworked specialists. The symptoms are numerous and the diagnosis is unmistakable.

The recent march by SA Medical Association, SAMA, The Health & Other Services Personnel Trade Union of South Africa, HOSPERSA and The Democratic Nursing Organisation of South Africa, DENOSA in KZN has brought this matter to levels of desperation.

There was a time when KZN public hospitals were considered the best run in the country. This mainly applies to former missionary hospitals which nowadays stand in the shadow of their former glory.

Medical students from universities in RSA and abroad flocked to these hospitals for the clinical electives. The hospitals were clean and exceptionally well managed and were particularly well known for upholding the Batho Pele principles.

The whole host of government neglect, poor management, chronic over expenditure, bad decisions and wastefulness have deteriorated those conditions. The hon Dr Motsoaledi scored points with many South Africans when he admitted in Parliament in 2009 that the medical profession was underpaid. He stated that and I quote:

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I would do everything to make sure that our medical doctors and other health professionals are happy and remain in the system. I want as many matrics as possible to want to study medicine. I want to increase the intake of doctors three or fourfold.

It is hard to believe that eight years later there are community service doctors and other doctors who heeded the hon Minister's call to study medicine, but they are sitting at home unemployed.

Many doctors and specialists are leaving the healthcare public service because of the rigid manner in which the department has handled the remunerative work outside public service. As a result, in KZN alone, only two Oncology specialists are left to attend to thousands of cancer patients, Dr Dlomo.

I have always raised a concern on behalf of the IFP that what the hon Minister projects does not resonate towards the practical that take place down in the provinces. The Minister himself has admitted that he is hamstrung with the system that allows provinces to do as they please resulting in dire functional health institutions.

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We have recently witnessed the tragic drama unfolding in the Gauteng province in which more than hundreds psychiatric patients died needless due to neglect and lack of appropriate care. This was lightly a result of administration incompetence and political arrogance of note within the provincial government.

The Gauteng crisis is not an isolated incident. It is symptomatic of a crumbling public health system nationwide; the tale of mismanagement and human rights abuses of the most vulnerable patients who are both sick and poor echoes across the length and breadth of our country.

We read of section 27 report entitled "Dead and dying in the Eastern Cape" which makes for horrifying reading. It contained the personal first hand account of patients with blood cuddling in hospital experiences.

Section 27 Executive Reports summarises this situation as follows:

We are no longer dealing with the legacy of apartheid but we are dealing with the failure of our democracy.

Krik Nickelson wrote ... [Interjection.]

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The DEPUTY CHAIRPERSON OF THE NCOP: [Inaudible.]

Mr M KHAWULA: Thanks Chair. Krik Nickelson wrote in the Daily Maverick on the 24 January that:

The Eastern Cape health system has collapsed, it has riddled with corruption. There is no electricity or water, no drugs, too few doctors and nurses, no chance of ambulance is arriving, no dignity no care.

This backs the question as to who is ultimately responsible for this state of affairs. I thank you Chair.

The DEPUTY MINISTER OF HEALTH (M J PHAAHLA): Hon Chairperson, hon Minister of Health Dr Aaron Motsoaledi, hon Ministers and Deputy Ministers present, colleagues, MECs: the MEC of Limpopo, KZN, Gauteng in absentia and the MEC of the Eastern Cape, the hon Chairperson of Select Committee on Social Services hon Dlamini, hon members of the Select Committee and all hon members of the NCOP, distinguished guests, "dumelang bagaetsho".

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Ladies and gentleman I want to thank the Chair for this opportunity to participate in this Budget Vote of our department. I wish to do so also joining my comrades in the ANC in dedicating my speech to the memory of our leader and icon president Oliver Reginald Tambo an exemplary leader who gave all his life to the liberation of South Africans from the bondage of apartheid.

In the memory of O.R. Tambo we must work hard to realise the vision of a long and healthy life for all South Africans through the realisation of the Universal Health Coverage, through the implementation of the NHI.

Hon Chairperson and hon members, non-communicable diseases continue to rank very high in causes of death as indicated in the 2015 Stats SA report. Diabetes mellitus has moved from the third cause of death in 2014 to the second highest cause of death in 2015. Diseases of the circulatory system contributed just over 17%, those of respiratory system just under 10%, and neoplasm just around 9% and also metabolic diseases just under 7%.

The latest National Cancer Registry reports that the top five cancers in men are the CA prostate, carcinoma of skin, colorectal

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CA, CA-lung and also karposi sarcoma. In women the top five cancers are CA-breast, Ca-cervix, CA-skin, colorectal CA and CA-uterus.

Our strategic Plan for prevention and control of non-communicable diseases, NCDs, 2013-17 is coming to an end and we are now in the process of evaluating the impact so that we can finalise the new strategy to be launched in coming year.

We also need to improve our capacity to work with the NGOs and private sector participants in order to amongst others, increase awareness and measures to prevent the diseases; increase access to screening opportunities for early detection of disease; maximise access to effective and affordable treatment including reducing the cost of some of the life saving cancer medications.

In this regard, we welcome the work initiated by the competition commission in terms of investigating a number of pharmaceutical companies with the view towards reducing the high cost of these medicines.

South Africa's performance on implementing the HPV vaccine remains one of the best practices globally. The vaccination of approximately

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1 million young girls against cervical cancer is an exceptional life saving achievement.

We are looking forward to the implementation of the tax on sugar sweetened beverages as initiated by the National Treasury, which will help reduce high levels of sugar consumption.

We are in the process of amending the Tobacco Products Control Act and also a proposed new Tobacco Bill which will strengthen regulations for higher measures for creation of 100% smoke free public indoor spaces.

These will also lead to the introduction of standardised plain packaging of tobacco products and also to cover Electronic Nicotine and Non-Nicotine delivery systems.

In the area of Palliative Care, hon Chair and members we are pleased that we have joined only a handful of countries in adopting a National Policy Framework and Strategy on Palliative Care, which is based on a World Health Assembly, WHA resolution.

This creates an enabling framework for the care of patients and families facing life-threatening diseases, improving quality of life

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while maintaining dignity from diagnosis of catastrophic diseases until death.

The implementation of the policy will be overseen by our colleague the MEC for KwaZulu-Natal hon DR S.M Dhlomo, who is not only just the political head in that province but also an expert in the area of Palliative Care.

Hon Chairperson, in the area of malaria, our department set the target of 0, 2 malaria cases per 1000 population in the risk areas. This has largely been achieved in the three provinces which are affected by malaria except in the province of Limpopo where this target was missed - and this can be attributed to the weather conditions in which a good rainfall while good for the agriculture, it does also mean that there is more mosquitoes and more malaria transmission.

However, on the other hand a lot of work is been done between ourselves in the national level of sphere of government together with the provinces in making sure that we can improve case management of malaria and also improve on Indoor Residual Spraying.

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We can also mentioned that we have got good co-operation in the region, in the SADC region as part of the Elimination 8 initiative which involves countries such as Angola, Botswana, Namibia, Mozambique, where we are collaborating in as far as the elimination of malaria.

We can also report that just on the Eastern side between KZN and Swaziland, the good co-operation there has seen a real dramatic reduction in the transmission of malaria in the Northern KwaZulu-Natal.

Hon Chairperson, among some of the entities which we oversee is the SA Medical Research Council which continues to do a very sterling work in the areas of research in collaboration with a number of international agencies, including the Bill and Melinda Gates Foundation, the Newton Foundation, the British Medical Research Council, the GlaxoSmithKline and also the Canadian Institutes of Health Research.

Our National Health Laboratory Service, NHLS continue to be a flagship in providing laboratory services in the public sector. Notwithstanding a number of challenges the NHLS continue to provide valuable service to all our hospitals and clinics. We are in the

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process of also piloting a Bill which will have major impact in as far as improving governance in this institution but also making streamlining of the functions; and also making sure that we can provide affordable services.

In the area of the emergency medical services a lot of work has been done with new regulations which will streamline the ability to provide services; and also being conscious of the fact that trauma is one of our major challenges. We have also adopted a number of strategies in terms of improving the quality of training.

Lastly hon Chair, our Fidel Castro and Nelson Mandela Medical collaboration where we are training a number of medical students in Cuba continues to contribute to our human resources capacity of our health services.

At the present moment we have just under 3000 students in Cuba, about 70 of them are in the final year. In the coming year 2018, we will be receiving just below 900 final year students who will do their final year which will be the highest number of the final year students. We believe that this will have a major impact in as far as making sure that we have many more doctors in our public service.

[Applause.]

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I want to end by end by urging members to support our Budget Vote because indeed it will go a long way in making sure that our people have long and healthy life. I thank you hon Chair. [Applause.]

Ms P NGOBENI (Mpumalanga): Hon Chair, hon Minister, Deputy Minister, hon chairperson of the select committee, hon members and our guests, good afternoon. One of the founding missions of the ANC is enshrined in the Freedom Charter and it talks about equal rights for all national groups and free medical care and hospitalisation. It is for that reason that the ANC in its policy discussions and resolutions, the provisions of the Freedom Charter always finds translation in government. Our goals has always been about serving our people and putting people's needs first.

The Freedom Charter has been rubberstamped by the Bill of Rights in our Constitution, especially section 27 which states that health care is a right. We continue to build health infrastructure, state of the art hospitals and I can site examples such as the Mapulaneng Hospital, Mmametlhake Hospital, Middleburg Hospital and KwaMhlanga Hospital. These are the hospitals that are going to be built this financial year although it is a multiyear project. Let me indicate that trough this department I think we have achieved a lot.

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The commitment in improving our health system is our main priority and it is confirmed by our bilateral agreements with countries like Russia and Cuba where we have sent our students to study medicine, as the Deputy Minister has highlighted.

Most of the critical issues outlined in the budget speech of Minister Motsoaledi confirms the ANC's policy direction and are in line with the resolutions aimed at improving our health care system. The national health insurance as an example, is in its preparatory stage. We have indeed made huge progress in health as Minister Motsoaledi stated that even the Statistician-General has agreed in his results of the South African demographic and health survey.

Let me indicate that since it is the year that we are celebrating the 100th birthday of its longest serving president, the late O R Tambo, we have declared this year the year of O R Tambo, the year of unity. O R Tambo always wanted a united South Africa and this was evident when he, in one of his speeches, said:

The ANC is a national movement. We all communists and noncommunists alike – want a nonracial, democratic, united South Africa.

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We want our ANC-led government to fulfil the visions of O R Tambo as he dedicated his entire life to the creation of a democratic, nonracial, nonsexist and prosperous South Africa where all people regardless of their economic or social status would have equal rights.

Xitsonga:

Mutshamaxitulu, ndzi pfumeleli ndzi vula leswaku loko hi languta ntlulelo wa vuvabyi bya HIV wu yile ehansi hikwalaho ka murhi lowu vanhu va wu kumaka. Hi lava ku vula leswaku mfumo lowu wu le ku tirheni. "Siyasebenza; siyaqhuba" [We are working; we are moving forward].

Xifundzhankulu xa Mpumalanga xi hlaseriwile hi ntungu wa vuvabyi bya malariya. Hi vone ndzawulo yi kota ku pfuna vanhu. A hi si hlangana na mafu yotala hikuva vanhu a va kota ku pfuniwa na ku tshunguriwa. Eka hinkwaswo leswi, hi rhandza ku khensa Ndzawulo ya Rihanyu.

Ndzi pfumeleli nakambe, Mutshamaxitulu, ndzi vula leswaku tanihi mfumo lowu rhangeleke eka xifundzhankulu xa Mpumalanga laha ku nga matikoxikaya, xiphiso xa hina i mapatu. Mapatu ya hina yotala a ma le ka xiyimo xa kahle. Loko hi xava tiambulese hi xitalo a ti hlweli

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ku onhaka. Eka matikoxikaya ku na swiphiqo swotala swinene. Hikwalaho, laha hi laha hi nga na xiphiqo lexikulu.

Eka National Health Insurance, NHI, hi langutise eka xifundzha xa Gert Sibande laha hi nga endla phayiloto kona. Hi vone yin'wana ya titliliniiki ta hina loko hi ri karhi hi endla vuangameri kona. Tanihi komiti ya vuangameri swi hi tsakisile swinene hikuva hi vonile leswaku eka tliliniiki leyi vanhu a va tshami kumbe ku yima etilayinini tiawara leto leha. Va hatlisa va pfuneka hi ku kuma tifayili ta vona na ku kuma mirhi ya vona.

Loko ha ha ri kona a hi hlohlotela vanhu leswaku va sungula va ya etliliniiki va nga si ya eswibedlhele. Leswi swi endla leswaku ku va na tilayini to leha eswibedlhele. Etliliniiki munhu a nga kota ku pfuneka. A nga kota ku kuma murhi. Hambi lava nga na vuvabyi byo godzombela va nga kota ku hatla va pfuneka va kuma tiphilisi ta vona kutani va tlhela.

Hi ndhundhudzela na ku khensa Ndzawulo ya Rihanyu hikuva va tirha kahle. Hambiswiritano swiphiqo swi ta tshama swi ri kona. Laha ku nga na vanhu ku tshama ku ri na swiphiqo. Leswi hi nga ka hi nga swi chaveli hambu hi wihi kumbe wihi mfumo lowu fumaka. Hi nge swi koti hinkwaswo swi va 100%. Malembe ya 23 i nkarhi wutsongo. Loko vo vula

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leswaku u ta lova loko u ri na 23 wa malembe ndza tshemba leswaku u nga rila swinene hikuva i malembe matsongo.

Hi ri komiti hi rhandza ku vula leswaku hi sekela bajete ya R42 wa mabiliyoni ya Holobye Mutsoaledi. Ndza khensa. [Va phokotela.]

Ms P RAMATHUBA (Limpopo): Hon Deputy Chairperson, hon Minister of Health, hon Deputy Minister, colleagues, MECs from the Eastern Cape, Gauteng and KwaZulu-Natal, hon members of the House, distinguished guests, ladies and gentlemen, ndi maisari, inhlekani, thobela, goeie middag, good afternoon.

Today marks the 89th anniversary of the Argentinean-born commander, a Cuban revolutionary, Dr Ernesto Che Guevara, who was spot on when he said: "For one to be a revolutionary doctor or to be a revolutionary at all, there must first be a revolution." Our health system ... [Interjections.]

Ms N P KONI: Thank you very much Chairperson.

Setswana:

Modulasetilo, ke kopa gore o tshole maloko ka go lekalekana ka gore, e sale go tloga maabane ke go tsibosa ka mokgwa o o tsamaisang Ntlo

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eno ka yona. Motl Wana fa a tsoga mo borokong, o a gowa gape o dira modumo. Seno se a ntshosa ka gonne ke reeditse sebui mo podiamong ka fa ke rata go tsamaisana le ngangisano ya sona. Ke kopa gore Motl Wana fa a tsoga mo borokong, a phaphamele kwa ntle, a tlogele go phaphamela mo Ntlong. Seno ke bua ka gore ke a itse fa e ne e le mongwe wa leloko la EFF le itshwara ka maitshwara ao, e ka be e le kgale o mo lelekile, kgotsa o goeletsa leina la gagwe gore a tswe. Ke a leboga, Modulasetilo.

English:

The DEPUTY CHAIRPERSON OF THE NCOP: Okay, I've heard you. Okay, fine. You see hon members, the problem is that when we started the session hon Koni was not in the House. I made a few comments and I spoke to sections 35 and 37 of the Rules of proceedings and the Rules of debate. Unfortunately, she was not in the House. She might have a point to say, hon Wana, to heckle is not a problem but she gets scared. You are scaring her. [Interjections.]

IsiXhosa:

Uyamoyikisa. Musa ukumoyikisa.

English:

You can heckle and get excited but ...

IsiXhosa:

... ungamoyikisi.

English:

Alright, thank you very much. Hon MEC, you can continue with the debate.

Ms P RAMATHUBA (Limpopo): Dr Ernesto Che Guevara was spot on when he said: "For one to be a revolutionary doctor or to be a revolutionary at all, there must first be a revolution." Our health care system requires men and women, especially health care professionals, to be revolutionaries for them to be able to transform the health care system in order for it to serve the masses of our people.

These revolutionaries, as per Comrade Che, will not exist until the health care system itself becomes a revolution. Hence, the ANC-led government has adopted, and the Minister of Health is at pains to continue ... as he tries to pursue amongst us ... to begin to appreciate, welcome and rally behind the National Health Insurance, NHI. The NHI is the only tool towards the revolution of our health care system. Hence, we don't have an option but to support the Minister in his call to support the NHI.

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The Limpopo province is hard at work to prepare our public health care system to be ready for the NHI, including infrastructure overhauling the 57 ideal clinics that have now been accredited; the 37 general practitioners, GPs, that have been contracted in our facilities; the building of the academic hospital and the Limpopo Medical School as pronounced by the former Minister of Finance, Pravin Gordhan; and the 239 out the 444 clinics that are currently providing 24-hour services, whether on call or full time.

The province is facing challenges as a result of the quadruple burden of disease. This has contributed negatively towards our hope and dream of long and healthy lives for the people of Limpopo.

We are beginning to see a reduction in the burden of disease as a result of HIV and Aids. Hospitalisation, mortality rates and new infections have declined. Over 1,5 million people were tested against our annual target of 1,4 million ... [Inaudible.] ... people just in the third quarter.

After battling for four years, the Limpopo province has finally managed to reduce the vertical transmission of HIV from mother to child, from 2% to 1,1% against the target of 1,4%. This has also

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translated into a reduction of infant and under-five mortality. Indeed, our HIV free generation is possible.

These success stories are attributed to, amongst others the adoption and implementation of our HIV strategies. The test and treat policy; the training of 200 nurses on nurse-initiated management of antiretroviral, ARV, therapy; and the adoption of the central chronic medicine dispensing and distribution, CCMDD, programme, which 83 401 patients are already on, has resulted in us having to start 52 256 new HIV positive clients on treatment, bringing the total of more than 300 000 people in our province to be on ARVs and living long and healthy lives. These people and these patients could ordinarily have been dead now if it were not for this programme.

