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*PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES*

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The Council met at 14:04.

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

**PASSING AWAY OF FORMER DELEGATE VAN LINGEN**

(Announcement)

The CHAIRPERSON OF THE NCOP: Hon members, I wish to announce the passing of a former member of this House, the honourable Elza van Lingen. I request that we rise for a moment of silence.

The Council observed a moment of silence in honour of the late Ms Elza van Lingen, all members standing.

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The CHAIRPERSON OF THE NCOP: Members, I have been informed by the Whippery that they have agreed that there will be no notices of motion or motions without notice.

Before we proceed, I would like to welcome the two Ministers in our midst. I hope that we have a very productive session with you. I would like to congratulate the new Minister of Human Settlements, and I hope the old horse sitting next to you continues to give you the support. With "the old horse", I refer to the Minister of Health. He has been at it for years now. You are welcome, hon members.

Members, I would like to start off our question session by asking the Minister of Health to respond to Question 146. It was put to you, hon Minister, by the hon Stock.

**QUESTIONS FOR ORAL REPLY**

**CLUSTER 2B - SOCIAL SERVICES**

Question 146:

The MINISTER OF HEALTH: Chairperson, as part of the annual performance plan 2017-18 to 2019-20, one of the strategic objectives is to ensure effective financial management and accountability by

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improving audit outcomes at both the national Department of Health and provincial departments.

However, as you know, unfortunately, financial management and allocation of budgets is purely a provincial function. One of the strategic objectives of Programme 1: Administration has always been to ensure effective financial management and accountability by improving audit outcomes. From 2013-14 to 2016-17, the national Department of Health maintained an unqualified audit opinion. As for provinces, the audit outcomes have steadily increased from two unqualified opinions in 2013-14 to three in 2014-15 and 2015-16 and four in 2016-17. We really hope it will go to five in this financial year.

The summary of audit findings in the provinces suggests that the measures and interventions introduced by the national Department of Health are starting to yield positive outcomes at a provincial level. In the year under review, 2017-18, we hope the provinces of the Western Cape, Eastern Cape, Free State, Mpumalanga, and Gauteng will get unqualified audit reports. This did not just come automatically. As for the provinces that are qualified, it is mainly because of irregular expenditure, asset management, as well as accruals.

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With these challenges identified, the national Department of Health continues to implement subsequent strategic improvements. The national Department of Health saw a need to establish the health sector Chief Financial Officers' Forum and its subcommittee, the health sector supply chain forum, with the primary aim to discuss matters of common interest for both the national Department of Health and provincial departments. Amongst others, these discussions focus in the main on audit outcomes financials that refer to irregular, unauthorised, fruitless and wasteful accruals, as well as revenue and budget shortfalls, supply chain procurement, including asset management delegations, and medico-legal litigation in line with delivery improvement.

The national Department of Health has established a dedicated unit called provincial management support to improve effective and efficient co-ordination and facilitation of financial management and accountability at provincial level. Amongst others, its main achievements are the following: the establishment of the provincial budget benchmark exercise to ensure that all provinces, including provincial Treasuries in some instances, as well as National Treasury and all provincial MECs, heads of departments and executive managers are active participants. Furthermore, the unit constantly engages with Treasuries, both at the national and provincial level.

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The national Department of Health entered into a strategic partnership with the SA Institute of Chartered Accountants, SAICA, on mainly financial management, revenue and supply chain streams. This strategic partnership is in operation in Gauteng, the Free State, KwaZulu-Natal, Limpopo, Mpumalanga, and the Northern Cape. The value of this strategic partnership with SAICA was presented to National Treasury, and National Treasury was so impressed that in the financial year 2018-19, they gave us R8 million to strengthen that strategic partnership.

Lastly, the provincial audit outcomes have improved from three unqualified audit opinions in 2015-16 in the Eastern Cape, Gauteng, and the Western Cape to four in 2016-17 in the Eastern Cape, Gauteng, Free State and the Western Cape. I read somewhere two days ago - *Business Day*, I think - that the Financial and Fiscal Commission criticised us for not paying oversight and even named the incorrect provinces about unqualified audits. I just want to correct that. What they said there is wrong because we have the true facts here. Thank you very much.

Mr D STOCK: Chairperson, I thank the Minister for his comprehensive response. It was quite detailed. I think, Minister, you would agree with me when I say it is not within our nature to praise a fish for

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swimming, but I think we need to applaud and appreciate the good work done in the provinces of Gauteng, Western Cape, Free State and Eastern Cape in terms of the improvement they have shown from the previous financial years and up to the current one.

We also need to raise a concern. In provinces where there were clean audits in the previous financial year, those provinces regressed. With what the Minister has outlined in terms of the systems and measures of intervention to help provinces perform to the best of their abilities, I want to know from the Minister what will happen to provinces where the process has been outlined, and interventions have been put in place, but those provinces are not coming onboard to improve their financial performance. Thank you.

The MINISTER OF HEALTH: Hon member, this is a question which I took to the Portfolio Committee on Health in the National Assembly. In one of the answers, I am going to repeat the same thing because it is the same problem. While it is generally believed that health is a concurrent competency, there are four key pillars of the health care system which are not necessarily concurrent, where the authority lie solely in provinces and this is problematic: They are human resources; financial management; procurement; and maintenance of equipment and infrastructure. The power lies purely in provinces.

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In one of the answers, I am going to read to you how I took it to the National Assembly that they must even summon Premiers here because this authority without any accountability is problematic. I was told by the National Assembly that only the NCOP can summon Premiers. I then asked a question: I don't ever remember since 11994 a premier being summoned. So, account to this department, how the ... It has never happened but this is a problem.

Why am I mentioning it? In this improvement we are doing on audits, we have realised that one of the main factors is stability at the political level in a provincial scale. For instance, with heads of departments and the CFO, the province of Eastern Cape used to have very negative audits until when there was stability for long period at head of department, the CFO and human resources management. They improved dramatically.

However, where people get changed nearly everyday, there is no way for improvement because the person you work with goes away the following day and another one comes in. You start from the beginning. So, this is a clear political problem; it is not a technical managerial problem only. I am not saying people should not be changed, for instance. It is incorrect.

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I was happy that I heard Scopa one day questioning the Director General of the Department of Education on disclaimers, fruitless expenditure and unauthorised expenditures - because we have more or less the same problem. Are you going to convince me, standing here, that a province that has got unauthorised expenditure would need to be educated?

What if it is just pure corruption and they keep on doing it? Yes! You cannot claim that one must go and teach a person. They do it deliberately! You can follow the situation that is happening in North West; I don't have to tell you any further. [Laughter.]

Mr O S TERBLANCHE: Hon Chairperson, hon Minister, you informed this House about a lot of interventions that your department is doing to equip the people better. Maybe I misheard but I didn't hear anything about in-house training. Now my question is, sir: Do you have in-house training courses? And then, when last did this department evaluate the content of a training curriculum trained to the personnel to ensure that trainees are properly equipped to perform their work effectively?

The MINISTER OF HEALTH: That is exactly what SA Institute of Chartered Accountants, Saica, is doing! Yes, the SA Institute of

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Chartered Accountants! Their work in the provincial departments is to sit with people who are managing finances, to teach them how finances are managed. In fact, one of the provinces that has always been giving problems - for me, because I believe it is at the level where it was supposed to get unqualified audits - is Gauteng.

I used to tell them that I ... You know there was a period when it was only the Western Cape and North West who were getting unqualified audits. So, you'll get national department, Western Cape and North West over and over again. I asked: Where is Gauteng and KwaZulu-Natal? At that time I was not expecting the Eastern Cape. However, Gauteng was the first to make use of SA Institute of Chartered Accountants and the following year they got unqualified audits.

So, that is the sort of in-house training which is done by chartered accountants. That is why even the Treasury got so impressed. They said that this programme needed to be intensified. Hence, they gave us R8 million specifically to make sure that the SA Institute of Chartered Accountants are in all the provinces teaching about financial management.

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Ms B A ENGELBRECHT: Madam Chair, Minister, your passion is always inspiring. So, thank you for that. This question is specifically about the audit outcomes. I would like to refer very specifically to Gauteng and the financial cost that Listeriosis would have on the financial audits of Gauteng. How will your department manage the cost of Listeriosis and Esidimeni crisis; and what do you think will be the final impact on the financial health of your department because of Esidimeni and the Listeriosis crisis? Thank you.

The MINISTER OF HEALTH: Well, this question was about audit outcomes. I think I have answered it, Chairperson: What are we doing to make sure that there are good audit outcomes? Now, the question on Listeriosis and Life Esidimeni, I don't think forms part of this question. In all honesty, if you want to ask a question about these, please do but don't use this one on audits because audits are always discussed after the Auditor-General has come out with their findings. I can't anticipate what the Auditor-General is going to say. Thank you.

Mr C HATTINGH: Hon Chair, true to the Minister's reputation, he actually went much further than what the question demanded of him. The question was about audits but he actually told us about interventions to the extent that this department went to get this

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right. This brings me to ... Unfortunately the Minister referred to our province, wherein the province is actually burning and health is at the centre of the unrest in the North West province. It has been so for quite a period.

I would like to hear from the Minister - doing all of this, getting these interventions, getting this task team and regular interventions with provinces: How do we still get a situation in the North West province where there is apparently a free flow of funds to Mediosa and to Buthelezi Ambulance Services while on the other hand there is no medicines at clinics, even at the central storage.

From the middle of February people only receive vegetables and no more meat in hospitals. Free flow of money on the one side; while on the other hand there is no money for meat for patients who really need protein!

The MINISTER OF HEALTH: Chairperson, in all honesty, this is not the question about these issues, but just to satisfy him: You are aware that I did go to North West on 2 March 2018. People are still criticising me for the statement I made, which I want to repeat.

[Interjections.]

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The CHAIRPERSON OF THE NCOP: You are protected, Minister!

The MINISTER OF HEALTH: As far as I was concerned, the whole fiasco about Mediosa, I said it is a form of an ATM to direct funds to the Guptas. That is what I said and I will still repeat it, I won't withdraw from that one because that is what it is. However, when I came back concerned - again, these issues need to be repeated - about human resources, HR: As to who gets appointed; at what level; what do they do; and how many of them are there? It is a pure provincial function.

Even when people get fired, I know they appeal to me. Go and read all your Acts. Go and read all the public service legislation, especially the Labour Relations Act. Many people who believe I they have been fired unfairly appeal to the Minister. However, in the Act, it is said that when a person is fired, the MEC sets up a panel with a chairperson who is going to give a verdict. If you are not satisfied, you appeal to the MEC. And, if you are not satisfied with that also, you will go to the CCMA. If you are not satisfied further, you go to the labour ward. Nowhere ... Labour Court; not ward! [Laughter.] Labour ward is where they make babies! [Laughter.] [Interjections.]

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The CHAIRPERSON OF THE NCOP: You are a doctor!

The MINISTER OF HEALTH: Yes, I worked a lot in labour wards. So, yes! Now, this is the problem: The issue of financial management is the same. So, because it is HR, finances and procurement as I said, I wrote to the Minister of Finance. I wanted that issue to be investigated - the issue of Mediosa and the issue of Buthelezi Ambulance Services. I said: Minister, this falls within the purview of the Chief Procurement Officer. Many of you don't know that there is a new office in finance which is called the Chief Procurement Officer, CPO.

The reason that the Cabinet [Interjections.]

HON MEMBER: Are you still on that Cabinet?

The MINISTER OF HEALTH: Yes!

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: The Minister is protected!

The MINISTER OF HEALTH: The reason that the Cabinet established that office was that every tender, whether it is in municipality,

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province or national, if it is R10 million or more, then the Chief Procurement Officer must investigate: Whether it was awarded fairly; whether there was not corruption; and whether they followed the rules. So, I said Mediosa and Buthelezi Ambulance Services, in both the Free State and North West, must be subjected to an investigation by the Chief Procurement Officer. That work is ongoing!

Question 105:

The MINISTER OF HEALTH: Chairperson, the question asks what we are doing to deal with the issue of listeriosis. A multisectoral outbreak response team has been formed immediately after 5 December 2017, if I am not mistaken, when we announced the outbreak of listeriosis. This team consists of the national Department of Health and as the chair I am chairing it, the Department of Agriculture, Forestry and Fisheries, Department of Trade and Industry, the National Consumer Commission and the National Institute of Communicable Diseases. The committee used to meet on a monthly basis until 04 March ever since the announcement. I will tell you why until 04 March.

On 04 March it is the date on which we announced the source of listeriosis. We announced that the source of listeriosis is the enterprise factory in Polokwane and also the Rainbow Chicken factory

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in Sasolburg. After that announcement we established an emergency operation centre. The history of the emergency operation centre was that in 2014, after the outbreak of ebola, even though we didn't have ebola in South Africa, but to get ready we established an emergency operation centre. This centre is at the National Institute of Communicable Diseases in Sandringham, in Johannesburg. After 04 March we immediately reactivated it. Who are there? There is the National Institute of Communicable Diseases itself; seven technical experts from Geneva who were sent by the World Health Organisation - an expert in incident management, an expert in emergency operation, two experts in food safety, an expert in epidemiology and two experts in risk communication. We also have a unit from the Department of Health, environmental projection health promotion, food safety and communicable diseases. We further have a unit from the Department of Agriculture, veterinary and public health. We also have people from Trade and Industry, the national Consumer Commission, the National Regulator of Compulsory Specifications, the SA Military Health Services, from the National Health laboratory services, from the environmental health practitioners from Gauteng Department of Health as well as the Johannesburg Metro, Tshwane Metro and Ekurhuleni Metro.

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As I'm speaking there are 10 different teams sitting at the National Institute for Communicable Diseases, NICD, in the emergency operation centre. These teams have drawn up emergency response plan and they are working on a fulltime basis, and not on a part time. Even the army members are there. We have asked the army members to second them fulltime until we have dealt with this issue. This is the first part of the question.

The second part is about food security and food safety and how are we currently monitoring. I want to inform the House because people use these issues interchangeably and they are not interchangeable. Food security means the availability of food whereas food safety means whether the food that people are consuming is safe. But food security itself has two arms. You can have the availability of food and eat, but still lose weight and get wasted because it is not appropriate food. In other words it is not nutritious food. The food security part is for the Department of Agriculture. They must make sure that there is food in South Africa - the Department of Agriculture and not us. They must make sure that we do not starve as citizens.

Our role as the Department of Health is to find out that that food which is available how nutritious is it. Is it going to keep you

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healthy or it is it just there. It is because of this reason that the Department of Agriculture has a law, for instance, whereby the maize meal which we are eating is fortified - it's not ordinary maize meal. If we were just eating that maize meal because is available many people would have been having very serious diseases. We have a law that forces maize meal producing companies to fortify it. They are fortified with Vitamin A, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6, folic acid, zinc and iron. You don't know about it you just eat. You must know that they have all these. Even the salt you are using is not ordinary salt, it has been written iodised. There is a law that forces companies to add iodine. That is why when you move around you don't meet people with goitre, people who are swollen here. You see very few of them because we said every salt must have iodine. The swelling was caused by a lack of iodine. That's where we come in on food security as the Department of Health. Thank you.

Ms T G MPAMBO-SIBHUKWANA: Minister, thank you for your answer.  
Minister Motsoaledi...

*Sesotho:*

Puong ya hao ya qetelo eo o e buileng Palamenteng, ke batla hore...

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*English:*

...expatiate on the legal procedure that you have followed - the consequences that the negligent companies would be faced with. You have promised Parliament to get back with regard to listeriosis and those affected with the necessary legal information and resources to help with their cases.

Minister Motsoaledi, the first question I have for you is whether the government acknowledges the role it played in contributing to the issue leading to the outbreak and more deaths? How is government planning to hold itself responsible and accountable for the outbreak in the same way they are holding private companies accountable or responsible? Thank you, Minister.

The MINISTER OF HEALTH: Chairperson, it has always been the feature of the DA to protect private companies and blame the state all the way. Even in the National Assembly they tried to do that. They tried to move away from the private companies that manufacture polony. We don't manufacture polony by the way. The law clearly states that any company that manufactures food must make sure that it provides the citizens with safe food. It is the job of that company to do so. That is why we found problems in that factory. This is a matter of litigation. Please, let the litigators go to find out who is

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actually liable. At the present moment we said what we found in the enterprise laboratory in Polokwane is not what should have happened - it is not acceptable. We have said so.

We know of course and we accept the fact that in the Constitution that type of work of environmental care practitioners which was called health inspectors, was given to the municipalities. We have tried our best to workshop them. We have the programme where we workshop them. Six years ago we even gave them the power to implement the Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972. In trying to follow the Constitution we have devolved that Act to municipalities. We followed up by trying to workshop them. So, if they do not have any skill or capacity to outmanoeuvre big companies, I am not sure whether that's what you call liability because these big companies many of them have laboratories onsite because they are producing food. They must have scientists and laboratories which municipalities do not necessarily know how food is manufactured. I don't think there is any municipality which know the process of manufacturing polony - they don't. It is the purview of the company which knows how polony is manufactured, which scientists are involved, etc. That is why we are holding them responsible.

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*Setswana:*

Moh. N P KONI: Ke a leboga Tona, ke a itse gore o rata go tla mo o tla go araba ka maatla a a kwa godimo mme fa a tswa fa, go be go sena sepe se a se rarabolotseng.

*English:*

As far as your competency in regulating...[Interjections.]

*Setswana:*

MODULASETULO WA NCOP: Motl Koni, akere ga o solofele karabo mo polelong e o fetsang go e dira?

Moh. N P KONI: Hee! ke polelo fela ke a feta.

MODULASETULO WA NCOP: Polelo fela wa feta?

Moh. N P KONI: Ke fetile, ke mo potsong jaanong.

