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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

The Council met at 14:00.

The House Chairperson: Committees, Oversight, Co-operative Government and Intergovernmental Relations (Mr A J Nyambi), took the Chair and requested members to observe a moment of silence for prayers or meditation.

NO NOTICES OF MOTION OR MOTIONS WITHOUT NOTICE

(Announcement)

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, I have been informed that the Whippery has agreed that there will be no notices of motion or motions without notice. Let me take this opportunity to welcome our special delegates, MECs from different provinces. You are welcome in the NCOP.

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**CONSIDERATION OF REPORT OF SELECT COMMITTEE ON ECONOMIC AND
BUSINESS DEVELOPMENT AND SELECT COMMITTEE ON TRADE AND
INTERNATIONAL RELATIONS - JOINT STUDY TOUR TO MALAYSIA AND
SINGAPORE**

Mr E MAKUE: Good afternoon Chairperson, all the members, our special delegates from the provinces. Hon Chairperson and members, the Select Committee on Economic and Business Development and the Select Committee on Trade and International Relations, having undertaken a joint study tour to Malaysia and Singapore from 17 to 24 April 2017, welcomes the opportunity to present the following statement: The study tour focused on the Association of Southeast Asian Nations, Asean with specific focus on Malaysia and Singapore. The Asean region is one of the fastest growing regions which is estimated to have a combined GDP of \$2,1 trillion and a population of more than 600 million people.

Like in the case of Malaysia and Singapore, our government's National Development Plan, NDP emphasises inclusive growth that would ensure that economic growth benefits and contributes towards the well-being of all South Africans, particularly the lives of those who were previously excluded in the mainstream economy. Our key objective in the international study tour was to learn how

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Malaysia and Singapore's experiences can enrich our government strategies in addressing socioeconomic challenges.

During 1997 South Africa signed a Trade Agreement with Malaysia. Total trade between Malaysia and South Africa has grown relatively from approximately R16 billion in 2013 to R17 billion in 2014. The Malaysian economy has undergone notable transformation from dependence on agriculture and commodity exports - which is the same as what we have in South Africa - to a more diversified and open economy with strong links to global value chains. This is a development that South Africa can learn from. Lessons may also be drawn from Malaysian policy implementation initiatives. A case in point is Operation Phakisa which has been adapted and adopted using the Malaysian implementation model. Our Multi-Party delegation engaged in deliberations with the Malaysia Economic Planning Unit, EPU, a government entity under the Department of the Prime Minister; the Malaysia Ministry of Tourism and Culture - which is self-explanatory; the SME Corporation Malaysia, incorporating the SME Bank which started operating in 2005 as a Development Financial Institution regulated by Bank Negara Malaysia and reporting to the Ministry of International Trade and Industry, Miti; and the Performance Management Delivery Unit.

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Singapore aims to have increased skills in every job, ensuring that domestic firms have necessary capacity and capability to be competitive in Asia and globally by 2020. It further plans to ensure that Singapore becomes a global city. It has a challenge of an ageing population. To that effect, Singapore has invested in adult learning and more broadly, in education and training with special focus on maths, science and technology. And we hear these foci very often raised here in the NCOP as well.

South Africa's investment in Singapore showed that only 10 South African companies have invested in Singapore with capital expenditure of only R1,67 billion between January 2003 and October 2015. In the case of Singapore, investment in South Africa represented a total capital investment of R246 million invested in industries such as business machines and equipment; industrial machinery equipment and tools; medical devices and software and IT services.

Plans and activities to achieve Singaporean economic growth and investment were shared with our delegation by the following members: Spring Singapore; the Energy Market Authority, EMA; the Land Transport Authority; the Maritime and Ports Authority of Singapore; and the Singapore Manufacturing Federation.

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The delegation also visited the Urban Redevelopment Authority City Gallery. The Gallery - a very interesting site to observe - was opened in 1999 and provides a miniature-structure and a visual map and story of Singapore's physical transformation over the past 50 years.

Chairperson, our written report ends with observations made by the delegation. Allow me, on behalf of all members of the delegation to thank the following people who made our study tour a great achievement: Firstly, we want thank the governments and agencies of Malaysia and Singapore for their generosity in hosting us and sharing their work with the delegation; secondly, all support staff of the two select committees; thirdly, members serving in the DIRCO who competently made arrangements in the two countries we visited, particularly the Dirco deployees in those countries representing our country with excellence; fourthly, our NCOP leadership for granting our request to conduct the study tour; and finally, all hon members of the Joint Select Committees for their participation and dedication. I thank you, Chair. [Applause.]

Debate concluded.

Question put: That the Report be adopted.

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IN FAVOUR: Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, Western Cape.

Report accordingly adopted in accordance with section 65 of the Constitution.

**VOTING ON REFUGEES AMENDMENT BILL AND REPORT OF SELECT COMMITTEE ON
SOCIAL SERVICES THEREON**

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, this matter was debated during the sitting of 2 November and voting was deferred. We will therefore now proceed to the voting.

Question put: That the Bill, subject to proposed amendments, be agreed to.

Bill, subject to proposed amendments, accordingly agreed to in accordance with section 75 of the Constitution.

CONSIDERATION OF REPORT OF CONSTITUTIONAL REVIEW COMMITTEE - 2015

PUBLIC SUBMISSIONS, DATED 21 JUNE 2017

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Mr L P M NZIMANDE: House Chairperson, hon members, special delegates, this is the report of 2015 submissions to the Joint Constitutional Review Committee.

The committee received 22 submissions with various subjects for consideration. It is a very long report. It's got 35 pages. The report was ATC'ed accordingly and the content is varying from the following. In the introduction the committee is indeed affirming its mandate that established it, which is section 45(1)(c) of the Constitution and further references its conducting its conducting of business in Joint Rule 102 of the Joint Rules of Parliament.

Of importance in this report is the fact that we have recommended an amendment to the Constitution on behalf of the submitter, namely the Deaf Federation of SA, DeafSA. They have requested, as we highlight their submission, that section 6(1) be amended for the recognition of sign language as a language and this would afford the deaf community of South Africa the right of equality to all other language groups. It would also give them access to information which is barred by the virtue of them being deaf and not being able to hear. It would also enhance the ability of their children to access education. It would enhance their ability to communicate and receive services of government. Therefore, the

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committee in this regard, and we recognise the national director from DeafSA, I think he is somewhere in the gallery, Mr Bruno Druchen, who helped in bringing this submission and being an activist. [Applause.]

We are doing this as well in line with the commitments that South Africa has made in the international world, where we signed a convention on the rights of persons with disabilities. Article 2 of that convention, article 21, 25, 30 specifically talk to the matter of sign language. We therefore recommend that the NCOP and the NA speed up the process of drafting the amending Bill to this effect.

The committee has considered the rest of the submissions in full and we would like to highlight section 18 on local government association, which they, amongst others, requested full rights to participate in in the NCOP. The committee, in its considered view, has not recommended amendments to the Constitution to that effect. Regarding the rest of the recommendations, as highlighted above, the committee is recommending that there should not be any amendments as subjected by the submitters.

In conclusion, I would like to that the committee members for giving their time and effort to make sure that they give expression

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to the imperative of the Constitution of allowing the citizens of this country to have an opportunity to review and submit matters that concern them to the Constitution for review as their mandate. This strengthens democracy and allows for participation from the community. Thank you. [Applause.]

Debate concluded.

Question put: That the Report be adopted.

IN FAVOUR: Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, Western Cape.

Report accordingly adopted in accordance with section 65 of the Constitution.

CONSIDERATION OF REPORT OF SELECT COMMITTEE ON FINANCE – 2017

REVISED FISCAL FRAMEWORK

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, I would like to bring to your attention that the report of the select committee has since been reprinted and a copy is available to all members.

However, I want to inform the House that the report that the select

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committee has adopted has not changed. What did change is an error that staff made when printing the report, which has since been corrected.

Mr C J DE BEER: Hon Chairperson, hon members and special delegates, on 25 October, the Minister of Finance tabled the MTBPS in the National Assembly. It included a Revised Fiscal Framework and the proposed fiscal framework for the next three years, called the Medium-Term Expenditure Framework, MTEF.

On 26 October, the Minister, the director-general and senior managers and officials in the department gave a technical overview of the Medium-Term Budget Policy Statement, MTBPS. The key message in the MTBPS is that the country's economic situation is dire and requires the making of tough decisions to turn it around.

The Minister said it is a concern that global and regional economies, including sub-Saharan Africa, had recovered and were now growing, but that South Africa's economy remains muted and subdued.

Section 3 of the report refers to the detail of the Revised Fiscal Framework for the financial year 2017-18 and also the proposed fiscal framework for the outer years - 2018 until 2021.

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On 1 November, public hearings were held and ... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mathebula, order.!

Sorry, hon De Beer. Hon Mathebula, let's have order in the House.

Continue, hon De Beer. [Interjections.]

Mr C J DE BEER: ... submissions were made by Cosatu, the Public And Environmental Research Centre at the University of Johannesburg, the Fiscal Cliff Study Group from Wits, the UN Children's Fund, and an individual, Mr Mike Nkosi.

I now turn to the observations and recommendations. Issues related to the 2017-18 Revised Fiscal Framework overlap with issues related to the proposed fiscal Framework for the MTEF period.

The committee notes the adjustment of the Budget from R1,409 trillion to R1,413 trillion, leading to an increase in expenditure for the 2017-18 Budget. Much of the increase was directed at bailing out state-owned enterprises, SOEs, and reinforces the committee's concerns that there needs to be stringent conditions set for these bailouts, and that these should, as far as possible, be tabled in Parliament.

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In these extremely challenging economic times, it is obviously difficult to have a redistributive budget. We welcome the Minister's commitment to retain social spending.

The low economic growth means that there will be a R50,8 billion shortfall in tax revenue, and we note that borrowing will shoot up, with nearly 15% of the Budget being spent on servicing debt by 2020-21. This means that, more than ever before, we have to focus on the quality and efficiency of spending more decisively, and quickly root out wastage and corruption and strengthen the SA Revenue Service's, SARS, revenue collection capacity.

While the committee agrees that SARS also needs to be more effectively capacitated and more efficient in its work, it also needs to tackle illicit financial flows far more effectively by, for instance, working with other state agencies. It also needs to more actively address the decline in the public's confidence in it, decreasing tax compliance among taxpayers, and the decline in tax morality. Revenue shortfalls have become a risk to the fiscal outlook and the committee recommends that SARS and National Treasury report more pointedly and in greater depth on progress in revenue collection when it meets with us on a quarterly basis.

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The committee is seriously concerned that the percentage of debt to GDP is projected to reach 60% in the last year of the 2017 METF period. The committee recommends that National Treasury should develop and implement a credible debt management strategy over the short- to medium-term so as to effectively manage and monitor the debt trap and report quarterly to the Finance Committee.

In addition to providing fiscal policy certainty, the Minister of Finance should indicate the timeframes and the levels at which debt is expected to stabilise. The committee notes that the Minister says that the debt to GDP ratio need not reach 60%, provided government takes decisive actions on structural reform. This cannot be done by National Treasury alone, but by government as a whole.

The committee appreciate the progress made by made by National Treasury in implementing cost-containment measures since the 2012-13 financial year and notes that further cost cutting measures may compromise service delivery in departments. Executives across all three spheres of government could certainly reduce their costs and this is being attended to by the Appropriations Committee.

In light of the current expenditure breach of R3,9 billion, National Treasury should implement a comprehensive spending review

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to identify savings areas, including a review of programmes in government departments that have, over a reasonable period of time, failed to achieve their intended objectives and a reduction of dual functions between line departments and implementing agencies and enhance oversight over these agencies.

The South African economy has been performing at a rate that is relatively lower than its global and regional counterparts, including sub-Saharan Africa. This implies that the challenges to our situation are largely domestic. A rigorous implementation of the Nine-Point Plan and the Minister of Finance's 14 confidence-boosting measures are required to restore consumer, business and investor confidence in the short- to medium-term and stimulate economic activity.

The committee notes with concern National Treasury's reduction of the contingency reserves over the MTEF period. We believe that this leaves limited room for unforeseen expenses. We note further the usage of contingency reserves, together with underspent funds, to bail SA Airways, SAA, out and to manage the widening budget deficit. The use of unspent funds could compromise government's frontline service delivery.

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We note the extension of SAA's debt by local financing institutions has come at increased rates. While the committee has been informed about the conditions set by these institutions to extend credit to SAA, we request more information on the revised interest rates and on plans to ensure the repayment rates do not expose SAA to further liquidity pressures.