The department has adopted the recently launched She Conquers Campaign which is aimed at motivating young girls to remain in school, contain their edge for unsafe sex practices with unworthy men and pursue careers which are in line with their skills.

We visited all our technical vocational education and training, Tvet, colleges and during our interactions with some of them they challenged us to stop calling these men, blessers. Their understanding is that a blesser is someone who cares, who loves and

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who protects. They know that God is their blessing. They asked me how can we refer to someone who makes them fall pregnant, infects them with HIV and sexually transmitted infections, STI's, including HIV and Aids, leaves them vulnerable and destroys their future, as a blessing? Why don't we simply call them sharks?

Despite our treatment success rate of 84,7% in terms of tuberculosis, TB, the number one cause of deaths still remains TB. During the 2017-18 financial year, the department will be implementing the nine-month short course regimen for TB.

While we have noted the reduction of institutional maternal mortality from 167 per 100 000 delivery to 159 per 100 000 delivery, which is attributed to improved antenatal care before 20 weeks; the introduction of 20 obstetric ambulances dedicated to transport pregnant women only; and the training of 2 939 health care practitioners in the *Essential Steps in the Management of Obstetric Emergencies*, Esmoe, we are still concerned about the death of a woman trying to bring life. We see this as a serious contradiction. Hence, our stance that no woman should die whilst giving birth remains. We will continue to reinforce accountability amongst managers and health care workers so that not even a single woman dies because of giving birth.

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We strongly believe that we do not actually need state of the art equipment or state of the art facilities to deal with ... However, on top of the list we need state of the art attitudes amongst our employees, from the man at the gate to the head of department, HOD, and the member of executive council, MEC.

Vhembe and Mopani districts are traditionally known to be malaria-endemic areas. Malaria is a seasonal condition starting from September to May; hence, we start with our indoor residual spraying from September annually. Cases generally decrease towards the end of April. During the 2016-17 financial period, malaria remained at low levels. However, with more than normal rainfalls during the summer and reported outbreaks in our Southern African Development Community, SADC, countries of Zimbabwe, Botswana, Namibia and Mozambique, Limpopo then became a malaria casualty.

Firstly, the major challenge for this year, as compared to other years, is experiencing malaria in districts like Waterberg which historically has never been a malaria-endemic area. Of course, this is attributed to the outbreak in Botswana which shares the border with the Waterberg district; and

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Secondly, instead of having malaria cases declining during the end of April, it peaked, wherein the last week of April we saw 1 232 cases, from 100 to 150 since January.

Adding to the upsurge, the lack of *Coartem* oral tablets to treat malaria at primary health care in the country has left us with no option but to centralise the treatment of malaria at hospital ... where intravenous medication could be used even for noncomplicated cases. That is why hon members have seen or saw overcrowding in our hospitals until 2 May when we received medication. Malaria today is under control. Last week we only had five cases in the province. As such, there is no need for alarm.

The professionalisation of human resources in Health is critical to us. Not everyone can cook patient food, which is why we are left with seven hospitals to finalise our insourcing of the kitchen. We have since signed a memorandum of understanding with our Limpopo Tvet colleges so that we can provide learners with an 18 month experiential learning platform. Most of the time they fail to graduate due to a lack thereof.

These learners include food service aid, whom upon completion will be appointed to provide a nutritious, balanced diet for our patients

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since it is their speciality. Hence, we say that we must professionalise human resources for Health.

Our engineering students, mainly artisans, and including plumbers, electricians, carpenters and electromechanics will not only get platforms to study in our facilities but they will be providing maintenance to our dilapidated facilities. This will go a long way in skills development for the country, and also empower the young people so that they can graduate and join the employed community as we strengthen our reduction of unemployment, inequality and poverty.

We are a Department of Health, not the department of disease. We want you healthy. You are a doctor to your life before any other doctor. So it is critical for everyone in this House to live a healthy life. Exercise regularly, eat healthy, stop smoking and stop drinking or reduce alcohol intake. Know your health status with regular blood pressure checks, and cholesterol and sugar checkups, including HIV and Aids. Your health is your responsibility.

Sepedi:

Maphelo a lena ke boikarabelo bja lena.

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Afrikaans:

Jou gesondheid is jou verantwoordelikheid ...

English:

... not that of the Minister of Health Dr Aaron Motsoaledi. On that note, as Limpopo we do support this budget which is pro-poor and working class. [Applause.]

IsiXhosa:

Nks P C SAMKA: Sihlalo, ndivumele ndithi ngqanga neentsiba zayo, phambi kokuba ndingene kwintetho yam ndiza kukhe ndihambe nomrhiba. Kuyinene ukuba namhlanje sithetha ngokuxhamla kwiziqhamo zenkululeko, loo nto ibonakala kule Ndlu. Kananjalo kuyabonakala ukuba singurhulumente wobambiswano othatha inxaxheba nasekuncedeni uluntu lonke. Kukho amalungu abeze kweli qonga athe wona awayixhasi le Voti yoHlahlo-lwabiwo-mali. Yiba nomfanekiso ngqondweni wento enokwenzeka xa olu hlahlo-lwabiwo-mali lweSebe lezeMpilo singalupasisi. Loo ithetha ntoni ngathi bantu abasuka kula maphondo nabamele isizwe soMzantsi Africa kule Palamenete.

Kwiminyaka engamashumi amabini anesithathu urhulumente weli sele ehambe umgama omde ukuqinisekisa ukusiwa kweenkonzo kubantu beli

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lizwe ngakumbi kwicala lezempilo. Umakulinganwe kunye nomgaqo-nkqubo sele wenziwe;, eminye yemiphumela yoko kukumiselwa kwezindlu ze-RDP.

Icandelo lokubelekisa nelinika ingqwalasela kwiintsana ibonakalise impumelelo ekwehliseni izinga lamanani okusweleka kwazo. Mininzi imithetho eye yaphunyezwa; utshintsho lomgaqo-nkqubo kwakunye nokusiwa kweenkonzo eluntwini zezinye zezinto esizingca ngazo singurhulemente we-ANC.

Kule minyaka nje imbalwa edlulileyo, urhulumente wazise nge-National Health Insurance, konke oku zinzame zokuba bonke abemi beli lizwe bakwazi ukufikelela kwimpilo encomekayo benemali bengenamali. Le-National Health Insurance ijongene noxanduva lwezempilo kweli lizwe ukuqinisekisa ukuba wonke ubani uyabonelelwa ngezinto zezempilo eziluncedo. Mandingqinelane nentetho yoMphathiswa weli Sebe noMama uDyantyi, nongumphathiswa kwela phondo laseMpuma Koloni kwakunye noMama uSiphambo-Sibhukwana.

UMasipala wesiThili i-O R Tambo ngomnye wamaphondo aye axhamla kula maPhondo alithoba ukuqinisekisa ukuba le National Health Insurance sithetha ngayo iyasebenza kakuhle. Sizingomba izifuba sisisizwe esintsundu kuba nawe Masipala wesiThili i-O R Tambo umncinane unjalo kodwa igalelo lakho libenefuthe kutshintsho esilubonayo

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nesilungqinayo eMpuma Koloni - ndithetha ke ngengingqi, hayi uBawo u-Oliver Tambo. UMphathiswa uye wabona ukuba iMpuma Koloni mayibe lelinye lamaphondo axhamlayo kule National Health Insurance ukuze kubonakale ukuba iyasebenza nabantu bayayithakazalela.

Masikhumbule ukuba iPhondo leMpuma Koloni lelinye lamaphondo ebelisemva, ingakumbi kwicala lezakhiwo. Simele siyiqhwabele izandla into yokuba ndithetha nje uMjanyana ne-Nessie Knight-le amaLungu ePalamente ale komiti, eSulenkama apho sasiye khona- ziphakathi kwezibhedlela ezizakuthi kwenziwe uthintsho kubekho indawo ezakhiwayo ezifana ne-Out Patient Department, OPD, esasixelelwe ngayo xa sasiphaya.

iSebe lezeMpilo, ngokwe ofisi yenkulu baphathiswa bephondo leMpuma Kapa, livule esona sibhedlela sikhulu ephondweni. Yimpumelelo enkulu leyo kubahlali baseMdantsane neendawo eziyingqongileyo kuba sikumgangatho wala maxesha sikuwo. Kwakhona, iSebe lezeMpilo eMpuma Koloni liza kuvula linikezele ngezi kliniki zilandelayo - ndicela abantu bela phondo baphulaphule - Maxhwele, Malepelepe, Lotana, Tikitiki, Nkanga, Nkwenkwana, Isikhoba, Qebe, Vaalbank, eMahlubini, Zabasa, Centuli kunye neNgcizela. Ziikliniki ke ezo ezisezilalini.

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Sakukhumbula ukuba le komti ibiye eLibode kwiSikolo seMfundo ePhakamileyo i-St Patricks apho namhlanje kunikezelwa ngecandelo lokwamkela izigulana, laa nto siyibiza ngokuba yi-OPD ngolwimi lwasemzini. Kananjalo, eFrontier Hospital kuza kunikezelwa ngeCasualty kunye ne-OPD. Kungani singamqhwabeli izandla urhulumente okhekhelwa yi-ANC. [Kwaqhwytywa.] kuba xa sisiya kula maphondo kwezona ndawo zifuna ukuncediswa kuba nemiphumela emihle. Kunjalo nje siyayincome la ofisi kasihlalo woosihlalo eMpuma Koloni kuba xa ikomiti indwendwela phaya bakhetha ezona ndawo zihlelelekileyo kuba befuna ukuncediswa, hayi into yokuya kwiindawo esele zilungile. Loo nto yenza ukuba umsebenzi ube lula kwela phondo nakuMphathiswa kuba ezi zinto sizibonile ukuba zifuna ukulungiswa.

Ukungongophala oogqirha kweli phondo yenye yezinto ebezingumngeni, kungokunje yintetho yayizolo leyo. Iphondo leMpuma Koloni libekele bucala imali engangezigididi ezi-14, 4 ukulungiselela ukuqasha oogqirha abanobuchwepheshe nabasebenzi jikelele.

ISEBE lezeMpilo kwela phondo lihambela phambili ekuqeqesheni oogqirha, laa nto siyibiza ukuba ngoogqirha bodidi olusezantsi. [junior doctors.] Amanani anyukile ukusuka kuma-276 ukuya kuma-348 kwakunye nee-medical interns; loo nto iyakwenza ukuba eli phondo liphucule inani elivisayo loogqirha, ingakumbi abo baqeqeshwe eCuba.

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Kanti isibhedlel i-St Elizabeth, elusikisiki, apho ndisuka khona iye yaxhamle koogqirha baseCuba neCecilia Makhiwane eMdantsane kunye ne-St Patricks eLibode. Loo nto ibonakalisa ukuba urhulumente we-ANC uyaphulaphula ngendlebe kwaye wenza le nto ifunwa ngabantu kuba sikholo.

Omnye umceli mngeni eMzantsi Afrika ngowokunqongophala kwezithuthi zezigulana ingakumbi ezilalini. Iphondo le Mpuma Koloni kwizicwangciso zalo neSebe lezeMpilo lizimisele ukuba libe neenqwelo ezilithoba ezizibhasi zokuthutha izigulane nezithwala abantu abangamashumi amabini anesihlanu kwakunye neebhedana zokuthwala izigulane ezintandathu. Ingingqi nganye iyakufumana inqwelo enye yokuthutha izigulane ngaphandle kwe Sarah Baartman yona iyakufumana ibhasi ezimbini ngenxa yobukhulu nokuqelelana kwayo.

Njengelungu elimele iphondo leMpuma Koloni, ndiya kusoloko ndixhasa naziphina injongo zokuphucula ezempilo kwela phondo. Kungoko ndisithi siyi-ANC siyaluxhasa uhlahlo-lwabiwo lweli Sebe lezeMpilo. Enkosi ndiyabulela. [Kwaqhwytywa.]

IsiXhosa:

Mnu L B GAEHLER: Ndiyabulela Mama uSamka andifuni nokuyimoshha uyibeke kakuhle kakhulu.

English:

It is critical that health allocation to the province be increased in real terms and above inflation so that we can ensure greater improvement in the delivery public health services in particular basic health. As is the case with the education system, we need a healthy nation in order to put South Africa to a sustainable socioeconomic development path. A failing health system has a devastating consequences for the current and may other generations to follow.

Unfortunately, the 2017 budget does not respond to this challenge. The allocations towards the provinces have been reduced in the real terms despite them providing the bulk of public health service. The allocation should at all times match the rate of inflation or the rate of population growth per province and district.

Another key challenge is the facility infrastructure through which public health is to be delivered. In may instance than not, and in particular in rural province like Eastern Cape, the infrastructure is in dire state with broken structure, inadequate ventilation, no access to water or electricity, waiting areas that do not

accommodate everyone, and undignified or nonworking ablution facilities.

In some communities where these facilities are located, there is a bigger challenge of socioeconomic infrastructure that is relevant to attacking young energetic medical practitioners, particularly doctors.

IsiXhosa:

Umzekelo sisibhedlele saseVictoria eDikeni.

English:

One of the urgent interventions is needed in this hospital relates to the supply of doctors. Due to the short supply compounded by other objectives and subjective factors you will find the doctors working both day and night shifts on the same day. This situation, if not attended to, can prove to be costly for the provision of effective and efficient service, and would compromise the whole government objective or responsiveness.

Alice is largely ... masiyeke leyo ... [let us leave that one]

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Seventy percent of South African population, as confirmed by the 2015 General Household Survey, use public health facilities. The majority of these are found in rural areas like Alice. It is therefore prudent for the government to pay more attention and raise more resources to these areas in order to improve their conditions.

IsiXhosa:

Okokugqibela Mhlali wam endimthandayo, masiyithethe inyani sivume kwaye siyibulele into yokuba phaya e-O R Tambo, mphathiswa wephondo uDyanty, nifake umashini wokuxilonga iintliziyo zabantu.

Siyayibulelela loo nto leyo intle kakhulu. Okwesibini, siyayiqonda into yokuba uhlahlo-lwabiwo-mali luyanibetha kodwa singavuya ukuba kungakho umashini azakucoca izintso kuba baninzi abantu abaphelelwa zizintso ngenxa yokungabikho kwalo matshini [dialysis machine].

Siyathemba ke Mphathiswa ukuba niya kubancedisa kuba ezaa zibhedlele zinabantu abaninzi abagulayo. Into esiyithethayo yeyokuba makongezwe kolu hlahlo-lwabiwo-mali kuthengwe ezi zixhobo. Siyabulele. Maduna ndiyabulelela ngokuthi uthethe kakuhle kuba umntu onesimilo ndiyamhlonipha. Enkosi Maduma. [Kwaqhwatywa.]

Ms L BOTHA (Western Cape): Chairperson, Ministers, Deputy Ministers, hon members, of this House, last week we experienced one of the

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worst disasters this country has ever seen. I would therefore, like to extend my deepest and sincere condolences to all the family members who lost a loved one during the fires in the Southern Cape and during the storms across the Cape metro. I would also like to wish those who were injured during these tragic events a speedy recovery. As a province, we remain committed to working with anyone willing to assist in rebuilding the affected communities until their lives are restored and their dignities are restored. It is in the restoration of people's health where this department plays such a critical role, because it's mostly those who have ailments that utilises health services. It is for this reason that our vision in the Western Cape is to ensure that all residents have access to person centred quality care.

As a Province, we have undertaken to provide equitable access to quality health services in partnership with relevant stakeholders within a balanced and well managed health system to all our residents. We are highlighting the importance of providing these services in partnerships, because we realise the only way we would be able to provide a comprehensive cost effective package of health services is through working with relevant and interested parties. An example of interdepartmental co-operation is the first 1 000 days initiative, which was launched last year by the Western Cape

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Departments of Health and Social Development. The project forms part of the province's campaign to raise awareness of the crucial first 1 000 days of a child's life and to help ensure that they get the best start to their lives.

Chairperson we are not without our challenges. One of our biggest concerns in the Province is the continued attacks on our Emergency Medical Services, EMS, personnel. Since the beginning of the year, we have had 10 attacks on EMS staff, and more than 230 attacks recorded between 2012 and 2016. What's most alarming is that these attacks happen in areas where the EMS services are mostly needed and they are done by men and women known to our communities. These incidents hamper our ability to render the pre hospital service that we need in these communities. I must however highlight, that as much as this a challenge for us, it was welcoming to see the response of community members in Khayelitsha and Kalksteefontein after we engaged with them about the importance of keeping our staff safe. These communities are located in the districts with the highest statistic attacks on EMS personnel was recorded between 2012 and 2016. It was also pleasing to note that our Minister of Community Safety, Dan Plato, committed to providing safety kiosks in the affected communities to ensure that our EMS personnel will be safeguarded. This will go a long way in helping our personnel so

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that they are able to fulfil their role in caring for those who need it most.

Because we want to ensure that our residents have access to person centered quality care, we have also allocated over 40% of our more than R21,6 billion budget to District Health Services. This allows us to render facility based district health services at clinics, community health centres and district hospitals, and this is right where the people are, in their own communities. So focused are we on providing quality health care that we also want to ensure that our residents have access to quality facilities. This is why we're emphasizing the importance of providing new health facilities, while also refurbishing, upgrading and maintaining existing facilities, and also utilising technology that ties into the provision of health services. An excellent example of this is the state of the art clinic in Beaufort West, which replaced the old Hillside clinic. The 'green' clinic, as it is called, because it is an environmentally friendly building, was constructed at a cost of R23,5 million. Just to give you some insight; the corridors are wide enough to incorporate patient waiting areas and are located around landscaped courtyards planted with indigenous saffron trees. It has energy efficient lighting and solar water heating. Because of the dusty area where it is located the building has ventilation chimneys,

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which draws in air high above the ground where it is less dusty and take it down through rock stores underneath the building which temper the air before it goes to the air conditioning system.