*English:*

Minister, as far as your competency in regulating trade and industry, our country has found itself becoming a net importer of food. This is so because we have become very lax in allowing access and unhealthy food from developed nations to be dumped here in South

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Africa. As a result our poultry industry is dying. Our dairy farming industry is dying also. A major threat to food safety in South Africa is your inability to protect our own industry in the country from unfair external completion.

What is your department doing to ensure that our farmers are able to produce and market their own production without unfair completion from farmers who are protected and subsidised in their own countries? Thank you.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Hon Koni, this question is on production and not about listiriosis, but I am leaving it to you, Minister.

The MINISTER OF HEALTH: I am not sure and she is doing it deliberately perhaps. I actually raised this issue with the Minister of Trade and Industry. Health must not be used as an excuse for trade. It is not me who must decide in terms of trade relations. It is Agriculture and Trade and Industry which decide. For instance, the whole question - and I am sure you wanted to talk about the American thing the, African Growth and Opportunity Act, Agoa. I never negotiated Agoa, but it was Trade and Industry. My job is to see whether that food that comes via Agoa is safe. That's why we

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have environmental care practitioners at the ports of entry because we control the ports. That's why in the 20s, I don't know whether it was 2013 or what, but we discovered that in the Act passed by Parliament something grossly wrong took place whereby the ports of entry were controlled by provinces. We discovered that when there was a problem at O R International Airport. We came to Parliament and change the law. We took all the ports of entry and hired 300 environmental care practitioners or health inspectors. They are working there at the ports of entries on daily basis to make sure that what comes in is safe. But as to what comes in, whether there must be chicken from Brazil or not, cannot be the decision of the Minister of Health.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: No, no, no, hon Koni, the Minister is responding to you and he has not yet concluded. Please, take your seat. No, no, please, take your seat. Minister, have you concluded?

The MINISTER OF HEALTH: No! I am saying the issue of trade relations, who trade with what country, which sector gets more imports of food from where, is not the function of the Minister of Health, but the function of the Minister of Trade and Industry. The certificates of export and imports are given by the Department of

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Agriculture. My job is to see when these foods arrive here is it safe. That's what the environmental practitioners are doing in the ports of entry everyday.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: What is your point of order now?

Ms N P KONI: When I started posing my question I made a statement and said the Minister is too energetic. His energy compromised him by understanding my question. I mentioned the Trade and Industry as a statement before I could pose my question. Because he is too energetic the question came to the end part of what I was saying.

Ms B A ENGELBRECHT: Minister, you have just confirmed that it is your department's responsibility to ensure that products that are imported into our country are safe, and that the port officials - the health officials - actually test these products. We have been informed that the chief director of environmental health and port health services has instructed all those health officials to stop testing imported chicken products for listeria monocytogenes.

How do you justify this action? I am not talking nonsense.

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The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Order! Order!  
Order!

Ms B A ENGELBRECHT: How do you justify this action when our people are dying and you have just stated that it is your department's responsibility to ensure that those products are safe when they come through the ports? Thank you.

The MINISTER OF HEALTH: Hon member, if you look at all the statements that I have passed since the outbreak of listeriosis, I have made it very clear that chicken is not the issue here. I have made it very clear because if you test chicken for listeriosis you are likely to find it - you are likely to find any form of listeriosis from any form of chicken. The reason why we don't want to scare people around the world it is simple because listeriosis is very heat sensitive. It dies completely when temperature reaches 60 to 70 degrees. When you cook your chicken it reaches about 100 degrees. Around the world we have never met a single human being, a clan or any race that eat raw chicken. It's not an issue. Why do you want to make it an issue here? Do you eat raw chicken? [Laughter.] Well, unfortunately, you are a cannibal. If you eat raw chicken that's your problem and it can't be a problem of environmental care practitioners.

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The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Hon Minister, people who eat raw animal meat cannot be classified as cannibals. Please, withdraw that one.

The MINISTER OF HEALTH: I withdraw, but hon Chair, if anybody eats raw chicken here you can't make that to be the problem of the Department of Health. It's your problem because our laws are made on the basis that normal people don't eat raw chicken. That's all!

Mr M RAYI: Hon Chairperson, I think the Minister touched on my question. It is with regard to the litigation. Normally, what happen especially when there is an allegation of negligence on the part of the public sector there would be a commission, for example, the issue of Life Esidimeni commission and arbitration enquiry. I am more interested in what is it that we are doing with regard to the involvement of the private sector - the allegations of their negligence where people have died. Is a similar process going to be embarked upon?

The MINISTER OF HEALTH: You are aware that there have been announcement of litigation against the companies involved. It so happened that these companies are litigated by the same legal firm that litigated mining companies, especially gold mining companies

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for silicoses, TB and all that. Remember the class action carried by Richard Spoor. Now it is so happens that the chairperson of enterprise came to see me. I have already had meetings with many of these private companies to discuss the way forward. I advised them that - and this is not a secrete advice - the mining companies seem to be dealing with litigation very well through some form of mediation, etc. In Life Esidimeni the ombuds specifically said that to avoid the shootout in court, as the shootout can end in either way and even bruise people who are victims, let's avoid the shootout in court and do what is called an alternative dispute resolution. That thing was not a commission. It was not an inquest, but it was an alternative dispute resolution mechanism. I advised them that it is better for them to do that. I learnt yesterday that it looks like they are considering following that route. I said to them that your option is go for a shootout in court with the victims. The victims ended up in our hospitals and I said that will give them whatever information they want. If they want laboratory results we will give them, and if they want whole genome sequencing results, we will give them. We can't refuse. We have all those results. I said we will do that, but the onus lie on them to whether they want to sit and do an alternative dispute resolution.

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When you do alternative dispute resolution you accept that I am wrong, let us negotiate how to settle it. If you don't accept that you are wrong, then you go to court a shootout ensues and the results can go either way.

Question 160:

The MINISTER OF HEALTH: Unfortunately, the clinic that the hon member was talking about was built on a wetland. This was very unfortunate, and I'm still asking myself about it because, before clinics are built, we acquire the services of engineers and architects to advise us. Therefore, I don't know how they ended up allowing the Free State to build a clinic on a wetland. But because it is a wetland, there will always be a problem.

The municipality has now allocated a new piece of land altogether, on which a clinic should be built in a safer area. This new clinic will be called Dinaane Clinic, in the same area of Thaba Nchu. The construction of this clinic will start this financial year. That is the only solution to the problem you have raised.

Mr M KHAWULA: Hon Minister, there are further concerning issues in the state of Dinaane Clinic you are talking about. Hon Makue and hon Rayi have visited these clinics in Thaba Nchu, in fact, the state of

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healthcare and the clinics in the Thaba Nchu area is very bad, hon Minister. In Dinaane, the facilities they are using right now are used as the dumping site by the district. All medical waste is dumped in Dinaane.

Also, what shocked us in that clinic, hon Minister is that, when we asked the district and province in our wrap-up meeting on Thursday to come up with the establishment for the clinic, the response we got was that the clinic doesn't appear anywhere in the full survey of the province. Therefore, there is no staff establishment, yet, there are people at the clinic.

So, I would request that the Minister make a follow up on this matter. The trouble is a state of healthcare and administration. Hence I say, I would request that the Minister makes a follow up on this issue. Thank you.

The MINISTER OF HEALTH: Chairperson, I answered this question after a clear discussion with MEC Komphela. I am not here to choose and start having a competition between MECs, but I must, in all honesty say that, since MEC Komphela became the Minister of Health in the Free State, that institution is improving dramatically. Absolutely!

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I know because I work in health. He is managing the department very well.

He is not a health person, and the problems that we experience in Health Department are not health related. I'll keep on repeating that the problems are not health related. There are four pillars which are: human resources, financial management - it also falls in the four pillars - procurement and maintenance of equipment infrastructure.

Once you get those under control, the healthcare system starts running very well. Every time I phone MEC Komphela about any problem, he resolve the problem. If you were to phone him now to solve a particular problem, tomorrow the problem is solved; that's what he does.

Mr M M CHABANGU: Through you, Chairperson, Minister, while the healthcare system in the Free State is collapsing and that government cannot even deliver the most basic of its services, like at the Sehularo Tau Clinic, during the farewell-bash for Ace Magashule, the former Premier and now Secretary-General of the ANC, the provincial Department of Health has put two response cars, six

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ambulances, two patient transporters, two mobile clinics, one "China Bus" and one helicopter on standby.

Was the Minister aware of this, and will he be investigating this gross waste of resources in the province where the Department of Health is failing to deliver services at all? Also, the state of health in the Free State leaves a lot to be desired. Thank you.

*Sesotho:*

Modulasetulo wa Lekgotla la Naha la Diporofense: Ntate Chabangu o a tseba le wena hore potso eo ya hao encha, fela ke e tlohella ho Letona hore le bone hore le etsang ka yona.

The MINISTER OF HEALTH: The way I will manage the question is simple, where the South Africans gather in large numbers, we provide services because it is our job to do so. It doesn't matter what type of meeting it is, whether it's a church meeting, soccer and all other meetings, and regardless of who has called it. If there are human beings who are the citizens and who have gathered somewhere in large numbers, we will provide services for safety.

I don't think that there is anything wrong in that, and I'm not going to investigate anything because we will be doing our job. Your

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question is about the waste of money by the Premier of Free State, and I've just told you what to do in that regard. There is someone here in the NCOP who is assigned to ask those questions, therefore, I should be left alone to run health sector. [Laughter.]

*Sesotho:*

Mme M L MOSHODI: Ke a leboha Modulasetulo.

The CHAIRPERSON OF THE NCOP: Order, order members!

*Sesotho:*

Mme M L MOSHODI: Modulasetulo ke a leboha. Jwaloka setho sa Foreisetata se nkang karolo kahara Komiti ya Lefapha la tsa Bophelo ke nahana karabo eo Letona le fanneng ka yona mona ke karabo eo ke e tsebang hobane ke nka karolo kahara komiti eo. Ka hona, ha ke na potso enngwe eo nka e botsang Letona. O opile kgomo lenaka. Ke a leboha Modulasetulo.

*English:*

Mr D L XIMBI: Through you Chairperson, Minister, I think that we are talking about conditions of health facility. Minister, is it a good condition at health facility to find patients sleeping on the floor cement more than five hours?

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The CHAIRPERSON OF THE NCOP: Hon Ximbi, please take your seat! Hon Khawula, why are you standing?

Mr M KHAWULA: I am standing on a point of order, Chairperson!

The CHAIRPERSON OF THE NCOP: What is the point of order?

Mr M KHAWULA: I did not get the question from the hon Moshodi, but I'm waiting for the Minister to respond to the question. I'm eagerly awaiting the response. Our job here is to make the executive account.

The CHAIRPERSON OF THE NCOP: Thank you!

Mr M KHAWULA: Now, I want to assist my colleague, but I didn't get the question.

The CHAIRPERSON OF THE NCOP: There was no question, my brother! All I'm saying is that there is no point of order, because there is no question! Hon Ximbi, we apologise for interjecting when you were talking, sir. May you please continue!

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Mr D L XIMBI: Thank you, Chair. I'm talking about the patients sleeping on the cement floor more than 12 hours and not being attended to by a nurse or a doctor and without getting any food or water. My reference is in Khayelitsha hospital, in the Western Cape. Is this a good condition? Thank you very much.

The CHAIRPERSON OF THE NCOP: Order, members! Order! Hon Ximbi, the question has to do with Sehularo Tau Clinic in the Free State. Hon Ximbi, write a question on that which you've just uttered to the Minister and we will print it. Minister, do you wish to entertain this question because it is a completely new question which has to do with the conditions of clinics in a completely different province? Order, members! Order! Can we proceed, please?

Question 148:

The MINISTER OF HEALTH: Chairperson, this is the Question I referred to when I answered the first Question. It shows what it is that is holding us back and in which I want the NCOP to play a role. In order to improve conditions in public institutions, one needs to improve these four things.

Let me tell you what I did in 2015. I appointed five very prominent people who used to run the health care system, very successfully. It

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was Ralph Mgiijima, who was the head of Health in Gauteng from 1994 and also the head of the Public Service Commission, nationally. It was Prof Craig Househam, who became the head of Health in the Free State and then, in the Western Cape, and is the longest serving public servant in the department, for 19 years in the Department of Health. I then got Prof Green-Thompson, who was the first head of department in KwaZulu-Natal, in 1994, and later an advisor to the national Minister. I fortified them with two people: one, Mr Alf Karim, who was responsible for procurement under Sars, and the other, Nomvula Marawa, who was a technical adviser in the National Treasury.

I gave them a list of 100 hospitals. I said these hospitals are always on the radar screen. They are always either in the newspapers or people are complaining about them. Please visit them and tell me exactly what you think is wrong. They tried to visit the whole country. However, they came to me after visiting only 25 in six provinces - because they had not yet visited three provinces, Gauteng, the Western Cape, Mpumalanga, or perhaps it was the North West - and suggested we start the exercise. Visiting the others would not be of any more help, as they already knew what was wrong.

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After visiting only 25 hospitals, they discovered that the problems were not in the hospitals, but within the provincial governments. That is where I was told to go and solve the problems. Merely visiting hospitals would not help. I asked what the nature of the problems in the provincial governments was, and they mentioned these four things: human resources, procurement or supply chain management, financial management, and the maintenance of equipment or infrastructure.

These are the questions I am always asked, and I would like to invite the Chairperson to note the following. The problems at Life Esidimeni were about these four items. Yes, it was human resources and procurement. The oncology problem in KwaZulu-Natal relates to these four problems: financial management, procurement, maintenance of equipment and infrastructure, and human resources. So, across the board, all the problems you are raising about health occur there. One of the things they discovered was that institutions are not functioning well because, in many provinces, they hoard the functions. One may find that a CEO of a hospital doesn't even have powers of delegation to repair a window.

After receiving this report, I went one step further. Incidentally, I submitted that report to the Portfolio Committee on Health. It had

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25 recommendations from these experts. My next step was to call all the MECs and heads of department, last year, to show them where they need to delegate. There are functions that must be delegated, and I told them where to do so. Members must understand, however, that one can lead a horse to water but one can't make it drink.

That is why I am repeating that we should summon the Premiers here. When you ask them, many MECs say they have discussed the issue. For instance, when we have said one or other public works department is failing to do maintenance, to take it elsewhere, their response is that their executive council has decided that it must be done in a different way.

Chairperson, you were a Premier. I am sure you know where these powers lie. [Laughter.] I am not saying you are about to be summoned. I am just saying you know. [Laughter.] Many MECs complain about it. They say it is not them but that the executive council has instructed that things be done in a certain way. When one asks them why they have given a certain function to a company which cannot manage it - for instance, in the KwaZulu-Natal oncology matter - they say there is a policy in the executive council which states, Local is lekker, and that they must source locally.

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I am not saying that there must be no empowerment. However, if there is a piece of machinery, like a linear accelerator, which costs R40 million a piece from a company like Siemens - I'm not saying it is from Siemens, I am just giving you an example - which local-is-lekker company here would be able to manage it? It can't!

So, these are some of the problems. That is why I am insisting as I do. I am also waiting for the National Assembly. They said they would approach you in the NCOP and sit together with you. I told them that when you go and do oversight, if you would just focus on these four issues and forget the rest, you will no longer complain about public health. Just these four: human resources, infrastructure and maintenance of equipment, procurement and financial management. You know ...

The CHAIRPERSON OF THE NCOP: Thank you, Minister.

The MINISTER OF HEALTH: ... the Premiers have powers over how all of these things happen.

The CHAIRPERSON OF THE NCOP: Thank you, Minister.

The MINISTER OF HEALTH: Then, these institutions will improve.

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The CHAIRPERSON OF THE NCOP: Fortunately, in my time, the North West improved. Fortunately, as Premier of the North West, I am on record as having said we must relook at the concurrence of powers within education and health. I am also on record, in this House, telling the former President the same thing. This is because, even in education, the problems are around those four issues. [Interjections.] Your time had expired, Minister. You will get other questions.

Dr H E MATEME: Chairperson, we got free education. My question, based on the information received is as follows: Would the Minister recommend that we legislate the powers out of the provinces to the central government? If not, how do we improve ... because accountability will always rest with him, as the Minister of Health. How do we, as lawmakers, assist on the four issues the Minister is educating us about? Thank you.

The MINISTER OF HEALTH: Chairperson, when I stood up, I was going to confirm to the House that, at the time you were Premier of the North West, the department received an unqualified audit. I am quite sure of that, and I'm not saying it to try and please anybody. I am just stating a fact. [Laughter.] You can go and check it. It has now regressed, unfortunately, and that, too, is a fact.

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Hon member, you are going to legislate. You are definitely going to. If you look at the end of the White Paper on National Health Insurance, we have outlined 12 Acts that need to be amended, in order to solve this problem. We are going to work around the clock to amend 12 Acts.

In addition, the Law Reform Commission has been given a job. As you know, it is the function of the Law Reform Commission to look at legislation, and they have been looking at legislation in health. Last month, they came to the National Health Council, the health Minmec. They told us that health in South Africa is governed by 108 pieces of legislation and they said that out of those 108 pieces of legislation, 39 must be changed. They also classified them - and I can't remember the figures, but out of the 39, a particular number needs amendment. Other laws need to be abolished, completely. There is a legal term we use. It's not abolished but ...

The CHIARPERSON OF THE NCOP: Repealed.

The MINISTER OF HEALTH: Yes, repealed! I forgot that word. Thank you, lawyers, I knew the hon Monakedi would know.

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Yes, some laws must be repealed. They have no place in our democracy. The remainder must be consolidated. I asked them what that meant, and they said that the laws have been amended so many times, that they don't make sense anymore. No one remembers what the original Act was for, so one must just start from the beginning. So, that work is also going to happen.