The committee strongly believes that there should be far more stringent conditions set for any financial support for SOEs. We welcome the Minister's commitment to ensuring far more effective government oversight of SOEs, appointing effective board members - I want to add, expertise - ensuring boards appoint competent managers - I include expertise - tackling wastage and corruption, and very crucially, acting against those who do not perform.

The committee notes that 95% of the wealth of our country is in the hands of 10% of the population. This is completely unacceptable and reinforces the need for radical economic transformation that benefits all our people, but primarily the poor and the disadvantaged.

The promotion of the black industrialists programme is an important part of this. The decision to introduce the Public Procurement Bill

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in 2018 to provide for the disadvantaged strata of our society, including the youth, will also contribute to radical economic transformation.

National Treasury has to improve its monitoring on the outstanding unpaid bills of provinces which entered the current fiscal year with a R26,4 billion of unpaid bills from the prior year, a situation which has led to a rising hidden deficit.

We also recommend that Treasury cracks down more on unauthorised, irregular, wasteful and fruitless expenditure, as this puts unnecessary pressure on the fiscus.

In conclusion, we express our appreciation to those who made submissions during the public hearings.

The committee supports Unicef's plea that government should continue to support social spending and will refer Unicef's submissions to the Committee on Appropriations in the NCOP for further consideration.

We welcome the Minister's statement that procrastination and dithering must end; we must demonstrate decisive leadership. We

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support too his statement that government must improve its productivity and decisiveness. I want to add, the ethics of work.

I hereby table the report for consideration by the House. Thank you.

Debate concluded.

Question put: That the Report be adopted.

Declaration(s) Of Vote

Mr O S TERBLANCHE: Hon Chair, I want to start with the issue that you raised. The DA is very concerned that, a mere three hours before this session started, we got another report sent to us, and we haven't been able to prepare properly for that. We did send a letter to the Chairperson of this House and we are still awaiting a report.

Minister Malusi Gigaba tabled his MTBPS on 25 October 2017 in Parliament, and confirmed what the majority of South Africans already feared: that South Africa would enter deepening economic woes due to current embedded state capture, corruption,

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mismanagement and the lack of leadership within our state.

[Interjections.]

We know by now that their fear was not unfounded, taking the following into account: a R50,8 billion drop in tax revenue is anticipated; borrowings are shooting up, resulting in nearly 15% of the Budget having to be spent on servicing debt by 2020-21;

[Interjections.] the adjustment of the Budget from R1,409 trillion to R1,413 trillion mainly to bail SOEs out; a budget deficit of 4,3%, up from 3,3% the previous year; and a downward revised growth rate of only 0,7% for this financial year as opposed to the 1,3% expected in the main Budget in February.

The Revised Fiscal Framework reflects the mismanagement of the economy under the leadership of Mr Jacob Zuma. This mismanagement was amplified since Mr Malusi Gigaba was appointed as the Minister of Finance. The numbers clearly show that. Supporting the Revised Fiscal Framework is essentially the same as supporting public funds - the money of ordinary South Africans - being wasted on bailing out SAA to the tune of approximately R10 billion.

The full effect of the mismanagement is not fully reflected in looking at the deficit, which amounts to R203 billion in this

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framework, or total government debt amounting to R2,5 trillion. Craftily hidden in the framework is also the contingency reserves for this financial year. This has been completely wiped out.

In this Revised Fiscal Framework there is a clear shift away from ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Terblanche, I'm afraid your time has expired.

Mr O S TERBLANCHE: That leaves me with just enough time to say that Western Cape does not support this ... [Inaudible.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, declarations of vote are strictly three minutes.

[TAKE IN FROM MINUTES.]

Report accordingly adopted in accordance with section 65 of the Constitution.

CONSIDERATION OF ANALYTICAL REPORT - TAKING PARLIAMENT TO THE

PEOPLE PROGRAMME, FREE STATE 2017

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The HOUSE CHAIRPERSON (Mr A J Nyambi): I will take this opportunity once again to welcome our special delegates Members of the Executive Councils, MECs, and extend the invitation to the hon Chairperson of the NCOP, hon Modise, to open the debate.

[Applause.]

The CHAIRPERSON OF THE NCOP: Chairperson, special delegates, hon members, the NCOP is constitutionally required to deepen democracy, to make laws that are just and implementable, to enable and ensure public participation and to hold the executive to account to ensure good governance.

Currently, the NCOP is the only House of Parliament that has been given the responsibilities to receive, to process and to see through all petitions.

We went to the Gariep District around the 15th to 19th May and our research was confirmed. Water and Sanitation was indeed a major challenge. The district is largely unemployed and the majority survive on grants. The majority was unable to pay for rates and taxes and therefore the municipality fails to pay of its debts with Bloem Water. This results in water controls that infringe on the

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rights of school children and of patients at the various clinics in that district.

We noted that the cleanliness at most of the sites, as well as the shortage of staff, shortage of emergency transportation for patients, equipments and we also noted that most of the sites needed to be maintained properly.

When we first went to Gariep we noted the reluctance of our colleagues in the province to our visit but we were actually very happy in August when we noted that we worked well together as colleagues on the Taking Parliament to the People proper and on holding hands to keep the executive to account.

Our visits to the various sites confirmed the need for maintenance spent to be reassessed. There is a need to upgrade some of the clinics. There is also a need to have a central place where all medical equipments are repaired or serviced. We also noted that, although there are staff shortages and also complaints about staff attitudes, most of the patients also were very warm towards the different members of the nursing in other clinics because we actually noticed that were old dedicated nurses, people who were

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giving of themselves to ensure that these clinics were kept clean and that people were helped.

We want to say that as the NCOP we should urge a rethink on the Patient's Transportation Policy in the province. We think it is an issue. We also think that there must be a turnaround strategy on the four-roomed converted clinics situation. Those are the ones that we inherited from the former homelands. We think that these are small and don't provide equal privacy that patients need but also most of them are dilapidated by now.

We think that there must be a will to restore the dignity of the people in the townships of the Free State. We have seen seeping and sewage. We have also heard people who appeared in front of us during that week at the plenary complaining about seeping sewage in their backyards.

We have heard old people, youngsters and people on wheelchairs complaining about rocky backyards and rocky streets which made it impossible for some of them to be possible.

We noted that the numbers of people who came to us were on wheelchairs which were completely out. We are of course quite

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pleased and chafed that between the Minister of Health and the Minister of Social Development, like that; the wheelchairs could go to the people.

We want to urge that people must not only get these wheelchairs when we are there. We want to urge that there is a systematic way of repairing and replacing wheelchairs in the provinces in general, not only when NCOP or grand government occasions happen.

We also wanted to say that we also noticed that the MEC made commitments and in fact also popped out a number of wheelchairs to the people. Hon MECs, we want to thank you but we also think that that system of replacement and repairs and in fact training the people with disabilities themselves to do the repairs might come in very handy.

We also noted that the Albert Nzula District Hospital was officially opened. We note the housing challenges, we were quite upset to see old people and people living with disabilities crying to us asking for help either because they are too old and poor to repair the houses they occupy or because the RDPs that were given to them are in an unhealthy state.

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We also noted that, especially the people from Thaba Nchu that their old houses are also crumbling. We also took note of the old people who said that the houses seem to have been built on water tables which are rising and therefore they were unable to afford to move or to treat the wet and the damp of the houses.

We think this calls for us as the NCOP to urge the government to have a relook and a rethink at the distribution of Reconstruction and Development Programme, RDP, to the indigence without maintenance plan and the distribution of the same houses to the old people, who would never ever again be able to afford to repair these houses. We think it is something that we need to look at because if we don't do that, it means we confining the people who need the most help from state into living in unhygienic and dangerous houses.

We noted concerns by the citizens that they suspected they were not taken seriously and that they were not being afforded the same services simply because they were in the areas which used to be Bophuthatswana.

We feel that this is not okay, that this must be corrected, that all South Africans are equal and that all South Africans must get

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the same benefit irrespective of what they believed in or what they were exposed to.

We listened to complaints by the public about lack of economic opportunities - the youth and the disabled. We also listened to young people begging the state to give them opportunities to prove that they can improve their own lives. We accept that the Free State more than other provinces has done quite a lot in giving bursaries to the youngsters but we would like to say that we must ensure that young people are not dependent on the state and that they can work for what they promise their futures on.

We also want to say that, we as the NCOP received a number of complaints by the public on bad business practices, on the behaviour of banks towards the citizens and on issues which happen at the shop floor - the unfair treatment of workers by the employers. We want to say that we have not forgotten these issues, we are following up.

We listened to the presentation by the people with disabilities telling us about how they usually get ignored or misdiagnosed and given wrong treatments simply because they are deaf or simply because they are disabled and unable to move in the queues. We

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think that we need to do something. It is a shame for any country to say there is democracy, equality and yet fails to look after the most vulnerable amongst itself.

Our Constitution sets out principles of fairness and human dignity for all. The International Covenant on Economic, Social and Cultural Rights, ICESCR, underscores that the state has a duty to address the underlying determinants of health, such as access to portable water and adequate sanitation. We think that the state has an obligation to ensure that people have clean water. We do know that the state has a policy on the indigent. We do know that if you refuse to give the indigent portable water and you have promised them the basics of these services that you are infringing on their rights. Therefore, we ask that our committee on petitions starts by being very vigorous.

We also know that the World Health Organisation, WHO, urges countries to spend at least five percent of their gross domestic product, GDP, on their health. We know that South Africa spends 8,3% percent but we need to find out whether we are doing the right thing because countries that spend far less than we do on their health system seem to get better results than South Africa and

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therefore maybe it is time we looked at how and on what we are spending our monies.

We need to remember that we can't be free until every member is free. We can't say we are on the fast track of radical economic transformation. It is not radical unless it takes the speed of the slowest amongst us in the communities. [Applause.] I want to say that we need to take to heart what Margaret Mead, a well known anthropologist said and I quote: "Never doubt that a small group of people, thoughtful and committed citizens can change the world."

Indeed, it's the only thing that has ever changed the world. We all need to play our part collectively to ensure that the people, indeed, get their quality of lives improved. Thank you, House Chairperson.

The DEPUTY MINISTER OF HEALTH: Hon Chairperson of this session and let me also pass my regards and thanks to the hon Chairperson of the NCOP, Ma'am Thandi Modise who just spoke now, colleagues and MEC for Health from the Free State province, hon Komphela and also MEC for Agriculture, Rural Development, Land and Environmental Affairs from Mpumalanga province, the hon Shongwe, hon members and permanent members and also special delegates of the NCOP, the

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Chairperson of the Select Committee on Social Services, hon Dlamini and members of the select committee, distinguished guests, ladies and gentlemen, [Dumelang.] I greet you.

We as the Ministry of Health are pleased to participate in this debate. We have indeed taken time to peruse the report from the NCOP on the 2017 Taking Parliament to the People of Mangaung Metropolitan in the Free State province. In my introduction here today, I will briefly highlight the findings as they pertain to the Health Department and share with you some of the interventions in maintaining the areas where there is good performance and also indicating what interventions are we making together with the province to address the weaknesses.

The parliamentary team visited health facilities in Mangaung Metropolitan from 19 to 23 June 2017 as part of Taking Parliament to the People programme. The report of this visit based on the input from communities and also from staff at the facilities provides a detailed analysis of the condition of these facilities as well as the perceptions of the services delivered from the users. The NCOP visit and the report contribute to the ongoing quality improvement programme for our department, on national, provincial, district and also at the local facility levels. Taking

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Parliament to the People adds another dimension to monitoring and evaluating of the services provided to South Africans. An analysis of weaknesses identified in the facilities visited by the parliamentary team can be grouped into the following areas.

The physical infrastructure of buildings, surroundings and amenities as one; maintenance of buildings, service areas, fittings, equipment and furniture; staffing of these facilities; lack of security at facilities that affect both staff and patients; supply chain weakness in the areas such as the pharmaceuticals that is medicines, other consumables and basic equipment; governance structures; long waiting times at these facilities; poor patient record management; and lastly, lengthy response times in terms of emergency services.

With regard to infrastructure, our department provides support through joint implementation and monitoring. In this regard there are two key programmes. The first one is the Ideal Clinic and the second programme is the Hospital Revitalisation Programme. On the Ideal Clinic programme, we attend to improvement of infrastructure, staffing, administrative processes, availability of medicines and equipment. The National Framework is implemented by the provinces, but we have a National Framework in terms of the Ideal Clinic. The

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national Department of Health monitors progress with recommendations for accelerated improvement.