The clinic will also offer treatment for infectious and chronic diseases, oral health services, rehabilitation services, and specialised services for women and children. More than 50 other replacement, refurbishment and upgrading projects are further planned across the province for this year. Another initiative from this department, called the Back to Basics Initiative, aims to reduce the waiting times of patients. To this end, the department has established over 2 500 alternate sites for the delivery of chronic medication to stable patients. The Mitchell's Plain Centers for Disease Control and Prevention, CDC, came up with a Back to Basics system which ensures that chronic patients receive their medication pre packed and available for pick up on arrival. With this system, stable chronic patients effectively bypass the pharmacy and simply collect their medication. As a result, our overall waiting times at the pharmacy have been reduced from 185 minutes to 76 minutes.

As the DA in the Western Cape, we care. We really care about people's well being and how they are treated. As stated earlier, we

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want to ensure that people have access to person centred quality care. We will not let up on this vision and will continue to deliver quality care to the residents of this province in partnership with the national department, other sister departments, local government as well as external stakeholders. I thank you. [Applause.]

Mr C HATTINGH: Hon Chair, during the past months, on many occasions, we had people coming here, speaking from this podium, delivering the obligatory Oliver Tambo quote. Today, I would like to thank the Minister for bringing a positive one of unifying something that actually belongs to the rainbow nation of the Madiba era. Some others, like hon Dlamini, come here and have quotes that are more intended to drive wedges. I am sure that the following O R Tambo quote was exactly meant for them and I would like to quote O R Tambo: "Beware the wedge-driver, watch his poisonous tongue."

During a visit to the Xhariep District Municipality, a month ago, the comprehensive impact that the imploding of rural local governments have on its inhabitants was once again highlighted.

Services in the nine clinics in the Kopanong Local Municipality are all subjected to water supply disruptions, sometimes lasting for days, and on some days water is only being supplied for a few hours.

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Most of the clinics, not all, do have water tanks outside, but not being connected to the internal water reticulation system causes these to operate without water in wash basins or in the toilets, leaving a health care facility ...

Ms N P KONI: Chair, on a point of order: Every time when it is ANC members that are making a noise, you just say that they are making a noise, you don't call them out by their names or surnames, but when it is EFF members, you say, "Koni, Mokwele, Chabangu" and it is not fair. Please, call hon Dlamini by name. Call hon Manopole by name. Call hon Nyambi by name. Please.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon member, I am not going to sustain that point.

Mr C HATTINGH: It is a very unhygienic situation at these clinics.

It is therefore not strange to see assistant nurses frequently moving through the waiting area, passing all the people, with a bucket of water to flush and clean toilets used by the public.

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Quality health service delivery is further hampered in this area by vacant posts for nurses at all nine clinics - I think my colleague from KwaZulu-Natal referred to that - due to the unavailability of qualified personnel, as well as bureaucratic red tape. We even found clinic managers that are being acting for years.

During the period between the previous two national census reports, the population in the municipality declined by approximately 25% to its current population of about 49 000.

In this context and despite two state sponsored feasibility studies indicating that a new district hospital in Trompsburg is not viable, confirmed by a third private feasibility, a state of the art hospital was built in Trompsburg. Everybody should be celebrating today because our 20th suggested opening date is tomorrow. We were promised 15 June. It should have been opened in 2013, four years ago, with costs now running up to about three times the original budget.

We can only hope that it opens tomorrow. If the promised opening happens, it will only be limited to a maternity ward, a general ward, a paediatric ward and one theatre. Several other wards and the out-patients sections will not be opened. To achieve this, 71

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strategic clinical posts - many of them unfunded - including eight medical officers, 26 professional nurses, 17 staff nurses, and 16 nursing assistants, etc, must be filled. A month ago when we were there, no appointment figures were available.

It is clear that this hospital, built on a political promise by you know who, at a massive cost to the taxpayer, with the closest medical specialists based in Bloemfontein will not become a functional district hospital ever. At most, it will become an assembly point for patients to be transported onward to Bloemfontein, in order to receive proper medical care.

It is not surprising that this hospital was built in the Free State, notorious for exorbitant and wasteful projects such as the failed multimillion rand Gupta dairy farm in Vrede.

The question is: Why did this happen? The answer that the building of clinics and district hospitals is a provincial competency does not fly, because funding is sourced from conditional grants with conditions and expenditure to be monitored by the national department. Furthermore, there is a constitutional obligation with regard to the different spheres of government that they are

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interdependent and interrelated and therefore, do not operate in silos.

With limited capital and human resources available, responsible and proper planning is crucial, if the department is serious about meeting its targets as set out in the National Development Plan. Wasteful expenditure such as this, three times the original amount and four years late, certainly does not contribute to the plan envisaged by the department in fulfilling its obligations to the National Development Plan. I thank you.

Ms M L MOSHODI: Hon Deputy Chairperson of the NCOP, hon Chief Whip, hon Minister of Health, Dr Motsoaledi, Deputy Minister, hon MECs, hon members, ladies and gentlemen, the ANC supports this Budget Vote. The 53rd ANC National Conference in Mangaung noted that primary health care is the heartbeat of any sustainable health system globally. It also noted that:

The primary health care remains at the core of the overhauling of the health system and the National Health Insurance, NHI, in South Africa.

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As we debate this budget, we need to look back whether as the people's movement and the government of the people, how far have we turned these wishes of the majority of the poor into reality. I want to applaud the national Department of Health on the achievements it has made during the past year.

The NCOP recently undertook a previsit of Taking Parliament to the People programme to the Xhariep District Municipality in the Free State. Hon Minister, most of the primary health facilities visited are in an good state as far as service delivery is concerned, but there are those that the conditions require improvement, such as the emergency medical services depot, EMS depot, at Koffiefontein. I am sure, hon Deputy Chairperson, as a leader of that Letsemeng Local Municipality oversight, ...

Sesotho:

... le wena maikutlo a hao a tla theoha ha ke bua ka ditshebeletso tsa tshohanyetso tsa kalafo [EMS]. [Kena hanong!]

The DEPUTY CHAIRPERSON OF THE NCOP: No, no! Debate, debate - don't put me on the spot. [Laughter.]

Sesotho:

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Mof M L MOSHODI: Modulasetulo ntumelle ke bue le setjhaba sa Afrika Borwa ka ho otloloha, ke bue le profense ya Foreistata moo ke tswang teng. Letona le hlomphehileng, ha o sheba Matona a Diprofense a hao kaofela, na o hlokometse hore Letona la Bophelo la Foreistata, Ntate Butana Khompela ha a yo kajeno?

Lebaka le teng Letona le hlomphehileng a hore hobaneng a le siyo: Ke ka lebaka la hobane re le Mmuso wa Foreistata, re baetapele ba thehang tsebe ba mamelang seo setjhaba se se hlokang. Ka morao hoba NCOP e tswe mane Foreistata, re ile re dula fatshe le Letona la Profense ra sheba tse ding tsa ditlhoko tseo re boneng di haella seterekeng eo re neng re tswa ho yona ya Xhariep. [Mahofi.]

E re ke qale mona Letona le hlomphehileng, ke o bolelle hore: Letsatsing la kajeno mane Foreistata, Mangaung, re a hlasela re le mmuso wa profesense, re fa baahi ba mono kliniki e ntjha, e bitswang Batho Clinic. [Mahofi.] Ke kliniki e ntle ka tsela e makatsang. Ha re a fella mono fela: Hosane ha letsatsi le tjhaba re tla ba lebelong le potlaketse seterekeng sa Xhariep, masepaleng wa Letsemeng Local Municipality, torotswaneng e bitswang Trompsburg. Teng, re tla be re ilo bula moaho wa kalafo o bitswang Albert Nzula Hospital. [Mahofi.] Re a hlasela re le Foreistata!

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Ha ke no makala ha leloko la DA le tlo ema mona a tletleba ka hore sepetlele se bulwa neng mme ha se a tlameha ho bulwa neng. Ke rata hore: Baahi ba mane Foreistata, le mametse ebile le bona hore ba teng bang ba sa batleng ho bona ditshebeletso tse ntle di tla ho lona.

Ke ka hoo ha re ya re potlakile re ilo le bulela sepetlele, ba bang ba tlo tla ema mona ba tletleba hore na sepetlele se bulwa neng hobane ba a tseba hore bona ha mmoho le bana ba bona ba fumana ditshebeletso tse lokileng ho rona. Re a leboha Mmuso wa Foreistata: Re leboha ha nngwe; re leboha ha bedi; mme re leboha ha raro!

English:

It was also a conference resolution that under the heading of the Presidential Infrastructure Co-ordinating Commission, PICC: A comprehensive audit of all health infrastructures be conducted; and retaliation and refurbishment of all substandard infrastructures be executed by 2025, using both the public funds and public-private partnerships where appropriate.

The departmental programme infrastructure should look into ways of improving such infrastructure in remote areas of our country, like in the Xhariep region, as these are the only accessible health care

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centres that can make or break rural communities' wishes of a better life for all where they live.

I know the Minister is very passionate about the inaccessibility of health services to the poor due to high costs of medical aids. Also, the Mangaung Conference noted the extremely exorbitant fees charged in private which have increased health care inflation, and thus, resolved that a National Pricing Commission be established to regulate health care in the private sector by 2013. This process still needs to be prioritised.

Programme 2 of the strategic plan seeks to improve access to quality health services through the development and implementation of policies to achieve universal health coverage, health financing reform, integrated health systems planning, monitoring and evaluation, and research. The successful implementation of this programme should address some of the problems I have already raised above.

It was the ANC's wish at the conference that the government should set up the NHI with the urgency it deserves, using state funds, by the end of 2014. The ANC should continue to guide and oversee government's process of developing the White Paper on the NHI and

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its legislation in 2013. The department's strategic objective to achieve the universal health coverage through the phased implementation of NHI will only be achieved when the White Paper on NHI is gazetted into a policy document in 2017-18 financial year.

Hon Minister, Programme 3 of the department seeks: To develop and monitor implementation of national policies, guidelines, norms and standards needed to decrease the burden of disease associated with the burden of HIV and TB epidemics; and to optimise good health of children, adolescents and women. This goes a long way in accommodating our conference resolution that consultation of parents on school health programme, in relation to reproductive health rights, HIV counselling & testing and prevention of sexually transmitted infections, STIs.

Though the budget and the strategic plan are not fully addressing the wish list our people, I believe it addresses key issues that will improve the lives of the people and the public in general. We are aware of the economic situation in the country and the world at large. We are technically in a recession as no economic growth has been reported in the last two successive quarters. Thus, the budget is overstretched, and we have to do more with the little we have.

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Sesotho:

Ntumelle ke boele hape Profenseng ya Foreistata ha ke tla dihela dikgala, ka hore: Ha re ya dikgethong tseo re di lebileng, le a bona, le shebile ebile le mametse - mekgatlo e emang mona, e hananang le ditekanyetso tsa kabo tsa bophelo ba lona bo botle. Re eme mona re le ANC jwaloka mmuso wa batho. Ha re ke be re le balehe, le ha ho le thata. Re tsitlallela hore tsa bophelo bo botle di tle ho lona. Re tla dula re ntse re etsa jwalo. Re kopa hore le le Profense ya Foreistata le behe pelo sekotlolong.

English:

Come 2019, more especially in the Free State: ...

Sesotho:

Ke kopa hore re yutele ANC ...

English:

... back to the power. Thank you. [Applause.]

The MINISTER OF HEALTH: Chairperson of the House, ...

IsiZulu:

... bab 'uKhawula kwenzenjani. [Uhleko.]

English:

What's going on here? What's going on? You know this issue is prompting me to give a very clear answer. This story which repeats itself again and again, that we have got certain doctors who can't do an internship and community service. I sat with the department and we dealt with this issue. I even went to the radio station to talk about it because I don't know what else I must do.

Let me give you the facts. Internship is statutory. Any doctor who has passed Medicine has to do an internship. It is statutory. So, it means the state is obliged to give that person a job. Now, community service is also compulsory. You can't do anything in Medicine until you have finished community service. So, the state of obliged, I'm obliged. So, whenever there are these stories that there is no work. I go to the MECs and shout at them because how am I going to explain this. Let me tell you what's happening and every time I repeat these people believe I am dodgy. Somebody even said I'm propagating fake news.

Medical students when they apply for community service or internship. They want to work in four places, Cape Town, Johannesburg, Durban and Pretoria. If we are lucky, then they will

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choose Port Elizabeth and East London. Mostly, they choose these towns. So, that is how they apply. We said let us control this centrally. Let me tell you what happened earlier this year. There were 1409 applications for internship positions. We placed all of them, but 17 applicants declined. They said they can't go. In fact, in the Western Cape when they decline, they even wait for six months for the second intake. The second intake of interns is in July. Yes, they prefer to wait for six months than to go where the job is.

Now, let me give you these facts again. On 22nd of May I was at the World Health Assembly as I said. I was phoned by a gentleman who said his daughter in law passed Medicine in December last. She's still doesn't have a job. He was appealing to me and I spoke to him asking questions. He couldn't answer. I said, sir, your daughter-in-law is a doctor, she is not a baby. Can she phone me directly and let us talk directly. She told me straight that she is married here in Cape Town and she can't leave. I even check where she was given a job because we put them all over the country. She said she can't leave. When she can't leave the answer is that she must wait for the July intake. Right, the gentleman phoned me again on 7 June harassing me that her daughter is still waiting. I said the July intake is still coming. She phoned again this morning at 10 o'clock.

[Interjections.]

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A programme called Leihlo la Setjhaba in SABC 2 interviewed me on the 6th June; they said there are 80 doctors who have got no jobs. I said please give me the list. Today I am still waiting. When you mentioned this, you saw me going out. I phoned my spokesperson to tell that lady of Leihlo la Setjhaba to give me a list of 80 doctors without jobs. The answer is here on my cell, she said she will provide it tomorrow, but she told me on the 2nd June, I actually did not finish the story.

The young lady when I was in Geneva I said I know only 17 doctors who declined their jobs. She said, no, there are 50 of us. I said send me a list immediately. Four hours later, the list was not there. [Interjections.] Then, the following day I phoned telling her that I want that list. Then, I got a list of 22 not 50. When we checked on our list, these are the 22 who declined jobs when we were giving them.

The MEC for KwaZulu-Natal before he left, hon Khawula, he sent me this message. There are four doctors in Durban who have finished the second year internship, but are not willing to take posts of community service outside Durban. [Interjections.] This is his message. This is what we are dealing with. What reasons,

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Chairperson, do they give. We even have percentages, 54% code marriage as a reason why they can't take jobs elsewhere. Why they can't leave this area; 11% code religion - I don't have a percentage I am sitting here, but it's in the office. About those who quote property, illness and legal matters. These are the five reasons given - 54% marriage, 11% religion, property, illness and cases. What do we mean by property? One even said he has just bought a very expensive horse and he can't leave it. [Laughter.] These are the things we are dealing with. I want society to understand because we have to give these jobs to everybody. It's a statutory.

Bab 'uKhawula, in front of everybody I want your list.

[Interjections.] Can I get your list, please! Now I am waiting. That would be the third list I am waiting for. [Applause.] No, I want your list. That lady from Leihlo la Setjhaba has got a list of 80. This young lady here has got a list of 50.

IsiZulu:

Wena eyakho ...

English:

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... how many? [Laughter.] No, it's 80 Leihlo la Setjhaba, 50 here. [Laughter.] Where is yours? [Laughter.] Please bab'uKhawula this is not harassment. I am really asking you. I am serious. [Laughter.]

The DEPUTY CHAIRPERSON OF THE NCOP: No, no, no the Minister did say through me. Through you, the Chair.

The MINISTER OF HEALTH: No, no I forgot the last one. [Laughter.] In April it was the *Business Day* 211 doctors without jobs. I was very angry and I phoned the unit dealing with this matter we checked. Guess what, we discovered the 211 are still Medical students who are due to write exams. [Interjections.] Yes, they are still to write exams and we have already registered them and when they were registering, it was 263. When we went to check, we found that 34 are duplicates. What that does it mean? When they register, they register many times hoping that no ... yes, I'm back here ... so this thing. Please help us, but I want your list. I don't want any doctor without a job, especially an intern or a community service. It is wrong because we are holding that there are lies. Please, your list then I will have the three lists. I will see. 50, 80 and yours. [Applause.] Thank you. [Applause.]

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, may I take the opportunity to thank the Minister, Deputy Minister, MECs, Limpopo who was able to seat throughout and including those who submitted their requests. We are quite encouraged to the extent that there is a greater interest now. 2017 has taken a different direction. We see a greater participation of MECs, especially from provinces because it assists us as a Council to get a provincial perspective of what is happening in so far and live up to our constitutional responsibility as NCOP. Thank you very much.

APPROPRIATION BILL

(Policy debate)

Debate on Vote No 9 - Public Enterprises:

The MINISTER OF PUBLIC ENTERPRISES: Hon Chairperson, good afternoon. Hon Ministers and Deputy Ministers, chairperson of the select committee the hon Ellen Prins, members of the select committee, hon members, distinguished guests, ladies and gentlemen, hon Chairperson, it is indeed a privilege for me today, on the eve of the 41st commemoration of Youth Day, to be addressing you.

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We salute the youth who sacrificed their lives for our democracy. Twenty-three years ago we attained political freedom. Since then we have erased racist and discriminatory legislation from the Statute Book, built millions of houses, connected tens of millions of South Africans to electricity, water and sewerage networks, and constructed schools, clinics, roads and other infrastructure. But millions of our people remain mired in poverty and unemployment. Inequality has persisted. We have collectively failed to effect the economic transformation required to create a fair and sustainable society for all.

Well-managed and well-maintained state-owned companies are uniquely positioned to contribute towards addressing the chasm between rich and poor South Africans. Indeed, they are a critical tool in the hands of the developmental state.

It is imperative that the fog of allegations of corruption that have enveloped some of the state-owned companies over the past year are lifted through a definitive investigation followed by appropriate legal processes, if required. We'll return to this subject shortly.

As President O R Tambo remarked in 1981: "The objective of our struggle in South Africa, as set out in the Freedom Charter,

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encompasses economic emancipation. It is inconceivable for liberation to have meaning without a return of the wealth of the country to the people as a whole." Thirty-six years later, when delivering the state of the nation address in February, President Zuma defined the need for radical socioeconomic transformation: "We mean fundamental change in the structure, systems, institutions and patterns of ownership, management and control of the economy in favour of all South Africans, especially the poor."