So, you will have two streams of work to amend 12 pieces of legislation under the national health insurance. In addition, the Law Reform Commission has stated that 39 pieces of legislation should no longer exist in the form they do, in this democracy. So, that is the work you'll be doing, hon member.

Ms B A ENGELBRECHT: Chairperson, what the Minister has just said highlights exactly what is happening in Gauteng, at this very moment. Doctors are not being paid overtime. So, we have got the Tembisa, Leratong, Chris Hani Baragwanath Academic and Yusuf Dadoo Hospitals, where the doctors, because they are not being paid overtime, are refusing to work after hours or weekends, which is totally understandable. At the same time, there is a freeze on the purchasing of new medical equipment, hindering the efficiency of these hospitals and making it very difficult to treat patients.

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As my hon colleague has said, at the end of the day, the buck does stop with you and your department, Minister, so can you please tell us: What are you going to do about this issue that is affecting the quality of health that is being given to the people in Gauteng? Thank you, Chair.

The MINISTER OF HEALTH: Chairperson, you might recall that there was an issue of the payment of doctors for overtime work. As soon as I heard about it from the director-general, I asked him what was happening. He called the acting head of department in Gauteng, who said they were resolving the issue. However ... [Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Mokwele, you can make your comments, but don't drown out the Minister.

The MINISTER OF HEALTH: We questioned him on that specific issue and the director-general told me not to worry, that the head of department said he was resolving this issue, which was not supposed to occur.

However, on the overall problems of Gauteng, you may recall that, in January, the Premier asked me to help appoint a team of four people to help the department of health in Gauteng to turn the situation

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around. They have been there, in Gauteng. Last week, they gave me a progress report to show that they have actually made a diagnosis as to where the problem lies. I have that diagnosis with me and I am going to meet with the Premier. I will tell him that if you don't change one thing here, you must change another there, because he is the only one who has the authority to change some of those things. So, that diagnosis is there. It was the Premier who said that team should be appointed, and I hope you'll accept all their findings on how to turn the situation around.

Ms Z V NCITHA: Hon Chair, the frustrations from the Minister which have to do with the concurrence of powers are understandable. However, the fact of the matter is that we really would like to see quality service delivered in our health institutions and also qualified personnel with necessary skills in all the health institutions. What I would then like to know from the hon Minister is whether there is a strategy in place because, based on our observations as the NCOP, there is a poor state of health in some of the health institutions we visited in different provinces. The strategy that you have, which the department feels strongly about ... I have noted the four areas that you have identified but at the same time we need to have a strategy from the leading department so that we are able to influence our provinces. As we have said, the

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provinces are accountable to the premier. I would like to know the strategy. Thank you.

The MINISTER OF HEALTH: Chairperson, the hon member is wrong. The four areas I have mentioned are not concurrent. When I started I said they are purely provincial. I gave an example about how a person get hired to become the head of the department, HOD or the chief financial officer, CFO, and all that. For instance, the authority to hire and fire HOD lies with the premier and not the Minister or anybody. Therefore, for that ...

The CHAIRPERSON OF THE NCOP: Minister, please take your seat. What is your point of order?

Ms T J MOKWELE: You know, hon Chair, we cannot sit here and listen to the Minister trying to duck and dive questions of members. Stop telling us stories Minister and go direct to the question. Those workshops and lectures that you are giving us ... We are aware of what is happening on the ground; we are appealing to you please.

The CHAIRPERSON OF THE NCOP: Hon Mokwele, that is not a point of order. With the first question, the Minister tried to explain the

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concurrence and nonconcurrence of the Department of Health.

Therefore, that is not a point of order. Please continue Minister.

The MINISTER OF HEALTH: Chairperson, to answer the hon member who is asking what the strategies are, I have just mentioned here that for instance, on the issue of directly getting into the hospital to understand, I have just mentioned the results. Now, there are 25 recommendations that were made by that team and our job is to ask provinces to go and implement those 25 recommendations. I am saying Chairperson, whether hon Mokwele says I am ducking and diving or not, if a recommendation must be carried out in a province and they do not carry it, there is not much legal power which one has. If you go to a province and say this person ... You'll remember that there was an altercation between the premier of the North West and me when I complained bitterly about what the HOD had done and said he must be fired. That is what I believe.

I met Nehawu this week and one of their demands is that the HOD of North West must leave because he is the one who is causing problems. I told them that I made that call long ago. I was the first one to make it and not the union. However, I have no legal power to say now we are putting this person through a disciplinary hearing, DC and all that. That legal power is not with me; I am not dodging a

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question or ducking and diving; it is a fact which Members of Parliament must know. If the premier says no, I am not going to remove this person, what recourse do I have because I can't even remove your premier anywhere? Therefore, I can only advise and say, please do this and that.

On the issue of Gauteng, unfortunately the hon member is out. The premier asked me if I could ask experts in health. I put four of them and they have now recommendations which he must now implement. I am going to him to tell him that this is what you need to implement. If he does not implement, what legal recourse do I have as a Minister because they fall within their competencies? These things are not jokes, Chairperson.

Let me tell you what happened in 2010. The College of Medicine came to me - The College of Medicine is the one where people write their exams for senior degrees. They said they had 1 000 vacancies to train specialists for this country. However, unlike in engineering, law, commerce, BA, arts and all that, in medicine rather, when you train a specialist the provincial department must create a post called a register's post. You can be trained as a specialist only when you occupy a register's post. Hon Mateme will know because she was an MEC. Therefore, the college complained that provinces were

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not creating those registers' posts. So, they could not train specialists.

I went to the Minister of Finance, Pravin Gordhan at that time. He understood very clearly and told me he was going to give me R600 million to make sure that posts were created for the training of specialists. I was celebrating, but those officials came to me and said Minister, our Minister instructed us to give you R600 million but you know the Division of Revenue Act, Dora. In terms of the Division of Revenue Act, that money was going to be sent to provincial treasuries to be distributed. I told them that, but in terms of the same Dora, when the money was allocated to the provincial treasury, they would decide what to do with it. They would not necessarily do what I wanted. Like here in the Western Cape, when I complained last year about creating posts for interns, they said their most immediate problem was drought, which was true by the way. One could not argue with them. They said to me that every single resource they had then was to deal with the drought and that was within their powers. That R600 million was allocated to all the treasuries in the provinces and till today, it was never utilised for that purpose. They just said they had other priorities. These are the things I'm talking about. This is not ducking and diving, but it is the reality of how our legal dispensation is. I'm

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saying because of that, and because we have identified it, we want 12 Acts to be amended. The SA Law Reform Commission says another 39 and that is a solution to this problem, rather than pointing figures. Thank you.

Mr D L XIMBI: Minister ...

*IsiXhosa:*

... hayi ndikuxolele Sihlalo. Ndithunye liphondo laseNtshona Koloni kuba ndingowalapha.

*English:*

My question Minister, with regard to the working conditions is: Is the employment of agent staff versus permanent staff like what is happening in the Western Cape, more especially in Khayelitsha improving the working conditions? I like it that you were just speaking about the money that you gave to the Western Cape because the agents are more expensive than permanent staff. I think the money is spent on agents. Thank you.

The MINISTER OF HEALTH: Chairperson, I want to assume that the hon member is talking about nursing agencies whereby nurses get owned by a nursing agency, and then you asked them to give you certain number

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of people on a temporary basis. In 2010, during the national strike, I am one of the Ministers who came out and said I agreed with Cosatu that labour brokers must be abolished because I regard nursing agencies as labour brokers. Therefore, I do not support them, even now. I said that we must be sweet to ourselves. I remember that Gauteng used to have many nurses from nursing agencies and after that, they actually hired them.

However, there is one area which we are unable to solve, Chairperson, and I am not going to hide it. Nurses who are skilled in particular rare skill like ICU will never be hired; they do not agree. They just refuse. They want to belong to nursing agencies and the reason is that they know their skill is rare so that they can sell it to anybody. Today, they can sell it to you for a month; and they can go to a private hospital for two months. Therefore, when you want to offer them a permanent job, they do not take it. They just say, no. That is at least a part wherein I know we are failing and it is not because we have not abolished them. It is because the workers themselves prefer it to be that way.

As to other types of work where people are hired by agencies, we don't support them. That is why we are fighting now with NGOs because we said community health workers must no longer come to the

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stage through NGOs and we have passed that policy. What is left is implementation. We must hire them directly and we are discussing with Treasury that we have passed the policy. What is left is implementation because we don't understand why I must sit here when I need a community health worker while somebody else looks for that community health worker and gives him or her to me at the price. Why can't I go to that person directly? Basically, that is our position.

Question 106:

The MINISTER OF HEALTH: Chairperson, this question is about what we are doing to monitor future non-governmental organizations, NGOs, that are unregistered or unlicensed in reference to Life Esidimeni. The National Department of Health has subsequently developed and published policy guidelines for the licensing of non-profit organizations that provide residential or day care services to mentally ill people or those with severe or profound intellectual disability.

The National Department of Health is working with the National Department of Social Development as well as the provincial Department of Health to ensure that there is no NGO that operates without being registered. The NGOs that provide health services are audited to ensure that they comply with the health's norms and

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standards that have been prescribed. Those that comply are licensed accordingly in terms of the provisions of the Mental Health Care Act, Act 17 of 2002, and its general regulations.

The licensing guidelines prescribes the designated officials, in all provincial Departments of Health, that must subject this organization to periodic audits as prescribed ... Chairperson, there is distraction ... [Interjection.]

The CHAIRPERSON OF THE NCOP: Is that a point of order?

[Interjection.] What is it? [Interjection.] Oh, please continue.

Ms N P KONI: Don't be intimidated. Just continue.

The MINISTER OF HEALTH: I was not intimidated, you'll never intimidate me, I just said you distracted me, that's all. It's different to intimidation.

... to periodic audits as prescribed in the Mental Health Act, Act 17 of 2002, and the general regulations, norms and standards; regulations applicable to different categories of health establishment that were published in the *Government Gazette* No: 41491 on 2 February 2018. The policy guidelines for the licensing of

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residential or day care facilities for people with mental illness and/or severe profound intellectual disability published in *Government Gazette* No: 41498 on 16 March 2018; as well as the National Environmental Health's norms and standards.

Chairperson, the Mental Health Act of 2002 has been in existence since 2002. If you read the 18 recommendations from the health ombudsman, it shows exactly what I have been saying the whole afternoon. He says we must review the National Health Act of 2003 and the Mental Health Act of 2002. Let me tell you why he said so - and I wish hon Mokwele was here, I'm sure you'll tell her about ducking and diving - the law ... [Interjection.] ... no, but when she comes back I'll be finished, unfortunately ... the law that governs mental health, which we were using after 1994, was Mental Health Act of 1973, either Act 17 or 18 but of 1973. That is the law that was in existence and applicable. In 2002, the government then came to Parliament and said this 1973 Act has got no human rights in it, which is true, in 1973 there were no human rights; it was talking about incarcerating or arresting the [Inaudible.] changed it, which was welcomed and was good; but in changing it, they also said - and I think at that time it was for good intentions, unfortunately the results were disastrous - but delivey is there on the ground, why should the authority go up? And what did they mean?

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In the 1973 Act, the powers of mental health lied with the President, the Minister and the magistrate, three people. In other words, for something to happen to a mentally ill patient, in some categories it was the President and the Minister and the magistrate. In the 2002 Act, in trying to take delivery to where it's happening, all those powers of the President, the Minister and the magistrate were taken together and given to MECs, that's why in Gauteng what happened ... [Interjection.] ... yes, all those powers were put together. And on top of that, one of the ... but to safeguard - and I want to mention because I don't necessarily want to blame that law - the rights of mental health people; in the Act they said, every province must appoint a mental health review board.

A mental health review board is a structure which has the final say on what must happen to mentally ill patients or where they must go. That mental health review board is quasi-judicial structure; and quasi-judicial means they are deficient, can only be reviewed by a court of law, not the Minister, not the President, not anybody. So, they had immense powers and they wrote in the Act that this is done to protect the rights of mental health care users. And who are the people in the mental health review board? They said it's either a magistrate or a senior advocate, a psychiatric or a senior

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psychiatric nurse and a prominent member of the community, those three must always be there then the others will see how to finish.

If you read the report of the ombudsman, he said the mental health review board in Gauteng was moribund, they did not do their work, they are the ones who should ... because I'm trying to emphasise that you can put the laws and the Acts as we do, but if the people who are supposed to implement just ignore to, how do people ... and the other discovery was that after the MEC appointed them, the director of mental health then appointed them as public servants. How does a person who is a legal officer, appointed in terms of an Act, allows somebody to alter? Because you are supposed to say "no, this is the Act" it says I'm a quasi-judicial structure, I've have powers just below the court of law.

Our job, which we are doing now, is to go from province to province to try and workshop them on ... [Interjections.] no,

Mr M KHAWULA: Interjections

The CHAIRPERSON OF THE NCOP: No, this House is not going to degenerate.

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Ms N P KONI: Interjections

The MINISTER OF HEALTH: I just wanted to educate you, that's all. So, the review ... [Interjections.] ... I just spoke about educating you.

The review that we are going to ask Parliament to do is to bring back those powers, like powers of the mental health review board. We want them to be brought to the national level because it is a very extensive power, of a quasi-judicial structure, a structure whose powers are just below that of a judge or magistrate is a very powerful structure, we don't believe that that power should have been given to MECs in provinces. But what we are doing here, which I just read, are stop-get measures until we review the Act.

*Setswana:*

Moh T G MPAMBO-SIBHUKWANA: Ntate Motswaledi, rangwane wa me o tlhokafetse ko Life Esidimeni. Ke go bone o lela mo tv ...

*English:*

... and you felt the pain about what happened at Life Esidimeni. I just want to ... in fact you just spoke about rights, the rights that were overlooked at Life Esidimeni. I want to know from you,

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during the course of Life Esidimeni process, the government acknowledged the role of the injustice that was faced by the patients and the constitutional rights overlooked, what are the consequences for leaders directly linked to this issue? How is the government planning to deal with certain individuals in such a way that they are not merely ... [Interjection.]

The MINISTER OF HEALTH: Planning what? If miss that part I'll miss the whole question. How is the government planning what?

Ms T G MPAMBO-SIBHUKWANA: How is government planning on dealing with certain individuals as such ... are you with me Minister? ... a way that they are not merely allowed to walk free without impunity?

Minister Motswaledi, I want you to be direct because I'm affected. It is a heartbreaking thing to me.

The MINISTER OF HEALTH: Chairperson, I've tried to explain this before. The Moseneke Commission was dealing with alternative dispute resolution; it was not a court of law. I said what is going to follow now are inquests by magistrates; an inquest is an investigation of which person died and who bears the responsibility for that death.

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Those inquests are still going to take place and it doesn't take place for a lot of people like it happens in the alternative dispute resolution. It happens for each and every patient that died, where the magistrate must sit and find out through questioning, it can happen in camera or openly; and we said in this case we would like it to happen openly, where the magistrate will finally reach a conclusion.

On top of that, the Hawks are investigating; whether there will be any criminal charges against individuals. And when they finish investigating, they will handover to the National Prosecuting Authority, NPA. Now, if you again read the ... and I keep on repeating this, that document from the ombudsman contain all these things, and I realise that many people did not study it when they ask questions. If you go to the ombudsman's report, he actually said "the investigative forces must investigate and handover to the NPA so that people could be charged. There are two processes that are still remaining: the inquest by a magistrate and whether Hawks have pointed a finger at somebody who needs to be charged; then with these there is going to be sentencing, Moseneke was not sentencing anybody if you listened, he just put it into the public and mediated about the payments. But the people who will do the charging, criminal or not, will be the magistrate in the inquest and the Hawks

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after they've handed over to the NPA. That process is still coming, is not over.

Lastly, the professional people are being handed over to the Health Professions Council, doctors and other health professionals, or to the Nursing Council for nurses, for them to decide whether these people must still continue in their professions or not. There are a whole lot of things that are still going to happen.

Ms B A ENGELBRECHT: Minister, this episode will probably go down in the history of our new democracy as one of the biggest tragedies, with Marikana, of human life. [Interjections.] And we definitely believe that criminal proceedings and charges should be put against those people found guilty.

Minister, can you please inform this House what you think the final cost will be regarding this tragedy, and we are talking about the cost of the criminal hearings and the proceedings and of course the trauma and the psychological and emotional cost to the families of the patients? If you could just give us an idea of what you think the final cost of this huge tragedy and loss of human lives to this country is? Thank you, Minister.

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The MINISTER OF HEALTH: Chairperson, but the issues of trauma and human rights were determined by Moseneke not me [Interjection.] yes, it's not me. The final cost of inquest and all that, I can't be able to say them before they happen. It's like the Auditor-General, he can't determine how much you spent before he audits at the end of the financial year. I'll only know at the end of the process, but as to the cost regarding psychological trauma and human rights, Moseneke has determined that through that process.

*Setswana:*

Moh N P KONI: Motl Tona, ke utlwile mo ditsibogong tsa dipotso tse di fetileng o ntse o bua thata ka dilo tse re itlhelang di dira gore Mafapha a Pholo a diporofense a sa tseye baagi tsia; o ntse o di tlhalosa fela o lebetse go bua ka ga [outsourcing] go neela batho ba ba kwa ntle tiro e e tshwanetseng e be e diriwang ke badiredi ba lefapha. Lefapha la gago le iphitlhela le [outsourcing] neela batho ba ba kwa ntle tiro mme ke nagana gore ke sengwe sa dilo se se dirang gore lefapha le palelwe ke go dira mmereko wa lona ka botlalo.