In 2012, when the programme of the Ideal Clinic was starting, none of the clinics that were evaluated complied with the standards. However, we are pleased to say that there has been steady movement in this regard, to the extent that already by end of 2015, 9% of the clinics were compliant with the Ideal Clinic standard and by end of 2016, 30% of the clinics were already in compliance. We are paying particular attention to correcting staffing and infrastructure weaknesses to scale up improvements to a greater extent.

With regard to the Hospital Revitalisation Programme in the Free State province, the national department funds repairs and upgrades to hospitals and nursing colleges, the province chooses service providers and implements the programme. The national department monitors progress with recommendations for accelerated improvement where required. Examples in the case of rehabilitation would include in Dihlabeng, Pelonomi and Boitumelo Hospitals.

In order to ensure that we are able to recruit and retain health professionals in the Public Health Sector, the national department

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as part of the public service retention of professional staff, introduced the occupation specific remuneration model that acknowledges experience and skills - making provision for career pathing and longer salary bands. We also embarked on a process to expand training platforms for medical doctors to ensure that a sizeable number of health professionals are produced to meet the increasing demand. We have also increased bursary models that have been developed across all provinces to recruit students who are performing well in mathematics and science; those are students who will be eligible to study in the health professions.

The department through the National Health Council is working with provinces to implement the most suitable model, for ensuring optimal security in all our health facilities. We have different models operating in different provinces, some use insourcing staff that are part and parcel of the staff of the department within the public service. Others use outsourcing, but we have a process whereby we want to migrate into a common system which will make sure that there are common standards in terms of the provision of security to our health facilities. So, this is something which we are working on with all provinces and we should be able to conclude the model quite soon.

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The national department continues to work with provinces and districts to improve the supply chain management bottlenecks for the provision of health resources, including essential health equipment, essential medicines and other supplies to health facilities through some of the following initiatives amongst others in as far as pharmaceuticals are concerned, we have what is called the Stock Visibility System, which is currently mainly used for antiretrovirals, ARVs, TB drugs and vaccines, but will expand into all other medical supplies. This system has been rolled out to all facilities in the country, except the Western Cape province which decided to use their own system. [Interjections.]

The roll out is part of the government's strategy, in order to monitor and resolve medicine stockouts at our clinics through partnership system through which we are supported also by Vodacom. This innovative system uses mobile phones to manage the stock. This allows us to know when a clinic is low on stock and to ensure that orders are placed before the clinic runs out of stock.

With regard to the Ideal Clinic, a comprehensive catalogue has been developed in co-operation with the National Treasury and provincial health departments. The catalogue consists of standard equipment and health commodities as well as the transversal contract through

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which an item can be procured. The availability of the Ideal Clinic catalogue will promote quicker procurement of equipment and supplies through the transversal contracts instead of sourcing on quotations. The catalogue is designed with the following categories: Health technology, medical equipment, surgical supplies, stationery, furniture and related items, point of care diagnostic equipment such as testing for glucose, haemoglobin and so on, cleaning material and even for the look and feel of the facility garden materials.

Through the national supply chain forum, the provinces were mobilised to ensure availability of funds in the 2017-18 financial year as well as for the outer years of the Medium-Term Expenditure Framework, MTEF, for the procurement of essential equipment and also including signage material, because we also want to make sure that everybody can be able to identify where there is a health facility.

We agree with the NCOP report that clinic committees also have an important function to play in the management of the health facilities by promoting accountability, positive experiences by members of health committees with regard to their contributions and the direct correlation with health outcomes. They serve as a link

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between households, communities, civil society, health sector and also the political authorities, provides monitoring and feedback, mobilise participation and togetherness and also sharing and dissemination of information.

At the department we value the role that health committee members play especially in monitoring the functionality of our facilities and it is part and parcel of our Ideal Clinic model.

For health governance structures to be successful in their roles, there has to be a programme of training and induction and this we are doing together with provinces. The national health in collaboration with the Health Systems Trust has developed a range of documents to assist the capacity building of these committees. These include, facilitation manual to be used by trainers for the capacity building of both health care staff and members of the health governance structures; training manual which provides all the material required to train relevant stakeholders; and lastly, a Pocket Handbook for ease of reference especially focusing on the management of health governance structures.

With regard to the emergency services hon Chairperson and members, response times in the Free State department reports that currently,

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the response time in urban areas is at 15 minutes, compliance with this is currently only at 67% and in rural areas where the response time standard is 40 minutes, compliance is at 80%. Mangaung has a high call volume with the response time of 15 minutes being achieved only at 53% which is not acceptable. This is further complicated by a greater proportion up to 45% of the calls being between facilities, which generally take longer to complete in terms of emergency response. To alleviate this situation, the province currently looking at procuring well over 60 ambulances in order to alleviate the pressure. I am sure MEC Komphela may have something to say also in addition to this.

To address poor management of patient records that contributes to long waiting times, the Department of Health is implementing the Health Patient Registration System. Further interventions to reduce waiting times include the centralised chronic medicines dispensing and distribution system. This Health Patient Registration System has been rolled out to a total of currently over 2 200 clinics out of our almost three-and-half-thousand clinics in the country. The national database has registered just over 11,7 million people, 1,3 million of these being in the Free State and just under 300 000 in Mangaung. These patients have all been allocated a Unique Patient Identification Numbers.

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This system continues to be rolled out and brings the following advantages: Streamlined patient registration, one patient entry point, one reception area, one registration on, one software. This increasingly contributes to a reduction in the waiting times because there is a short of time in the retrieval of the records, improve the accuracy of patient records and the quality of health services, enables the tracking of patients through the health care system irrespective of which province the patient is registered in, creating an enabling environment towards finally coming up with a national electronic patient record system. So, this is just the earlier part of that.

The Chronic Medicine Distribution System is also one of those. Through this system what is done is to make sure that chronic patients who are stable can be able to receive their medication at nearer points and do not have to go to health facilities. This is also helping to reduce the clocking of the system at the health facilities.

As I conclude, hon Chair, I want to assure this hon House that as the department and the Health Ministry, we are indeed committed to work with our colleagues in the provinces as well with the National and the Provincial Treasuries and other departments to unlock the

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resources required, to scale the interventions up required and to improve the quality of services in all our facilities. I thank you very much, hon Chairperson. [Applause.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you, Deputy Minister. Let me take this opportunity after receiving the note, we always do it on behalf of the Chairperson and all the members to wish the hon Gaehler and the hon Chief Whip many more happy years. It is their birth day today. [Applause.]

Ms L L ZWANE: House Chairperson, hon members, special delegates, let me take this opportunity to participate in this debate, firstly by referring to a quotation by Amilcar Cabral, one of the Africa's foremost revolutionary leaders who said:

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

As such, the ANC-led government has continued to put in place sustainable measures to deliver on our strategic mandate of

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delivering basic services to the people of the country and ensuring the ethos of *Batho Pele*.

Parliament's strategic vision is to build an effective people's Parliament that is responsive to the needs of the people, and that is driven by the ideal of realising a better quality of life for all the people of South Africa. And its mission is to represent and act as a voice of the people in fulfilling Parliament's constitutional functions of passing laws and overseeing executive performance. In the process of doing this Parliament is guided by the values of openness, responsiveness, team work, accountability, professionalism and integrity.

As far back as 2002, the people-centred ANC-led Parliament, through its NCOP initiated the Taking Parliament to the People Programme to give South Africans the opportunity to see how Parliament works and to afford people and opportunity to participate in its processes.

This year's programme took place in the Nangaung Metropolitan Municipality in the Free State, with a specific focus on health services and related matters. During the programme, health facilities were visited and one of the key observations during the

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visits was evidently the fact that the state of infrastructure for health is not good in a number of the clinics.

Maybe it is good to give a background as to why is it that we find ourselves in that kind of the state of affairs.

The pre-1994 South African government, through its apartheid policies, developed a healthcare system which was sustained through the years by the promulgation of racist legislation and the creation of institutions such as political and statutory bodies for the control of the healthcare professions and facilities. These institutions and facilities were built and managed with the specific aim of sustaining racial segregation and discrimination in the healthcare services.

That is why when we visited the Free State we found that a number of facilities were actually old houses that were converted to become clinics and be used by our people. [Interjections.]

Ms N P KONI: Chair, on a point of order, a member is not allowed to converse aloud. [Interjections.] I am not talking to you white men. Chairperson, blacks cannot be racist ... [Interjections.]

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Koni, hon Koni ...

[Interjections.]

Ms N P KONI: Chairperson, hon Wana has been making noise, and just about when the House was about to start or had started, you called hon Mathevula to order and she was talking to me; she was not as loud as hon Wana is. So, I don't know whether it is because she is in a red overall that you had to threaten her by calling her to order; because that sounded like a threat. And hon Wana is being left to make noise, to howl and after that she will be sleeping and when she wakes up she will continue again.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Koni, take a seat so that I can make a ruling. On your first statement you were correct in terms of Rule 32 members are not allowed to be conversing aloud. But for the House to be vibrant at the same time heckling is allowed but you are not allowed to drown the speaker who is on the podium. So, on that one, we will be very consistent. Continue hon Mangethe.

Ms L L ZWANE: Chairperson, the net result of the apartheid laws with respect to health care services resulted in a highly fragmented biased towards curative care rather than preventative

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approach, inefficiency and a system that was inequitable. So, the ANC-led government taking over had to do the mopping up.

The ANC policy has always been biased to the working class and has placed the marginalised and the poor at its centre. The 53rd national conference reaffirmed this and resolved that health should be one of the two key priorities of government, and envisioned in the second phase of the transition.

The visit to the Free State was looking to a variety of issues but one particular issue as I have said, which was actually a worry to the delegation is the issue of infrastructure. This is a challenge that is bedevilling our health system not only in the Free State but in certain specific parts of the country as well. Health facilities in the Mangaung Metro and the Xhariep district, for instance, reported defect and maintenance backlogs which include poor plumbing, poor infrastructural pipes for water, disruptions in the water services, and therefore making it difficult at times for the clinics to operate, poor ablution facilities, non-functional boilers in some of the institutions, air-conditioning that was not working consistently; where you find that it works on some day and doesn't on some other days, posing a challenge whereby one would

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actually doubt if the medication that is kept there is in good order.

The NCOP delegation observed several other maintenance challenges with regards to pharmacies, which varied from inadequate medicine storage space, and also limited space that is used as a waiting area for the patients; the safety issues where you find that in some of the facilities there are no burglar bars or safety gates. Hospitals in the province also equally experienced the infrastructure challenges and they have severe defects like the Pelonomi Tertiary Hospital.

In essence, Pelonomi challenges are linked to its linear structure and outdated infrastructure affecting its electrical and plumbing capacity. Also an area that requires attention is the Free State Psychiatric complex that is reportedly not compliant with the norms and standard of that kind of a structure.

As a way forward, the NCOP having looked at these particular challenges that are related to infrastructure though there were many other challenges relating to human resources, the Deputy Minister alluded to them, what is pleasing is that we made a recommendation as the NCOP, and when we had an engagement with the

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executive where the community also, from all the areas were there - the executive authority of the Free State lead by the premier did make and undertaking that they are going to work together to ensure that the issues that were raised by the NCOP contained in the report that has been forwarded to the department are going to be taken up.

They even committed to the timeframes and to the fact that they are going to be sending reports to the NCOP from time to time as a follow-up in ensuring that what the NCOP raised are issues that are going to be take seriously.

It was also pleasing to not that the engagement ... [Time expired.]

Thank you, Chair.

Siswati:

The HOUSE CHAIRPERSON (Mr A J Nyambi): Mhlonishwa Mangethe, sicela kucolisa kutsi sikhatsi sakho sesiphelile.

Mr G MICHALAKIS: Hon house Chairperson, I sensed a bit of fear running down the spines of those who have...hon House Chairperson, he has now disappeared but hon Deputy Minister, I wanted to say to him that it was good to see him here today and he didn't pitch at

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our meeting this morning; and it was said that he was in Polokwane with the Minister, he got here very quickly so I'm glad to see him this afternoon.

Hon House Chairperson, his year's Parliament to the People programme focused on the Free State and mainly issue in the province which is of much concern, regarding health.

Let me from the onset say that were it not for the immensely capable and dedicated staff in our hospitals and clinics in the province, things would have looked much, much worse.

Allow me then to highlight some of the major concerns that we have experienced during the pre-visits and the programme itself in this field within the province. Concerns that are by no means insignificant and which deserve the department's attention.

We have seen a facility such as the Albert Nzula Hospital in Trompsburg that was not operational as a proper hospital at the time of the visit. Although it was indeed functioning as a clinic, after remaining vacant for years, it is not functioning as the hospital it was designed to be. I regret to say that despite the NCOP's visit, this facility is still not operational as a hospital

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but rather as a clinic since its official opening in June of this year. It is functioning as a clinic but it is supposed to be a hospital.