State-owned companies in the portfolio of the Department of Public Enterprises: Eskom, Transnet, Denel, SA Express, Alexkor and Safcol have been given their marching orders to deliver on this mandate. It is important to note that South Africa is not alone in looking to its state-owned companies to lead the advancement of its economy.

Globally, the early-1990s' push by multilateral institutions, such as the World Bank for a free market system with complete liberalisation, is giving way to a more pragmatic approach that acknowledges that market liberalisation policies do not always accord with nations' developmental aspirations. In 2005, 9% of Global Fortune 500 companies were state-owned; by 2014, this number had jumped to 23%.

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The larger companies in my department's stable are among the key economic levers available to the state to give effect to its transformative, developmental agenda.

While many private companies were forced into their shells over the past nearly 10 years of economic sluggishness, state-owned companies have undertaken massive infrastructure - and job-creating - projects. The overwhelming majority of goods and services supplied to Eskom, Transnet and Denel and our "big three" are not supplied by black-owned or empowered companies. There is enormous scope to transform the profile of suppliers, bring in new companies, and convince owners of existing suppliers to enter into profit-sharing arrangements with workers, among other measures.

We must confront and overcome the allegations and counter-allegations of corruption in state-owned companies, and set about our transformative journey in a climate of the highest ethics and responsibility, thus contributing to rating agencies reversing their recent decisions in the shortest possible time.

As the Minister of Public Enterprises, it is my task to perform the function of shareholder representative of the six companies in the department's portfolio. As a shareholder, one doesn't attend

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meetings of company boards or executives. One relies on the boards and executives for operational information. It is the responsibility of the shareholder's representative to formally appoint boards, following complex consultative processes, maintain policy oversight, sign off financial proposals above a particular value - often in conjunction with the Minister of Finance, as the PFMA requires - and participate in annual general meetings. Boards are responsible for governance, including fiduciary responsibility over procurement processes, and executives are responsible for the actual operations.

In 2007, South Africa first experienced load shedding. Since then, there have been at least seven investigations into alleged maladministration and corruption at the utility - several commissioned by Eskom's Board - culminating in the publication of the State of Capture report six months ago.

Eskom's reputation has been torn to shreds. The facts of its financial turnaround: that it has used only R200 billion of its government guarantee of R350 billion, that the build programme is ahead of its revised schedule, that it is making do with a 2,2% tariff hike, and that memories of load shedding are fading, are totally lost to the state capture discourse. Since January, I have been calling for further investigation to clear the fog. I am very

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pleased to hear that the President has agreed that he will have the commission of inquiry.

About two months ago, I instructed my department to draw up the terms of reference for a broad-scope inquiry into affairs at Eskom since 2007-08. The constitution of the inquiry has yet to be finalised. The director-general has already met with the head of the Special Investigating Unit, the SIU, and they are working on a structured process to filter issues which can be dealt with in the department and those that would require independent investigation. This process would culminate in a presidential proclamation to take the process forward. Beyond Eskom, state-owned companies will take heart from the ANC's support for a judicial commission and from the Hawks' announcement of an investigation into state capture.

The debts of large SOCs are linked to the sovereign credit ratings. The SOC Reform Project, which is chaired by the Deputy President, and the development of a shareholder policy, led by my department, will implement recommendations of the Report of the Presidential Review Committee on SOEs.

It is clear that state-owned companies' improvement in performance is a non-negotiable. Structural reforms must be accelerated to

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improve efficiency and strengthen government's role as a shareholder. The principles of the shareholder policy were approved by Cabinet in November 2016 for further consultation. The project plan anticipates that the legislative programme for 2017-18 will see the introduction of the draft Shareholder Management Bill. Cabinet has approved a new SOC Remuneration and Incentives Standards for Non-Executive Directors, Executive Directors and Prescribed Officers. The guiding principles ensure that performance is transparently linked to incentives.

Before focusing on company performance highlights, I want to briefly speak about the department. The Department of Public Enterprises' realignment process is gaining momentum; it is being repositioned to become more agile, responsive and efficient in fulfilling its oversight and monitoring roles.

The department spent R253,8 million of its 2016-17 budget allocation; 94,7% of the total budget. I commend the department for spending 99,4% of its goods and services budget. The underspending of R14,1 million is primarily due to vacant posts. The director-general has presented a plan to expedite filling these positions. The department has been allocated a budget of R266,7 million in 2017-18, R277,2 million in 2018-19 and R296,5 million in 2019-20.

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And now, I want to make a quick run through the companies.

Two years ago Eskom was on the brink of financial collapse, and load shedding was the norm. Today, we have generation reserves of 3 000 MW, and Eskom has managed to keep plant energy availability over 77,34% - up from 60% in 2014. A total of 153 MW of renewable independent power producers, or IPPs, went into commercial operation in December 2016, which will bring total contribution of the renewable IPPs to the national grid to 4 180 MW.

Government, led by the Department of Energy, is finalising the IRP, which will outline the final energy mix for the country. Part of that process will affirm decisions about the economic life of all our power stations. Because Eskom is a strategic role-player in the economy, government continues to support the completion of its build programme. The Government Framework Agreement, which expired in March 2017, was extended to 2023 to enable Eskom to tap capital markets to fund the programme.

The programme is delivering, and is ahead of revised build programme deadlines: Ingwa is in full operation; Medupi Units 5 and 6 are commercialised; Kusile Unit 1 has been in commercial operation; and Medupi Unit 4 is in synchronisational operation, which means it only

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produces about 100 MW of the normal 800 MW that it should produce. When Ingula Pumped Storage reached commercial operation, an additional 1 332 MW of peaking power was added to the national grid. Eskom is expected to record a profit for the 2016-17 financial year, and will continue its cross-border trade programme to boost declining local demand.

Engagements with municipalities, Salga and Cogta to manage municipal debts continue. Solutions must be found to assist municipalities without income-generating bases that resort to using funds allocated to the payment of electricity for daily operations. Eskom's asset base increased to R691,7 billion in the third quarter of 2016, up from R644,4 billion the previous year, mainly due to the addition of Ingula. Government aims to reach universal electricity access by 2025. In 2016-17, over 200 000 households were connected to the grid.

Regarding Transnet, the current negative economic growth, both locally and internationally, has necessitated that Transnet revise the targets of its capex investment programme. The Market Demand Strategy responds to South Africa's industrialisation requirements. Instead of being implemented over seven years, it will be implemented over 10 years, with the intention to advance South

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Africa's developmental objectives including enterprise development, localisation and job creation.

The strategy to revitalise branch lines to support its road-to-rail strategy is gaining traction, with Transnet's Board approving three branch line transactions: Belmont - Douglas; Ceres - Prince Alfred Hamlet - Wolseley; Alicedale - Grahamstown - Port Alfred. Branch lines are the train lines and train stations in small rural communities that have been closed down over the past couple of years because they were not part of the core business.

The company delivered 37 passenger coaches engineered and manufactured at its centres of excellence in Pretoria and Cape Town to Botswana Railways. The successful delivery confirms the strides the Transnet division has taken as it aggressively advances towards becoming South Africa's leading manufacturer of rolling stock.

In addition, the development of the Trans-Africa Locomotive, the first diesel locomotive designed and built in Africa for African conditions, aligns perfectly with Transnet's Africa Strategy and the company's vision to become the leading provider of logistics services in sub-Saharan Africa. The company should announce a profit for the 2016-17 financial year.

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The global airline industry is experiencing radical economic turbulence, and SA Express has not been unaffected. SA Express improved its financial performance in the 2015-16 financial year from a R69,4 million net loss in the previous year to a profit of R16,9 million. This was mainly due to cost savings of R330 million, partially offset by the decrease in revenue of R203 million year on year.

The revenue decrease is attributable to the 7% decrease in passenger numbers from 1,4 million to 1,3 million. Although this decline is partly due to a reduction in capacity as a consequence of austerity measures, the airline should explore other initiatives that will ensure sustainable revenue growth.

The continued decline in revenue does not ensure that the airline will be able to meet its operating costs. In 2015-16 the entity remained solvent, with equity of R131 million. However, the risk of insolvency remains high should SA Express be unable to generate profits from 2016-17.

There is light at the end of the tunnel. I expect the task team appointed by National Treasury to submit proposals within the next

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couple of weeks on the end-state for government's airline assets, namely SA Airways, Mango and SA Express.

Alexkor is a diamond mining company operating primarily in Alexander Bay and the greater Namaqualand region. Its operations include both marine and land mining. During the current financial year, the department completed a desktop study on the Richtersveld Diamond Deposit. This study confirmed that it is possible to extend the life of the Alexkor Pooling and Sharing Joint Venture beyond its current estimated 10-year life span.

Alexkor experienced operational challenges during the 2016-17 financial year. It did not meet its carat production target set for the year under review. However, its diamond revenue increased from R386,5 million in 2015-16 to R758 million in 2016-17. Additional economic opportunities for the community of Richtersveld and its environs are expected, as mining operations expand in the next two to three years.

With regard to Denel, the portfolio committee at its meeting on 24 May 2017 resolved to hold a meeting at the earliest opportunity with the Board of Denel and officials of National Treasury to resolve issues pertaining to Denel Asia. Pursuant to the resignation of the

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former group chief executive officer and chief financial officer in 2015, the Denel Board has finalised the recruitment process for both positions and has made recommendations to me.

Denel continues to grow its revenue. Its acquisition of Land Systems South Africa will enhance its capability to design and manufacture multipurpose armoured vehicles that will enable it to compete in lucrative international markets. Furthermore, the development of the Small African Regional Aircraft, the Sara, is proceeding according to plan. Denel's Aerostructures' delivery on the Airbus A400M contract continues with on-time and on-specification deliveries.

The Southern African Forestry Company Limited, Safcol, manages and develops commercial forests. Its activities include timber harvesting and processing. During the 2015-16 financial year, the department conducted a review of Safcol's financial position. The company has a sound balance sheet that can support its capital expenditure programme over the medium term. Changes to the company's executive committee have had a negative impact, and the board has been reminded by the Ministry to speed up the recruitment of a chief executive officer.

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Before wrapping up, I want to say a quick word about state-owned companies' corporate social investment programmes. Between them, the six companies in the portfolio enrolled 8 931 trainees in 2016 in various scarce-job and critical-skills programmes. So this is in engineering, science and maths, and includes doctors. In one year, up to December 2016, they enrolled 8 931 trainees. A total of 10 655 trainees in various disciplines graduated over the past year, and 607 have been employed.

And that is a role that state-owned companies can play. They can play an important role in building up the artisanal, engineering and high-end skills for the economy. I am very pleased that in 2016, again in December, 1 779 learners received bursaries for the current financial year. Those bursaries were also received in the high-end areas of skill or the scarce-skills areas, like engineering, science, etc.

In conclusion, I would like to thank the hon former Deputy Minister Bulelani Magwanishe for his excellent support over the years, and warmly welcome new Deputy Minister Ben Martins, who is no stranger to the department, as he has been a Deputy Minister for Public Enterprises before.

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I also wish to thank the board and executives of the state-owned companies, my department's senior management, the chair and the select committee - where we have always been able to have cordial engagements. I hereby table Budget Vote No 9 of the Department of Public Enterprises. I thank you. [Applause.]

Ms E PRINS: Hon Chairperson, hon Minister Brown, members of this House, ladies and gentlemen.

In this year that we are celebrating one of our leaders in the ANC, the late Oliver Tambo, it is important that we are reminded of his words, when he said, and I quote: "We have a vision of South Africa in which black and white shall live and work together as equals in conditions of peace and prosperity".

In these days we are seeing and hearing so many racial slurs, when leaders of political parties are using all kinds of methods to paint a picture of how bad South Africa has become under the reign of the ANC.

Many of the critics, with the opposition parties at the helm of this criticism, are not able to acknowledge the reality of the challenging times and the forces that influence these challenging

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times, where economic growth is slow and unemployment, poverty and inequalities continue to characterise the country's political landscape.

One of the most important factors in creating growth is for the government to put legislation and plans in place to enable growth. This we have done over the past 23 years. We have created an enabling environment, but it is for the private sectors responsibility to contribute to job creation and thus alleviation of poverty and inequalities.

The National Development Plan, NDP, makes it obligatory to all of us, in our respective roles as legislatures and members of the cabinet to be in a position that allows us to decisively tackle the triple evils of poverty, unemployment and inequality. To do that, requires us to make use of the limited resources available to us and to do so effectively, which we are doing.

It is in that context that we welcome the Department of Public Enterprise's Budget, whilst also taking into account capital requirements of some of the state owned companies under their jurisdiction. We trust that the department will be able to utilise its skilled and experienced personnel in prudently disbursing its

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budget in fulfilling its mandate and reaching its strategic objectives of: the promotion of the independent financial sustainability of state owned companies and the commercial viability of their operations; the promotion of transformation in their value chain and their suppliers to actualise broad based black economic empowerment through the creation of jobs, skills development and inclusive growth; the creation of an enabling policy, regulatory and operating environment for state owned companies.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Prins, sorry, can you take your seat. Hon Koni, why are you standing?

Ms N P KONI: I was actually standing on one point of order, but now is two because as I was standing up, the hon Ximbi on my left here said he wants to go and sleep and I am actually delaying so, the last time I checked we are here to work.

Let me get to the point that I was standing for; can the member on the podium address us standing up? Thank you.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Maybe it will be in to remind those that got in after hon Deputy Chairperson has addressed some of the issues that are very important with the decorum of the House. he

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highlighted that as Presiding Officers we have noted some members have taken upon themselves to want to question debates and overturn them and at some instances defy Presiding Officers and he cited the number of Rules. Then he reminded members that it is our responsibility to make it upon ourselves that at all times we do anything that wont compromise the decorum of the House. That was the essence of the message of the hon Deputy Chairperson. Can you continue hon Prins? Hon Koni was out of order.

Ms N P KONI: It seems like all the resolutions that are taken with regards to the behaviour of members in this House are only directed to the EFF members. I don't know why you are reading the same thing that hon Tau told me or read to me. I don't know why you are not doing the same thing to the ANC members who are making noise and who are not respecting this House. So, you are saying this to me I don't if it is because the very same words you just said to me are directed to the EFF only.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, is for all the members. Can you take your seat?

Ms N P KONI: It is for the second today and allow me to finish.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): No, you can't finish because you are not making a point of order.

Ms N P KONI: It is going to be for the second time today, that I call you to order on the inconsistency and you are biased and you continue to be biased and I am warning you, Chairperson.

Ms E PRINS: It needs to be noted that the hon. Minister Lynne Brown is committed to ensuring that the department remains focused amidst so many negative reports from the media. This includes her approach in keeping the public informed of issues involving any of the state owned companies. What is however clear to us all is that South Africa, with all its challenges cannot survive without the strategic role played by state owned companies.

This requires of us, that we must always remind ourselves of the reason for establishing state owned companies. State owned companies were established for the following main reasons; to invest in sectors in which the private sector is either unwilling or unable to provide the necessary skill requisite for the country's growth prospects, and to provide the necessary infrastructure in order to keep the country's economy growing

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This continues to define the role state owned companies' play in the economy and in our society at large. Take for example Eskom's electrification programme which started soon after the new democratic dispensation, and today has connected 87% of the South African population compared to only 35% under the previous regime.

The provision of electricity is particularly important in alleviating poverty, and Eskom has been providing municipalities with free basic electricity within the parameters of the Electricity Basic Services Support Tariffs which entitles poor household free 50 kilowatt per hour power per month.

It is important that Eskom provides the necessary electricity and keeps on running, not only as far as households are concerned, but as a driver within the economy.

Transnet's Phelophepa train has, for many years been bringing health services for free to rural communities and thus extending the health and life of the rural poor.

South African express, and despite her own challenges has made major strides in training and developing young pilots from disadvantaged

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background through their Cadet Pilot Programme, and is thus transforming the airline industry.

These are just a few examples that demonstrate the fact that state owned companies are playing its role of giving access to previously disadvantaged groups into sectors and industries previously enjoyed by a select few.

This narrative is no doubt different from that of the media which tend to give the impression that state owned companies are on a free fall financially and that complying with corporate governance principles is no longer a matter of concern.

None of the state owned companies under the Department of Public Enterprises have received any adverse audit findings except for one, namely South African Express. In cases where adherence to corporate governance principles has been breached the department has in accordance with its mandate addressed such matters.

A few weeks back, Minister Lynne Brown whilst addressing the House referred to the establishment of a broad scope inquiry into the affairs of Eskom. And this is an indication once more of the

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Minister's commitment to adhering to good corporate governance principles.

In our engagements with the Department of Public Enterprises and the various state owned companies, we have identified number factors which in our opinion can improve the performance of state owned companies.

An overarching legislation on state owned companies will enable the Minister to conduct effective oversight over SOCs and probably improve their performance.

The new legislation must also clarify the mandate of State-owned companies regarding the powers and oversight functions of the department. This includes identifying and explaining the different roles of each of the key stakeholders such as executive managers of SOCs, the boards and the ministry itself.

This therefore means that the task of the Inter-Ministerial Committee led by the Deputy President working on the recommendations of the Presidential Review Committee on SOCs becomes even more important to us regarding the introduction of the new and overarching legislation. The initiatives that, certain of the SOCs

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have taken and implemented is an indication of the department's seriousness to create prosperity for a vast number of people in the country.

Let's have a look at some of these initiatives: firstly, Transnet has partnered with the Design Institute of the South African Bureau of Standards, SABS, to establish the Transnet Innovation and Design Research Centre. The partnership promotes a culture of innovation and entrepreneurship. Through its moving ideas concept, more than 1 200 young entrepreneurs were invited to submit life changing innovative ideas that would provide solutions to challenges in their communities and some of Transnet's operational challenges.

Secondly, as far as skills development is concerned: between them. The six state owned Companies in the portfolio have enrolled 8 931 trainees as at 31 December 2016 ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry, hon Prins. Hon Essack?