Ke utlwile motl Mpambo-Sibhukwana a bua ka ga go lela ga gago ka kgang ya kwa Life Esidimeni. Fa o ne o mo araba o tlhalositse gore kgang eno e kwa kgotlatshekelo e bile o buile ka Hawks. Ke kopa go

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itse gore wena jaaka Tona ya Lefapha la Pholo o dirile eng go netefatsa gore batho ba ba sentseng lefapha la gago leina ba tsaya maikarabelo a ntlha eo le gore ga o nagane gore o tshwanetse o bo o butse kgetsi kgatlhanong le ba ba ikarabellang?

*English:*

The MINISTER OF HEALTH: Chairperson, there are two questions in one here. The first one is about outsourcing and she said I left it when I mentioned the four things, I did not leave it, it's procurement or sub [Inaudible.], it falls under there. I did not leave it and we have been discussing it and [Interjection.] can the hon member keep quiet?

Ms T J MOKWELE: Outsourcing! Outsourcing! Not procurement.

The CHAIRPERSON OF THE NCOP: Hon Mokwele, I'm addressing hon Koni. Hon Koni, hon Motsweledi is still the Minister, please afford him the respect.

The MINISTER OF HEALTH: Chairperson, she is being very impatient. I repeat, I did not leave out outsourcing and it's not the fifth one, it's part of these four, it falls under procurement. And at the level of the Minister - as I'm saying - my main job is policies.

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When we investigated this matter I was told that it must be changed at policy level, especially by the ruling party.

In 2012, I took ... you see? She's not listening and she's not going to hear ... [Interjections.]

Ms N P KONI: Who's not listening?

The MINISTER OF HEALTH: Hon Mokwele is not listening, she's making noise. I took this matter to the policy conference of the ruling party and argued that we no longer want outsourcing; and I emphasised why we don't want it as I outlined the problems it has caused within the health care system. The policy was accepted and for that reason it was adopted at the Mangauge conference of the ruling party that we must insource security, cleaning services and food supply. As I'm speaking in front of you, that insourcing is a policy and it needs to be implemented; and the implementation was that many MECs said some of the outsourced people have 5-year contracts and you can't just insource and they are waiting for the contracts to expire then we'll insource. That process has started. If you go to the Free State, all the security services are insourced ... [Interjection.] ... no I'm telling you, I am informing you, security in the Free State is insourced [Interjection.]

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Ms T J MOKWELE: No, it is not true.

The CHAIRPERSON OF THE NCOP: Hon Mokwele, the Minister is responding. Give him a chance if in your own thinking the Minister is misleading the House. You will then pick up the battle with me in writing so that this Minister can then be investigated for misleading.

Ms T J MOKWELE: But ... but ...

The CHAIRPERSON OF THE NCOP: No, no! Don't "but" me! Don't "but" me because you will have to substantiate that and you will have to give me proof that he is misleading.

Ms T J MOKWELE: Yes, I will.

The CHAIRPERSON OF THE NCOP: Yes, yes. Now allow him to finish.

Mr J J LONDT: [Inaudible.] [Interjections.] [Laughter.]

The MINISTER OF HEALTH: Chairperson, I know it as a fact that Free State in-sourced security, but it was done wrongly. The reason that I know it is the manner in which they have done it, and was costing

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a lot of money. The National Treasury queried them. I still remember the National Treasury approaching me because they hide behind me. They said to the National Treasury, it's the Minister who said they must in-source. I said no, it is a policy that has been passed. It doesn't mean they must do it wrongly. As I am speaking here in front of you now, the food services in Limpopo have been in sourced and I remember the member of executive council of the province, the MEC, while being attacked by private companies that had these tenders and she was explaining because she said when she in source, it doesn't mean she will give it to everybody. There must be people who are qualified in the provision of food and all that. There was even a debate over the radio.

Now the other provinces said to the Minister as soon as a tender expires, they will in source. But when they build a new institution where they have capacity, they will in source and that's exactly what was reported to me in Minmec. However, Chairperson, I think people must not confuse this with corruption. In some instances, they come and say now this tender has expired and when you ask them. Why didn't you in-source? Some of the officials wait until the last minute and they extend it. They extend it and say they never had time to issue a tender. I am also still fighting that issue, but I want to inform you that in sourcing is now a policy and it is a

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policy that I drove as to whether it is being implemented very well on the ground or not - that is a second question but it is a policy that we must in source. We must in source security, laundry services and food services.

Mr M KHAWULA: Hon Chairperson, referring to the hon Minister, you are aware that we are some kind of a federal state and that is why you do not have all the powers. Some of the powers are there in the provinces. Now, I think this is a matter where we should all be responsible. We should really take it in a spirit of saying as South Africans we need to be responsible and care for the others. What I would like to find out Minister is: What has the government done to determine that there is no other kind of circumstance similar to Esidimeni in the other provinces and also to ensure that we don't have a repeat anytime in the future in any province in the country. Thank you, Chair.

The MINISTER OF HEALTH: There are two things. I have already mentioned one, but I will repeat. One of the aides in the recommendations of the Ombudsman is that regardless of that semi federal or whatever - of which I know you are right. The Ombudsman in one of the recommendations said that in future any activity of this nature must not happen without prior approval by the Minister.

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By the way, this appears in the 1973 Act. If you go and read the 1973 Act it says "once the Mental Health Review Board has decided on a destiny of a mentally ill patient, they cannot implement until the Minister endorses." That's what is written there. So, the Ombud has just brought that in the recommendation and said I must endorse. Since that time I have already stopped quite a number of movements which people wanted to do because I am quoting that question of the Ombud. We are not going to apply it only to mental health. For instance, there is a war now as I am talking between the MEC for Health in Limpopo and section 27 and Treatment Action Campaign, TAC, about 5 000 people who are on antiretroviral drugs, ARVs, who are being treated by a nongovernmental organisation, NGO and they want to go to court. I wrote to the MEC and I invoked that line by the Ombudsman and said you cannot ...

Ms T J MOKWELE: "I" That is why you are failing!

The CHAIRPERSON OF THE NCOP: Hon Mokwele, the Minister cannot say "we" because we are not Ministers. He must say "I" because he is taking responsibility. No, I am addressing you. Hon Mokwele if you do not behave, you continuously, honestly, I don't mind members heckling, but I have an issue if your heckling drowns out what the other people want to listen. You can heckle, but don't drown out.

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Now the Minister must take responsibility and that is why he must say "I". No, take your seat. The Minister must take the responsibility and say "I" because we are not Ministers - he is the Minister.

The MINISTER OF HEALTH: No, no she is just following what I have...

Ms N P KONI: Hon Chair, I am standing on Rule 11 that you have the powers to identify somebody to relieve you from that seat. Honestly speaking, it has been a hectic weekend, a hectic week from Tuesday until now, as I speak. So, it is really unfair to you. If we continue like this and leave you to preside over this House while we see that you seriously need to rest a bit and we don't say it. Then I don't want to live with regrets that something almost transpired and I had the powers to stand up and rescue you but I did not do anything about it. So, please let us go to Rule 11 and continue with the business of the day. Thank you.

The CHAIRPERSON OF THE NCOP: Thank you very much, hon Koni, for the concern. You are right. It has been a hectic two weeks, but it has nothing to do with the unruliness of the House as we sit or my competence to make sure that this House is decent and carries on its work today. I am not tired at all. [Applause.] I just want to see

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order happening in this House. [Applause.] Members, I am saying you have the right to converse. You can converse amongst yourselves and don't make it our business to hear. You can heckle, but don't make that heckling overshadow the person who is on the floor. That is what I was saying to you. Hon Minister, please continue.

The MINISTER OF HEALTH: Hon Chairperson, every time hon Mokwele makes an allegation she runs away before I can answer.

[Interjections.]

The CHAIRPERSON OF THE NCOP: Leave hon Mokwele, Minister. Now continue with your response.

The MINISTER OF HEALTH: No, no I am answering the question. Chairperson, I challenged that issue. I challenged that issue at the Moseneke arbitration and I even demonstrated it because the MEC Gauteng Department of Health kept on saying it's a collective responsibility. I was showing that in the state, there is nothing like that. You can't just say there is collective responsibility - there is "I". I demonstrate with this red file that to take any decision, it starts in a form of a memo, which gets signed until the last person approves. That person who approves is called the executing authority - in the province is the MEC and at national

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level is me. I am saying to you, the Ombuds person said until the Minister of Health approves this, you can't move patients - and it's "I". I said in implementing that recommendation, I write to the MECs - like this controversy between section 27 where they want to transfer patients treated by the NGO to government and section 27 is challenging, I invoked that provision from the Ombud and wrote to the MEC and said don't move those people until I approve in terms of what the Ombud has said. I said in approving give me facts. Why do you want to move them from an NGO and to be treated by you? What is the cost? What is forcing you to make this change? So, that is in line in trying to prevent what has happened. That is the first line. In other words he gave powers as the Ombuds which originally were being practised in the province.

The second one is this review of legislation which he also wrote. He specifically said we must review the Mental Health Act and also review the National Health Act. We have already given those to the Law Reform Commission to help us with reviewing. Thank you.

The CHAIRPERSON OF THE NCOP: Minister, we are moving to Question 149. That Question was put to you by hon Dlamini and my instructions are that hon Dr Mateme will take care of the question - the Question is 149.

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Question 149:

The MINISTER OF HEALTH: Yes. Chairperson, I 'm not sure why the hon member specifically chooses one form of hypertension in this question because the question is, whether we provide support and services for patients who are suffering from the pulmonary hypertension of the pulmonary arterial hypertension.

I'm saying so because all forms of hypertension, which exists, is our job as the Department of Health to help people, to support them and also to treat them. So I just want to say it includes the pulmonary and pulmonary arterial hypertension.

However, I must also state that unfortunately, this is not a curative condition. So what we are doing, we are helping patients just to relieve their symptoms and alleviate their problem.

The second question was whether the public health institution provides this service. Yes, we provide service for all forms of hypertension, but if at a small clinic or a small district hospital a patient arrived there with this condition, if they don't have the capacity or skills they will refer to a specialist because this is a condition that can only be treated by a specialist.

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The last question is whether we give them portable oxygen because sometimes it gets so bad that all you can do is to give them a small tank of oxygen until God decides, unfortunately. So we do give them, we do provide them with oxygen in a situation where the breathing has become so worse because the pulmonary hypertension causes edema where your lungs are full of water and you can't breathe very well. It is like you are drowning in your own body unfortunately. Thank you.

Dr H E MATEME: Thank you very much. I am assuming the question applies to the public sector, but when I was consulting with the hon member who put the question it looks like there are costs that are prohibitive for certain sections of the population. On that basis, Chair, my question would be, those people who do have this condition and are poor, "Ba dikobo di kgutshwane," would they benefit if the health insurance were to be a reality?

The MINISTER OF HEALTH: I mean obviously if the National Health Insurance become a reality all people who are sick in South Africa will benefit. There is no question about it. I was giving an example now that this question comes from a lady - I was giving an example of how people will benefit. One of the biggest killers of women in the country is breast cancer.

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Yes, there is a new drug for breast cancer called Herceptin. It costs R24 000 per dose, just one does. One injection is R24 000, and the whole costs of treatment is 17 doses. So you are asking a woman to pay R24 000 multiply by 17.

How do people like those benefit from the National Health Insurance, because the National Health Insurance is based on a concept of social solidarity. Yes - and social solidarity means three things. Firstly, it means that the rich must subsidise the poor. Secondly, the young must subsidise the old, because young people are not usually sick. Thirdly, the healthy must subsidise the sick. That's how this whole system works.

The medical aid works in that way but unfortunately it covers only 16% of the population. My argument and I will still say it publicly everywhere. You can't have a system where the cream of the nation has got one scheme on one side, and leave the rest of the population.

What am I talking about, who do you, find in the medical aid? It is teachers, nurses, doctors, Members of Parliament, politicians, including me, yes - judges, policemen, the army, CEOs of companies, managers, all those are people who are skilled and make South Africa

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tick. Medical aid put them in one corner with their resources and they form only 16% of the population, and leave the other 84% who are unemployed and poor alone.

Where is social solidarity? That is why the National Health Insurance must come into being so that those people who cannot afford are not only those who are very poor.

On the set pin I am mentioning, how many of you working can afford R24 000 multiply by 17. Yes, that is what is going to be catastrophic. One of the cancers that kill our people is colorectal cancer. A course of treatment for colorectal cancer is R910 000. How can an individual be able to do that alone?

It is the same as the extreme drug resistant TB, for us to treat you for the extreme drug resistant TB, we need R840 000. How many people can afford that on their own? It is just lucky because in South Africa TB is not treated by the private sector but the state. So that R840 000 is all paid for by the state.

The National Health Insurance will definitely help that is why the outgoing Director-General of the Wealth Organisation, Dr Margaret

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Chan, said it is an equaliser between the rich and the poor. That summarises it.

Mr C HATTINGH: Thank you, hon Chair. I think it must sound very assuring for our people out there if they listened to the Minister even for us. If we look at the words uttered by the Minister "helping our people" it really gives out a caring message.

However, Minister, during the past two and half months the health services in the North West province collapsed. The supply of medication to clinics and hospitals stopped. It was dwindling and then it stopped. We are not only talking about patients who need hypertension medication. We talk about antiretroviral, no pharmacy insulin, you name it. Even on Tuesday two people died outside the Montshioa clinic in Mahikeng waiting for non existent medical ...  
[Interjections.]

Mr T C MOTLASHUPING: But this question is not related to ...  
[Inaudible.]

The CHAIRPERSON OF THE NCOP: Hon Motlashuping, allow the member to finish.

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Mr C HATTINGH: ... waiting for medical services that does not exist. My question is in this caring health environment, did your department pick up that the provision of medication, including hypertensive medication in the North West province has collapsed and it is escalating at this stage and that health services are collapsing in the North West province? If so what did you do about it? Thank you.

The CHAIRPERSON OF THE NCOP: Hon Hattingh, it seems hon Motlashuping was right. It is a new question but the Minister is at liberty to respond, but before you do that hon Minister.

Hon members, at the gallery we have a person who the African Americans call the Queen Mother in the United States, Dr E Blaque. She is the community mayor of Harlem, the Ambassador of Goodwill to Africa and was a close friend to the late Comrade Winnie Mandela. [Applause.] He is, of course, accompanied by South African women whom some of you might know. Dr Motsoaledi, please continue.

The MINISTER OF HEALTH: Chairperson, I am very ready to answer that question because I have just answered it this morning on Radio 702. The supply of medication in North West did not necessarily collapse because there are no medicines. During the strike - no I am speaking

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English. Oh, howling yes, yes. What happened is that during the strike, the workers who were on strike putting forward their demands some of which are outside the powers of the department - went to close the depot where the medicine is supplied from, stored.

Remember, clinics only get their medicines from the depot; only selected hospitals get it directly from the suppliers, the pharmaceutical companies. We then phoned all the pharmaceutical companies and said don't go and supply your medicines at the depot because they have blocked the depot. Go directly to the clinics and supply. They then went to close the clinics themselves that is what happened.

We realise - we met over the weekend with some professional organisation like nurses, etcetera. They are not on strike but they are being blocked. So what we said if there are members who go and block a clinic and not allow health workers to go in and members of society that is a job that will need police, for instance. Yes.

However, we then said, because there are people who cannot be touched by those people and that are the army. We phoned the army and said they must help by sending doctors and nurses to those clinics that have been closed and even to the depot itself.

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Last night we were waiting for the list because North West had only provided us with a list of those clinics that have been closed or been affected. The army said no, we work on precision. They must send us a list of how many do they want in the clinic and see if the army have got them. That was last night but this morning because I was flying this way, I did not get the report yet; but we are sending the army in to help. Thank you.

The CHAIRPERSON OF THE NCOP: Minister, the next Question is a Question which should have been responded to. When you had a Question for written response it was question number 82, it was not responded to. It is now here as question number 9.

The MINISTER OF HEALTH: Chairperson, I had a very big problem in answering this Question. It says, how many illegal abortions were performed in the county? An illegal abortion is illegal. It gets performed in a corner away in secrecy. How do we know? There is no way of knowing illegal abortions because, they are outside the law. If we know about them then we will get police to arrest those perpetrators.

I was once asked this question in Parliament where they were saying Minister, why do you allow doctors to do illegal abortion? I said,

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no, doctors don't do that because they would be struck off the role they must do it legally. They then gave me a sticker written "Dr John 082... Free abortion and all that". And I said, no, this is not a doctor is a criminal. These are criminals, they are not doctors. There is no doctor who can - in this era of legality, risk their profession and their certificates which they studied hard for by doing that thing. So, these are criminals and we do not know about them.

In KwaZulu-Natal, eThekweni, they tried to catch them. Let me tell you what they did. They hired municipal workers to remove all those "stickers, free abortion, cheap abortion, fast abortion" they remove them all over eThekweni, especially at the Beach Front. And they asked the municipality to put cameras, to see who exactly is putting those things. You know what happened ... they caught ten year old kids, yes, who were putting those stickers all over. They are the ones who were caught by the camera and police went for them. The kids, very innocently said, "No, there is a man staying in the house there, he gave me R10 and said, I must put these stickers around". The police then rushed to the house and it was empty.

Here, I can't remember in which township, there were women who wanted to solve it in the Western Cape by making one of them pretend

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to be pregnant and they phoned that number and say "I am pregnant I want illegal abortion" and the criminal said stand in such a place I will collect you. Unfortunately, they made one serious blunder they put a person there who is not of child bearing age. When the criminal came he realised this person is young she can't be pregnant. They got scared and passed. So, he passed and they couldn't catch anybody. So, this is crime. We don't know the numbers, Chairperson.

The CHAIRPERSON OF THE NCOP: Of the illegal abortions?