It would seem that the biggest problem experienced at the Albert Nzula hospital is staff appointments, which the provincial department simply cannot afford.

We have reached a point where the department has to acknowledge that, despite its best efforts, it does not have the capacity to run this hospital as it was intended to be run - at least not for the foreseeable future - and if this much needed facility is to function the way it is supposed to function, drastic steps need to be taken to finance it properly.

Another source of major concern throughout the district and, in fact, the province, is a serious shortage of staff and resources such as ambulances. With regard to the latter, it is a concern that the contract with the Buthelezi ambulances has lapsed in August 2017 already. These ambulances currently drive around on a month to month contract basis, we are told, but no effort has yet been made to put out a proper tender to ensure that there are a sufficient amount of ambulances servicing the province.

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With regard to the former – staff shortages – it is a real concern that individuals who work for the department in the province have to work excessively hard because of a lack of staff. At the Free State Psychiatric Hospital, we found that the norm of three patients for every one nursing staff member has increased to a ratio of thirty patients to every staff member. In some cases, a single Sister had to look after three wards. That is one nursing staff member for 90 patients! This, whilst they do not get paid overtime nor danger pay, as is required.

Hon Chairperson, the morale of these staff members are low. They are dedicated, sincere and brilliant at what they do. They deserve to be taken care of.

In other medical facilities, such as Pelonomi Hospital in Mangaung, we have found that due to a lack of medical practitioners, operations cannot take place. In the orthopaedic department, people literally die before they can be operated, in some cases. When there finally is an opportunity to operate, something is constantly the matter – whether it is a lack of water, air-conditioning, operation tables – you name it. This is not an ideal environment for doctors and even less so for desperate patients who rely on the State to provide them with essential medical care.

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Chairperson, I do not solely blame the Provincial Department of Health for this catastrophe. In many instances, there is just as much - if not more - blame to be placed on the Department of Public Works, for not cooperating or being committed to the maintenance of our medical facilities. This needs to be mended.

With regard to the department itself, there are a few concerns with regard to its financial management. Although much has improved since the dark days of Doctor Death, Benny Malakoane, much still needs to be done to save this department from the financial and operational mess that it has deteriorated into under the current premiership.

The recent outflux of doctors at our medical facilities in the Free State is, of course, also one of the greatest concerns which I think the Member of Executive Council, MEC, shares. Once this trust is broken, it is very difficult to restore and, regardless of any deals Premier Magashule might have made with the Cuban government, I would ideally like to see more local doctors employed at our facilities.

The outflux can be solely ascribed to the fact that our medical practitioners have not been treated with the necessary courtesy

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that you would afford people who dedicate their lives to the service of others. We need to recreate a culture of caring for the people who are employed by the state and this department in particular, if we wish to move forward. Because, without their trust and their commitment, there is no way forward.

Chairperson, it is at this point where I want to give a rare compliment to the political head of this department. MEC Kompela has inherited a department which was at some point described by us all at the pre-visits - whether it was ANC or opposition members - as a nightmare. He is trying to improve it and he has always been available when we have called upon him with some issue. For this we commend and thank him. [Applause.]

No MEC should ever be tasked with such a dilemma by his own party if it could have been prevented by appointing the right people in the first place.

We are making progress, albeit slowly. One such an example is the serious lack of medication that faced the province months ago, which has to some extent been addressed, although it can still be improved.

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If the Head Of Department, HOD, could show the same commitment as the MEC rather than entering into problematic contracts such as the ReGenesis Bio-Technologies contract, which was halted by the South African Medical Board we could see even further improvements.

Chairperson, health is not a luxury. It is a basic need that every person in the province of the Free State and in the country should be afforded. But we first need to get the basics right. We need to acknowledge that there are some serious problems within the health system of the Free State and then we need to address them – urgently.

If the provincial government fails to do so, it will be the most vulnerable of our people that they would have failed. I thank you.
[Applause.]

Mr N M SIBIYA: Hon House Chair, I agree. I think it is important that we acknowledge the challenges that were identified when we paid a visit to Free State. Also, it is not all doom and gloom as long as we still have the governing party being in charge of this government. I believe we will be able to manage all challenges that we are faced with and resolve them.

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Hon House Chair, when we visited Free State, we had a theme: Celebrating 20 years of the Constitution and 20 years since the establishment of the NCOP - Deepening parliamentary oversight for quality services to our people. The theme of this nature is indicative of the progressive and successful journey this country and its people have travelled under the leadership of the ANC.

It is now history that this was a once white-ruled country. Today, we have a country that is ruled by the black majority, who are trying by all means to make sure that they reverse and change what has been there and what was done before. We will remember that the budget we used to have before only catered for 80% of the whites. The government of the day is able to use the budget that caters for everyone who lives in this country. With such a budget, we are able to stretch ourselves in trying to improve the lives our people and making sure that their lives are better than what they used to be.

We must never forget that the struggles we fought over decades under difficult conditions where a black man had to die and suffer to attain his freedom and the Constitution we talk about today, were never in vain because today, we are able to stand here, be able to make and pass laws and also play oversight on the work that is being done by this government. That shouldn't have happened if

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we didn't have this ANC. Our people still believe it can still change their lives.

If we didn't have such a great revolutionary movement by the name of the ANC, we wouldn't be standing here celebrating the 20 years of the Constitution and 20 years of this great House – the NCOP and its existence, which we fully understand the role it is playing in making sure that our people get the better services of high quality that they deserve.

The existence the NCOP on its own is a clear indication of what the ANC wanted to see moving forward. It wanted to see accountability taking place, to see services being delivered but also making sure that there is proper oversight and monitoring over the monies of our people.

Today, I think it would be wrong of me after all has been said about Free State. I think it is important that we also raise some of the matters that impact on our Constitution and the democracy that we have fought for as the theme was very clear.

We are coming from a disgusting and ridiculous two weeks where we saw some people participating in a march that was called a Black

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Monday march. In the midst were white racists who still dream of the past where it was about them and only them. We saw them blocking our roads and flying a very degrading stupid flag of the apartheid past, which represents nothing but Afrikaaner supremacy and undermines everything that this country stands for.

We want to say to them that they are living a lie. This country will never be under the hands of white racist minority. No matter what happens but racists will be defeated hands down in this country. My advice to them is that they just simply burn those disgusting flags and join us in building a united prosperous South Africa and nothing else. [Applause.]

I am mentioning this because we are celebrating 20 years of our Constitution, which is very important because it provides rights for everyone to express themselves but in a responsible way. What we saw there made some of us to see the danger that we are in and the necessity for all of us in this country to close ranks and make sure that no one comes between us and divides us - taking us back to where we come from.

Our visit to Free State was part of the commitment that this government has with its people; making sure that quality services

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are delivered to its people. We visited many health institutions and met many people in that province. One thing I can say standing here, after the Chairperson of the NCOP, the Deputy Minister and hon Zwane, they have expressed exactly what we found in Free State. I can't differ with them and I don't want to lament. It is the reality that is on the ground.

All is not lost because when we interacted with the people of Free State, and we could see that they were appreciative of the work that has been done over the years. They acknowledge that there are challenges but also appreciate that there is a lot of work that has been done. They do get services under difficult conditions. Some services are good - it's a reality but there are challenges that need to be addressed. We cannot say all is lost - there is good work that is being done in the Free State. We believe there is a lot of space and room for them to improve.

With the intervention of the NCOP, we believe the recommendations will be used and be implemented. If such is implemented, I can assure you, there will be a great change. We will see a different picture altogether especially on the ground, in particular when it comes to primary health care and the access to it.

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I agree that the nature of clinics and the conditions need interventions. There are serious challenges with infrastructure. When you talk about security issue in clinics and hospitals, in particular in clinics, I think there is a need to provide security. Staffing issues - whether you talk about pharmacists and professional nurses, there is a need for intervention to ensure that the government is able to provide services for the people of Free State. They are part of South Africa and deserve better under this government. I believe there will be a change. The MEC made a commitment and we know the MEC is very vibrant and full of energy. He will make sure that there is change we can see in Free State.

The ANC remains on course in keeping and meeting its contract with the people of this country. Nothing will stand on our way in changing the lives of our people. We are marching forward very clearly with what we need to do in order to fast-track change and speedily better the lives of our people. It is time we take drastic steps to change the ownership of land in this country. Without land we are nothing. We need land to be in the hands of the majority of the people of this country - now and not tomorrow.

The radical economic transformation is no longer a matter of slogan and theory and a matter of discussion but a matter of

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implementation. We can't have any excuses anymore. Our people will lose hope if as the ANC; we don't do anything when it comes to the issue of radical economic transformation. We need to make sure that we transfer the economy from the hands of the minority, who happens to be white to the hands of the majority, who happens to be black. The time is now and not tomorrow. Let's act while we can before it is too late.

We are talking about the economy that will benefit blacks in general but Africans in particular, not black individuals or groupings or elite blacks but even a rural person staying in Nquthu to be able to see what's happening and be affected by this economic transformation. They must be able to benefit from the riches of this country and we are very much sure that the ANC government will be able to deliver this economic transformation and our people will be able to live a better life and have a future with their children. Thank you very much, hon House Chair. [Applause.]

Ms B T MATHEVULA: Hon Chairperson, in the three years the Economic Freedom Fighters have been members of this House. Various committees of this House have gone on countless oversight visits. These oversight visits see members of the various committees speaking to communities, engaging with various stakeholders,

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visiting institutions and monitoring government activity and service delivery. We come back from these oversight visits with observations and recommendations based on what we have seen, heard and observed. Yet, every year we make the same observations and the same recommendations and nothing changes, and like so much in this democracy processes are followed, but only to tick the box and with no purpose or outcome.

A debate about deepening parliamentary oversight for quality services to our people first requires us as representatives of the people of South Africa to question why, despite the various oversight visits we make, things on the ground are not changing for our people and service delivery continues to get worse. The role of Parliament in the democracy is to hold executive accountable. Oversight visits is how we are meant to do this, but no honest member of this House can say that oversight visits have a substantive impact on service delivery, because regardless of the recommendations we make government does not listen.

If Parliament cannot hold the executive accountable for its failure to deliver services, who can. Therefore, when we talk about deepening parliamentary oversight for quality services to our people, the starting point must not be doing more oversight visits,

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but rather it must be about finding new and innovative ways for Parliament to hold the executive accountable for its failures in service delivery. The failure to deliver services within the current economic and political system rests on three factors: Corruption, mismanagement or in capacity, and lack of budget for local municipalities.

Billions of rand have been stolen from the government purse and state-owned entities through the corrupt dealings of ANC and DA officials at every level of government. From national government where the Zuptas steal billions of rand and from the provinces where thousands of ghost employees are paid to local municipalities where tenders are given to people and companies with no capacity to deliver. Government has also been turned into the main employment agency for the ANC, putting incompetent cadres in positions where skilled people are required. It is only in a banana republic where a chief engineer of a multibillion rand state-owned entity, SOE, doesn't have a degree in engineering. While recently the South African Local Government Association said that it is very unlikely that municipalities across the country will be able to provide basic services, as the budget allocated to local government is too small. Unless this House can hold the executive accountable for

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these failures, no amount of oversight will improve service delivery to our people. Thank you, Chair.

Xitsonga:

MUTSHAMAXITULU WA YINDLU (Nkul A J Nyambi): Muchaviseki Mathevula, nkarhi wa wena a wu nga si hela, kambe a ku ri na un'wana loyi a lava ku vutisa ... [Nkavanyeto] ... u hetile. [Ku hleka]

English:

Hon members, she was still left with two minutes, so there was a hand from hon Wana and I wanted to deal with the hand of hon Wana, but not that I wanted to disturb you. However, in future if a presiding officer is drawing your attention you just have to stop and listen why. Okay. It's hon Mapena.

Ms L MAPENA: Hon House Chair, hon Chairperson of the NCOP, hon Thandi Modise, hon special delegates and hon members ...

Sesotho:

Ke a le dumedisa.

English:

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South African Constitution Act 108 of 1996 makes reference to the fact that all South Africans have the right to access to health services including reproductive health and emergency services. This access is available to all persons residing in South Africa, even those who are in prison. The National Council of Provinces report on Taking Parliament to the People makes several references about the health facilities in Mangaung Metro and in the Xhariep District where there are defects and maintenance backlogs. As Free State we acknowledge the challenges that we are faced with and we working on those them.