Mr F ESSACK: Chairperson, with your permission, will a member take a question?

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Prins, are you ready to take a question. No, is not ready to take a question. Take your seat, hon Essack.

Ms E PRINS: The whole time while I was sitting there, I and you were interacting so could have asked your question that time. Between them, the six state owned Companies in the portfolio have enrolled 8 931 trainees as at 31 December in various scarce job and critical skill programmes.

A total of 10 655 trainees in various disciplines graduated from a variety of programmes over the past year, 607 of whom have been employed and the Minister also referred to that. And 1 779 learners have received bursaries for the current financial year. I trust that the Western Cape received its share in these developments.

Both Alexcor and Safcol are doing well and the future looks bright in terms of expansion and possible job creation. Alexcor increased its diamond revenue from R386,5 million in 2015-16 to R758 million in 2016-17. As far as Safcol is concerned I would hope that it expands its operations into the Western Cape to create wealth in conjunction with the Department of Forestry.

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Denel's Physical Science and Mathematics Outreach Programme to schools in indigent communities continues to yield excellent results, as the 2016 matriculant results in the Free State Province is proof of the success of the program. We would welcome an extension of the program to be implemented in the rural areas.

Finally, improving our economic situation and bringing stability to all the other factors that have resulted to our sovereign being downgraded will require our collective effort. The task of creating and building a non-racial, non-sexist, democratic and prosperous South Africa cannot be achieved through finger pointing.

As the ANC we realise that at the moment there are many issues that poses many challenges in terms of good governance. We are committed to deal with these issues and challenges in order to rectify it. We will deal with it responsibly in the harshest possible way that will bring to book those who are jeopardising the progress in the country at the cost off all the people who live and work here.

In conclusion, as a nation, we need to embrace the challenges and stay focussed to reach our full potential. As the ANC we support this Budget Vote. I thank you.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you. Hon Labuschagne?
Hon Labuschagne, sorry, you can take your seat. Let me deal with hon
Michalakis. Hon Michalakis?

Mr G MICHALAKIS: Thank you hon House Chairperson. Sorry to have to
do this to my colleague. However, just on a point of order: I see
that your name is number 12 on the Speaker's List. If you are
speaking it would be highly irregular of you to preside during this
debate ... if you are going to take part in the debate. I would just
like some clarity with regard to that. It is practice that a
presiding officer cannot take part and preside in the same debate
because you are going to engage the members later. If that is the
case then I would suggest and request that we find another presiding
officer to ensure that the debate is impartial.

The HOUSE CHAIRPERSON (Mr A J Nyambi): It doesn't make any
difference. You are out of order. Can you take your seat?

Mr G MICHALAKIS: It does. Hon House Chairperson, it is practice that
you cannot take part in the debate and preside in the same debate.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Can you take your seat?

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Mr G MICHALAKIS: It's not impartial.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Can you take your seat? Switch off that microphone so that I can make my ruling. Hon Michalakis, you are raising a point of order and that is not even a point of order. Can you continue hon Labuschagne?

Ms C LABUSCHAGNE: Hon Chairperson, on a point of order from the podium, I actually agree with my colleague. [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): I said you can take your seat. I'm dealing with hon Julius. Hon Julius?

Mr J W W JULIUS: Chairperson, it is practice. You cannot be the referee and the player. You know it. You cannot be the referee and the player. We cannot continue with this debate with you sitting there. You cannot be partial because you will come back later on and you will be part of this debate. So you are a player and a referee. We have Table staff. My suggestion is the following. Why don't we ask them for their opinion because you are ruling on yourself? The point of order is against you. How can you rule against yourself?

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Let me assist you. No, take your seat. Let me assist you. Let me assist you. There is a precedent in the House. It's not something that is happening for the first time. When we were debating the budget of Parliament you were probably not here. I presided, and I went and debated. The Chairperson has done the very same thing. It's not something that is new. It's not something that is new. [Interjections.] Hon Michalakis? Not unless you are rising on a different matter. If you are rising on the same matter, I have made my ruling. If you have a problem with it there is a procedure on how to deal with it.

Mr G MICHALAKIS: Hon House Chairperson, I respect your ruling. However, I would sincerely request that you speak to the Table staff for advice on this matter. It was first the matter of the quorum, now this matter. You do not want egg on your ... [Inaudible.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): ... [Inaudible.] ... the microphone off. Can you switch the microphone off? Hon Michalakis, if I have made a ruling and you have a problem ... That is why hon Tau assisted the House when he started. If you have a problem with the ruling there is a procedure that you can follow. Even if I am assisted, there's no way that I will change my ruling. I will stick with my ruling. Can you continue hon Labuschagne?

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Setswana:

Moh N P KONI: Modulasetilo, ke kopa gore o kope tlhotlhomiso ya tsamaiso ya Ntlo eno mo go mme le rre yo o dutseng fa pele ga gago gonne, e kare le wena ga o tlhaloganye tsamaiso ya Ntlo eno. Ba kope gore ba go tlhotlhomisetse gore a tsela ena ke yona e go tsamaiwang ka yona. Ke bua jaana gonne ke bona gore matlho a gago a taboga le Ntlo ena yotlhe. Seno, ke sesupo sa gore ga o itse gore go diragala eng, kgotsa ke eng se se tshwanetseng go diragala.

Re a itse gore lo lekoko le le tseileng puso, mme seno ga se bolele Ntlo eno lo ka e gatakaka jaaka lo batla. Mo Ntlong eno re maloko a makoko a a farologaneng, ka jaalo, re tshwanetse re tsholwe ka go lekana. Ke kopa gore o kope thuso mo go mme le rre yo o dutseng fa pele ga gago pele ga re itsamaisetsa tiro ya Ntlo eno. Ke a leboga.

English:

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Koni, you are not raising a point of order. Can you take your seat hon Chabangu? I'm not going to go out because you are saying I must go out. Can you continue hon Labuschagne? Hon Labuschagne? [Interjections.] I'm not recognising you. I'm not recognising you. Can you continue hon Labuschagne?

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[Applause.] [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Order hon members. Order hon members. Hon Michalakis, I recognise you.

Mr G MICHALAKIS: Thank you hon Deputy Chairperson. That's the first time I've ever clapped for you and hopefully the last. No offence.

The House Chairperson just made a ruling and I would like your clarity on this matter. Is it now a new precedent in this House that a presiding officer may take part in a debate and preside? If you rule that that is the new precedent then we must deal with it in that manner, but I believe that it is not according to the Rules and processes of this House and I would like your clarity on it please.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, I take it that ...

Let me just respond to ... [Inaudible.] Let's take it ...

[Interjections.] Hon members, can I just address that hon member?

Take your seat for now. Can you just take your seat for now?

Hon members, I take it that ... Look, there is a precedent. There is a precedent. I mean it's not even the first time. I can still remember in one instance we even had the Chairperson participating

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in a debate and still presiding over the sitting of the House. However, I think it's a matter that we need to deal with ... [Inaudible.] ... beyond this sitting and so forth, just so that we get clarity.

We are adults as we are seated here. I've been presiding since 14:00. I'm just a human being who had to go and visit a strategic room. So if we have the House Chair, there's nothing wrong with the House Chair then taking over the ... [Inaudible.] ... so that I visit that strategic room, and come back and proceed with the business of the day.

So I'm suggesting that because of ... Hence, I'm saying that there is a precedent. It has happened before. However, beyond this we will have to address it politically so that we don't find ourselves in a situation where the proceedings of the House are going to be disrupted because of misunderstanding or interpretation of the proceedings. Are we agreed on that? Okay, fine. Can you proceed hon Labuschagne? Oh by the way, I promised to recognise ... No! Yes hon Dlamini?

Ms L C DLAMINI: Thank you very much hon Chair. I'm standing on a point of order. This House has Rules. It would assist us if the

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members referred to a Rule that speaks to this matter, because if we say we are going to consider I will raise something else tomorrow. If they have a problem with this, let them refer us to a Rule in a Rule Book of this House.

The DEPUTY CHAIRPERSON OF THE NCOP: Okay fine; point taken.

The CHIEF WHIP OF THE COUNCIL: Chair, firstly I want to concur with ...

The DEPUTY CHAIRPERSON OF THE NCOP: Order hon members. Order, order! How should I call her name now again? Members, order please!

The CHIEF WHIP OF THE COUNCIL: Chair, firstly I want to concur with you that in applying the Rules of the House all of us need to be assisted if there is an inconsistency with regard to the application of the Rules of the House. It should be pointed out that there is an inconsistency and therefore that should be corrected.

However, the point that is raised ... My understanding is that members are raising it ... It was raised not because there's something wrong. It was raised ... whether or not it is a good

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convention to have a member, who will be debating later, to be presiding.

I also think the point is being raised that the House was not in a crisis. It has its House Chair who fully understands and appreciates that he is guided by the Rules when he is sitting in that seat. There was no crisis. The member has not ruled in any manner that suggests that he is biased or otherwise. So there was consistency. I think it is important so that when we apply the Rules we should not plunge ourselves into a crisis. We should be consistent in terms of applying the Rules in a manner that assists the House. Thanks.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much. Hon Labuschagne?

Ms C LABUSCHAGNE: Thank you hon ...

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Labuschagne, can you just hold? Hon Koni, on what point are you rising?

Setswana:

Mme N P KONI: Ke a leboga Modulasetilo ...

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English:

... you know, firstly, as hon Nyambi was presiding over there was wrong. He must stand up and apologise because if he wasn't he wouldn't have left that seat.

Secondly, hon Dlamini is claiming Rules. She is the worst member in this House who always stands up without referring to any Rule, so she must not even take us there.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Koni, that's not a point of order. That's not a point of order and I'm not going to sustain it. Can you continue with the debate hon member?

Ms C LABUSCHAGNE: Hon Chair, hon Minister, hon members and fellow South Africans. The Department of Public Enterprises failed its mandate of oversight at state-owned enterprises and therefore had to adjust their priorities to curb the widespread corruption, nepotism and capturing of state-owned companies. Only time will tell if the amount of R266.7 million allocated for 2017-18 will be spend on some of the/adjusted priorities namely: Developing Government Shareholder Oversight Policy that will create systems and capacity to deepen its oversight; conclude shareholder policy and provide a business case

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for government on how to phase out SOC's that are no longer relevant; and implementation of cost containment measures.

We, and even some members of the ANC themselves, find it hard to believe that this department and its entities is fulfilling its purpose! Robert Morley wrote in *The Trumpet* of December 2013 that:

South Africa is a nation in desperate need of solutions. Its people followed the rainbow revolution, and instead of finding a pot of treasure, they found themselves sitting in a pot filled with simmering water.

Currently this is not a pot with simmering water; it is a pot of boiling water. We, as South Africans, are boiling in a pot of severe economic challenges. Our struggling education system does not prepare young people efficiently to enter the workplace, our economy is scarcely growing, about 17 million people depend on social grants and more than nine million people are without jobs. So, what does this have to do with state-owned enterprises? In the presentation to the Select Committee the Department of Public Enterprises stated that:

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State-owned enterprises within the DPE have a combined asset value of over R1 trillion and it is in key sectors of the economy. This capacity in state-owned companies can influence the direction of the economy and this is key leverage for the department. State-owned companies have been central to keep the economy float.

Hon Deputy Chair, this backdrop paints state-owned companies as an important influence not only to direct the economy, but also keep it going and growing, create jobs and develop skills. Unfortunately this is not the picture portrayed when Moody's further downgrades included SA's top five banks, three development finance institutions, Eskom, ACSA, and certain Sanral credit ratings. Reasons given for this downgrading is "the weakening of the South African government's credit profile." This is in sharp contrast of what the department and its entities want us to believe! These SOC's are now characterised by corruption, nepotism and state capture.

In spite of all the inter-ministerial committees and all those things; it still happened. How could the following be allowed? Eskom's well known examples of nepotism are Matshela Koko and Koketo Choma where R1.7 million was donated from the latter's account to the ANC; Brian Molefe, the crying star of Saxonworld,

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resigned or left Eskom, his R30 million pension not being approved by Minister Brown - thank you very much therefore, returned to Eskom and in the end was asked to finally depart; We are still waiting for the release of the Denton report - a report containing details of widespread corruption; Brian Molefe and Ben Ngubane apparently tried to force the previous Minister of Mineral Resources to withdraw Glencore's Optimum mining license in a bid to help Gupta's takeover of Glencore coal mines; The Gupta-leaks emails uncovered that the Gupta's tried to sell Denel's intellectual property to India acting as middleman. Fortunately treasury stopped the Denel-Asia joint venture with Laser Asia, a Gupta linked firm, as the Gupta's arranged to side line Denel and take the biggest share for themselves even though it was Denel's proprietary technology that was to be sold; South Africa Forest Company is still struggling with land claims on more than 61% of the land, with no solution in sight!; Transnet's involvement in the fraudulent PRASA locomotive deal; there is yet another new business model to improve sustainability for SA Express Air; the successful land claim that the Minister made mention of resulted in Alexkor Pooling and Sharing Joint Venture which is relatively successful but does not tell the story of the failure of agricultural and marine culture, is probably due to an ineffective Deeds Settlement - a whole community left hopeless in fear, conflict and poverty. We did an oversight visit

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there. Minister, will the department ever initiate a forensic investigation into the trust funds, processes and procedures of the Richtersveld community?

Hon Deputy Chair, the fuel firing this boiling pot is cronyism, cadre deployment, lack of leadership, transparency and accountability of the ANC government! The DA is instrumental in establishing an ad hoc parliamentary committee to get to the bottom of the rot in Eskom, as a start! The DA is at the forefront of unbiased oversight, uncovering corruption of leaders who have been and still are channelling funds into their own pockets while millions of South Africans are living in poverty.

A DA led government will ensure that we do not stay stuck in a pot of simmering water! A DA government will encapsulate the treasure of integrity, accountability, freedom, fairness and opportunities for all! I thank you. [Applause.]

Cllr S STOFIE (Salga): Deputy Chairperson, Minister and august House. We appreciate the opportunity given to us as local government sphere; because we understand that developments take place in communities, on the land that is run by municipalities, therefore

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it's a very good interest to us as local government to participate in this debate.

We cannot hope to formulate adequate development theory and policy for the majority of the world's population who suffer from underdevelopment without first learning how their past economic and social history gave rise to their present underdevelopment, so said Andre Frank.

Deputy Chairperson, it is a common knowledge that the apartheid system segregated South Africa into three kinds of social, economic and politico-administrative spaces. The major urban areas, which by design created social and economic dualism; creation of fertile economic farming regions and associated small rural towns; and creation of economic unviable, so called homelands, reserved for South African black labour majority.

Prenon, argues this, being our social and economic history resulted in the present underdevelopment with its social, economic, and cultural indications: Deepening poverty; growing gross income inequality compared to urban areas; and chronic unemployment.

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Hon Deputy Chair, we are left with 13 years to review whether as a country we have achieved all our targets as reflected in the 2030 vision. While the intention is not to invite an immediate response to this pertinent question, we are of the view that at a strategic level, we ought to have attempted to address important questions that would in our view inform the deployment of resources to implement the National Development Plan, NDP. While the list might not be exhaustive, amongst such question may be - be devil us - are as follows:

Firstly, how does South Africa build a robust activist developmental state that intentionally deploys the economic values of our state owned entities to catalyse economic growth to enable fundamental economic transformation?

Secondly, what are the important characteristics of the industrial strategy that would get South Africa to advance at the fastest rate possible and in that industrial complex, how do we create a strategic linkage between these strategic state-owned entities to work with our government which are the engines of the economy to ensure a whole of government approach to deliver a sustainable inclusive economic growth?

Thirdly, to what extent can we harness our fiscus through state owned entities to stimulate investment of private capital in order to ensure a vibrant mixed economy?

Fourthly, what are the vital drivers in South Africa's social sphere that would accelerate development and address all fundamental aspects of social transformation as part of nation building and social cohesion?

Fifthly, what must we do strategically, positioning our country as a preferred destination for foreign direct investment?

Lastly, what must we do to encourage our big multi-national companies to invest in foreign markets but remain residents in South Africa?

These questions remain pertinent and require urgent answers so that we can indeed truly become an activist developmental state. It is our considered view that, our country needs a developmental state that must increase its instrumental involvement in the macro and micro-economic planning and catalytic stimulation in order to grow the economy.

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Through state-owned entities, the developmental state should be our efficiently distribute and allocate resources and, therefore, invest optimally in critical areas that are the basis of industrialisation and radical economic transformation.

Hon Deputy Chair, we must prioritise constructing a harmonious social-industrial complex thus strike a strategic alliance between the state, labour and industry in order to increase critical measures such as productivity, job security and industrial expansion, if radical economic transformation is to be realised.

In order to realise this dream, it is vital that South Africa produces a human capital that is highly educated and innovative people who are able to conduct advanced research and development to identify important areas of growth potential, plan the executions of the required solutions [Interjection.]

Setswana:

Moh N P KONI: Ke ema mabapi le lenane la dibui, Motlatsamodulasetilo. Ka gone bangwe ba rona ga re itse gore re tlile go bua morago ga bomang, gone go na le di [Tsenoganong.]

English:

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The DEPUTY CHAIRPERSON OF THE NCOP: Come again, can you [Inaudible.]

Setswana:

Moh N P KONI: Ke ema mabapi le lenane la dibui. Ke bona gore ga le tsamaye ka tsela e e lolameng. Ke kopa o re tlhalosetse gore lenane la dibui le tsamaya jang. Ka gore [Tsenoganong.]

English:

The DEPUTY CHAIRPERSON OF THE NCOP: Do you have a different speakers list from what I have here?

Ms N P KONI: Yes.

Setswana:

Mo go le ke le tshwereng, motl Stofile ke sebui sa bolesome.

English:

The DEPUTY CHAIRPERSON OF THE NCOP: Okay, fine, we'll just get the updates one and distribute it.

Cllr S STOFILÉ (Salga): Hon Deputy Chair, it would be remiss of me as a representative of our local government sector not to make a few

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critical observations in the state of local government in relation to economic transformation.