The MINISTER OF HEALTH: Yes, of illegal abortions. The second Question is about private institutions that do abortions. The only one I know ... if there are any other I don't know them. The only one I know is Mari Stopes that has 13 clinics in South Africa. About the public hospitals which provide this ... I think they are about 500 of them because not every hospital has got that capacity to do so. And unfortunately, I don't have the list of the 500 hospitals here. Thank you very much.

Ms B A ENGELBRECHT: Chair, Doctor, I think we are fully aware that this is a huge problem. In 2005, there was a study done and I know that it is quite a while back but it gives us an idea of the

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perception that the public have regarding abortion clinics. More than half of the women that were sampled in the study had had illegal abortions. Part of the reason was ... because they didn't know about the law. Fifteen percent of those women did not know where to access a safe abortion. Even though the study was done quite a while ago it gives us a huge impression of the misconception that our public and our people have.

Last year, Bekeca, an organisation constructed an up to date list of abortion facilities and your department provided them with a list of 246 facilities providing abortions. Of those 246, only 236 only answered their phones. And of those 236 only 197 actually provide abortions. Minister, my question therefore is, there is always a huge miscommunication between your department and the reality on the ground. What would you and your department do to ensure that there are more clinics being built around the country? That there is better media, and media releasing information regarding the safe abortion clinics that are available to ensure that our women who want safe abortions have that ability and can make that choice.

Thank you.

The MINISTER OF HEALTH: Chairperson, the argument if you remember, in the early days of democracy why we must legalise abortion in the

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country was specifically to discourage illegal abortions. Because, there were many and women were dying from them. Remember, there was a big moral issue about this whole issue of abortion. So, it was to discourage illegal abortions.

While I understand about this issue of not enough facility, in our database, the abortions that are done legally in South Africa every year, I think by three years back there were numbering 70 thousand already per annum. It is a huge number. And we had to examine instead of jumping and say no, let's increase the clinics, we had to examine what causes it? And then, how do we resolve the issue? We found that ... for instance, there was a report of a young girl who reported three times in the same hospital per annum to do an abortion. So, we discovered then that it looks like here, abortion is being used as contraception, meaning that there is a gap.

The United Nation's Population Development told us that this seems to be the whole problem of Africa because some years back ... and you would agree with me, we used to have a lot of family planning nurses clinics etc. So, we then said maybe there is a link between the two. They then said, the whole Sub-Saharan Africa had a strategic mistake. When HIV/Aids started biting we preached ABC: abstain, be faithful and condomise. Somewhere inadvertently, family

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planning was relegated. Because, we thought people will do the three things. They will other abstain which is happening very rarely, very, very rarely I must say. They will other be faithful - I am not sure about that. They have to condomise.

We are now given close to 900 million condoms which are not being used. So, we said let's relaunch a family planning campaign. I launched that at the clinic in Tembisa. Why we choose Tembisa? There was a school there where pregnancy was becoming a fashion for those school kids. So, we said, let's launch it next to them and empower them by introducing another contraceptive method which is the Subdermal Implant for Birth Control. And we have got one million people who are on that Subdermal Implant for Birth Control. We implanted it because in Ethiopia, it was used very successfully to stop the rate of pregnancy because it also reduces maternal mortality, it reduces illegal abortions, and it reduces infant mortality. That is what we are busy doing.

We do not think it would be very wise ... instead of solving the problem at the source, to go and say no let's just build more abortion clinics. However, we want abortion to be available to those who need it. We think the issue of family planning is very important in this regard. And that is what we are trying to do. If you

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remember that strategy we launched it under what we call "dual strategy" whereby, we are encouraging women that they must use that implant. And why the implant ... because Depo-Provera is for three months. They must go to the clinic every three months. The implant is for three years. We said it would even help in career pathing at university where you go to study for three years and you know that you are safe. That is what we are trying to do. There are one million women in South Africa already who are on the implant. Thank you.

Mr D L XIMBI: Chairperson, Minister, let me thank you for advising us more especially in Question 106 that - because we still have a case where... [Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Ximbi, we are on Question 9 now.

Mr D L XIMBI: ... no, I am going to Question 9 and I was just thanking the Minister for advising - when there was a patient beaten at the hospital and she died later or that month. Thank you for that advice.

My question is on illegal abortion. I thought that hon Engelbrecht will say if a hospital is using untrained nurses that one is not an

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illegal abortion within the hospital which is happening. If that is not illegal abortion. Minister, can you investigate that more especially in Khayelitsha. Thank you, Chair.

The MINISTER OF HEALTH: I don't know whether I understand the question.

The CHAIRPERSON OF THE NCOP: Hon Ximbi is alleging that there is a hospital in Khayelitsha where untrained nurses are performing abortions and asking you to investigate that.

The MINISTER OF HEALTH: Chairperson, but that is not illegal. It is legal, it is done in the hospital and is talking about the question of skill. We believe all health workers ... because abortion is not necessarily a very specific difficult skill to do. Any medical practitioner. Nobody taught at medical school - there was no lecture about performing an abortion as a doctor but, I can do it, just by knowing medicine, yes. I don't have to go anywhere to be trained. If the nurse doesn't have skills, you will give us the details. But we believe health worker ought to have a skill of that. Because it is not like you are doing an operation. It is not an extremely difficult thing. Thank you.

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Ms Z V NCITHA: Chair, in the spirit of availing services where they are needed in terms of the termination of pregnancy, I would like to know from the Minister if the service is provided in rural areas especially, in provinces like KwaZulu-Natal and the Eastern Cape?

The MINISTER OF HEALTH: As I said, our statistics shows that there area about 70 000 legal abortions that are performed in our institutions in about 157 500 institutions. I did not get a sense that the 500 institutions are only in urban areas. I can't vouch for that I will go and check. For the simple reason that you know in any country in the world any form of service is difficult to get in the rural area, be it education, health etc. Because skilled people, very highly educated people always preferred to work in the urban areas and cities rather than the rural areas.

This is not only a problem of South Africa or Africa. It also happens in developed countries. For instance, we know most of the doctors who go to Canada, they are sent in the far very cold areas where Canadians don't want to do. They put a foreign doctor there. Services generally in rural areas are a problem but, I didn't get a sense that in terms of abortion it is so lacking, I will go and check. Thank you.

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*Setswana:*

Moh T J MOKWELE: Modulasetilo, ke rata go leboga Tona fa a ile a tla moNtlong gompieno. Potso ya ka ke goe, go bonagetse gore lefapha le lemogile gore maano a lo a bayang ...

*English:*

... into place in order for people to do the legal abortion or to prevent unwanted pregnancies are not working. You have in your response highlighted that even in the Sub-Saharan African countries it has been proven that the plans are not working. It is either people opt for illegal practices.

My question to you hon Minister is, what is it that the department is doing to educate and to make sure that during their education to the marginalised communities - because those acts of illegal abortions are normally done by people that do not have education or I if I may a put it in a proper way...

*Setswana:*

... batho ba ba se nang kitso ka se se diragalang mo nageng eno. Ke eng se lo se dirang jaaka lefapha go netefatsa gore lo fitlhelela batho, segolobogolo ba ba tlhokang tshireletso?

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The MINISTER OF HEALTH: Chairperson, indeed, we are trying our best but education can never be adequate. It is not necessarily true that people who perform illegal abortions are those with no education or knowledge. There are professionals who do it because they don't want to be exposed. There are people who are not educated also who do it because they know that once they enter a hospital or clinic their parents or relatives would have to now.

So, across the spectrum - the reason that it would be mostly people who are not educated is because, in terms of our socio economic status they are the ones who fall easily victims of pregnancy. That is why the President Cyril Ramaphosa when he was still a Deputy President launched a programme called "Whole Society Whole Government Programme" on the 24th of June 2016 in Pietermaritzburg, where we are saying, we are targeting girls between the ages of 15 and 24 years. And we are doing five things for them. Reduce the rate of HIV/Aids incidence among them, reduce the rate of teenage pregnancy, and reduce the rate of gender base violence because some of them fall pregnant, yes ... because of gender base violence and you are right, hon Mokwele. Most of the gender based violence will happen in the informal settlements. But also to keep them at school for as long as possible because our studies have shown us that if kids are kept at school they don't go anywhere. I am not saying

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school kids do not fall pregnant. It seems like an environment where they are protected.

Lastly, to link them to skills and economic opportunities so that they no longer depend on the so called "blessers" which are part of this problem. That programme is being launched and it is being funded by among others President's Emergency Plan for AIDS Relief, PEPFAR, the American funder, it is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Germany Development Bank for R3 billion. And we have already started that programme. It is only that because I didn't know this question would come. I didn't bring a progress report but, there are already people who have been targeted in all those areas in trying to educate them about these issues. So, we thought let us go to the victims who are you usually between 15 and 24 and concentrate on them. Thank you.

The CHAIRPERSON OF THE NCOP: Minister, that was you last supplementary question for the day. Re lebogile kudukudu.

Question 108:

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, the question is on poor workmanship for RDP housing. Before companies can be given the responsibility to build houses they have to be registered with the

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National Home Builders Registration Council, NHBRC. The provincial human settlement department, together with the NHBRC, work together to ensure compliance with the required standard of building houses, building inspections are done from the foundation until completion of the construction. The Department of Human Settlements acknowledges that some contractors failed to comply with their contractual obligations for whatever reason. A strategy has been developed to deal with such cases. Inspections are done before houses are handed over. No payment is made to the contractor before such an inspection and Section 11 of the Housing Consumer Protection Measures Act of 1998 empowers the government to take action against defaulting contractors that includes deregistration and inability to register a new company with the NHBRC. And my appeal here would be that provinces and the NHBRC must work together to monitor and evaluate the work of building contractors. Thank you.

Ms T G MPAMBO-SIBHUKWANA: Chairperson, I will the hon Mervyn Ciota from the Gauteng province to ask the first question because it is very relevant as he comes from the Gauteng province. I will give him an opportunity.

The CHAIRPERSON OF THE NCOP: Hon Mervyn, let me just address the hon member. Hon member, when questions are put, the first supplementary

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goes to the person who proposes, that is the Rule. I am going to do the first and the last. When a member is in the House, the member must take care. I do understand that you have made arrangements with hon Cirola and it is not hon Cirola's problem and for just that hon Cirola, I will go against this Rule and allow you. But the hon member in future must take care of her question.

Mr M CIROLA (Gauteng): I am indebted to you Chair, thank you very much. I want to welcome the Minister to her new position and you really got a very huge task ahead of you. You will recognise from your meeting in Gauteng two days ago that the Gauteng department of human settlements is in absolute disarray. You will note that the head of department has been put on leave to go and work out how to deal with the problems in Gauteng and this includes issues of poor workmanship because as you indicated, you stated that it is the province, the provincial department and the NHBRC that need to work together in order to sort out these problems. There is a huge problem in human settlements. I represent Gauteng proudly and I travel throughout Gauteng and I noticed how badly built many RDP developments are from one side to the other. That brings me clearly then to my question and that is, does the NHBRC do the necessary building inspections as per the requirements? If not, why not? And if so, who is doing the inspections and allowing the substandard

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buildings to be certified? And what is the department - your department - going to be doing to stop this practice? Thank you Chairperson.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, yes the NHBRC does inspect houses before they are built but also different local governments have inspectors who go at times when they are building. Now, your question is what are we going to do. We have not received any complaint that this entity - which is our entity - is not doing the inspections. We know they are supposed to be training many more inspectors which they have committed to. We know they see that as their duty to inspect from the foundation upwards but if no one is coming back and saying, that particular contractor is building without being inspected despite the fact that they are registered with this council, surely we will do something. Thank you, Chair.

The CHAIRPERSON OF THE NCOP: Minister, we will follow up on that commitment of yours. ... [Interjections.] Ma'am, are you on a point of order? What is the point of order?

Ms B A ENGELBRECHT: Chairperson, on a point of order: Just to inform you that our office sent through a letter to your office on Tuesday requesting that the question be transferred because it was a Gauteng

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question. We transferred it to hon Mervyn Ciota. So, from our side, from our offices, the correct procedure was followed. So, I am afraid, I think the problem was probably your office.

The CHAIRPERSON OF THE NCOP: No Ma'am! The correct procedure is that when a member in whose name a question appears is in the House, that member must take care of that question. This particular question appears on this Question Paper on member Mpambo-Sibhukwana. It does not appear on a special delegate's name.

Ms B A ENGELBRECHT: I will send you the proof Chair.

The CHAIRPERSON OF THE NCOP: No! Please sit down I am addressing you. Please take your seat. When special delegates are here they have the same rights but we have yet to receive questions which come from special delegates, they come from permanent members. Questions appear in the names of the special members and that is why we allow them when they raise their hands to do supplementaries, debates and to do all of those. I actually did, in the first question, write and indicate to hon Mpambo-Sibhukwana to say to her, but you are in the House, how is it that you want to transfer a question which ... [Inaudible.] in your name to a special delegate. This time around she caught off guard because I thought she had heard what I had

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said. And as I had said, the only reason I have allowed this hon member is that it is not his problem that the person in whose name it is in. so, do not do it again because when I preside I will not allow any member who is in the House to transfer the responsibility to somebody else. When you are not here and other members of your parties are here and your province but I have no written instruction from the person to say, I am not there but the question. That is why when you are not here in the House your question will not be attended to because I have no instruction to do that, but if you are not here. If you are here we expect you to take care of your question. So, that is the end of the story.

Mr S G MTHIMUNYE: Hon Chair, hon Minister, firstly, congratulations on your appointment. We... [Interjections.]

The CHAIRPERSON OF THE NCOP: Can he please address us hon Koni.

Mr S G MTHIMUNYE: ... are dealing with a very complex terrain here in the ... [Interjections.]

The CHAIRPERSON OF THE NCOP: We cannot hear you hon Mthimunye.

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Mr S G MTHIMUNYE: ... human settlements sector. You know, there are lots of construction companies that are not registered and many settlements or homes that are not enrolled with the NHBRC countywide and the NHBRC has got limited capacity to do the inspections that they are required to do. And the third challenge is that, do you know that in the whole country there are no institutions that train house inspectors. There is no one that takes accredited house inspectors. It is engineers and other people who have technical skills who are doing these inspections, it is not home inspectors. I know this because I am a former board member of the NHBRC. Now, my question is, what are the plans that we have in place, as the department, to really build capacity in this industry? Because many people over and above the housing programmes that are delivered by the state, private homebuilders or homeowners are rigged and are dealt a blow on a daily basis in this country by unscrupulous contractors.

The MINISTER OF HUMAN SETTLEMENTS: No, thank you very much for that question; I think what we must do is to force the board or the entity to do what it is supposed to do. Those members of the board, if they are there and not performing, we must change them and put people there who will be able to deal with the training of those people, those inspectors firstly. Now, I know it is common with

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boards, as you are saying you yourself are an old member of the board, it is common with boards to get into boards for money instead of a very important task that they have firstly. Secondly, I think it is not only the department. Now, if provinces, when choosing contractors, they are not setting conditions to those contractors, in fact, there is a tradition of provinces giving money even before the contractors start building and then the contractors would build with more sand than cement and only then, when the province sees the houses that are cracking, they will complain. It is the responsibility of the person who was responsible for selecting that contractor, it is their responsibility to make sure that it is people who have experience of building proper houses and they must be inspected.

The CHAIRPERSON OF THE NCOP: Thank you Minister. Hon Faber, we have been having relative peace. You can converse, I just do not want to hear it from here. Thank you.

Man B T MATHEVULA: Ndza khensa, Mutshamaxitulu.

*English:*

Minister, in 2016 your predecessor Ms Lindiwe Sisulu announced that the government will no longer be responsible for refurbishing poorly

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built RDP houses but rather than that the NHBRC will track down contractors and ensure that they fix their mess. How will your department ensure that the NHBRC is doing the work of tracking down contractors? Thank you very much.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, I think this is work in progress. We are in different places where there is shoddy work and where people complain. Between us and the provinces the first thing we do is to say, they must go and bring back that contractor to come and fix their own work and this is happening in some areas. But in areas where the contractor can no longer do that, it was a bogus contractor in the first place then another strategy must be engaged. Part of it is there is an amount of money in the department that can do minimum work on that, so we use that.

*Setswana:*

Moh T J MOKWELE: Ke go leboga mme. Ke go lebogisetse gore o be o tlhomilwe mo setulong se o leng mo go sone. Tsenya ... ee, tsenya, ke tla go emela ka gonne ke ya go bua Setswana.

MODULASETULO WA NCOP: Tswelela pele!

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Moh T J MOKWELE: Ke a leboga. Tona, mo karabong ya gago ko go motl. Mathevula o tlhagisitse gore go nale borra konteraka ba e neng ele gore ke di dinokwane [bogus]. Mme fa o tlhagisa karabo ya gago, ga o re tlhagisetse ka botlalo gore lefapha le ya go dira yang go netefatsa gore batho bao ba eleng gore ba rugile madi a puso ka botsukunape le bonokwane ba ya go bona letsogo la molao.

Ke eng se lefapha la gago le yang go se dira go netefatsa gore borra konteraka ba ba rugileng madi a puso ka go ama matlo a eleng gore ga a mo seemong sa gore batho ba rona ba ka nna mo go ona. A ba tlile go duela kgotsa ba tlile go bona letsogo la molao? Ke eng seo se ele gore wa se netefatsa gore o tlile go se dira jaaka moeteledipele wa lefapha? Ke a go leboga.

The MINISTER OF HUMAN SETTLEMENTS: Thank you hon member, you see, that contractor that was building the house did not elect or appoint themselves so the person or sphere of government that appointed that contractor and not monitored what was happening from the beginning have a responsibility to call the contractor back to fix the houses. Now, there are some things that we can do as a department strengthening the entity that is supposed to be dealing with that but as I have said earlier, when really somebody reports that this particular person built houses deliberately to be in that situation,

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we need to take action. Those that have not come to us, in most instances when there are houses that are not built properly we ask the province or the municipality to call the contractor to come and fix the house. Thank you, Chair.