However, hon members, in the Free State it should be noted that despite these issues, our people are never turned away at the clinics or hospitals. The services are given to them on the daily basis, 24-7. An important aspect that needs to be considered is the change in the population in the Free State. The ANC-led government in the Free State needs to accommodate the entire population within our borders. When I'm talking about the borders, I'm talking about Northern Cape, Eastern Cape and Lesotho.

According to the Census 2016, when comparing the previous Census of 1996, 2001 and 2011; the population in the Free State has increased by 4,3% equivalent to 2,69 million in 1996 and 2,7 million in 2011.

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The Free State province has a good story to tell in terms of the health services that we are providing. Pelenomi has also been visited during the NCOP week and the delegation was informed that the hospital has received referrals from all regional hospitals in the province.

Furthermore, the hospital has also accepted referrals from the Northern Cape, Eastern Cape and Lesotho like I've already indicated. The Department of Health in the Free State provides its constitutional mandate of providing maternal care for women. Between 2014 and 2016, a total of 14 689 babies were delivered of which 51% were successful caesarean section operations and 45,9% were normal deliveries. The Department of Health in the Free State has even built a small school for those children who are receiving multidrug resistant, MDR, treatment. We all know that when you are taking the MDR treatment you are normally kept hospitalised for nine months. Therefore, because this province is the province that takes care of the education of the black child that is why the school has been built to accommodate these children for them not to lose their education whilst being hospitalised. For 2014-15 and 2015-16 Pelenomi received unqualified audit opinion on their performance information.

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At the MUCPP Clinic which is situated in Phelindaba in Rocklands Township, it is operating for 24 hours. On the average MUCPP serves approximately 15 000 people per month and they provide 4 187 patients with antiretroviral, ARV, medication treatment. At MUCPP we have 28 professional nurses, 14 enrolled nurses, seven assistant nurses, 14 cleaners, occupational therapist, dentistry services with five dental assistant and five pharmacy assistants. Indeed, the ANC in the Free State has a good story to tell. We are working tirelessly to ensure that we provide the best health care for all our patients even those who are beyond our borders. Let me take this opportunity while the Deputy Minister is here ...

Sesotho:

Ke etse kopo ho yena jwaloka modulasetulo wa bophelo bo botle hore ...

English:

... hon Minister, I'm on my knees ...

Sesotho:

Ke ipiletsa ho wena mongaka hore ha o sheba ditjhelete tsa Foreisetata, letsoho la hao le ke le kene ka botebo ...

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English:

... so that we employ the nurses because some of the challenges that we are faced with are caused because of shortage of staff. If the member of the executive council, MEC, can be allowed to get more funds so that he employ more nurses for us to overcome the challenges that we are having. During the NCOP, the hon premier, hon Dr Ace Magashule, took more than 30 curriculum vitae, CV, of qualified nurses who have already went for training and they are qualified. They are soon going to be employed. Hon Deputy Minister ...

Sesotho:

... ke se ke entse kopo ho wena ntate. Ke a tshepa hore ...

English:

... it will be listened to. Thank you very much. [Applause.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Gaehler, do not worry, today it's your birthday and even hon Dlamini will not disturb you.

Mr L B GAEHLER: Chairperson, our Constitution envisages a good and just society, a modern society where the basic standards of living

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are in place. A place where citizens have access to food and water can afford a decent living, the streets and houses are lit, children can go to school and university, and citizens are cared for when sick and they can live in an environment where their person and property are safe.

Therefore, the Constitution is the embodiment of our collective conviction and not just articulates the base that we as a nation must fervently build on to realise a good society. Central to this constitutional conviction is an urgent need for the creation of a relevant and proper infrastructure that will be able to be anchor for its realisation.

Tabanchu, which is located 60km east of Bloemfontein and 17km east of Botshabelo is in great demand for infrastructure. Its economic and social infrastructure has been decaying since the days of its, Transkei, Bophuthatswana, Venda and Ciskei, TBVC, state. One of those decaying infrastructure is the J S Moraka Hospital, which we visited.

The National Treasury needs to make more consistent investment in the development of an integrated infrastructure. Without more investment, there is no chance that this infrastructure can be

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addressed. I have been talking about this in the committee of finance, unfortunately, MEC, I'm bucking alone on this one here.

We know though, that this call has been made on this platform before, however the ruling party seems not to have any interest. We understand that their priority is far from the envisaged society in the Constitution. They are preoccupied with politics of patronage and corruption. The recently reported fruitless, wasteful and irregular expenditures are a testimony that the ruling party has less to do with an integrated development of the people and their communities.

The UDM will not give up, we shall continue to call for the realisation of our constitutional vision where indeed all citizens are given opportunity to develop collectively. For this, we insist that, in particular, rural infrastructure must be funded.

Our visit to Mangaung, has exposed the inability and refusal of government to fill vacancies in the public service. Even in instances where the previous employee has passed on, government takes time to fill the vacancy. This is because the ruling party has stooped so low, to even deploy the lowest employee in the Public Service. This has resulted to none or poor services delivery.

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Lastly, the current budget allocation formula is unfavourable to the dominantly rural provinces - I am talking about provinces like the Eastern Cape, Free State, North West and Limpopo. We must remember that these provinces had the TBVC state which the infrastructure was very bad, they inherited that unless there is more investment in rural infrastructure or their province which are TBVC states we will not get anywhere. We will talk in this platform unless there are funds for infrastructure development in this poor development in these poor provinces.

The allocation system which is based on the Independent Electoral Commission, IEC, on the senses does not work because during festive season, these people go back to these provinces and these provinces must then provide facilities for them which do not exist.

Therefore, we must relook at the system of providing finances to these different provinces. I thank you

Mr T TINTA: Chairperson of the NCOP, Chief Whip of the NCOP, permanent and special delegates, distinguished guests and members of the media ...

IsiXhosa:

...molweni.

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English:

Today is yet again a significant day in the life of our maturing democracy in that we continue to put into practice our shared commitment and conviction that "The people shall govern." The very fact that we are gathered here today in the manner that we are and debating about Taking Parliament to the People, is a reflection of the already stated commitment of ensuring that, indeed, "The people shall govern."

The theme itself, celebrating 20 years of the Constitution and 20 years since the establishment of the NCOP, deepening parliamentary oversight for quality services to our people, captures some of important features which must always preoccupy our daily activities as we continue to serve our people.

The Freedom Charter as adopted at the Congress of the People, Kliptown on 26 June 1955 partly says, the People Shall Govern; every man and woman shall have the right to vote for and stand as a candidate for all bodies which make laws; all people shall be entitled to take part in the administration of the country; the rights of the people shall be the same, regardless of race, colour or sex; all bodies of minority rule, advisory boards, councils and

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authorities shall be replaced by democratic organs of self-government.

The Taking of Parliament to the People of Free State is testament that we have heeded the call that was made in Kliptown 62 years ago. There is no better way to celebrate the 62 years of the Freedom Charter and 20 years of Constitution than to continue to ensure that, indeed, we are a government of the people, by the people and with the people.

When, we, as a governing party, shared this commitment with the people of South Africa that ours is a struggle to defeat the politics of exclusion, the politics of masters and subjects; and to replace this with a system of inclusive politics, which will be anchored on the notion of a creation of a government of the people, by the people and with the people. In essence, ours shall be a people-centered and driven model of governance, wherein the people themselves delegate governance to us, their public representatives and not as their masters. We made a concrete pledge to our people.

In this regard, with your permission, I would like to quote a famous paragraph in a book by the eminent revolutionary, Karl Marx,

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who explains some of the dialectical relationship between the new and the old. In his Eighteenth Brumaire ", Marx said:

Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past. The tradition of all dead generations weighs like a nightmare on the brains of the living. And just as they seem to be occupied with revolutionising themselves and things, creating something that did not exist before, precisely in such epochs of revolutionary crisis they anxiously conjure up the spirits of the past to their service

The political compromise of 1994 was born of this concrete and historical reality, in which men do not make history as they please. This signified both an historic and the important advance of the definition of particular ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry, hon Tinta, let me take hon Michalakis, why are you standing?

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Mr G MICHALAKIS: House Chairperson, I rise on a point of order, I think we need a doctor in the House not the Ace Magashule'kind. I think she is having a joke.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, that is not a point of order, continue hon Tinta. [Laughter.]

Mr T TINTA (Eastern Cape): In this regard, as Marx had indicated, the National Democratic Republic, NDR, entered into agreements during the 1990 and 1994 negotiations, taking into account the conditions which Marx described as not being its self-selected circumstances, but under circumstances existing already, given and transmitted from the past.

I would like to believe that it is obvious to all of us that the complex and challenging reality created by this actuality, which was obviously not unique to our country, would pose a particular challenge to our forces of revolution to develop the necessary strategy and tactics correctly to respond to this reality.

The issues covered in the report further confirm that the ANC-led government continues to be responsive to the challenges faced by our people. We understand that even though we continue to have

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serious developmental backlog, we do make serious strides in attending to the triple challenge of unemployment, poverty and inequality.

In conclusion, it is undeniable that those who act will err. Those who do nothing will carry no blemish of any errors. To them is therefore given the possibility to criticise those who chose to act. Therefore, to the Free State government, there is an African proverb which says, "those charged with the task to fetch water from the river should not listen to the songs of the frogs, and neither should you."

The Eastern Cape supports the report. Thank you. [Applause.]

Mr M KHAWULA: Hon Chairperson, the IFP welcomes this opportunity to share with the House our sometimes shocking health experiences of the NCOP visits to the Free State province. In almost all the clinics we visited in the Thaba Nchu area, the clinics are suffering a challenge of under staffing. This is the same challenge that we also experienced during the pre-visits in Kopanong. In fact, in Phillipolis, the ward councillor, who is a former nurse, also volunteers to assist at times because of this challenge.

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There is also a big problem of clinic managers acting for long periods; since 2012 without any acting allowances paid to them. Most of the clinics we visited suffer a huge challenge of infrastructure inadequacy. Actually, most clinics in Thaba Nchu and Kopanong were built by homeland governments long before 1994. You can just imagine what those structures still look like today.

There is very little post 1994 structures in that province. I just wonder what they are doing with the budgets allocated to them every year. Most of the clinics do not have security personnel, hence the challenges of theft of equipment. Some clinics were claiming that alarm systems were only installed two or three days before our arrival. Some clinics were painted and renovated one or two days before our arrival. In one clinic, Dinane, we arrived when the contractor was still on site trying to fix what was not fixable at all.

In our wrap up meeting with district and provincial staff on Thursday, we tried hard to establish why some clinics in Thaba Nchu were so under-staffed. It appeared that the staff establishment of some of these clinics was not available anywhere because the clinics themselves were not appearing anywhere in the records of the provincial offices.

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Let me detail the report of just one clinic, Dinane. The clinic started in 1985. It used to operate 24 hours a day but has since been reduced, reasons, not known. It serves on average 90 patients a day. It has only two professional nurses. It is a very small four-roomed structure that is dilapidating with a very big population that it serves. The waiting area is very small thus patients are forced to wait outside in the sun on sunny days and in the rain on rainy days. The waiting periods are very long. Patients arrive as early as 5am. There are two consulting rooms which are in very poor conditions. The dispensary is a disaster. Security is a major challenge. Computers get stolen in a matter of weeks after installation. Cases are opened but just get closed at the police station without any follow-ups. They do not have a pharmacy because there is nowhere to stock medicine. The toilet for patients was repaired just a day before we came and it was just one toilet used interchangeably by both male and female patients. The alarm was installed a day before we came. One other building that is in the yard is used as a dumping site by district health.

During our pre-visit in Kopanong, these are some of the concerns that the people were raising at our community consultative meeting in Kopanong which was also attended by the Chairperson. Patients are being ill-treated at Phillipolis. There is a huge water crisis

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all over Kopanong. The roads are bad with big pot holes in the townships. Jagersfontein hospital is like a death trap. People get in there ill but are worse off than when they got in when they are discharged.

One patient, a female, was given wrong medication at Jagersfontein hospital resulting in her skin peeling off. This has crippled her to a point of no return. Phillipolis is like a neglected town in all respects, no housing programmes and highest levels of youth unemployment. They only get attention when it is electioneering times, when cars with blue lights come and leave for good after elections. Cattle theft is high and the police are part of the syndicate. The learnerships provided for the youth ...

[Interjections.] [Time expired.]

IsiZulu:

USIHLALO WENDLU (Mnu A J Nyambi): Lungu elihloniphekile Khawula isikhathi siphelile.

Mnu M KHAWULA: Hhawu wangimosha.