While local government in its democratic form is now more than 15 years in practice, we remain confronted by stubborn apartheid geography. The result is that the exact stage of development which any given municipality finds itself in, may differ vastly from that of its neighbour. Some municipalities, despite the persistent global economic crises and the inevitable challenges of servicing vast municipal areas with ageing infrastructure, are already sustainable or in the sustainability phase. The predetermined plight of certain parts of the republic in terms of our past extends a favourable situation for some of these municipalities.

If you allow me, hon Deputy Chairperson, these as historical social and economic enclaves remain constant reminders of our past due to entrenched colonial imprints and therefore these should remain in our radar in terms of fundamental transformation.

It is in such municipal areas, hon Deputy Chair, where as catalysts for social and economic transformation, state-owned entities should work with municipalities.

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In conclusion hon Deputy Chair, we are indeed hopeful that the Inter-ministerial Task Team, to resolve the current stalemate between the local government sector and ESKOM, if we are to make any meaningful progress as envisioned in the NDP.

We need a more coherent government that not only operates as a seamless integrated machine but also a dependable partner to investors and the private sector in general as well as most importantly all South Africans. Thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP: Just for purposes of us not getting confused; can I just call the numbers whilst the office is trying - Yes, after hon Ncitha it will be hon Koni; hon Khawula; hon Singh; Gahler; Wiley; Julius; hon Nyambi and then the Minister.

Mr M M CHABANGU: Hon Chair, on a point of order: Hon Koni was quite right. If you look at page 25 there you will find that it is written that the officer presiding must call members in accordance with the list. Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: Yes - that's exactly what I am doing hon Chabangu. [Laughter.] It's just that maybe that is why I said to hon Koni that we are trying to facilitate to get an updated

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one because the one that I am looking at titled; final revision two and I am sure with you its final revision one.

Mr M M CHABANGU: Because it has persistently happened - even I spoke before my time and you are repeatedly making mistakes.

The DEPUTY CHAIRPERSON OF THE NCOP: Okay - point noted.

Mr M M CHABANGU: Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: You may proceed hon member

Ms Z V NCITHA: Thank you very much hon Chair - The the hon Minister Lynne Brown, the Chief Whip in absentia, SALGA representative, Councillor Stofile.

Chairperson let me firstly start by supporting the Budget Vote of the Department of Public Enterprises and continue with my speech. State-owned companies in South Africa emerge from a particular history characterised by structural fragmentation; incoherent governance systems; leadership weaknesses; management instabilities; inadequate legislative and financing framework. These material conditions together with poor audit outcomes for some state-owned

companies through time have also produced popular narratives that claim that SOEs are a drain and a burden to the state and the South African economy.

For many years, the ANC-led government has argued that the SOEs serve as an important vehicle towards advancing national development objectives through providing economic and social infrastructure and contributing to both economic growth and overcoming spatial inequalities. As a country we have declared that we aspire to be developmental state, where our state should play a central role in leading the initiatives aimed at achieving a decent quality of life for all. As such, the programme to build a democratic developmental state that is responsive, legitimate, capable and accountable should therefore be intensified.

Broadly speaking, the key concerns in relation to SOEs are to what extent are their objectives and actions aligned with the broad and long term aspiration. In this regard it is also important that our assessment of the performance of the SOEs should not only be limited to the bottom line of profit and financial sustainability. But our evaluation must fully incorporate the question of whether SOEs are responding appropriately to the transformative and developmental state agenda. For example, we acknowledge and applaud the fact that

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Eskom has continued to maintain a positive financial performance with the company posting a net profit of R4,6 billion in the 2015-16 financial year and that even for the 2016-17 financial year, the company is projected to post a profit.

However, in the same vein, the developmental entity such as Eskom, we must also inquire about the pace at which the power utility is driving to the completion of the electricity to some of our rural areas. The areas without electricity even today include some wards in Umzimvubu Local Municipality; Ntabankulu Local Municipality and others in Alfred Nzo District - Colleagues would recall when we visited through our programme of oversight.

We acknowledge and applaud the fact that the proportion of households with access to electricity has increased from 36,2% in 1996 to 85,4% in 2016. We however declare that we must complete the task and deliver electricity to the places I have mentioned before. Also necessary to raise sharply as it relates to Eskom is the blanket approach cutting the supply of power to some defaulting municipalities. The colleague from SALGA has mentioned hon Minister that the interministerial committee that is dealing with the issue must fast track its work so that we do not find ourselves in a situation where the debt of 9 billion that we are currently having

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as Eskom gets to be increased so that one is very critical for us to fast track.

In this regard, it goes without saying that government and the power utility must deeply relook the situation and address the socioeconomic and management structural underpinning factors that lead to defaulting. To municipalities; the agreement that they have signed with ESKOM we plead with them to honour their debts service because if they do not co-operate with that it will be difficult for Eskom to deal the 32 that is unable to pay at all due to a number of challenges they face.

Moreover Chair, we consider that the long-term solutions must seek to benefit from the entire South African economy. In plain language, this means our SOEs in a systematic and integrated manner must balance the tradeoffs between commercial and non-commercial objectives. Chairperson, Eskom as a public entity utility of the state continues to be crucial for the long term sustainability and generation transmission and distribution electricity to industrial; mining; commercial; agricultural and residential consumers and other distributors. In performing this mandate, Eskom realised of outcome 6 of the Medium-Term Strategic Framework, MTSF, which strives for an

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efficient, competitive and responsive economic infrastructure network.

Eskom generates 96% of the electricity used in South Africa and 45% of the electricity used in Africa. The company has relatively managed to put mechanisms in place to manage the reserve margin and investment in generation capacity and an increase in economic growth - which in turn has led to an increase in electricity demand. The challenges of maintenance backlogs and a decline in power plant performance are being addressed by Eskom.

Eskom has significantly improved its implementation of the Integrated National Electrification Programme which is managed by the Department of Energy. The company electrified 159 853 additional households in 2014-15 and 158 016 additional households in 2015-16. Since the inception of the universal access programme, the number of electrified households has increased to about 5 million. Moreover, Eskom must acknowledge and support the role Independent Power Producers, IPP play in the South African electricity market, especially as it relates to our commitments to the energy mix which includes coal, renewable, nuclear and gas. It is also encouraging to learn that Eskom has had an average excess of 4000 Mega Watts of electricity.

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Pertaining to SAFCOL, the company's mandate is to ensure the sustainable management of plantation forests, increase downstream timber processing and play a catalytic role in rural economic development and transformation. The company's financial performance remains under pressure because of slow growth in revenue and a continual increase in costs.

Mr L B GAHLER: Hon Chair, on a point of order: Do we have a quorum in this House because at the moment you look at North West, Northern Cape, Gauteng and Free State. It's mainly the opposition here so there are no leaders of those provinces here.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Gahler this is a policy debate - it is not going to need any voting - whether it be parties or what. Thank you very.

Ms Z V NCITHA: We believe that the situation warrants expansion through diversification of product offering and access new markets guided by a clear growth and development plan. However, the resumption of the operations in Mozambique is important in realising its African ambitions. As Portfolio Committee, we further advise SAFCOL to do more in compensating communities around their

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operations and work closely with them to find amicable solutions on instances relating to land under claims. [Time expired.] [Applause.]

Mr C HATTINGH: Hon Chair, you might have seen that hon Labuschagne was not very well. I have requested her to go home. So, I just want to put it on record that she will not be here to listen to the other debates.

The DEPUTY CHAIRPERSON OF THE NCOP: No, I am aware. I could also hear that she is not well.

Ms N P KONI: Chairperson, you can't disturb the progressive movement based on that, man. It's fine. The EFF stands here again to warn South Africans, we want to warn the country before it is too late, we want to warn the country before the lights are out and Eskom has collapsed, we want to warn the country again before South African Airways flights are grounded and cannot fly anymore, we want to warn South Africans before our ports of entry for goods are closed and Transnet is nothing but a shadow of its former self. The EFF stands here to warn South Africans before Denel is no longer a state-owned entity but an entirely Gupta-owned entity. They have already started taking it piece by piece and the corrupt joint venture between Denel and 21-year old Atul Gupta nephew is just the beginning.

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As the EFF, we have questioned the existence of this department and correctly illustrated why it should not exist. Nevertheless, let's deal with the nonsensical state of affairs or circus at the state-owned entities. We now have undisputable and hard cold facts that indeed the Guptas have captured our SOEs, State-owned entities, and they are in the driving seat. They decide and appoint board members, they decide who must be appointed CEO, chief executive officer, and CFO, chief financial officer, and they also decide which tenders must be issued when, how and to whom. This is as a result has not only rendered this department useless, unnecessary and irrelevant but as a country our state-owned entities are missing an opportunity to play a developmental role and built infrastructure in a cost-efficient and affordable manner.

Then, as the EFF, we stand here as the EFF providing clear guidance as to what must be done moving forward. Firstly; because the appointment of all current boards are very questionable and corrupt we must dissolve all boards of SOEs, state-owned enterprises reporting to the Minister of Public Enterprise, they must all be fired; secondly, we must appoint interim boards that will stabilise governance and management of these SOEs and not be allowed to approve any major tenders until a new board is appointed. At a much

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more strategically level, we call for the dissolution of the Department of Public Enterprise because we now know that this department is just a rubber stamp, it failed to do proper oversight and it does not have capacity to make strategic input into the mandate of SOEs.

All entities that fall under the department must be moved to line function department. The SAA, South African Airways and Transnet must go to the Department of Transport. Eskom must go to the Department of Energy and all other entities must go to the respective line function departments. Let us do away with this nonsense once and for all to save South Africa. I am very happy that the Minister also agrees with me that there is crisis within these departments. In those few words the EFF will reject this Budget Vote. Thank you.

Mr M KHAWULA: Hon Chairperson and the hon Minister, the IFP has repeatedly stated in all debates around this department that this is one department in the country that should never be. All the state-owned enterprises administered by this department should have long been transferred back to their line function departments.

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In the state of the nation address in 2016 February, this is what the President said about the state-owned companies:

Compatriots, we have heard the concerns raised about the performance of the state-owned enterprises and companies. For the state-owned companies to contribute successful implementation of the National Development Plan, they must be financially sound. They must be properly governed and managed. We have to streamline and sharpen the mandates of the companies and ensure that where there are overlaps in the mandates, there is immediate rationalisation. Those companies that are no longer relevant to our development agenda will be phased out.

Unfortunately, as usual, this has become another empty promise and empty commitment. Instead, the country has experienced one scandal after the other on our state-owned companies. We have recently experienced drama unfolding at Eskom. A CEO, chief executive officer, jumps ship after bragging about frequenting a nonexistent shebeen at Saxonworld. He becomes a Member of Parliament for one and half months. When he realises that he has missed appointment to the Cabinet in the midnight Cabinet reshuffle, he shifts back to what he claims is his position at Eskom. The Eskom captured board under the disappointing chairpersonship of Dr Ben Ngubane, tries to console

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him by offering him R30 million of the tax payer's money. Thank you, Minister, for stopping it. He also claims that whilst he was earning a salary as a Member of Parliament, he was at the same time on some kind of special leave at Eskom. What a drama! This is what qualifies for the real Mickey Mouse administration.

Then, the board's chairperson has also jumped ship. Whether Brian Molefe and Dr Ngubane jump ship, or boat or kite they must still be brought to account about the billions gifted to the Guptas and their friends at Eskom. The law must take its course. It is alleged that another acting Eskom CEO, chief executive officer, Collin Matjila in 2014, also had his CV, curriculum vitae, passed via the Guptas before getting his job, whereafter, the Guptas started collecting through him for the services rendered. We have recently heard about how the Guptas and their associates have scored about R3,5 billion in locomotives kickbacks at Transnet. We have heard about a Denel Director, Dan Mantsha, getting chauffeured around Dubai by a Gupta arrangement in return for services. How a deluxe suite for Matsela Koko was arranged at the luxurious Oberoi Hotel in Dubai and how he subsequently got appointed as acting CEO at Eskom. We have heard that a Rajesh Naithani, was dumped as an SAA, South African Airways, board member in October 2014. He sent an email to Chawla, asking him to tell Tony Gupta to "... get me at Transnet"

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The stories of corruption, capture, mismanagement and maladministration continue on and on with no end on sight. Every new scandal in this country has an SOE or SOC on it. Maybe it was a blessing in disguise that the President's supposed rationalisation became another pie in the sky, so that when these stories get out of the closet, the SOEs and all those involved are still in front of our eyes. The state-owned companies have been fleecing and milking the country's coffers without bringing any material value to the national fiscus. It is only now that one can understand why what was happening has been happening. When appearing before the ad hoc committee that investigated the SABC, South African Broadcasting Corporation, the previous board chairperson and his previous predecessor both claimed that ... oh! My God! There are more stories I wanted to relate to you, Minister. I thank you, Chair. [Time expired.]

Mr A S SINGH: Hon Chairperson, hon Minister of Public Enterprises hon Lynette Brown, chairperson of the select committee Ellen Prins, the ANC supports Vote 9 Public Enterprises. In saying that, this year we honour one of the greatest stalwarts of our movement, Comrade Oliver Reginald Tambo. It is befitting therefore that we dedicate our collective efforts even more to realising our vision

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for South Africa black and white shall live and work together as equals in conditions of peace and prosperity.

Transformation of South African economy will be achieved once all South Africans share in the wealth beneath our soil. A few weeks ago at the World Economic Forum on Africa, Transnet revealed a taste of the opportunities that exist on the continent when they invited representatives of companies they have been dealing with in eight countries to join them for a tour of the Port of Durban. Transnet is currently negotiating to develop port, rails and pipeline infrastructure in Senegal, Liberia, Ghana, Togo, Benin, Nigeria, the Democratic Republic of Congo and Kenya. This efforts can only benefit the province and South Africa as a whole.

This year the ruling party is holding its policy conferences. It does so in the context of a socioeconomic environment characterised by extreme levels of inequality, poverty and unemployment. The ANC would like to return the wealth of the country to the people of this country. We mean fundamental change in the structure, systems, institutions and patterns of ownership management and control of the economy in favour of all South Africans, especially the poor. Stated-owned companies have been given marching orders to deliver on their mandates. State-owned companies have undertaken massive

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infrastructure and job creating projects. We need our black-owned companies to supply state-owned companies that are not supplied by black-owned or empowered companies. There is enormous scope to transform the profile of suppliers, bringing in new companies and convince owners of exiting suppliers to enter into profit-sharing arrangements with workers, among other measures.

The short-term challenge is to confront and overcome the cloud of allegations and counter-allegations relating to corruption in state-owned companies. And to set about our transformative journey in a climate of the highest ethics and responsibility quickly and thus contribute to the rating agencies reversing their recent decisions in the shortest possible time.

We need to improve the performance of state-owned companies to gain public confidence. Transnet has partnered with the design institute of the SA Bureau of Standards, SABS, to establish the Transnet Innovation and Design Research Centre. This partnership promotes a culture of innovation and entrepreneurship we were invited to.

Through its moving ideas concepts, more than 1 200 young entrepreneurs were invited to submit life-changing innovative ideas that would provide solutions to challenges in their communities and some of Transnet's operational challenges.

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We welcome that the six state-owned companies in the portfolio have enrolled 8 931 trainees, as at 31 December 2016, in various scarce skills job and critical skill programmes. A total of 10 655 trainees in various disciplines graduated from a variety of programmes over the past year, where 607 of whom have been employed, and 1 779 learners have received bursaries for the current financial year. This is a good story to tell.

A solution must be founded by government on how to assist municipalities where there is virtually no income-generating base and those municipalities resort to using funds and payment of electricity for their daily operations. The current negative economic growth both national and international necessitated that Transnet revise the targets of their capital expenditure, capex, investment programme. The strategy to revitalise branch lines to support its road to rail strategy is gaining traction with Transnet board approving three branch line transactions. This exchange will definitely save our roads from the damage caused by heavy goods vehicles that transport goods on our roads. The company delivered 37 passenger coaches engineered and manufactured at its centres of excellence in Pretoria and Cape Town to Botswana railways. The successful delivery confirms the strides the Transnet division has

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taken as it aggressively advances towards becoming Africa's leading manufacturer of rolling stock.

In addition, the development of the Trans-Africa locomotive, the first diesel locomotive designed and built in Africa, for African conditions, aligns exactly with Transnet's Africa strategy and the company's vision to become the leading provider of logistics services in sub-Saharan Africa. We patiently await for the company to announce a profits for the 2016-17 financial year.

The SA Forestry Company, Safcol, is expected to report positive financial results this financial year. Turning to Alexkor, during the current financial year, the department completed a desktop study on the Richersveld Diamond Deposit. This study confirmed it is possible to extend the life to the Alexkor pooling and shearing joint venture beyond its current estimated 10-year life span. Alexkor experienced operational challenges during the 2016-17 financial year. It did not meet its carat production set for the year under review. However, its diamond revenue increased from R386,5 million in 2015-16 to R758 million in 2016-17.

We welcome the Department of Public Enterprises establishing in terms of their own enabling legislation which sets out the purpose,

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mandate and objectives for which they were founded. All these state-owned companies are incorporated as companies in accordance with the provisions of the Companies Act of 2008. The responsibilities of the Ministry and the department are to ensure effective shareholder oversight of these state-owned companies by ensuring continuous alignment between shareholders' strategic intent and the objectives of the state-owned companies.

Setswana:

Moh N P KONI: Modulasetilo, ke kopa gore o ntlhotlhomisetse mo sebuing mo podiamong gore a ka tsaya potso.

English:

Mr A S SINGH: No, I don't have more time. The objectives of the department are through state-owned companies, to meet South Africa's goals of reducing unemployment, fighting poverty, ensuring that the economy grows and that the objectives of the National Development Plan are met. The challenge however, is to achieve this without the hindrance of private or public sector corruption.

The Ministry and the department further have a duty supporting state-owned companies to deliver on their shareholder compacts and

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corporate plans. [Time expired.] We support the Vote. I thank you.
[Applause.]