The CHAIRPERSON OF THE NCOP: First of all let me say Question 114 was put to you by hon Gaehler; he is not in the House. I have absolutely no instruction therefore that question falls away.

Question 164:

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, the question is on reinstatement of housing rectification programme. Yes, the Eastern Cape province has made an application to benefit from the rectification programme within the current Medium-Term Strategic Framework. A number of projects have been submitted by the Eastern Cape for consideration and officials of the department are in the process of evaluating the application, where thereafter I will make that pronouncement. As a proactive measure, the National Home Builders Registration Council, NHBRC, has been instructed to ensure that their monitoring oversight and inspection processes are improved. The NHBRC also has to ensure that poor quality house construction is eradicated. In areas where there are transgressions,

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the contractors must be held accountable or they should not be paid their money. Thank you.

Ms Z V NCITHA: Chairperson, let me appreciate the response from the Minister and the fact that the matter is receiving attention from the department. But what I would like to know is if there is a possible timeframe for the finalisation of the matter as it is the ticking bomb in the province. Thank you.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, we are aware of the urgency of this matter. It's only that evaluation must happen first before it's submitted to me. I am not able to put timeframes now, safe to say that it would be as soon as possible.

Mr L V MAGWEBU: Minister, with due respect, I am worried when you say you are unable to give us timelines on this matter. I tell you what, there is a painful story I want to share with you and I would ask you a question from the story. Around 2016, at Ward 11 in Harry Gwala informal settlement, in the Chris Hani District Municipality in the Eastern Cape, this is what happened, 2 000 RDP houses were built and the beneficiaries moved into those houses. A few months later those houses were falling apart because they were defective because of substandard and poor quality. Then the beneficiaries of

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those houses were asked to move out of those houses and to live at the back of those houses. They demolished those houses and used the material to build structures to live in. They have been living in them for two years now, this is another ANC failure. Now, here is my question, why were those houses handed over if the procedure is that there must be an inspection before the handing over. Secondly, when will those houses be built for those beneficiaries, and if so, what is causing the delay for the building of those houses? So, we need timelines Minister, you cannot tell us that you are looking into this matter. This is an urgent matter. Please Minister, respond to these questions.

The MINISTER OF HUMAN SETTLEMENTS: Honestly, when I was reading this question I didn't know about those particular houses. But definitely, I don't want to stand up here and lie about timelines. I am saying, as soon as possible, because after that evaluation, that submission must be brought to me for me to sign so that the operation can start. So, I would appeal to the hon member not to force me to lie here and put a date that I am not sure of because I am depending on the officials bringing that submission to me. Yes, as it's coming from this meeting, I can speed up that process by saying I want it on such and such a date, but I am not sure which

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other things they are looking for when they are evaluating. So, I cannot give the date now. Thank you very much. [Interjections.]

The CHAIRPERSON OF THE NCOP: No, no no, there would not be a dialogue, hon Magwebu. You have been very nice the whole day. Hon Wana, please don't bring the hon Magwebu into temptation.

Question 115:

The MINISTER OF HUMAN SETTLEMENTS: Hon Chair, the question is about awarding a contract to a certain company. The provincial Department of Human Settlements is responsible for the approval and implementation of the provincial housing projects, as we know. The appointment of Unital Holdings is done through the approved provincial housing contractor's database. The relevant officials, executive and accounting officers are responsible for the award of contracts for construction of houses and this also done within an approved supply chain management. There is no investigation being done by the national government against the Unital Holdings. There has been no reason given to us that propels any investigation not unless the hon member provides further details relating to the question. Thank you, Chair.

*Setswana:*

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Moh N P KONI: Modulastulo, ke rata go raya mme ke re, ke a go utlwa gore o a re kgang eno ga e mo matleng a gago. Jaanong, ke kopa gore o ntlhalose gore a wena ka sebele, o itsi ka kgang eno? Ke botsa seno ka gonne o a re, lekoko la bosetšhaba ga le dire dipatlisiso dipe.

A go tshwanetse gore e nne nna yo ke go bolelelang gore lo tshwanetse lo dire dipatlisiso? A wena ga o bone go le botlhokwa gore dipatlisiso di diriwe jaaka fa lefapha leno e le la gago le gore mokgatlho wa gago o tsweletse ka go senya? ...

*English:*

... you compromised the hopelessness and the poor of the poorest. I thank you, Chair.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, as I have said, unless the hon member provides further details. In the question itself, there were no indications or no details that required investigation. Thank you.

The CHAIRPERSON OF THE NCOP: Hon Koni, please. You are within your rights to provide what you are alleging and write another question on this matter.

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*IsiXhosa:*

Nksz T G MPAMBO-SIBHUKWANA: Sihlalo, ndicela ukubuza phaya kuMphathiswa Mfeketho ukuba ngawaphi amanyathelo abawathathileyo belisebe kwaba bantu bathe abahamba ngokomgomo eniwumiseleyo. Ndifuna ukuqonda ukuba njengoko sele benikiwe aba bantu umsebenzi, niza kuyibuyisa njani imali enikwe aba bantu? Ndicela ucacise kuloo ndawo. Okanye ufuna ndithethe isiNgesi?

USIHLALO WEBHUNGA LAMAPHONDO ESIZWE: Thetha isiNgesi kuba ingathi ngoku uza nombuzo omtsha.

*English:*

Mrs T G MPAMBO-SIBHUKWANA: Are there any steps being taken to ensure the recovery of funds lost as a result of awarding the tenders within the Department of Human Settlements, If so, what are the steps, if not, why not?

The CHAIRPERSON OF THE NCOP: Hon Mpambo-Sibhukwana, are you on question 115?

Mrs T G MPAMBO-SIBHUKWANA: Yes, 115.

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The CHAIRPERSON OF THE NCOP: Hon Minister, you are at liberty to answer the question.

The MINISTER OF HUMAN SETTLEMENTS: Hon Chairperson, again if there are further details that are saying something had happened in what was being asked in 115, please provide the question so that we know what to do. At the moment, it was not having any background of what the writer had. If some abuse happened there, please write to me so that I can respond to you with what we can do in that case.

Question 163:

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, the question was on inadequate allocation of funds to municipalities or small municipalities. The human settlement development grant framework allows the provinces to use some of human settlements development grant given to them to fund the bulk infrastructure projects in the nonmetropolitan municipalities. The funded projects must be inline with the integrated development plans and municipal budget for the provision of bulk infrastructure with municipal infrastructure grant funding. The provinces are allowed to give up to 2% to the nonmetropolitan municipality. Thank you, Chair.

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Ms Z V NCITHA: Thank you very much, Chair, to the Minister as well for the response to the question. Minister, I know, the question may be a bit tricky because it's not the department that allocate funds to the municipalities but the funding for infrastructure is coming from the Treasury. But what I needed to know more was the working relations between your department, co-operative governance as well as human settlement. Reason behind, Chair, you have municipalities like Sundays River, which have not built a single house because of inadequate allocation which impacts on service delivery of houses which has an impact as well to the department.

*IsiXhosa:*

Nks Z V NCITHA: Ndiyayibona le ndlela ondjonge ngayo. Enkosi Sihlalo.

The CHAIRPERSON OF THE NCOP: Minister, you may try to respond but in fact, the hon member, the former mayor does know that she is smuggling a question over which you have absolutely no competence. If you want to respond to it, you can try.

The MINISTER OF HUMAN SETTLEMENTS: No, thank you very much, Chair. No, I notice that the hon member know that this is the bulk infrastructure and we have no control whatsoever but there is a

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relationship with the Department of Co-operative Governance and Traditional Affairs. We work together with other departments. But as much as you know, hon member, that relationship doesn't go as far as dictating not only the province but municipality plus the Department of Co-operative Governance and Traditional Affairs what to do. Thank you very much.

Mr T C MOTLASHUPING: Minister, in relation to the plans that are done by municipalities, provincial government that are submitted to your department for allocation of funds, there have been a substantial amount of money to the tune of almost R4 billion that municipalities returned to the National Treasury. What has your department done to ensure that departments are capacitated, municipalities are capacitated to implement? This is not a new question, it relates to funding because they talk about plans. Are these issues on your integrated development plans? Are these issues in the provincial growth and development strategies? What is it that your department is doing in order to ensure that money doesn't go back to national fiscus?

The CHAIRPERSON OF THE NCOP: The question is about infrastructure in municipalities.

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The MINISTER OF HUMAN SETTLEMENTS: Yes.

The CHAIRPERSON OF THE NCOP: This is the former mayor, the former municipal manager, who is putting a question on the functioning on infrastructure grants to human settlement. More than the former mayor, you know ... Again, I will allow the Minister ...

The MINISTER OF HUMAN SETTLEMENTS: No, no, no, Chairperson, on this particular one, the bulk infrastructure, you can only manage to talk when you talk about housing. So, whatever we do is not related to the bulk infrastructure. But if you are asking on those provinces and those municipalities that decide even though the Constitution is telling them that they need to appoint competent people, decide not to do that and fail to do their work, naturally, we try by all means as a department because there we are responsible for housing, the money comes from us and we take it to the province that take it to municipality. If we can salvage before the Treasury take the money by making sure that the money is used in other project or taken with the permission of the Treasury or taken to other provinces and municipalities that are working, we can do that but in most cases, there is still municipalities that the money is send back because they haven't used it but they haven't even informed the national

department that the money is not going to be used 100% after the term. Thank you, Chair.

*IsiXhosa:*

Nks T G MPAMBO-SIBHUKWANA: Mhlalingaphambili kumnandi kuba sithetha nalowo wayesakuba ngusolophu kweli laseNtshona Koloni. Ndibe nethamsanqa lokuba ndibe ngumzali kuye kuba bendifundisa intombi yakhe.

*English:*

Minister, it is a common knowledge that the government has national prerogative and problem with the timeous execution of infrastructure.

*IsiXhosa:*

Uyayazi le nto kuba ubungusodoluphu.

*English:*

Projects across the spectrum of the government departments ...

*IsiXhosa:*

La maphulo ke afunyenwe yingqwayingqwayi enguwe, ndiyathemba ke ukuba zizakufumana inkathalo ngoku kuba inguwe oxhuzula imikhala.

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*English:*

Minister, the inability to execute impacts badly on the service delivers and budget allocations are trimmed down to manageable levels.

*IsiXhosa:*

Ndifuna ukuqonda ke Mphathiswa ukuba ...

*English:*

... what is causing this problem, and can a lasting solution be found ...

*IsiXhosa:*

Ndinikezela kuwe ke Mphathiswa.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, again, this question is an unfair question on me. We build houses. We are not building infrastructure. There is local government that build infrastructure. There is provincial government that prioritise those things with the local government. So, we can assist where we can but you know that assistance is when we want to build houses or we want to build any different kind of houses and we appeal to the municipality. That's exactly what we do. We appeal to the municipality to put an

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infrastructure in that land that they also gave us or if we have to contribute whatever we contribute on that. But definitely, you are asking me a question that I must respond for municipality, not for my department. Thank you very much.

Ms N P KONI: Chairperson, you know, at some point I thought you are wearing the same gowns as the secretary's here. Nonetheless ...

*Setswana:*

Ka ngwaga wa ditshetele wa 2016-17, Morunikakaretso o ile a fitlhelela gore porofense ya Free State e ile ya nna le [irregular expenditure] ditshetele tse di sa dirisiwang sentle tse di kanang ka R974 milione, Mpumalanga R745 milione, le R559 milione kwa Gauteng.

Jaanong, ke batla go itse, Tona, gore jaaka diphitlhelelo tseno di kaya, o batla gore go diragale eng ka batho ba ba amegang, le gore a go na le sengwe se se setseng se dirilwe kgotsa se se tla diriwang gore batho ba ba utswitseng tshetele ya puso ba tshwarwe? Ke a leboga.

The CHAIRPERSON OF THE NCOP: Hon Koni, are you speaking about funds allocated to housing or to infrastructure as the question?

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Ms N P KONI: Infrastructures.

The MINISTER OF HUMAN SETTLEMENTS: Chairperson, this is completely a new question, different question ...

*IsiXhosa:*

... ndicela ilungu liphinde liwubhale lo mbuzoyibhale kwakhona ukuze sizokuyiphendula xa eyibhale kakuhle

The CHAIRPERSON OF THE NCOP: Hon member, when you do write, having been a premier also puts one ... That question, you must write it and direct it to the Department of Co-operative Governance and Traditional Affairs.

*Setswana:*

Le nna ke ne ke le Tonakgolo ya porofense.

*English:*

So, I know how this things work. That question, when you write it, directs it to the Department of Co-operative Governance and Traditional Affairs.

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Hon Minister, you seem to be very lucky today. Again, the question that was for written response but had to be converted into oral reply because it was not answered comes from the hon Chetty. He is not in the House. I have no instruction. So, that question is struck off. So, we thank you very much mom for coming. [Applause.]

The CHAIRPERSON OF THE NCOP: We must then proceed. Before we do that, ... [Interjections.]

We thank you Minister.

The next set of questions comes from this House, and they are addressed to the Minister of Social Development. Hon members, I have received a letter from the Minister of Social Development. The letter in short simply says that she and her deputy are unable to attend. The Minister has been given responsibility which unfortunately clashes with our sitting today. The responsibility has to do with the burial of the former ambassador and former Minister of Social Development, Mr Skweyiya. She does state in the letter that her deputy is unable to come because of the technicality of the questions - I am quoting her verbatim. What I want to suggest to the House is that all the questions to the Minister of Social Development must not fall away. At the next cluster meeting -

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irrespective of whichever cluster - the questions to the Minister of Social Development must be priority in that question time. Does the House agree? [Interjections.]

Ms T J MOKWELE: Thank you very much, Chair. It might sound as if it's a fair deal, hon Sibhukwana, but for us it's not a fair deal because we expect that Ministers and Deputy Ministers are in the same Ministry. So, if the Deputy Minister is telling us about the technicality of the questions posed to the department, it gives us a challenge as members as to whether that member is really equal to the task that she is supposed to perform. We are saying as the EFF that we reject the apology of the Deputy Minister ...

[Interjections.]

The CHAIRPERSON OF THE NCOP: Not of the Deputy Minister. It is the Minister who says that.

Ms T J MOKWELE: So, it means that the Minister does not trust her Deputy Minister. It's a problem. We know that ...

*Setswana:*

... mme o tshwaregile ka go baakanya le go rulaganya dilo tsa phitlho.

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*English:*

But it can't be correct that the work of Parliament must be suspended because of her not trusting her Deputy Minister. It's a very weak plan and lousy explanation.

The CHAIRPERSON OF THE NCOP: Hon members, to respond to hon Mokwele, I cannot ... [Interjections.] No, no, no, I am responding.

I cannot be the judge of whether or not the reasons forwarded by the Minister are lousy or not. I think what we can hold the Minister to is that the questions will not go away but will be prioritised.

Hon Koni and Hon Faber, if you are still whipping the same horse ... [Interjections.]

Hon Magwebu!

*Setswana:*

E boile? [Tsenoganong.] Ke a leboga

Hon Farber!

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Mr W F FABER: Chairperson, I think we fully agree with you. We want the Ministers and Deputy Ministers to be accountable to us. We don't want other Ministers from other clusters to come and answer questions as they don't always have all the insight of those specific portfolios. So, we agree fully with you.

Mr L V MAGWEBU: Chairperson, with due respect, I just want to place it on record and in Hansard that what is happening is very disappointing. It's not your fault. It worries us for the Minister to say that Deputy Minister does not have the necessary skills. Be that as it may, we will accept the apology; they are not here. But this is completely unacceptable. Thank you, Chair.

The CHAIRPERSON OF THE NCOP: Hon members, I do not wish to be misquoted. I have not said that the Minister said her Deputy has no skills. I simply said she said the questions are of a technical nature. Therefore, the inference is that she prefers to come and deal with the questions herself. To be honest, you also know what the questions are and in what condition that department is. So, it is fair not to throw in a Deputy Minister in this instance but the Minister for her to tell us how she is handling the department.

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The other thing is that I do hear what the Hon Farber is saying. Your Deputy Minister is allocated specific responsibilities. The head that you go for is not that of the Deputy Minister, it is that of the executive authority, which is the Minister. So, we must always know who ultimately carries the responsibility of oversight and accountability to us and to the sitting. That being the case, I do give an assurance that those questions will not die. They will be the first questions in the next question session.

*Setswana:*

Ke a leboga.

Ga go le yalo ...

*English:*

... let us welcome our Deputy Minister from Water and Sanitation.

Deputy Minister, you are welcome.

I would be so happy if the North West could behave.

Hon Deputy Minister, the first question that comes to you ...

[Interjections.]

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Mr T C MOTLASHUPING: Hon Chair, on a point of order: ...

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Are you calling me to order?

Mr T C MOTLASHUPING: No, I can't call you to order. Hon Mpambo-Sibhukwana is busy provoking my feelings. I am not saying that she is older than me; we were born in the same year. [Laughter.] Please, she must stop harassing me.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Hon members, I think it is that time of the day. Hon Mpambo-Sibhukwana, please, don't harass the feelings of hon Motlashuping. Hon Motlashuping, you are the only person who can discipline and control your own feelings. So, don't be harassed.

Question 152:

The DEPUTY MINISTER OF WATER AND SANITATION: Good afternoon, hon Chairperson, hon members. In terms of section 29 of the Water Services Act 108 of 1997, the primary activity of water boards is to supply water to the water services authority within their service areas. Quarterly, my department receives consolidated inputs from water boards on the status of the debt owed by the water service

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authority. The response is only going to concentrate on debt by the water service authority and by the Department of Water and Sanitation.