Mr W G MITILENI (Limpopo): Hon Chairperson, Chairperson of the NCOP
Mme Thandi Modise, hon Deputy Minister of Health Dr Phahla, MECs

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present today and hon members, "i nhlekani" [good afternoon]. Let me take this opportunity to commend the NCOP for consistently discharging its role of being the true and genuine voice of the people across the nine provinces irrespective of gender, colour or creed.

What is impressing is the fact that the NCOP through its annual "Taking Parliament to the People" programme has truly championed the cause of the poor and the marginalized in the society. This programme has always reached out to areas which are often neglected by government when delivering services to the people. Equally important is the fact that each annual visit to an identified province, focuses on a specific area of service delivery to our people which forces the executive to have a focused approach in dealing with delivery issues.

This year's event which was held in the Free State from the 21st to the 25th of August focused on the provision of health in the province. Held under the theme; "Celebrating 20 years of the Constitution and the NCOP-Deepening Parliamentary oversight for quality services to our people". This year's event correctly took stock on the progress made by our democratic state in improving the quality of health of our people in the Free State province.

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We commend the Free State province for the increase in the life expectancy of males and females from 41,9 years and 46 years between 2001 and 2006 to 49,6 years and 52,9 years respectively between 2011 and 2016. Although this still remains below the national average but this is progress that needs to be commended. This achievement brings us closer to realising the United Nations, UN Sustainable Development Goal 3 which is about ensuring healthy lives and promoting well-being for all at all ages. If the province could continue to work on the improvement of life expectancy, it will definitely help our country to realize the National Development Plan, NDP objective of having a life expectancy of 70 by 2030.

As one of the special delegates to this important programme of the NCOP, I had an opportunity to listen to various health concerns raised by members of the community on the first day of the programme. Despite the challenges of infrastructure in various health facilities, shortage of medicine, long waiting times, Emergency Medical Services, EMS and many others, the people of Free State remain impressed by the government's commitment to give them quality health as required by the Constitution.

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Schedule 4 of the Constitution makes health to be concurrent function between the national and the provincial government.

Accordingly both spheres have made genuine undertakings in front of these community members to play their part in addressing the health challenges that faces our people in the Free State. What is more critical was the observations that we made when we visited various health facilities in Mangaung and other areas. I will try and confide my input to this observation.

Let me be quick and indicate that I managed to visit three or four areas and one of the general observations that have been indicated by everyone is the question of infrastructure. It is in this context that the ANC took a resolution of making health an apex priority because we knew that we have inherited an infrastructure from the apartheid state which was never meant to serve the majority of our people.

We remain impressed by the commitment of the staff in various areas that we visited who went under difficult circumstances but showed clear commitment to improve conditions of our people. It must be mentioned that despite the existence of some of the challenges, Thusong clinic is doing far much better in comparison with other areas around Mangaung. For this reason, we are urging the MEC to

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make use of that area as a model for the rest of the facilities in making sure that we improve the conditions of our people.

We have also observed the good work that is being done at the Pelonomi Tertiary but we urge the MEC also to make sure that the tertiary is being funded at the level that it should because in terms of the report it is funded as a regional kind of a hospital. This is the hospital that has the best trauma centre in the province; therefore it must be defended at all times. Despite the challenges that they are faced with around the appointment of staff and so forth, they are able to utilise the existing personnel to deliver the services to our people at the required level.

We need to urge the MEC to also put pressure on Dr Ace Magashule, the Premier, in making sure that the undertaking that he made around the appointment of doctors, more especially those that are completing in Cuba, is being sped up in order to make sure that we are able to address the question of the personnel in the area.

I must indicate that as we are celebrating 100 years of Oliver Tambo, if he was here today to observe the progress of his organisation in delivering the services to our people under very difficult circumstances, he would definitely be impressed. He would

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definitely be happy that all the sacrifices that he made were not in vain.

Xitsonga:

“Ndza khensa” [I thank you].

Mr V R SHONGWE (Mpumalanga): Hon Chair and all protocol observed, let me take this opportunity to appreciate the privilege to participate in this debate on the report tabled of the programme held at the Kaiser Sebothelo Sports Arena, Botshabelo in the Mangaung Metropolitan Municipality, in Free State, that happened in August, preceded by the visit at Xhariep District Municipality regarding the health care services. We proclaim the theme of this year's programme; deepening parliamentary Oversight for the Delivery of Quality Services to the people, as it coincides with Parliaments annual theme which says; Celebrating 20 years of the Constitution and 20 years since the establishment of the NCOP.

The Constitution of the Republic of South Africa; 108 of 1996 Section 27, Right of access to health care, food, water and social security states that everyone has a right to have access to; health care services including child birth facilities, enough food, water and social security. We have passed laws and policies that provide

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welfare assistance for the people who need it the most. Section 27 says that the government must take steps within its available resources. This means the government must only provide what it can afford. However, the Section says the government must improve these services over time. Everyone is allowed to have emergency medical treatment.

The National Development Plan, NDP, Vision 2030, envisages the National Health Insurance as key to achieving quality, efficiency, effectiveness and provision of quality health care, universal health cover and the significant risks posed by social determinants of diseases. According to the 2063 Africa Vision and Plan of "The Africa we want" and the sustainable development goals, the achievement of good health and wellbeing of any nation state are critical to its economic and human development.

Agenda 2063 also envisages Africa where African people have a high standard of living, quality of life, sound health and wellbeing.

The sustainable development goals seek to achieve similar goals.

The provincial statistics showed a rapid growth in diseases.

Chronic diseases are by far the leading causes of mortality in the world, representing 60% of all deaths. The operations and

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government needs serious jerking up to improve the ineffectiveness and inefficiency within the health system. Quality health care has mostly been accessible to those who can afford and access it and not those who need it. Infrastructure maintenance and development is basic. The lack of sanitation and water to healthcare facilities in the province need an urgent and serious intervention. An integrated Service delivery is a key to that particular matter.

An uninterrupted water supply is necessary for the delivery of quality healthcare, the full capacity on human resource and in fact, ensuring that posts are prioritized and filled timeously. Hon Chairperson, the mind set of our public servants must change for the better. We can complain about the member of executive council, MEC, and the department, but the MEC cannot go to all parts of the province and be a nurse, cleaner, doctor and everything in the particular province. I want to agree with the Chairperson of the NCOP that services must not be effective when only officials, Members of Parliament and everybody else are going to a particular place or province. I must also say, hon Chair, that the government which is led by the ANC in Free State is working in a co-ordinated and collective way. The strategy of trying to divide us by DA will never be successful. The MEC of Health in Free State is one of the collective.

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To my friends from EFF, we are debating issues of health provincially, here. Not issues of municipalities, we must differentiate between provincial issues and the municipality issues. I don't want to think that the MEC can ever take advices from people that the entire people of this country have no confidence over. It will be wrong. It will be wrong if hon Khompela will take advices from this few people that are coming here to try and advise you. You will be misled and you will go down to the doldrums. Well, I want also to agree with hon Khawula, but to say to him; I think it is very much proper for a matured hon member of your nature that the government of Free State is open for advice from you at all given time not only on the days when we are debating. We really have ... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry, hon Shongwe, let me deal with hon Faber. Hon Faber, why are you standing?

Ms B V MATHEVULA: On a point of privilege.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mathevula, it is not your responsibility to do that. Hon Faber, you are recognised.

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Mr W F FABER: Hon Chair, I would like if the hon guest member would take a question?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Shongwe, are you ready to take a question from hon Faber?

Mr V R SHONGWE (Mpumalanga): I would more than welcome the question.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Order members! Let us listen to the question.

Mr W F FABER: Chairperson, then I'm so grateful. I wonder if the hon member can tell us about the huge hospital in Trompsburg? How many casualties they were helping so far? How many doctors have been appointed at this huge hospital at this stage which was supposedly been opened already ...?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Faber, ask your question, don't elaborate. Ask your question and then ... hon Shongwe!

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Mr W F FABER: Chairperson, be quite honest. I don't think it is for you to tell me about my question, please.

The HOUSE CHAIRPERSON (Mr A J Nyambi): I am saying, ask a question.

Mr W F FABER: I got permission from you to ask the question, so let me ask my question.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Ask your question. Are you not done with your question?

Mr W F FABER: Hon member, did you understand the question? Did you understand the question I asked you, Sir?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Faber, you can't be talking to the ...

Mr W F FABER: No, I am asking the hon member if ... [Inaudible.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, you can't be talking to him you have to do it via me.

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Mr W F FABER: Okay Chair, I would like to know if the hon member understood the question.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Yes, yes take your seat.

Mr V R SHONGWE (Mpumalanga): Hon Chair, the question that hon member is raising has to do with statistics and that response you will get it from the relevant MEC. Chairperson, we really have to improve on our management. Greater discretion over the clinical and administrative matters at facility level, combined with effective accountability. Ambulance response time is critical. Let us empower our institutions with resources. I repeat Chairperson, integrated service delivery is a key.

The Department of Basic Education curriculum also becomes critical in this question to help educate our learners who in turn would educate their families. It is the same as all other sister departments in their respective fields and target market. Safety and Security cluster needs to ensure that our facilities are protected, Occupational Health and Safety Compliance, Environmental Health Risk control and user friendly facilities. Thank you very much, Chair. [Applause.]

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Mr J W W JULIUS: House Chair, during the Taking Parliament to the People we have heard pleas of a hungry province. We have heard pleas of a sick and tired, unemployed and disenfranchised province - a province which is weak and is at the mercy of a government which does not care about them, hon Shongwe.

What we have heard has touched every single delegated there. It can be sugar-coated and denied or as the premier did in his speech on the last day sow the opposition propaganda. But the sincerity in the public's pleas for help cannot be faked. This is a province in dire need of solutions, hon members.

Hon Shongwe, I can assure you it is not the DA, but it will be the people who will prove you wrong. You cannot forever fool people. You can sometimes fool some, but not always all of them. You have already lost power in most metros and the same will happen in 2019, and I can guarantee you that. Don't underestimate the power of the people.

Chairperson, I want to agree with you on how did we get to this point - how did we get into this point in the Free State.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Julius, I am sorry, let me take the hand of hon Wana.

Mr J W W JULIUS: I know the answer; I know the answer.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, take your seat. Please, take your seat. Don't worry about time we will manage that. Hon Wana, why are you standing?

Ms T WANA: Chairperson, can the speaker allow me to pose a question to him.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Julius, are you ready to take a question from hon Wana?

Mr J W W JULIUS: Yes, if my time is stopped I am always ready, hon Wana.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Are you taking it now?

Mr J W W JULIUS: Yes.

Ms T WANA: Thank you Julius for allowing me to ask you a question.

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Mr J W W JULIUS: I am hon Julius.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, he is hon Julius, and not Julius.

Ms T WANA: Julius, although you were not part of the visit to the area where I was, can you tell me what was exciting when we get to Pelonomi Hospital in Mangaung? Tell me about what was exciting that we all agreed upon it.

Mr J W W JULIUS: Well, hon Wana, I can tell you what was exciting. Seeing you for the first time being so happy was very, very exciting. Nothing much impressed me about the Free State on that day.

Mr S G MTHIMUNYE: I need to check if he can take another question, Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Julius, are you ready to take another question from hon Mthimunye?

Mr J W W JULIUS: Yes, I am ready.

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Mr S G MTHIMUNYE: Chair, I need to understand. My understanding of politics is about ideological orientation on... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mthimunye, do not debate with him, but ask him your question.

Mr S G MTHIMUNYE: What is the ideological orientation of the DA? Is it about power or is it about the people?

Mr J W W JULIUS: Thank you for the question, hon Mthimunye. In everything that we do we need the voters' backing. We don't say like as hon Shongwe has said just now that voters will never support another party. We honour voters. To get into power you need to go to the voters and ask them to get you into power. But I appreciate the question from the "nkuku" [chicken] revolutionary. They just go after propaganda - eat, eat, eat and never lift your head up; you just support, support and support. And you come in with your cheap politicking.

Chairperson, we have lost all faith in the Free State government. Many of the old people who have lived through the injustices of apartheid are now faced with the same injustices under the ANC government which sees no fault in Ace Magashule's corruption in

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that province. These ordinary but sincere and real South Africans have now lost all faith in all government endeavours. Thanks to the ANC. How dare the provincial government's head, the premier of the province with the highest unemployment rate, stand on the stage during the Taking Parliament to the People programme and blatantly lie that all is well whilst people are losing their lives due to lack of resources. I wonder how many of the premier's people - hon MEC I respect you - are actually using those clinics. If they use them they would know what is happening in those clinics. I can only say that they are not using them because they did not do anything for years about it.

Hon Sibiya, another nkuku revolutionist actually left now. He was obviously sent by the masters of construction or destruction. It is always the case they disguise the facts. We are here talking about the mismanagement, maladministration ...[Interjections.]