Mr L B GAHLER: Hon Chairperson, state-owned enterprises, SOEs, are supposed to be instrumental in the South African economy as vehicles to support economic development. In 2015 alone, SOEs made infrastructure investments to the tune of R160 billion in the South African economy, which is up from a mere R25 billion in 2005.

It is however important to note that Eskom and Transnet account for more than 56% about R90 billion of the R160 billion invested in infrastructure by SOEs in 2015.

Chairperson, you are aware that most of our SOEs have over the years experienced major governance failures due to weak accountability, overbureaucratisation, excessive politicisation and unclear objectives.

It is a common knowledge that South African SOEs absorb a substantial amount of resources and actually impose a heavy burden on the fiscus. For proof, one has to look no further than Eskom and SA Airways, SAA, to mention but a few; Passenger Rail Agency of South Africa, Prasa and others.

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These challenges occur, despite government initiating a comprehensive review of state-owned enterprises in 2012.

There is also a challenge where ANC cadres who could not be deployed in Parliament or in the executive positions are dumped at these SOEs. Otherwise, how else do you explain the promotion of Dr Ben Ngubane from SA Broadcasting Corporation, SABC, to Eskom, when he is responsible for the mess in which SABC finds itself. We are not impressed by his impromptu resignation and we think that he cannot use resignation to escape accountability.

Chairperson, during President Mandela's era SOEs were doing well. SAA was on time; today its flights are sometimes delayed over two hours, because of lack of governance. Eskom is in a mess.

This country, as long as it is run through the Guptas, it would always be in a mess. We are in a mess because of a government which is not run properly, whereby people from other countries came and run our country, that is why we are in such a mess.

For these reasons and the fact that we are 23 years into democracy, the government is still failing to structure and position its business entities to be the strategic anchor for fundamental

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economic transformation. Chairperson, you cannot go far with Eskom as well, you find that electricity is only in the main road near the N2, which is quite true. In my village, for your information there has been no electricity and many other villages. For these reasons the UDM does not support this budget because we feel that this department was not supposed to be there. These entities are supposed to be under their own departments. As the UDM, we do not support this department and the state-owned company must be run properly. I thank you. [Applause.]

Afrikaans:

Mnr M WILEY (Wes Kaap): Voorsitter, baie dankie vir die geleentheid.

English:

Chairperson, thank you very much for the opportunity to address you today. I must admit, this Minister must have one of the most unenviable tasks in this government. Her task is to try and ensure good governance and prevent the looting of the country's state-owned entities, SOEs, also known as public entities. It is an uphill battle for sure and we have heard some of the tails already.

I am not aware if the members know if there are nine Schedule 1 constitutional institutions, 21 major public entities, 154 other

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national entities and 22 business enterprises in the South African dispensation. However, this Minister deals with only a portion of these and she referred to them in her speech. However, it is still a huge job, requiring competent managers and the Minister said it requires good managers.

Unfortunately, it is not so in reality, despite the rosy picture that the Minister has painted and we have already heard from the various speakers that some of the problems that we know about and I would like to allude to one or two of them. For they talked about generalities and I want to speak about one of our Chapter 9 institution authorities which is the Auditor-General of South Africa.

Kimi Makwetu the Auditor-General of South Africa stated in his 2016 report that the irregular expenditure of R46 billion which was an increase 80% of the irregular expenditure from the previous year, in all government departments and a substantial amount of this was in public entities.

So, in the world of Donald Trump, where he is the only person who is the owner of the truth, when everybody else thinks of something different, which truth prevails here? And when we heard the

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Minister, she talked about radical economic transformation, but her chairperson of the committee talked about the National Development Plan, NDP. Which truth prevails?

This schematic over here shows how the Auditor-General's report card looks for the Western Cape. You will notice just about everything is green. I have tried to print the Auditor-General schematic report on the SOEs, but I am afraid I run out of the red ink. In fact we have already heard the financial collapse and all the crisis of almost every state-owned entity in South Africa comes as a direct result of a failure at national level to adequately manage the nation's public enterprises, or to admit that it actually has a problem.

One only needs to look at a continuous multibillion rand bailouts required for SA Airways, SAA, amongst others, at the helm of the incompetent Dudu Myeni, in the past year. Do you know that up to date, SA Airways has received government bailouts to an amount of R14 billion. Under Dudu Myeni's leadership, SA Airways has lost some R10 billion.

The Finance Minister, Malusi Gigaba, has mentioned that the Public Investment Corporation also an SOE may be used as an equity partner to bailout SAA. Effectively using state-pensions to pay for the SOE

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failures. I wonder how many of the parliamentary staff would be prepared to use their pension money to underwrite these failures, after witnessing the main actors perform in their midst day on the day-to-day basis. [Interjections.]

Ms T G MPAMBO-SIBHUKWANA: Under the ANC.

Mr M WILEY (Western Cape): This same Dudu Myeni also booked and paid for 23 international trips using funds from the Mhlathuze Water Board which is an SOE, of which she is the Chairperson. To whom does she actually owe her allegiance? The SA Airways or the water board and who on earth has the time to spend 23 trips overseas.

We have heard about Eskom already, a leaked confidential internal memo from Eskom, reveals gross mismanagement of funds during the procurement of capital and management of coal supplies. The Minister has said that the user group is down and the question is: Why is the user group down? It is one of the two reasons and I have already spoken about this to the Minister of Energy at a previous debate. That is either that there is the truth in the downturn of our economy, which we know, because the ratings agencies have already indicated that as well and we know that there is a massive increase in unemployment or alternatively, there has been a migration away

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from the formal grid system to people going for alternative energies and therefore the operating profit is going to be down.

We did make an operating profit, but we are designed to make an operating profit because we have to bank as much money as possible because providing the infrastructure for energy is a massively expensive exercise. So, the question I ask for the Minister is our operating profit, is it above target or below target?

The contract for coal supplies is directly linked to the Gupta-owned Tegeta Exploration and Resources which scored coal supplies contracts from Eskom amounting to R4 billion and this is well-known. Now, the question that I need to ask in the radical economic transformation picture is: Are they considered to be blacks or are they considered to be something else?

Eskom has essentially been completely captured by the Zuma clan and the Guptas facilitated through Brian Molefe and Malusi Gigaba. Does the Minister agree or discuss or dismiss the State of Capture Report? Does the Minister agree in the acceleration of the renewable programme? If she does, why has the bid for window being stalled and not signed off?

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As far as Passenger Rail Agency of South Africa, Prasa, is concerned and that is very irrelevant to us here in the Western Cape, because we are getting less and less trains by the day, to get the commuters back to work and away from work. A day before last, they had to stand to five to six hours at the Cape Town Station because the infrastructure had broken down.

The Auditor-General notes that R13,9 billion of irregular expenditure for 2016 in this parastatal and it was acknowledged by the chief executive officer, CEO, Letsoalo. Following a report released by the then Public Protector, Thuli Madonsela in 2015, it was revealed that the tender irregularities at Prasa amounting to R2 billion is the misappropriated funds and called for a forensic investigation of all Prasa contracts and tenders. Had she done so, she would have discovered where a large chunk of this money went to. When recently released emails showed that the Guptas got a 20% commission on the sale of the locomotives that translates into billions of rand.

The Western Cape commuter rail system ran by Metrorail really could have done with that money and long suffering commuters trying to get to work are now taking the frustration out on the rolling stock.

[Interjections.]

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Ms T G MPAMBO-SIBHUKWANA: Exactly.

Mr M WILEY (Western Cape): If government were genuine about jobs and security they would transfer Metrorail to the City of Cape Town, so that a proper service could be offered to the general public.

[Interjections.]

Ms T G MPAMBO-SIBHUKWANA: Exactly!

Mr M WILEY (Western Cape): Just this year, Prasa's acting CEO Collins Letsoalo was dismissed after having said that he was entitled to a R5,9 million salary. Former Prasa Board Chairperson, Popo Molefe has launched an urgent court challenge to nullify the dissolution of the board by the former Transport Minister, Dipuo Peters, after experiencing a loss of R13,9 as I have already mentioned as a result of financial mismanagement.

However, Chairperson, there is another area of SOEs that I want to raise to the Minister and she also touched on it and that is namely Denel and Armaments Corporation of South Africa, Armscor, and my colleague also has referred to it.

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It is no secret that the arms trade worldwide is not the most wholesome industry and kickbacks are legion. Probably the most profitable after nuclear deals. I must ask the Minister: Does she support a new nuclear build programme? The one that is going to cost us R80 billion a year to finance and another R54 billion rand a year to maintain and South Africa with a proud record of first in a development of wide and diverse arms products, has recently turned the corner and become profitable again. Well done to Armscor.

There was only a matter of time however, before the Guptas turned their sights on this lucrative and secretive industry. So much goes on under the cover of national security - just their sort of world. Now it is common knowledge that my colleague in the National Assembly, Ms Mazzone, has repeatedly warned of the dodgy deal done by Denel and VR Laser which own 64% by a Gupta associate and the Minister has already referred to this particular deal.

The registration of Denel Asia is very questionable and one wants to ask whether it in fact transgresses national security. Treasury in the portfolio committee was so alarmed by the irregular nature of this deal that they summoned them to explain, but Denel ducked and dived and avoided interrogation. So, Treasury threatened to take legal action at the end of last year and issued legal letters and

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this is the matter that the Minister refers to that it is going to be resolved and one wonders how it is going to be resolved. And then the Finance Minister was fired after he put pressure after this unfortunate aspect. [Time expired.] Thank you, very much.

Mr J W W JULIUS: Deputy Chairperson, members and South Africans at large. The mandate of state-owned companies to grow the economy and help to create jobs couldn't be over emphasized more in these difficult times. The ANC today did not even condemn corruption and state capture. You don't care about South Africans and job creation. Rating agencies are mainly concerned about the effectiveness of state-owned companies. State-owned companies have the ability to grow the economy and provide the much needed jobs that ordinary South Africans so need. I am happy to see that Finance Minister, Gigaba, agree with this extremely important role of SOEs, state-owned enterprises. However, it was the very same Minister that started the selling our SOEs to the Gupta family when he was still the Minister of this department.

However, corruption, greed, double dealing, fraud, abuse of state resources and absence of moral and ethical leadership are some of the words and phrases that are used lately to describe SOEs, Minister. The very department that must change our people's lives is

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used by the ANC to corruptly create wealth for themselves and individuals that advance their own interest. Minister, the Gupta-linked emails show that they have misled South Africans when they claimed that the Gupta family had no interest in VR Laser. Then, we heard from hon Labuschagne and hon Willey respectively about the VR Laser and Denel Asia.

Furthermore, Minister, in 2015, you facilitated the Gupta enhancing changes to Denel's nonexecutive board. Under your instructions, we saw the appointment of the Gupta beneficiary, Mr Motseki, and removing of experienced directors for the relatively unknown directors. You appointed Mantsha as the chairperson of Denel although he was struck off the roll as an attorney in 2007 already, another Gupta-linked person.

These facts now begs the question, Minister, did you participate in the state capture project of the Guptas or were you also misled in believing that all these appointments were honest? From where I am standing, Minister, it looks like you aided the attempted take over of Denel by the Gupta families. Even the interministerial tasks, the investigations and enquiries of all that, I do not trust it, Minister. Obviously and honestly I do not trust it. I do not know who is fooling who here. Chairperson, the problem of corruption in

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South Africa is endemic. It is deeply rooted in all government departments, local governments and especially SOEs and SOCs where the ANC is in charge. The only way to get rid of this widespread corruption and state capture is for the ANC to be rooted out in all these spheres of government so that we can investigate who is liable for this corruption and charge them, like we do now in Johannesburg, Tshwane and Nelson Mandela Bay and other areas.

Hon Koni and hon Khawula, I agree with you that we must get SOEs to work for our people. However, giving it to line departments I am doubtful about that. Just look at Prasa, Passenger Rail Agency of South Africa, it is under government Department of Transport but very corrupt. We cannot keep on changing to avoid the elephant in the room. The only solution to get rid of corruption in SOEs is to get rid of the ANC period. Hon Singh, you know, singing for your supper to a highly corrupt and captured department leaves me with only one thought; indeed, you are an ANC member and proudly so. Outside you fight amongst each other over state capture but in Parliament you defend it today. Talk about double standards and politics of the stomach.

Chairperson, the 19,9% increase requested by for Eskom by 2018/19, it is a huge problem. Minister, what can possibly justify this

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increase? Electricity cost is so very high in this country, it will shed jobs in the economy, people are already suffering and they cannot buy electricity, they cannot do it. The 90,9% increase for next year is totally unacceptable. The only way to get South Africa right is for South Africans to go to the ballot box in 2019, and vote out the ANC. It is the only way we can get rid of corruption period. I thank you. [Time expired.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Deputy Chairperson, hon Minister, hon members, ladies and gentlemen ... [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, please take your seat. Yes, hon Michalakis?

Mr G MICHALAKIS: Deputy Chairperson, just on a point of clarity. I would like to enquire whether hon Nyambi is standing there in capacity as a presiding officer, or as a member taking part in the debate. [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: No, that's not a point of order. You don't need to respond to that.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Thanks, Deputy Chairperson. You know, if you have a short memory, you will even forget that yesterday I was presiding and I participated in that debate. Not last year; yesterday. I'm talking about yesterday! [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, may I hear what hon Koni wants to say?

Setswana:

Moh N P KONI: Modulasetilo, ke utlwa gore leloko mo podiamong le re isa kgakala, legone maabane re ne re ngangisana ka ngangisano e e botlhokwa ya lefatshe. Seno ga se sesupo sa gore ga re a lemoga gore ke eng se se ileng sa diragala.

English:

... we are not paying too much attention because we thought you were to be trusted since ...

The DEPUTY CHAIRPERSON OF THE NCOP: What point are you raising, hon member?

Ms N P KONI: A point of order.

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The DEPUTY CHAIRPERSON OF THE NCOP: Can you raise your point of order. Don't make a statement. don't debate. Give me the point of order.

Ms N P KONI: No, give me a chance. I'm a slow speaker, so, you know, you must be very patient with me. It's not like I'm speaking ... I'm debating or I'm delivering a speech. I'm a slow speaker so please bear with me, Chair.

Setswana:

Ke ne ke re, ga se gore ga re a lemoga gore ke eng se se diragetseng maabane. Lebaka ke gore re ne re ngangisana ka ngangisano e e botlhokwa ya lefatshe. Ka jaalo, re ne re nagana gore lo a tshepega jaaka lo beilwe mo ditulong tse lo leng mo go tsona gore lo tla tsamaisa Ntlo eno ... [Tsenoganong.]

English:

The DEPUTY CHAIRPERSON OF THE NCOP: Hon member, please take your seat, because you are now casting aspersions. And that's exactly the kind of thing that I started to do when we started this session this morning.

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Ms N P KONI: Every time it is the very same thing that I started saying when I started this. You said those things because I was not in the House. I went to the bathroom. So you did it deliberately by saying them in my absence.

The DEPUTY CHAIRPERSON OF THE NCOP: Please take your seat, hon member. Please continue with the debate.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Let me, at the outset, Minister, indicate that we support Budget Vote 9. My speech is a dedication to the committed, dedicated officials of ordinary people of Eskom who make it possible even for me to have this electricity here. [Interjections.]

Siswati:

NgeSiswati kutsiwa nome ngabe umntfwana umoshile; akube sekutsatfwa lelibhavu labakageziselwa kulo bese kucitfwe konkhe emangcoliso kanye nalomntfwana. Kutsatfwa umntfwana ageziswe, esulwe kahle, abekwe eceleni, bese-ke kucitfwa lamanti lanemangcoliso lakulelibhavu. Akulahlwa konkhe kanye kanye.

English:

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The DEPUTY CHAIRPERSON OF THE NCOP: What's the point of order, hon member?

Ms N P KONI: The hon member at the podium is addressing this House but he is directly looking at me. [Interjections.] No, give me a chance! [Interjections.] Chairperson ...

The DEPUTY CHAIRPERSON OF THE NCOP: Yes?

Ms N P KONI: It's not a secret that I've been referred to as a child in this House.

The DEPUTY CHAIRPERSON OF THE NCOP: No, no, no.

Setswana:

Ms N P KONI: Mphe tshono ke fetse.

The DEPUTY CHAIRPERSON OF THE NCOP: No, I never heard him say ...

Ms N P KONI: And it's not a joke; it's very serious. Ngingumfati lowalotjolwa. (I am a wife for whom dowry was paid.

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon member, can you take your seat? [Interjections.] Hon member, can you take your seat!

[Interjections.] No, no, no! I'm saying, hon member, can you take your seat! [Interjections.] No, I never said ... Go and check Hansard! Go and check Hansard!

The HOUSE CHAIRPERSON (Mr A J Nyambi):

Siswati:

Nangetfula inkhulumo yami kulabantfu labakhutsele labasebentako, ngicela kusho kutsi ...

English:

... hon Minister, I heard you when you said that there are reports that are going to be referred to the Special Investigations Unit, SIU.

Hon Julius, as ANC, we will continue fighting corruption.

[Interjections.] And we will expose corruption ... [Interjections.]

An HON MEMBER: How can you fight yourselves? [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Minister ...

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, please take your seat. Hon Chabangu, please stand up. May I address you? Please withdraw the statement that the member is telling lies in the House. Please withdraw that because it is unparliamentary. [Interjections.] I'm saying, hon member, it is unparliamentary to refer to another member as a liar. [Interjections.] Hon member, are you refusing to do what I am requesting you to do?

Mr M M CHABANGU: I am not refusing. He is lying.

The DEPUTY CHAIRPERSON OF THE NCOP: No, can you then withdraw. I am ordering you to withdraw, for referring to a member as a liar.

Mr M M CHABANGU: For the sake of continuing, I withdraw.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Minister, I am from Mpumalanga. So, on behalf of the people of Nkomazi Municipality ... they are very grateful for what happened last year. The hon former Deputy Minister Magwanishe led Eskom, Denel, SAA and SAFCOL officials to come and share with students of that particular part of South Africa about opportunities that are available in terms of bursaries and what they can do in those entities. So, it means, in

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the future we are going to be having people who will come out of that arrangement. So, it was a very good thing.