Let me state clearly that some of the main challenges relating to the nonpayments of the outstanding debt by the water service authority relate to the inability to collect revenue and therefore, pay the water board. Rural communities or rural municipalities have a low revenue base and therefore, cannot pay for their services, as they are mainly dependant on grant funding.

The first one that I am going to deal with is one that is related to water and sanitation. The money that the Department of Water and Sanitation owe is R373 million. This amount will be paid at the end of April 2018. I confirm this. It will be paid. This afternoon, I spoke to the director-general. He confirmed it and the money will be paid by us.

With regard to the R7 billion that is owed by municipalities to the water boards, the hon members will remember that we have a new Minister of Local Government and a new Minister of Water and Sanitation, Minister Nkwinti. What the department is embarking on, in order to ensure that this money is paid by the municipalities to

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the water boards, is to facilitate payment plans between water boards and municipalities. However, some municipalities did not adhere to these and therefore, the Department of Co-operative Governance and Traditional Affairs, Cogta, convened an interministerial technical task team that includes the Department of Water and Sanitation. Cogta is part of that as well as National Treasury and Eskom. This task team's visits affected municipalities to enforce the payment plans. That is the end of my reply.

Mr T C MOTLASHUPING: Hon Deputy Minister, we are aware that there were significant cuts in terms of your budget as a department - a total of R2,6 billion - and you had an overdraft of R2,7 billion. Having said that, the interministerial task team, consisting of the three departments, was intended to address the issues of the debt of both, the water boards and Eskom. What progress has been made to date? Quite often, you have a situation where payment arrangements are made and municipalities do not keep their promises, and at the end of the day, it is not everybody who suffers but the ordinary people. Service delivery to the ordinary people is compromised. Thank you.

The DEPUTY MINISTER OF WATER AND SANITATION: I just want to remind the members that there is money or a grant that is paid directly

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from National Treasury to municipalities. Most of the time, that money is not used for the programme of water and sanitation; it is used for other things. So, that is the dilemma that we are faced with. With the new Minister Zweli Mkhize, some municipalities do not utilise their funding at all because they are unable to do so.

You are right by saying that there is an interministerial task team, which includes Cogta, Treasury and us. I think that the plans are now ... I know that the Minister had an engagement firstly, with the President, the Minister of Cogta and Treasury. Those engagements are going on, hon member. What I got from the Minister is a positive sign that the money will be paid, because there is money that Local Government did not use at all. It is in the public domain that it was not utilised.

We hope that the new Minister of Local Government with our new Minister of Water and Sanitation, Minister Nkwinti, will come up with a good plan to make sure that this money is paid. Thank you.

Ms B T MATHEVULA: Chairperson, Minister, the Standing Committee on Public Accounts, Scopa, reported only a few weeks ago that your department had overspent its budget by R2 billion and that it was almost bankrupt, as a result of maladministration by the then

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Minister Nomvula Mokonyane. What have you done to ensure that the department does not collapse and what have you done to ensure that those responsible for maladministration are brought to book?

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Deputy Minister, you may venture into this question, but the hon Mathevula has smuggled in a new question, which has nothing to do with the payments to water boards and whatever. The question should have been whether or not you are able to ... So, it is up to you to venture into the question.

The DEPUTY MINISTER OF WATER AND SANITATION: Chair, I think that I am not comfortable to answer that question now. If I get proper information, I will answer the question.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Hon Mathevula, the question is valid. You can put the question. It is just that it is really not a proper follow-up question on the response that the Deputy Minister gave.

Mr W F FABER: Hon Deputy Minister, we know about the trouble that the hon member was talking about now. Your department is in deep

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trouble. You actually got one third of your money left to spend instead of the full amount.

For how long have these debts owned by municipalities as well as other departments been in existence? What plans do you really have in place to get this money back and stop this practice by departments and municipalities not to pay, as it is exactly the same with Eskom? Do you have a plan in place? If you don't have a plan in place, we are in trouble. Municipalities will pay you a little bit now and in three months, they will not have money again and we will sit exactly where we sit. Next year, you will be embarrassed because we will ask you exactly the same questions and you will not be able to answer us. Do you actually have a plan how to sort this out?

The DEPUTY MINISTER OF WATER AND SANITATION: I have just explained the plans. This is the same question that was asked by the hon member. We do have a plan. The plan is that there will be engagements between National Treasury, us and Cogta. I cannot assume what the engagement is going to result in. I know that those engagements will assist me to come up with the right answers. Otherwise, I cannot assume what the engagement between the Minister of Cogta, Treasury and our Minister will result in. Please, allow me to say that we have a plan. You will get it at the right time.

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Question 157:

The DEPUTY MINISTER OF WATER AND SANITATION: Chairperson, the Department of Water and Sanitation has learnt a lot about drought, especially about the need to ensure that people are made aware of the importance of water conservation and demand management.

I have a good story to tell. Yesterday, the collaboration between the Minister and the Premier of the Western Cape saw the release of 5 million cubic meters of water from the Bergriver Dam to augment supply Clanwilliam Dam. This is working towards ensuring that Day Zero never happens. [Interjections.]

Yes, and again, the Minister, the Premier and local government are continually engaging on the matter. I do want to say and promise to all members that we have good relations between the Western Cape and ourselves. I know because it is my programme. All the interventions that we did in the Western Cape, starting from the money, the funding that was given to the Western Cape - which is R7,8 million - during the drought period ...

Remember, the drought started in KwaZulu-Natal and all other provinces ... the Eastern Cape, the Northern Cape and the Western Cape ... [Interjections.]

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Ms N P KONI: [Inaudible.]

The DEPUTY MINISTER OF WATER AND SANITATION: It's worse here. I agree with you. [Laughter.]

The CHAIRPERSON OF THE NCOP: Deputy Minister, be in order! Just keep to your response, ma'am.

The DEPUTY MINISTER OF WATER AND SANITATION: I want to say, the ... again, we are developing a master plan which is going to assist us. In terms of interventions, I think the Premier of the Western Cape can tell you that we are working together to make sure that everything is done to assist the Western Cape.

The reason is that not only Western Cape people are going to suffer; this province has all the provinces ... When Parliament is in session, all provinces reside here. So we cannot ignore the fact that they have an overload of work. So, we are doing ... [Interjections.] [Laughter.]

Therefore, I want to say, there are areas of desalination which we are looking at. Because I know in KwaZulu-Natal, desalination assisted the community of KwaZulu-Natal.

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We also increased in recycling. We also decreased in groundwater development. The Premier will agree with me that there is a lot that we have done. It's just that I cannot mention all of them.

There were also the students that are in Bitou which ... I was there myself. I worked with the Mayor of Bitou on the interventions. So, this is ... I think ... I have a list that I can write ... sit down ... if you want it ... all the interventions.

*isiXhosa:*

Ms P C SAMKA: Sihlalo, mandibulele kuSekela Mphathiswa ngempendulo yakhe. Sekela Mphathiswa, invula iyana eKapa ngoku kwaye uThixo usiphendule kolu ngenelelo lwenziwa liSebe lezaManzi noGutyulo leLindle. Umbuzo wokuqala ufuna ukuqonda ukuba yintoni eyenziwa lisebe ukuqinisekisa ukuba la manzi emvula ayaqokelelwa? Owesibini, ingaba oba buxhaka-xhaka bokugrumba amanzi ngaphantsi bugcinwe ngononophelo kusini na, ukuqinisekisa asiphindi sithethe sibe sithetha ngeNtshona Koloni namanye amaphondo ngalo mba wembalela. Enkosi kakhulu Sihlalo.

USEKELA MPHATHISWA WEZAMANZI NOGUTYULO LELINDLE: Sihlalo, mandiqale ngokuthi le mbalela isifundise izinto ebesingazazi kwaye siyaqala ukuyibona ngamehlo. Sasivile ngoko ukuba kuza kubakho utshintsho

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kwimo yezulu kodwa asizange siyazi ukuba iza kuthatha ithuba elide kangaka. Sifundile ken gale mbalela saba nenkqubo ethi, ukukhongozelwa kwamanzi, [Water Harvesting.] Le nkqubo ithi masigxinisise kwinto yokuba nabantu abahlala ezidolophini mababenawo amatanki ukuncedisa ekukhongozeleni amanzi. Singava into embi ukuba la manzi amoshekile awakhongozelwa. Siyabafundisa abantu ekuhlaleni ukuba intwanana yamanzi ewileyo masiqiniseke ukuba iyakhongozelwa.

Kwakhona, sinayo ingxaki ngobu buxhaka-xhaka bokugrumba amanzi xa sele sibubekile. Khumbula ukuba zikhona iindawo eziluxanduva lwethu neendawo oomasipala abanoxanduva kuzo. Ukugcinwa ngononophelo, kwiindawo zonke, kufanele ukuba kwenziwa ngoomasipala kodwa ngenxa yokuba nabo oomasipala babanengxaki yokungakwazi ukuqokelela...

*English:*

... revenue, enough to do the maintenance. So, I'm saying ...

*IsiXhosa:*

... sifundile kakhulu kule nto kwaye uMphathiswa uNkwinti uyichaphazele into yokuba sibethakala kakhulu apha ekugcineni ngononophelo izinto zethu. Uze nesicwangciso sokugcina ngononophelo izinto isebe elize nazo. Loo nto ke, ohloniphekileyo Samka ithetha ukuba zikhona izicwangciso ezenziweyo. Enkosi.

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Mr T C MOTLASHUPING: Chairperson, South Africa is a unitary state. It is not a federal state.

Now, when we presented the Fiscal Framework here, it was rejected by the MEC in the Western Cape. "We reject..." with an emphasis. And then we said there is R6 billion that has been budgeted to bail out all provinces that were affected by drought. And they said, you must release that money with immediate effect.

So, we appreciate the fact that national government has come in to intervene where there is poor planning. I think, will it not be in the best interests ... Because Western Cape has planned poorly. What they only know is Day Zero, Day Zero ... and I don't know what Day Zero is!

Now, what you ... What I think should happen, Deputy Minister, is that ... Will you not be able to assist the Western Cape with planning prior ... prior planning ... because they only claim to know how to plan, and we have witnessed it with the drought that there is no planning, there's poor planning. Please, your intervention will be of utmost importance. [Interjections.]

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The DEPUTY MINISTER OF WATER AND SANITATION: Hon Minister, I didn't want to raise the issue of ... [Interjections.]

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: No, no, no! Order! Order! [Interjections.] All of them. Order, members of this House ...

The DEPUTY MINISTER OF WATER AND SANITATION: Hon member, I didn't want to say Western Cape has poor planning. But thank you for raising it.

Really, we pleaded with Western Cape, I think, since this drought started, that we should look at desalination. But with KwaZulu-Natal, they planned it, and all provinces that are affected by drought ... We are not talking about them now, because of their plans.

So, I want to say, let us say, we are really going to assist them. [Interjections.]

THE CHAIRPERSON OF THE NCOP: Order, members!

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The DEPUTY MINISTER OF WATER AND SANITATION: We are going to assist them because, really ... [Interjections.]

The CHAIRPERSON OF THE NCOP: Just respond, ma'am.

The DEPUTY MINISTER OF WATER AND SANITATION: Thank you very much.

The CHAIRPERSON OF THE NCOP: Hon Faber. [Interjections.] Hon Faber, you are protected.

Mr W F FABER: Thank you, Chairperson. Yes, when we hear about plans, and babbling about how the Western Cape should have done and could have done ... [Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Oliphant!

Mr W F FABER: ... perhaps the national Ministry should have looked at the infrastructure from the start.

Now, while we are on it, it is on record, Deputy Minister, that the previous Minister of Water Affairs ... that the Clanwilliam Dam would be repaired and the dam wall would be raised to help relieve the possible water shortages. This is on record by your Ministry.

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This project should have started - as budgeted for - in 2013-14, at R2 billion, with the completion date - Minister, just listen - 21 May 2018. This project should have been completed by your department.

Now, from December 2016, 54 ... I don't know of people or the members sitting around here know this, but from December 2016, 54 Department of Water Affairs construction team workers clock in in the morning, and leave without doing anything, costing this department R2,5 million per month at this Clanwilliam Dam. Not doing anything from 2016 ... every day ... Every month, they cost your department R2,5 million.

Why, till today, has nothing been done by your national Department to this effect. What is the new budget, Minister? When will this construction start and when will this dam be completed, so that you can take accountability for the drought where you did not do your job?

The DEPUTY MINISTER OF WATER AND SANITATION: I would like to separate ... [Interjections.]

The CHAIRPERSON OF THE NCOP: Order!

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The DEPUTY MINISTER OF WATER AND SANITATION: ... because here we are talking about interventions made in the Western Cape. So, you must separate our programme in terms of our infrastructure in the provinces. We have our timeframes and we are saying ... you are saying yourself that we said 2018. It is still 2018! It's still 2018. So you can't say that programme is not done yet because we are still on it. [Interjections.]

You're running away from the fact that you are unable to plan. Thank you. [Interjections.]

Mr J J LONDT: You are lying!

The CHAIRPERSON OF THE NCOP: Order, members! Hon members ...! Hon Londt, you can't say the Deputy Minister is lying. If you do ... [Interjections.] No, no, no! [Interjections.] If, at the time, quoted by the hon Faber, that work which the Deputy Minister says ... which hon Faber says the department undertook to finish by that date, is not done, please let us then come and hold ...

[Interjections.]

It's fine; it's four weeks. It's okay! [Interjections.]

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There are four ... You say four weeks? Until that deadline which hon Faber is reading, give them the benefit of the doubt and then you can make your point in this House. [Interjections.]

Yes. Hon Mokwele, you are next.

Ms T J MOKWELE: Thank you very much, Chairperson ...

[Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Mokwele is protected. Hon Hattingh, there's a speaker on the floor.

Ms T J MOKWELE: Thank you very much, Chair. [Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Mpambo-Sibhukwana, there is a speaker on the floor!

Ms T J MOKWELE: Deputy Minister, it is a fact that South Africa is a water scarce country. It is a fact that it is not only in the Western Cape where we find our people without water. Our people in Limpopo are still drinking water with animals. [Interjections.] Our people in KwaZulu-Natal are still drinking water with animals. They are still fetching water from the dams. Our people in Northern Cape are still without water. [Interjections.]

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Now, I'm checking with you, hon Deputy Minister, what is it that the department doing, let alone the Western Cape, because that's where most of the white people are ...

Now, they ... Whatever we are used to as black people, they are not used to. They are not used to ... [Interjections.]

The CHAIRPERSON OF THE NCOP: No, no, no! Hon members, the speaker is protected. Let the speaker finish. It is uncomfortable. Let the speaker debate.

*Setswana:*

Moh T J MOKWELE: Ga ke lo tshabe ka sepe. Ke batla gore lo itse gore ga ke lo tshabe ka sepe. Gape ke batla go le bolelela gore ke kgare re tshela re se na metsi, le gona re sa ntsane re tshela a seyo.

*English:*

The CHAIRPERSON OF THE NCOP: No, don't respond to them; just finish your question.

*Setswana:*

Moh T J MOKWELE: Gape ke batla go le bolelela gore ke kgare re tshela re se na metsi, le gona re sa ntsane re tshela a seyo.

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THE CHAIRPERSON OF THE NCOP: Hon Mokwele, I want the question because ...

*Setswana:*

... o tla itshenyetsa nako.

*English:*

Come back to your question.

*Setswana:*

Moh T J MOKWELE: Ke batla go boelelela batho ba ...

The CHAIRPERSON OF THE NCOP: Your time is running out.

Ms T J MOKWELE: ... these racist white people of the Western Cape. I want to address them. It is not fashionable ... you must live without water. We have been living without water. You must taste what we have tasted. We are in this situation ... in this mess because of your legacy. You taught our people corrupt activities through your systems of corruption and through your racist tendency.

The CHAIRPERSON OF THE NCOP: Hon Mokwele ...

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Ms T J MOKWELE: So it is not ...

The CHAIRPERSON OF THE NCOP: Hon Mokwele ...

Ms T J MOKWELE: ... a surprise that you are living without water. Taste what the black people have tasted out there. Thank you.

The CHAIRPERSON OF THE NCOP: Hon Mokwele, you made a statement. I don't know whether the Deputy Minister wants to do that because your time has run out.

The MINISTER OF WATER AND SANITATION: No, I want to thank the member from the EFF. Thank you very much. [Interjections.]

THE CHAIRPERSON OF THE NCOP: Yes, ma'am?

Ms T J MOKWELE: [Inaudible.] ... that I address this white, racist man. The reason I couldn't go to school is because ...

The CHAIRPERSON OF THE NCOP: No. Hon Mokwele ...

Ms T J MOKWELE: ... your apartheid system denied us the opportunity to get proper education.

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The CHAIRPERSON OF THE NCOP: Hon Mokwele!

Ms T J MOKWELE: That is why I couldn't get what your child of my age got. It is because of you!

*Afrikaans:*

Mnr C HATTINGH: [Onhoorbaar.] Gaan huis toe! [Go home!]

*English:*

The CHAIRPERSON OF THE NCOP: Hon Mokwele!

Ms T J MOKWELE: It is because of you. [Interjections.] It is because of you ...

The CHAIRPERSON OF THE NCOP: Hon Mokwele!

Ms T J MOKWELE: ... and I'm not going to be intimidated by your white tendency. That one I won't allow.

The CHAIRPERSON OF THE NCOP: Hon Mokwele! Hon Mokwele! You address any member in this House via the Chair! [Interjections.] No! Keep quiet, please!

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Ms T J MOKWELE: [Inaudible.]

The CHAIRPERSON OF THE NCOP: Hon Mokwele! Hon Mokwele!

[Interjections.] Hon Mokwele! [Interjections.]

An HON MEMBER: That's gross disorder.