Mr S G MTHIMUNYE: Another question, Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Julius, are you ready for another question?

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Mr J W W JULIUS: How many times do you want to get hurt? Yes, please!

Mr S G MTHIMUNYE: I want to understand what the nkuku revolution is? Is he looking down upon the poor masses of the country or what?

Mr J W W JULIUS: I will answer that question. Is my time being stopped?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Mthimunye, just ask your question. That's it!

Mr J W W JULIUS: A nkuku revolutionary like you is like a chicken. They throw propaganda there and you just eat, eat and eat without lifting up your head. Whilst you are being fed with propaganda the looting continues on the other side just like President Zuma and his corrupt Ministers. [Applause.]

Chairperson, my time is also running they did not stop it during the questioning. But it's all right I think I will finish on time.

This is a proof of a careless ANC government. Hon Mtileni, how dare you say that OR Tambo would be happy about this? How dare you say

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that? We went to a province and we have seen what is happening there. People are dying and are deprived of the services and you say OR Tambo would have been happy. How dare you say that? We need to respect our leaders and come out with the truth, nkuku revolutionaries. The people of the Free State have an option, there is a solution and the DA is their only solution in 2019. I thank you. [Applause.]

Mr B KOMPHELA (Free State): Thank you Chairperson, hon members, Deputy Minister, colleagues, Comrade Shongwe and the rest of the very important members of the NCOP.

Firstly, from the bottom of our hearts and with great humility, we as the Free State province really appreciate your visit to our province. Your visit to the province was never a destructive visit but a visit that was going to enhance how we are going to ... and how we are providing services to our people in that province. At no stage did we ever think that health as a motive ... aspect would be a political football but we have taken it that all of us as a collective ... representative of our people in this country. We talk about something that is a matter of life and death, which is health.

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So we appreciate all the inputs and we are ready to accept and implement constructive inputs that you have given us because you were there on the ground. You have seen the shortcomings, you have seen our strength and therefore we will make a contribution where there is a shortcoming.

Hon Julius, please never get worried about the Free State. We are ready.

An HON MEMBER: No, you're not.

Mr B KOMPHELA (Free State): The UN and the Southern African Development Community, SADC, have on record made the province in the African continent ... the best infant mortality rate and therefore the UN and SADC requested the province to go and see the crisis that you are talking about. What is this that is good that has made us bring down the infant mortality rate to that level where kids are not dying when they are born? [Applause.]

If those institutions are wrong, and people are dying like flies in doom, then they have to go and do an assessment and say Free State you are not right and therefore we can't ask people to go and find

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out from you how you got it right that mothers must not give birth to children who are already going to die?

Secondly, I would like to say that the visit that you undertook to the Free State from the 21st to the 24th was a very unprecedented visit. You went to 34 sites in the Free State. To us that was unprecedented and therefore we appreciated that.

As ... hon colleague and comrade indicated, Marx said that some of these things were not our own creation. The ANC has never given birth to *Thaba Nchu*. The ANC has never given birth to *Botshabelo*. The ANC has never given birth to *QwaQwa* and those areas which hon members, correctly so, have seen underdeveloped, underserviced ... that were there and that was the legacy that was dumped next door to Bloemfontein by an apartheid government in creating Botshabelo and Thaba Nchu. We are dealing with that legacy.

However, the situation has turned. The situation is getting better. I think those who went to Botshabelo saw the hospital there which is in a very good condition. It's a pocket of excellence that we are doing and we are proud that that hospital in Botshabelo is doing a good job.

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The Minister has encouraged us through the commission that he has put in place, and out of that commission the things that were picked up by the commission that the Minister requested are exactly the things that you picked up hon members. Those are three main things that we are battling with as a province. If we can get those three right then we have got health right in the country.

Firstly, is human resources. If we get human resources correct in our institutions then you must know that we are beginning to do it right. Proper, relevant, right people to those places where we need to deploy them. That should happen;

Secondly, finance and the supply chain needs competent people who deal with finances and supply chain so that there should be no wasteful expenditure that occurs there and ... competent people in that area. The Minister and the commission have raised that, and said that all provinces, all of them, not excluding any, have problems related to finance and supply chain; and

Thirdly, is maintenance and infrastructure. Those three things ... maintenance and infrastructure ... We can build five-star hospitals but as soon as you reduce the maintenance they get depleted and you will never get them right. Therefore, the maintenance of these

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institutions should be the order of the day. We have taken that recommendation that we must definitely up the bar around the maintenance and refurbishment of our state places.

Even if, as it was said, the psychiatric complex was not in a good condition, I must accept it. However, the Minister sent people throughout the country immediately after the Esidimeni incident. I want to say in a humble way and not very arrogantly that as the Free State, provinces were requested to go and see in the Free State how we were managing this critical aspect of the psychiatric complex of these people who are so vulnerable. Still, whist your observation was correct we were not found wanting there. We were regarded as the best, including the so-called best to other people there ... we were regarded as number one in how we are approaching the psychiatric complex as the province.

In spite of the gloom that hon Julius my friend is painting here, the Minister and the Auditor-General announced in the presence of all of us, hon Julius, that the Free State among the nine provinces, is one of the most improved departments in a decade. To hon Julius through you Chair, in 13 years that department got unqualified audit opinions. After 13 years. [Applause.]

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The cherry on top is that we in the Free State province, in that region called Thabo *Mofutsanyana* in QwaQwa, is the only region in the country that had a clean audit above all better provinces that other people could think there are ... in the province. [Applause.] We are not arrogant about it. We are saying that we can do more and better ... and all our five provinces ... if that could be the same and also the output on the delivery of the service should be equal to the clean audit then we must know we shall have dealt an indelible mark to the health profession and the diseases in that province.

The issue of *Buthlezi* was raised by this hon committee and we have raised it. I can report to this committee, and I have even said on the last day of this hon committee in Botshabelo, that the *Buthlezi* contract has expired. We are not going to renew 100% of the contract with *Buthlezi* but we are not going to let it go and ... the services collapse because we don't have 50 ambulances running on the go in the Free State complimentary to our government ambulances. However, we are going to slash 25 of those ambulances so that 25 must remain. Progressively, we must be able to get rid of *Buthlezi* and have our own ambulances running because we are insourcing the state's issues in the Free State.

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Hon Khawula, those ambulances need specialised people. In an ambulance in emergency medical services, EMS, you need somebody who is a midwife. You don't get him in a corner. You get a midwife and that ambulance must be equipped. Therefore, if you take away 50 ambulances ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Komphela, we have touched hon Khawula now. Hon Khawula, why are you standing?

Mr M KHAWULA: It's a point of order Chairperson. MEC, the Buthelezi ambulance is no relation to the prince. [Laughter.] It's no relation to Prince Buthelezi.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon MEC, you can continue.

Mr B KOMPHELA (Free State): Thank you.

IsiZulu:

Hayi! Angikhulumi ngoMtwana kaPhindangene.

English:

Thank you very much. Chair, the observation around Pelonomi ... of the orthopaedic, gynaecology, obstetrics and all those ... Those

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are specialised fields. You will never ... even in oncology ... Problems in KwaZulu-Natal of oncology were done because those people are highly professional. They are above a doctor, they are above a professor because they are specialised, and therefore, if you run short ... In the Free State, they are there but they have to do visits to other places to go and help because you can't get them. The money that we have to pay for these specialised people ... oncologists, gynaecologists and obstetricians is very high. Therefore, if you have one ... has come to Cape Town, Durban or Gauteng, you must be lucky as the Free State.

Ninety vacancies of general practitioners in the province next to us, the Eastern Cape, are still vacant until today. Ninety! No doctor wants to go to the Eastern Cape. When they apply, all of them want to go to KwaZulu-Natal, Gauteng and the Western Cape.

What about the Free State we have? But we are talking about the Northern Cape. There are 30 positions in the Northern Cape. Nobody wants to go to Kakamas and Kuruman in the Northern Cape. These doctors don't want to go there. What else should the Northern Cape do under such circumstances? [Interjections.] What should they do under such circumstances? There is nothing that they can do.

[Interjections.]

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An HON MEMBER: Yes!

Mr B KOMPHELA: So we must be grateful with the little that we have and expand it to do more with the little that we have.

I want to say that the revolution is just about to launch in June next year. The young boys that have been taken to Cuba for primary health care ... in June ...

IsiXhosa:

... yabuya imidaka emnyama engenasepha, yabuyela ekhaya. Babuyile babuyele ekhaya

English:

We are going to deal with primary health care like it's nobody's business in this country. The stream of curative ... is going to get an injury because our ethos would change to preventative rather than curative. Therefore those who share the discovery and others are going to be ... [Inaudible.] ... because ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): As you conclude hon MEC.

Mr B KOMPHELA (Free State): As I conclude hon Chair ...

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An HON MEMBER: Its 12 and a half minutes already.

Mr B KOMPHELA (Free State): We have responded to all other matters that you have raised. In the first phase to the hon Chair, on the things that were raised there. We are left with the last reply, but I think ... including Dinaane which is in the wetlands, but if you can go there in the next three months you will get a clinic; however, not where Dinaane is because that is a wetland, but somewhere else where Dinaane is deserving of having a better clinic. [Applause.]

Cllr T STEMELE (Salga): Hon Chairperson of the National Council of Provinces, hon members of the Cabinet present in the House, hon MEC from provinces, members of the NCOP, it is a great honour and privilege to represent the organised local government sector in today's plenary debate.

Honourable Chairperson, today's plenary debate has two fundamentally important variables, which are indeed key attributes of a democratic system of government. The first one talks to the form and character of our state. As a qualitative departure from the previous dispensation, "Taking Parliament to the People" programme remains a critical defining element of Parliament that

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not only in its composition is made up of democratically elected representatives but through this and other flagship outreach programmes.

The second one and indeed the thrust of today's debate deals with what is entrenched in our constitution, the right to access to health care. You will certainly agree with us that the right to health is fundamental to the physical and mental wellbeing of all individuals and that it is a necessary condition for development.

The above is indeed in line with our targets as outlined in the National Development Plan - the NDP, to increase life expectancy to 70 years; have a generation of under 20 free of HIV/Aids; significantly reduce the burden of diseases both communicable and noncommunicable; implement the national health insurance, NHI, in phases, have health care supported by better human resources and systems.

Indeed our NDP is also in line with the various global protocols such as the World Health Organisation the African Union Commonwealth Health Ministers. In essence all these generally cohere around three goals, concerted efforts to eradicate child mortality, maternal mortality and the fight against HIV/Aids, TB

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and Malaria, significant reduction of all risk factors that cause the ever exploding pandemic of noncommunicable diseases and implementation of Universal Health Coverage which augers very well with our NHI.

Having participated in the "Taking Parliament to the People" programme in Mangaung we are in agreement with the report that a number of challenges were observed in Mangaung and these in our view include the following. Firstly, many clinics and health care committees were confirmed to be less optimal in terms of functionality; secondly, as it is the case in the whole country, quadruple burden of disease has been identified as one major health concern faced by the province - the quadruple burden of diseases is the HIV/Aids epidemic alongside a high burden of TB, high maternal and child mortality, high levels of violence and injuries and a growing burden of noncommunicable diseases, thirdly, worrying patterns of illegal dumping of both general and medical waste, spillage of sewer, sewerage spillages, leaking toilets, overflowing pit toilets and exposure to asbestos have been raised during public hearings as posing health risk to the communities.

I am certain that this debate is indeed meant to reflect on the prevailing conditions in the City of Mangaung but at the same time,

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in our opinion this debate should also be about how we combine efforts to address all the challenges that continue to bedevil the health system in our country. Accordingly, as SA *Local Government Association*, Salga, we would like to illuminate the following proposed solutions going forward. One, Salga will work together with the department of health in the province towards strengthening the provincial health council, district health councils, clinics and health care committees by ensuring that councillors form part of both the councils and committees as provided for in the National Health Act.

Two, Salga will support municipalities to mobilise communities to ensure that citizens play a leading role in these committees.

Three, Salga has established a health and emergency services working group, a governance structure aimed at strengthening oversight in the delivery of health services in local government, in that way, we now are building a focussed programme to support municipalities. Four, Salga through the school of governance and leadership will continue to build capacity of municipalities to deliver sustainable municipal health services to the communities.

Furthermore, Salga is working with the National Department of Health to provide training on norms and standards for environmental health.

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In conclusion, we are indeed convinced as Salga that a much more clearer and stable dispensation is required in terms of devolution of powers and functions and a more stable fiscus provision for health across the three spheres of government. I thank you.