The problem when you have us as NCOP ... when we are here ... what was good about our committee, hon Minister, is that we had an opportunity to visit Medupi, Kusile, Transnet, and that assisted us to have a better sense and appreciate what is going on. Beyond that, it made us, when we were doing a programme of the NCOP that is called Provincial Week ... as provincial delegates from Mpumalanga; we decided to go Kusile so that we could understand what is going on. We commended to see a number of very many young people that are working. We are talking about more than 15 000 people at a site that are working at Medupi. [Interjections.]

You know, when you were here, hon members ... Hon Minister, what we want to raise, as a committee, that you think we have to attend, is for us to have a sense of the social corporate investment in terms of spread so that we can have a sense because this is the House that represents the interests of provinces. So, it will give us a better picture to understand what is happening in our provinces about those that are benefitting out of that.

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The second thing is that the high turnover in state-owned entities is something that will always be of concern to us because it's robbing of senior leader and managers. That is robbing when it comes to the issue of institutional memory and the efforts to implement plans that will yield the fruition we are looking for.

We are aware of the triple challenge of poverty, inequality and unemployment, but, hon Julius, maybe it's high time that we expose the double standard that you always do when you come here.

[Interjections.] Let's use the recent example of hon Zille ... what she did. Nothing that you ... no-one from the DA condemned what was done by hon Zille here. [Interjections.] But you are quick to talk about ANC matters. [Interjections.] The irony of it! The hypocrisy! It makes a mockery of your own party. You are saying the person is not fit to lead the party, but yet we are talking of high moral, it fits that person to be the leader of government. Sies, Democratic Alliance! [Interjections.]

When ... you know ... why I am saying sometimes you don't even understand what you are talking about. You just come here and ... [Interjections.]

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You know, in this House ... We don't have a person in this House who can claim to be older than Eskom, yet it's the ANC government that made it possible for us to have a meaningful percentage of people benefitting out of the electrification programme. And you are not giving credit to that. [Interjections.]

Hon Prins, the chairperson of the select committee, even gave you the statistics and the Minister has done that eloquently, so I won't repeat that. Maybe as somebody who knows a little bit of mathematics, I will tell you what you represent. [Interjections.]

I know mathematics!

You represent a formula. It is called ego is equal to one divided by knowledge. [Interjections.] Do you know what the answer of that formula is? [Interjections.] Let me explain the formula. The formula is ego is equal to one divided by knowledge. Do you know what that stands for? [Interjections.] The more the knowledge, the lesser the ego. The lesser the knowledge, the greater the ego. That's what you represent when you are here. [Interjections.] [Applause.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi ... Yes, hon Julius, on what point are you rising?

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Mr J W W JULIUS: I rise on a point of order, Deputy Chairperson. The speaking at the podium is casting aspersions on my character, saying that I'm actually stupid and don't have knowledge. [Interjections.] Can you rule on that, because I can equally call him a stupid because he sat there, knowing that he cannot sit there, and he took his chances. I can equally say he's a stupid, because he's ...

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Julius, please take your seat! The reality of the matter is that, seated here, I never heard the member saying the member is stupid. [Interjections.] I never heard the member using the word "stupid". I heard him using a formula as a way of expression. [Interjections.] Thank you very much. Can you continue, hon member.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Tata Mandela told us that ...

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi ... Yes, hon Wiley, on what are you standing?

The HOUSE CHAIRPERSON (Mr A J Nyambi): I can't be instructed by you.

Mr M WILEY (Western Cape): I don't want to waste the speaker's time but I am a bit confused.

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, can you take your seat? Can I ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): [Inaudible.] ... to deal with this white supremacist. I can't be undermined by this man.

The DEPUTY CHAIRPERSON OF THE NCOP: No, can I ... can you just take your seat.

The HOUSE CHAIRPERSON (Mr A J Nyambi): I can't be undermined by him.

Mr M WILEY (Western Cape): Can the hon speaker please tell us from which language the word "ego" comes?

An HON MEMBER: It's racist!

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, can you take your seat. [Interjections.] Okay, he's withdrawing. [Interjections.] Hon Julius? [Interjections.] Hon Nyambi ... [Interjections.] Order, members! [Interjections.] Order! Can I recognise hon Julius? [Interjections.] Order, hon members! Hon Ximbi, order! Okay. Can I get the point?

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Mr J W W JULIUS: Deputy Chair, is it parliamentary for the speaker at the podium to call the race of another member, saying, I cannot be held by this white supremacist? And this time, I know you heard it because he spoke to you. This time I know you heard it because he spoke to you.

The DEPUTY CHAIRPERSON OF THE NCOP: No. Let me tell you now, I didn't hear it. [Interjections.] I did not hear it! [Interjections.] No! You see, that is the problem. That is the problem I try to address earlier on when we started. [Interjections.] Because of the kind of demeanour ... [Interjections.] The kind of demeanour ... [Interjections.] It is ... [Interjections.] Hon Julius, I'm just happy that you are not on record. [Interjections.]

An HON MEMBER: You heard it!

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, please continue with the debate. [Interjections.] Hon Manopole?

Ms G M MANOPOLE: Chair, I am just making a request ... [Inaudible.] has been consistent of hon Hattingh ... what he has been doing. Hon Nyambi ... he is not the first one to be subjected to ... Really, there's this undertone of racist undertone, and white supremacy. By

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instructing, actually he is undermining you. By first instructing the member at the podium to take a seat in a tone that he has raised. He has been consistent.

The DEPUTY CHAIRPERSON OF THE NCOP: Really?

Ms G M MANOPOLE: Yes.

The DEPUTY CHAIRPERSON OF THE NCOP: To do what?

Ms G M MANOPOLE: To instruct the member to take a seat.

An HON MEMBER: He is very rude.

Ms G M MANOPOLE: Yes.

The DEPUTY CHAIRPERSON OF THE NCOP: Okay, fine, I didn't hear that. I didn't hear that.

Ms G M MANOPOLE: Hence, hon Nyambi didn't take a seat.

The DEPUTY CHAIRPERSON OF THE NCOP: Was it on record?

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Ms G M MANOPOLE: Yes ... no ... I'm not sure it was not on record.

The DEPUTY CHAIRPERSON OF THE NCOP: Okay, fine.

The HOUSE CHAIRPERSON (Mr A J Nyambi): In a very racist manner!

The DEPUTY CHAIRPERSON OF THE NCOP: Can I ... Can I ...

Ms G M MANOPOLE: Hon Chair, can you please be alert to this. This is not the first time that he is doing it.

The DEPUTY CHAIRPERSON OF THE NCOP: Can I satisfy myself by checking Hansard and then make a ruling on that. [Inaudible.] Hon members, can you see what you are doing? Can you see what you are doing? [Interjections.] Hon Mpambo-Sibhukwana?

IsiXhosa:

Nksk T G MPAMBO-SIBHUKWANA: Sekela Sihlalo, into endiza kuyicela nenokuzisa uxolo kuyo yonke le ngxaki kukuba sifumane ikopi kaHansard kuba simvile ohloniphekileyo uNyambi esitsho. Ndiyamangala ukuba ungathi ehleli ecaleni kwakho ungamva ukuba ebesithini, kodwa ukwazile ukuva ohloniphekileyo, uChabangu, nohleli lee kude.

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UHansard yena ndiqinisile ukuba uza kuzisa uxolo kule ngxubakaxaka. Ndiyabulela.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much. Because one of the problems ... That is why I'm calling you to order. Do you see now? You become rowdy, and then when you become rowdy, and then I ask you to be in order, you are not in order. And you expect me to hear everything. At the time hon Chabangu made that statement, it was quiet in the House. That's why I could pick it up. But when you are rowdy and behaving as if you are not honourable members, I mean, obviously I won't be able to hear.

Hon Michalakis? [Interjections.] Hon Chabangu, can you take your seat, please, because I am recognising hon Michalakis.

[Interjections.]

Mr M M CHABANGU: Are you going to recognise me?

The DEPUTY CHAIRPERSON OF THE NCOP: Let me recognise hon Michalakis.

Mr G MICHALAKIS: Thank you, Deputy Chairperson. To stand up on a point of order and to say that a member is disruptive or that he's comments are condescending or what have you ... that is one thing.

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But for a member, without any foundation or grounds, to accuse another member of being a racist without a racist utterance being made, I think it is a very serious accusation, and I would like you to request the hon Manopole – because there was no racist comment – to withdraw her comments and her accusation that our member was racist.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon member ... hon Michalakis, I think ... I'm sure ...

Mr G MICHALAKIS: We can't go about calling each other racists!

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Michalakis, I'm sure you will bear with me because I checked whether the mic was on. There was no certainty. And I said I will check Hansard and satisfy myself whether if ... because it was an accusation of something that was said by somebody else.

Mr G MICHALAKIS: Please, Deputy Chairperson, I appeal to you, because it seems to have become a tendency that, when there is no political debate left, the ANC resorts to calling one a racist.

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon member, I have made a ruling on the matter. Can you please take your seat. Can you continue with the debate, hon Nyambi.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Tata Mandela taught us ...
[Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Nyambi, can I take hon Chabangu?

Mr M M CHABANGU: Deputy Chairperson, let me speak Sesotho; maybe you will understand.

The DEPUTY CHAIRPERSON OF THE NCOP: Do you see now! You are busy arguing now! You are busy arguing. Can you please just be in order, hon members. Yes, hon Chabangu?

Sesotho:

Mong M M CHABANGU: O a bona ntho ena e etsahalang ka mona, kehore wena, o theola seriti sa Ntlo ena hobane o etsa ekare ha o utlwe ka ditsebeng. Ha ho bua maloko a ANC ha o utlwe. Ha ho bua rona maloko a bohanyetsi o a utlwa ebile o batla ho re ntshetsa ka ntle. Haeba ho le jwalo, o hlile o batla ho re ntshetsa ka ntle, nna ha ke

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tshabe ho ya ka ntle. Le haeba o ka bitsa bahlanka ba tshireletso, ke tla lwana. Ke a o jwetsa.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Chabangu, that's not a point of order. I don't know what informs that statement; therefore I'm not going to recognise what you said. Hon Nyambi, please continue.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, many a time at this podium, an impression is created that the issue of the Public Protector is something that was not created by the ANC. It's even worse because even Adv Thuli Madonsela was appointed by the government of the ANC. So, it's a clear indication that we will fight corruption. We are not representing anything that has to do with corruption. [Interjections.]

What ... I was tempted not to respond but to go through what I have prepared. But, after thinking of what Tata Mandela told us "fools multiply when wise men are silent." [Laughter.] So, it is out of that reason that I will be doing a disservice to Tata Mandela, hon Minister, because the double standard that we see every day ... if you will allow me, Chairperson, to share with you a very short story of a boy that, immediately when we go to democracy, was called by somebody who employed this boy, and the employer told this boy that,

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for now, moving forward, I'm not going to ... I'm going to do three things. The first one ... because we are getting to a democracy ... it's a true story ... because I used to be baas [boss], I am no longer going to be baas; you are going to call my name. The second thing ... the boy used to live at the back and the dog used to be in front. Then the man said, no, now, moving forward, you are no longer going to be at the back, you are going to be in front. Then the last thing that is very important, should it happen that by mistake – because I was used to calling you “kaffir” – should I say “kaffir”, then I'm going to fine you R2 000.

Then, when they were driving to town one day, they got a puncture. When they got a puncture, the man was in front because they told him three things. The man was in front. The man got out. He said, no, what are we going to do? The boy said, no, you are going to hike and go to the farms and get nine kaffirs to come and assist us with the puncture.

What is the moral of this story?

According to the boy, called Matume, he was supposed to have kaffirs, but he was supposed to be the only one that was supposed to graduate.

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So many a time, here, I see that mentality. [Interjections.] That is why I am posing it as a challenge to a whole of you to ask yourself whether are you not representing Matume when you are here.

We are supporting this Budget Vote. Thank you. [Applause.]

The MINISTER OF PUBLIC ENTERPRISES: Chairperson, let me take "fools multiply when Wiseman remain silence. You know, I am saying here and now, again, that the ANC will deal with the allegations of corruption in the following ways. The first is in my department I have the SIU that will investigate Eskom, but I will tell you what I want to do. It is all the proper procurement practises of Eskom across the board, and then I want to investigate something else as well.

You know, I read a very interesting book by Hennie van Vuuren called *Apartheid Guns and Money*. It speaks about how it kept the machinery - it just came out recently - of apartheid going. And in that book it mentions Eskom, Spoornet, which is the old Transnet, and I want to see whether the patterns are the same. We know that the post bank, the post office, Eskom, Transnet, all of these companies were used in the past to build white capital. And we know that today, as I stand here that in a company I can prove it.

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Mr G MICHALAKIS: Do it!

The MINISTER OF PUBLIC ENTERPRISES: Let me say to you now that ... [Interjections.] ... I will tell you that in Eskom we spent R50 billion on coals annually. There are four white companies that get 73% of the R50 billion. [Interjections.] And I am saying to you now that they have had contracts for 40 years, that is, 23 years of our time and 17 years before that. Their contracts come to an end in 2020, and that is what the battle is about.

Having said that, 27% is in the hands of black companies, and so that is why the majority of people are excluded from the economy, and that, hon member Wiley, is radical transformation to ensure that all ... [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Minister, can I recognise this hon member. On what point are you raising hon Michalakis?

Mr G MICHALAKIS: Chairperson, I would like to know if the Minister can take a question.

The MINISTER OF PUBLIC ENTERPRISES: NO! You can ask me as I walk out.

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The DEPUTY CHAIRPERSON OF THE NCOP: She says, no.

The MINISTER OF PUBLIC ENTERPRISES: Having said that, I would like to fix some - oh! The Guptas have 7% of the 27%, if that is the question you are asking me.

I particularly asked these questions because I too see the allegations in the public space. And I wasn't there when you were there.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, can you avoid a dialogue, please.

The MINISTER OF PUBLIC ENTERPRISES: I wasn't part of the apartheid state when you were part of an apartheid state. [Interjections.] I am trying to fix it now! [Applause.] Having said that, and don't feel precious about this. We know what happened to poor whites in this country. They worked for Spoornet and Eskom at the expense of our children and all we are trying to do now is to - and I am very pleased that many members in the ANC, well they are not here now but many members in the ANC have raised the fact that certain companies are not staff that we should be playing with.

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We must investigate the allegations corruption and those who must be charged must be charged, and those who must go to jail must go to jail. [Applause.] And then we must move on, and continue to electrify every ones home so that by 2025 every person has access to electricity. And my sister over there, I am very pleased that the Premier of the Eastern Cape has actually signed a deal with us because Eskom can electrify about 200 000 household a year but they cant go more than that.

So, what we have done is that we have gone into agreement with some of the provinces so that we actually go into what the hon member Prins have into especially rural areas. You asked me hon member Prins if we have done anything in the Western Cape?

Let me talk a little bit about the Corporate Social Investment, CSI, because there is a popular belief that we are taking CSI like food parcels like the ANC stronghold. Just last week I went to George, the only five high schools that were not X-model C high schools. We were able in that area to fix a fence, to put a hailing across speaking across all the principals. We could help with the hostels in the area and we also ensured that each girl-child would have a sanitary or dignity package every single month. [Applause.]

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That is what we continue to do. Is it a stronghold? No, but the lies continue like the hon member Julius in his self-righteousness gets up here and says because you govern by powers and privileges you say it - you say that I don't trust this because you have appointed these people, Minister. Did the Guptas send you to appoint? Let me tell you that appointment processes - by the way you also called my department corrupt, without any proof of whether they are corrupt or not; but you use your right as a Member of Parliament to do so.

That is all your right and that is what we in the ANC fought for that you would never be locked up because you tell lies. That is what we fought for.

Mr J W W JULIUS: Thank you, Deputy Chair. I think you know what I am about to say, the member said I am lying.

The MINISTER OF PUBLIC ENTERPRISES: I am sorry,

The DEPUTY CHAIRPERSON OF THE NCOP: She is withdrawing

The MINISTER OF PUBLIC ENTERPRISES: I withdraw the word lies for economic with the truth. [Applause.] And following on fools multiply when wise men or women remain silent, I hope you understood that.

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Let me go back to the issue of corruption. Allegations will be followed through, the President has said and the Deputy President said it in the National Assembly today that he will do so as well. In fact, let me just make another point, you know, this self-righteousness of the DA really never cease to amaze me.

Then the other day, I read a small article in one newspaper of all the new media that the Premier has kick-started her son's business with 150 iPads, and I wondered if it was true. Let me just fix another untruth ... [Interjections].

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Ximbi, what is wrong? [Interjections.] Can you please be in order because I have got an interest to hear what the Minister is saying, hon Prins and hon Ximbi, in that corner, can you please just be orderly.

The MINISTER OF PUBLIC ENTERPRISES: Let me tell the hon member Wiley that Big Window 4 and 4,5 has not been sold. In fact the only difference is that we want different pricing structure. I don't think it is right for us to pay, it cost Eskom 34c to produce one kilowatt. Eskom spend R284 per kilowatt from IPPs and we are only able to sell it for 82c. Now, all I am saying is let's find a different medium in which to do so. Eskom have signed window 3,5 and

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we must be able to spend 72 per kilowatt so that it actually matches what we paid for it ... [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Minister, said you round up, can I take the point of the hon member.

Ms T G MPAMBO-SIBHUKWANA: Deputy Chairperson, I would like to know if the Minister is treated differently in terms of time because the three minutes has long been gone, and I would like know; yes I know you have been lenient even with the others with a minute or a half but the minister has got more than four and half minutes more already. Is the Minister treated differently to other hon members? I just wanted to raise that point hon Chair.

The DEPUTY CHAIRPERSON OF THE NCOP: No, I have got your point. Hon Minister, can you just round up?

The MINISTER OF PUBLIC ENTERPRISES: Can I just thank all the members who participated in the debate. Thank you very much. [Applause.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon members, hee, why are you standing hon Mampuru? [Interjections.] Okay, that's fine.

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Debate concluded.

The Council adjourned at 19:34.

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