The CHAIRPERSON OF THE NCOP: Hon Mokwele! No! No! Hon Mokwele, we understand the pain of the past, but this is just not the platform to do that. We cannot degenerate, hon members ... [Interjections.]

Ms T J MOKWELE: [Inaudible.]

The CHAIRPERSON OF THE NCOP: Hon Mokwele, hold your horses! Hon Hattingh, you are on your feet?

Mr C HATTINGH: Hon Chair, we've taken a lot of these insults, but to threaten my life is certainly uncalled for and certainly cannot be tolerated in this House. [Interjections.]

The CHAIRPERSON OF THE NCOP: Hon Hattingh, I will follow up on that. Please be sure that, if I find ... because I didn't hear. I was busy

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trying to call the member to keep quiet, so I didn't hear everything. I will get into it.

Hon members, let us not forget who we are. There will come times when the wounds are opened, but the strength of South Africans must always be to keep our heads above the water and to remember that we are ... some of us believe in our unity in diversity.

[Interjections.] It is important that we always rise above these, because the future is more important to us than the past.

So, please control how you address one another. Please!

Hon Faber, I'm hoping you're not re-opening what I'm trying to close! You're on your feet? [Interjections.] Order, hon members!

Mr W F FABER: Chairperson, all the years, since you've been here, I must be quite honest, I really enjoyed you as a Chairperson. But today I'm quite disappointed ...

Ms T J MOKWELE: [Inaudible.]

Mr W F FABER: ... I want to just say something. When a member has to ask a question - we are here in a Question Session - then this

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member should be on the question. If a person goes off the question, it is your duty to stop of this type of thing, because this is when it starts going out of hand.

The CHAIRPERSON OF THE NCOP: Hon Faber, please take your seat.

An HON MEMBER: Point of order, Chair.

The CHAIRPERSON OF THE NCOP: No, no no! I can ... [Interjections.]  
Please, please, sit down. No, no!

Hon members, all of you are witness that I concentrated on trying to get hon Mokwele to hold her horses, to keep quiet. So that accusation, hon Faber, is unwarranted. It is out of order because it is unfair. I tried to speak to the hon member right here in your presence, so I am not taking what you are saying. [Interjections.]

No, no, no! I will not take what you are saying. [Interjections.] I think we should continue with the business of the day.

[Interjections.]

No, no, no! Suppress that! Can we move, hon member? We have just had ... [Interjections.]

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Hon Oliphant, you are old enough for you to be helping me control this House! [Laughter.]

We need to tame our feelings, hon members. It is not always pleasant. That is part of our history, but if we are going to dwell in the history, we are never going to get this country right. That is not going to help us. We need to concentrate on forging ahead with unity, with recognising that we have pained one another.

Deputy Minister, I want to move you to Question 139.

Question 139:

The DEPUTY MINISTER OF WATER AND SANITATION: Thank you very much, Chairperson. The R198 million was not only intended for municipalities, the amount intended for municipalities was R42 million and will be paid in line with the local government payment scheduled for 2018-19 financial year approved by the National Treasury. The remaining R156 million that was due to Water Boards and Komati Basin Water Authority has since been paid on 4 April 2018. I thank you.

Ms N P KONI: Chairperson, just because you did not allow me to stand up on a very crucial point of order, I think I will use this

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opportunity to smuggle it in. I want to caution the hon Faber that a black person can never be racist. [Interjections.]

The CHAIRPERSON OF THE NCOP: That is not a follow-up question! Get on your follow-up question!

Ms N P KONI: In fact, he can go to jail for that. He must never make that mistake of calling a black person a racist! [Interjections.]  
Yes, I am still on my right time - right ma'am?

The CHAIRPERSON OF THE NCOP: Yes you are.

Ms N P KONI: Yes, Yaa, now hear comes the question: Hon Deputy Minister, why should the internal financial problems of the department jeopardise the service delivery programmes of the municipalities? Short and simply! Thank you.

The DEPUTY MINISTER OF WATER AND SANITATION: Why should the department jeopardise the financial programmes?

Ms N P KONI: Yes.

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The DEPUTY MINISTER OF WATER AND SANITATION: I wouldn't be sure, hon member, unless you tell me exactly which municipality you are talking about. If you write it to me I will give you a written response. Thank you.

The CHAIRPERSON OF THE NCOP: Break it down nicely, but Deputy Minister ... [Laughter.] ... no, akhe nimeni (wait) hon members. Are you agreeing that the question must be put on paper; because the question is very valid?

Ms N P KONI: Yes.

The CHAIRPERSON OF THE NCOP: It flows from the principal question.

Ms N P KONI: Yes.

The CHAIRPERSON OF THE NCOP: Because the principal question says that because of the department's financial problems it has not actually sent the monies it should have sent to the municipalities. If you agree that you are going to rephrase this, I am fine.

Ms N P KONI: ... [Inaudible.]

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The CHAIRPERSON OF THE NCOP: The hon Monakedi on the accident part?

Mr M D MONAKEDI: Chairperson, thanks to the Deputy Minister for that response. I wanted the Deputy Minister to clarify as to whether the monies paid - were those paid on time as per your plans or not, if not; I want to check as to whether the Deputy Minister is going to ensure that, going forward, whatever the problems that caused the delay are not going to repeated again? Thank you.

The DEPUTY MINISTER OF WATER AND SANITATION: Eh, will you repeat the question hon member?

Mr M D MONAKEDI: In your response you said the money referred to in the question has since been paid ... [Interjections.] ... that money have since been paid. I want to check whether the payment was done on time or not; if not, what were the causes and whether you are going to make sure that those causes are not repeated?

The MINISTER OF WATER AND SANITATION: Chairperson, I just want to say that, hon member, sometimes internal problems is that before you pay the money you must get the supporting documents - the correct invoices and if you have got the wrong invoices those invoices have to go back to the municipality we need more information for you to

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get this money. However, I want to say that the money that was paid was indeed paid on time. And we avoid not paying municipalities on time.

I want to assure you that all the municipalities that are not paid at the moment of which I don't know - I will go back and check that with the new Minister of Water and Sanitation and the local government Minister, Zweli Mkhize, I want make sure that after those engagement - because there are many problematic challenges in the municipalities. It is not only our faults sometimes that we don't pay.

So, I want to make sure that all the questions that you have raised concerning the timeframes - we will definitely make sure that the municipalities are paid on time. Thank you.

Question 111:

The DEPUTY MINISTER OF WATER AND SANITATION: Chairperson, since the inception in the year 2013, the Department of Water and Sanitation has eradicated 36 611 buckets in the formal settlement. I want to repeat, in the formal settlement of the Northern Cape, North West, Free State and Eastern Cape. Remember, we are not talking about informal settlement. We are talking about formal settlement. This

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work in progress and a budget of R1 billion that has been allocated under the estimates of national expenditure for the eradication of outstanding bucket during 2018-2019 financial year.

You must also bear in mind that we are talking about again formal areas. With that said, we can now confirm that the following provinces no longer have buckets in formal.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Deputy Minister, you are responding to question 154. Am I correct? You must be on the one that ...

The DEPUTY MINISTER OF WATER AND SANITATION: You said question 111, Chairperson.

The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: ... talks about 111 which deal with pick buckets and pit toilets. The one 111 refers to ...

The DEPUTY MINISTER OF WATER AND SANITATION: I hear you. I made a mistake. I can see what you are talking about.

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The CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: Yes, Ma'am.

Can we start all over?

The MINISTER OF WATER AND SANITATION: There is no funding that will be provided to the City of Tshwane for the update of the Waste Water Treatment Plant of Rooiwal, as the Regional Bulk Infrastructure Grant doesn't fund project in the metropolitan municipalities. That is clear and it is known by members. I don't know why this question is here. It is not suppose to be here. I am not supposed to be answering the issues that they know that we don't have funding for metropolitan. So, the Regional Bucket Infrastructure Grant Framework mainly focuses on twenty seven district priorities municipalities in an effort to accelerate access to basic water and sanitation services.

The metropolitan municipalities receive funding for the provision of their water services from the Urban Settlement Development Grant which is managed by the Department of Human Settlement. You should have asked this question to the Minister of Human Settlement and not me. It is an unfair question on me. Thank you very much.

Mr ENGELBRECHT: Deputy Minister, it is clear that you are the Deputy Minister because you obviously don't know what is happening in your

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department because your department has been promising funding for Rooiwal for many years while Tshwane was still under the ANC government and the people of Hammanskraal and the people north of Pretoria going around over to Northwest don't have water because that water waste treatment plant is not working and has never worked and is not sufficient for the outflow and the inflow of the water and it is a huge problem. The department has promised to support this water waste treatment many years ago. So, there are many empty promises that your department has given. Thank you, Chairperson.

The CHAIRPERSON OF THE NCOP: Deputy Minister, do you have any come back on this? Do you have any response? This is on the historical part because hon Engelbrecht has put the question because for many the department promised to Tshwane.

The DEPUTY MINISTER OF WATER AND SANITATION: Chairperson, hey, I started being the Deputy Minister in 2014 and the issue that, for many years, I will go back and check what it that was promised to Tshwane is. Thank you very much.

Mr M D MONAKEDI: Deputy Minister, today as we speak here, the City of Tshwane is under the leadership of the DA and the Deputy Minister has just clarified that with regard to the arrangements now in terms

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of the law, the city has got a responsibility to budget for and to provide services in the rural areas in particular the ones that are referred to by hon Engebrecht. The question is why the city is not doing exactly that of making sure that the Budget for those services and they provide those services. Is it because these are rural areas? Is it because these are areas that blacks live in? Perhaps the Deputy Minister may be able to share some light on this and do something with regard to this especially at the level of the Cabinet because the city under the DA has got the responsibility to make sure that they service all those areas, especially those that historically were disadvantaged. Thank you.

The DEPUTY MINISTER OF WATER AND SANITATION: Chairperson, no, the DA will understand that you have no power there. The people are crying and for the DA to tell me that I don't know my department at least I know that people of Tshwane today are suffering because of your leadership. Thank you very much.

Question 154:

The DEPUTY MINISTER OF WATER AND SANITATION: Hon Chairperson, let me start by saying that since its inception in the year 2013, as I said, the Department of Water and Sanitation has eradicated 36 611 buckets toilets in the formal settlements of the Northern

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Cape. This is work in progress; there are other provinces, the provinces of Northern Cape, North West, Free State and Eastern Cape. The budget of R1 billion that has been allocated under the estimates of national expenditure, which is ENE, for the eradication of outstanding buckets toilets during the 2018-19 financial year - and bear in mind that we are talking about formal areas. With that said, I can now confirm that the following provinces no longer have buckets toilets in the formal areas, namely, Mpumalanga, Gauteng, KwaZulu-Natal, Limpopo and Northern Cape. The last one I would like to respond to, because you spoke about in your question when you talked about rural villages, is by saying that through the Water Services Infrastructure Grant, my department has since 2013 replaced 100 095 pit latrines with ventilated improved pit latrine, which are called VIP in rural households. The last issue will be that of the department. Definitely, we will continue to replace VIP latrines beyond 2018 while the implementation of Bucket Eradication Programme will come to an end in the 2018-19 financial year. I thank you.

Ms T K MAMPURU: Hon Chairperson, ...

*Sepedi:*

Tona, e re ke go leboge ke re ge ke be ke botšiša potšišo ye, ke be ke nyaka go hlatsela se se boletšwego ke tonakgolo ya ka ge a be a

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efa polelo ya maemo a profense a re re le profense ya Limpopo re tšweletše mo tabeng ya go fediša "bucket toilet system". Ke tlaleletše gape ke re ga go na motho yo e lego modudi wa Afrika-Borwa a sa tsebeng gore ...

*English:*

... service delivery is not an event that you plan for, for example, by saying that it will take maybe two days. It is a process because everybody knows that squatter camps will always emerge and there are many factors that might cause that. You should focus, we are watching you in this 2018-19 financial year. Congratulations!

Mr L V MAGWEBU: Hon Chairperson through you to the Minister, I want to take you back a little bit to 2003. In 2003, Cabinet approved the strategic framework for water services to eradicate the bucket system and it was approved that it must be eradicated in 2006. In 2006, this target wasn't met by your department and the deadline was moved to 2015. And in 2015 it was not met again and it is still not met today even as we sit here. It's been a whopping 15 years down the line. This is another ANC failure.

For instance, in Free State, 16 823 toilets were built, costing millions of rands and yet these toilets are not working due to the

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lack of bulk water reticulation. Now here is my question: Why has this been allowed to happen? When will the bucket toilet system be completely eradicated everywhere? I hear you are talking about the 2018-19 financial year as the deadline now, yet deadlines have been pushed several times. As South Africans are listening and watching, can you commit that there are adequate resources that this will be completed?

The DEPUTY MINISTER OF WATER AND SANITATION: Hon member, you are saying that in 2003 the strategic framework for water services aimed at eradicating the bucket toilet system was raised. I want to say to you that ...

The CHAIRPERSON OF THE NCOP: Hon Mathevula, I don't want you to stop your fraternising but don't give me your back. [Laughter.] Please continue, Deputy Minister.

The DEPUTY MINISTER OF WATER AND SANITATION: Hon member, there are delays sometimes and they are caused by the community. It is not always the case that when we build any project that the actual deadline is met. It is due to delays that are sometimes caused by municipalities themselves and people in the communities. But I do want to say to you hon member that you are the last person to raise

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this because I want you to help me with Khayelitsha's situation where, instead of having proper toilets they decided to set up "potapota" [portable toilets] for them. I would be very happy if you could assist me to say ... we have provinces like Western Cape where, instead of doing the right thing with the budget they are given, they make "potapota" for black people. So, sometimes it is not of our own making as the national department, it is the making of the provinces that they delay themselves.

Ms T J MOKWELE: Hon Chairperson, as much as our people in Khayelitsha are still using "potapota", this in the province that is led by the DA where we expect the lives of black people to be developed for the better because we are in this mess because of what some of their predecessors have done to us. But this hon Deputy Minister doesn't erode that as a department you don't have the responsibility to make sure that the lives of our people are restored and the dignity of our people is also restored.

In Galeshewe, in Kimberly, in Ward 31 if I am not mistaken, we are still having people that are using buckets toilets, and those buckets toilets are not properly taken care of by the municipality. Now, I want to ask you, Deputy Minister, how are you assisting the municipalities that are still struggling with the backlog of bucket

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toilet systems to eradicate them? And what are the challenges that you are facing as a department to make sure that this issue of buckets toilets is dealt with in totality? Thank you very much.

The DEPUTY MINISTER OF WATER AND SANITATION: Hon member, I want to raise the issue of work in progress that I have previously raised and also talk about R1 billion that we have. I am taking what you are saying because you are assisting me when you tell us about what is happening in Ward 31 in Kimberley. I will make sure that when I go back to my department we prioritise places like those. We should ensure that in the allocation of funding we make sure that we fast-track the eradication of bucket system. I thank you.

Mr T C MOTLASHUPING: People forget too easily, Deputy Minister. It was just yesterday in 1994 when we realised that water is life and sanitation is dignity. We were exposed to the bucket toilet system. I am a product of the person who used the bucket toilet system. It was the ANC-led government that brought dignity to my life and not the DA because some of them were using waterborne sewerage when we were using pit toilets and bucket toilet systems. Now, if they come here and say that the ANC has created this problem that was faced by many people in this country while the DA in the Western Cape failed

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dismally to address issues that relates to the dignity of our people  
...

The CHAIRPERSON OF THE NCOP: ... What is your question please? Your question?

Mr T C MOTLASHUPING: Now, it is important that people must be told. They must be told the truth that we have brought dignity to the people and those who have forgotten should be reminded that they have failed our people and have caused a lot of harm to our people ... [Interjections.] ... and they have violated the dignity of our people.

The CHAIRPERSON OF THE NCOP: What is your question? Your question, please.

Mr T C MOTLASHUPING: It was just a political statement. [Laughter.] [Interjections.]

The CHAIRPERSON OF THE NCOP: Deputy Minister, you do not have to respond. There are two things that have happened in this House today. One was the issue of the interpretation of the Rules on when a question appears in the House and how it can be transferred for

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caretakership by another member. And I think I want to come back to members on this issue because it has created havoc in this House today.

When you are in the House and there is a question in your name, you are expected to take care of that question. When you are expected to take care of that question, hon members, in this day and age, we do not expect you to pay compliments to Ministers, we expect you to have follow-up questions. Back on it, if for whatever reason you cannot be here, you are sick and therefore can prove to us that you are sick and unable to speak, I think we can make an excuse for you because you are too sick to speak but you are present, then we can make that arrangement. But if for whatever reason you are unable to be in the House at the time your question is up, you have to make arrangements so that we can then recognise the person you have told us to question on your behalf, not to do so means that the question falls away. That has nothing to do with my personal feelings about anybody, it simply has to do with how we will treat this matter. I am simply saying that today we had an altercation around taking care or not taking care of the question.

The second matter is the issues where we have an altercation between the hon Hattingh and the hon Mokwele. Hon Mokwele is in the House,

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but the hon Hattingh I think has just stepped off. Hon members, I cannot police your feelings. I can appeal to you to control your feelings. I cannot tell all of you to suppress the anger when one member says something to you, I can only say that when that happens, remember that you are also in the House and we are here as per the favour of the electorate. When you express the hurt of the past or the current, please remember that we have a nation to build. It doesn't matter what we feel. Some of us can write books about humiliation and all what we have gone through, but we always want to say but our great great-grandchildren must have a country - South Africa, which is dignified, which has a track record of remembering but forgiving. Can we agree on that hon members? Remembering and forgiving because if you don't forgive, you will not build a country "ngwanaka" [my child].

QUESTION SESSION CONCLUDED

The Council adjourned at 17:55.