Siswati:

Ms L C DLAMINI: Ngiyabonga Sihlalo. Angibonge Kusihlalo Wendlu, Nelisekela Lendvuna ...

English:

... MECs present today, special guests, especially the Chairperson of the portfolio committee from the Free State, good afternoon.

Hon Chair, I would not want to be popular by repeating what has been said by all the speakers before me. All what I had prepared has been covered fully by all the speakers, including the opposition parties. But it would be important for me to emphasise on few issues which are a concern to the committee.

Chairperson, I must say that challenges that we encountered in Free State are not only in Free State alone. There are challenges that are common to all provinces. I am saying that because we have been to seven provinces doing oversight and we are only left with two

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provinces. These are challenges that are common in all these provinces; for example, the challenges of aging infrastructure and also issues of maintenance, shortage of staff and also freezing of posts when they become vacant, especially the clinical posts. Shortage and outdated equipments; long waiting hours; security issues; centralisation of powers at provincial level where services are taking place; that includes recruitment powers as well as procurement powers; the governing powers.

Chair, these challenges are in all provinces not only in Free State. I thought I should say that because if you listen at people talking here you would think that there are no health care services are provided in the Free State and yet that is not the case. What is also encouraging is that with all the challenges that are experienced, especially the Free State, still services are taking place.

So, it's important to note that, and one is encouraged by the fact that there are still services that are taking place. With all the challenges that we have witnessed in the health services in the country, I must say that they cannot be compared with the achievement that has been made by this ANC government in the country as compared to pre-1994.

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Some of the challenges that we are facing are because of the successful programmes that are implemented by the ANC-led government because, if you would compare before, let me take Mpumalanga for example, before 1994 services were only provided in the Eastern Transvaal. You can go to Gazankulu, Lebowakgomo, kaNgwane, KwaNdebele; those services were not provided but now because we are providing services to everyone you are bound to experience these challenges.

With regards to challenges, I want to plea with provinces, especially the Premiers, MECs if you could take this message to the Premiers; we can - it doesn't matter how financially constrained we are as a country - we cannot freeze clinical posts. The question that we always have as a committee is, whose child or relative that must die because there is a shortage of personnel. It should not come up to that.

We are saying you can look at other areas but you cannot freeze posts at clinical level. It's happening in all provinces, I must say. We are pleading with, hon Deputy Minister, that do take it up. What you are doing in KwaZulu-Natal is a good job. Do it in other provinces like engaging the premiers and say you cannot freeze a clinical post.

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The issue of outdated equipment is also a challenge. Technology is moving very fast now - we are talking about the 4th industrial revolution. We have to go with times so that in terms of giving services to our patients who are using equipments that are updated in terms of technology. That is one area that I should also talk about. The centralisation of powers in terms of procurement, you don't expect hospitals or district offices to go and ask money for tissue paper, cleaning material from the provinces. We request that provinces should decentralise some of the things that are used almost everyday so that the procurement processes would be fast, as well as filling of funded vacant post it should be decentralised to the next level where service is taking place.

Finally, one area that I would want to touch on is the long waiting lists, we are aware that it is because we are providing medication to a number of people as compared to before. However, there has been a number of initiatives that have been introduced by the department, let make use of that instead of going to the health facilities only. Let us consider these other areas where medication can be collected to reduce the number of patients who are waiting at the health facilities.

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Chair, I want to say: Inkukhu (Chicken) Revolution. [Laughter.] From where I am sitting you also belong there - you are the Number one Inkukhu Revolution. Because, if your understanding of Inkukhu Revolution is listening to the propaganda that you are told of and don't look up and see what is reality - it's exactly what is happening at the Western Cape. I will make an example, go to Khayelitsha Hospital - it is far worse than the challenges that were mentioned here.

I will not have time to go to the details and these challenges have been communicated to Mrs Zille who is the leader of the DA in this particular province. They have been communicated to Mrs Nomafrench Mbombo who is the MEC of the province. In June last year 2016, they were communicated but there had been no action. The first one is staffing, shortage of clinical staffs. Doctors work in such a way that they do porters work because posts are frozen - not made available or known which posts will be filled, the next thing is nepotism.

The manner the Deputy Director responsible for nursing appointed her own brother, appointment of first people who don't have a minimum qualification. For example, the advanced Midwife, a person who got appointed related to the manager never produced

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qualifications damaged a pregnant women because no qualifications were found. That is the DA in the Western Cape.

Talking about nepotism, corruption on finances ... [Interjections.] listen! Corruption is that your managers there are paying themselves money for leave days which were not taken but it is not happening to the junior staff, that is no more happening but it is happening in the Western Cape. Can you go and look into that thing. In terms of tenders ... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Dlamini, let me take Julius. Order, members! Order!

Mr J W W JULIUS: Chair, on a point of order, I just want to know if hon Dlamini will take a question?

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, no, hon Mohapi! Don't ask things, hon Dlamini are you ready to take a question from hon Julius?

Ms L C DLAMINI: Chair, let me first finish about this corruption that is happening at Khayelitsha: tenders which needs to be

investigated are the tender for air conditioning which was fixed in a multimillion but ...

Siswati

... iyafa ...

English

... everyday but over R3 million has been paid on that tender; the tenders for CCTV Cameras which were put and are not working. It's a list of the tenders where corruption is involved. Go and investigate those tenders before you go to the ANC provinces.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Dlamini, can I take to the hon Essack; hon Essack why are you standing? Order members!

Mr F ESSACK: Chairperson, on a point of order, I think the hon member on the podium might be slightly off topic but it doesn't matter it is not serious. She may just take a simple question and then we may get on

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Dlamini, are you ready to take a simple question from hon Essack?

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Ms L C DLAMINI: Chair, I am not done.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No she is saying she is not done yet. She is not ready.

Ms L C DLAMINI: Hon Chair, it's a list of them. I would request that the DA province should go and investigate. And make sure that those people are living like South Africans. The life in Khayelitsha district hospital is like they are still living in the apartheid system. You must go and solve that one. Finally, Chair, I have a list of them and I can give you the list.

Finally, the EFF missed an opportunity of using your wisdom to make recommendation ... [Interjections.]

Ms N P KONI: On a point of order, Chair ... [Interjections.] ... [Time expired.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Dlamini, hon Dlamini, take you seat. Hon Dlamini, your time is up. [Applause.]

The CHAIRPERSON OF THE NCOP: Chairperson, hon members, we really have had an interesting afternoon on a very serious topic - Health

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is an equaliser. It's like education. If you can't get health, you can't get anything. It is one of those that hon Terblanche - sharing a funny background will agree on that you never make a football of, you never take issues of security, you never take education, you never take health and politicise them to the extent that you actually begin to lose the perspective.

I think we should agree, Deputy Minister that we need to do something about the concurrent nature of the powers of the national department and the provinces. We equally need to go back to look at the health facilities which are under the municipalities and begin to get congruence amongst these three spheres on these issues because they do cause problems. The issues of 24-hour clinics, sometimes are related to the municipalities versus the province and versus to that.

As a nation, you also need to look at what you are allocating to health. I want to agree that sometimes it does not make sense for some of us who come from semi-desert provinces - for someone to sit in a very dense city and take a decision and say, unless you are x number of people, you do not qualify to have a clinic, it does not make a sense because it means that in those areas where people

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cannot get themselves to be a thousand, you are saying you are condemning them.

So, when you want to posture as a South Africa that is developmental, you need to take a very hard look at the policies you are coming up with. You also need to take a knock sometimes and say, in the difficult years of the economy, what must give. I seem to hear South Africans, the executive and the people in the street saying everything goes; we don't care whether the rand is falling and whether the economy is improving or not, we will have our pound of flesh like yesterday.

Clearly, South Africans must sit down and say, in these dire economic times, what are we suspending, what are we holding on to, what must we keep on giving on, irrespective of the hard economic times? I am saying that you cannot sacrifice education, health the aged, with disability and babies. So, we need as a country to get into conversation with ourselves.

I also want to say that I am one of those who are saying ... I was quiet confused on Monday, not angry, confused by all South Africans. Yes, the old flag of South Africa remains in the past and must stay in the past. We don't want to be reminded. Yes, we must

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be worried about the deaths of everybody. [Applause.] Yes, we must all hold hands together as South Africans and condemn every death. Yes, we must hold onto our cultural and historical values but we must also remember that we crossed a little line as South Africans and we thought we were God's best people in this world because we said we are united in our diversity. It cannot be that our diversity is only remembered when it is Sunday and we are screaming in the houses of the Lord. It must be remembered whether it is raining or snowing that we are South Africans, we are different, that we hurt, that we have psychological problems, that we have a baggage, we are South Africans, make those differences unique.

Lastly, Chair, hon Mathevula says; let us be a little bit innovative about these things. We are not the executive. Our job is to make, hon Butana ... and we used to do it very effectively when we both used to be in the NA, our job is to make the executive uncomfortable when they are not doing what they must do to your people and my people. [Applause.] That is holding them to account. Our job is not to make excuses, our job is to listen to our people to see what they need and sometimes to go and feel.

Hon Hattingh will remember, in Gariep, they woke up and had no water to wash and he said to me, I want to go because I couldn't

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get a bath and I said welcome, you can go, Chris. I said the other half leaves like this, my brother. You will go because today as a member - a public representative, you can't have enough water to bath.

So, sometimes, it is good for us to experience what our people are experiencing. Sometimes, I thought I was lucky, perhaps to come to my last term of Parliament into this House because in this House, you have the opportunity sometimes to forget your party and work for the people directly. So, sometimes, we need to actually ask what we are contributing as the NCOP towards bringing together the Mandela project of all of us that we are proud of - that of building the nation because sometimes ... let me tell you these colours mean absolutely nothing. What must matter to all of us is that we are people and we are South Africans. It must mean that we want to build a country called South Africa.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry, Chairperson, let me take, hon Koni. Hon Koni, why are you standing?

Ms N P KONI: On a point of order, obviously.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Yes.

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Setswana:

Moh N P KONI: Modulasetilo, ke kopa gore o botse mma gore - jaaka e le motho yo o tsweletsang dilo pele; ke tshepetse thata jang mo go wena - a a ka tsaya potso ya me e e khutshwane?

MODULASETILO WA NCOP: Ee rra.

Moh N P KONI: Ke potso fela e e khutshwane.

MODULASETILO WA NCOP: Ee rra, nka e tsaya.

Moh N P KONI: Mme a re wa dumalana? Mma ... [Tsenoganong.]

English:

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, no, you can't be talking two of you. I am in charge here. Hon koni, the Chair is ready to take your question. Can you ask your question? [Interjections.] No, I understand.

Setswana:

Moh N P KONI: Modulasetilo, ke botsa mma gore a o dumalana le nna fa ke re go ka nna botoka thata go bahumanegi ba Aforika Borwa - bao re tlileng mo Ntlong eno ka lebaka la bona - gore fa

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ditlililniki di ka bulwa diura di le 24, seno se ka tokafatsa pholo ya bone?

MODULASETILO WA NCOP: Ke a dumela.

English:

I have actually spent most of my time in the North West trying to exactly that - open clinics so that people can access, make primary healthcare free, make sure that the poor are not turned away from hospitals and clinics. That is what I gave my life for. That is what I would like to go back to my house and say one of the things I gave my youth up for is coming true. The truth of the matter is that, unless South Africa really looks deep and says we are going to suspend this programme and that programme because we cannot afford it.

The problem with us is that we want to do everything even those that we can't afford at the same time. Sometimes, I think that if you go back and run the coffers of the state like you are running your own house, you will then realised that a budget is but a budget. Sometimes you have a little bit extra and therefore you can afford the luxuries but the basics, you know, you must always achieve.

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I wanted to say to Free State, thank you very much. We will continue to monitor. We are very happy of the commitments you have made, Ntate Khompela, Mme Nomvula Mokonyane, Ntate Motsoaledi, and Ntate Gigaba. We are very happy about those commitments. We want to say that we will continuously be in touch. We will be nice but sometimes we are not so nice because our jobs say we must not always be nice. We must ask those unpleasant questions but that does not mean we hate anybody. We ask them because we want to see improvements in the lives of our people.

Setswana:

Ke a leboga, morena. [Legofi.]

Debate concluded.

Question put: That the Report be adopted.

In favour: Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, Western Cape.

Report accordingly adopted in accordance with section 65 of the Constitution.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, on behalf of the Chairperson of the National Council of Provinces, I would like to take this opportunity to thank all of you, special delegates, MECs, for this very important debate. The last announcement is that those members that are part of the Subcommittee of Rules, in five minutes time, the meeting will be starting in S12A.

The Council adjourned at 17:13.