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NATIONAL COUNCIL OF PROVINCES

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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

The Council met at 14:05.

The House Chairperson: International Relations and Members Support took the Chair and requested members to observe a moment of silence for prayers or meditation.

NOTICE OF MOTION

Mr J J LONDT: House Chairperson, I hereby move on behalf of the DA that the Council debates whether the size of a Cabinet - and if having larger Cabinets - has any correlation with or significant effect on improving service delivery, or whether a smaller Cabinet promotes increased quality service delivery.

AVOIDANCE OF DAY ZERO

(Draft Resolution)

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Mr O S TERBLANCHE: Hon Chairperson, I move without notice on behalf of the DA:

That the Council –

- (1) notes that currently, the dams supplying water to the City of Cape Town are, on average, 31% full, compared to 21% at the same time last year;
- (2) commends the City of Cape Town and the Western Cape government for the sterling work that they have done to prevent a Day Zero scenario; and
- (3) further commends all the citizens of the city of Cape Town for their exemplary conduct and support to save water during this difficult period in order to defeat Day Zero.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Are there any objections to the motion?

HON MEMBERS: Yes.

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The HOUSE CHAIRPERSON (Ms M C Dikgale): In light of the objection, the motion may not be proceeded with. The motion without notice will now become a notice of motion.

GLOBAL RECOGNITION FOR CANSA, SOUTHERN CAPE KAROO REGION

(Draft Resolution)

Mr J J LONDT: House Chairperson, I hereby move without notice on behalf of the DA:

That the Council –

- (1) notes the extraordinary work that the Cancer Association of South Africa, Cansa, is doing in the ongoing fight against cancer;
- (2) thanks all the volunteers, organisers and stakeholders who spend hour upon hour dedicated to this noble cause; and
- (3) congratulates three ladies who hail from the Cansa, Southern Cape Karoo Region, who were recently acknowledged for the exceptional work they are doing:

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- (a) Merle Singh, Chairperson of the Garden Route Relay for Life, who received the Global Spirit of Relay Volunteer Award, which recognises her as the best Relay for Life volunteer in the world;
- (b) Sadiyah Moerat from Mossel Bay, one of five South Africans who received the Global Hero of Hope Award, a young cancer survivor and mother of two, and always willing to share her amazing testimony, was chosen as one of the Global Heroes to inspire survivors to keep on fighting; and
- (c) Lorraine Verhagen from the *George Herald*, who, on behalf of the George Relay, received the second prize for Global Spirit of Relay - Best Relay;
- (4) notes that the George Relay was hosted in the 2017-18 year and came second, globally, in the category, Best Relay; and
- (5) wishes them all of the best in their endeavours and urges them to continue fighting the good fight.

Motion agreed to in accordance with section 65 of the Constitution.

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STRIKE ACTION AT ESKOM, LOAD SHEDDING AND STATE CAPTURE

(Draft Resolution)

Ms T G MPAMBO-SIBHUKWANA: Chairperson, I hereby move without notice on behalf of the DA:

That the Council –

- (1) notes that yesterday, 18 June, Eskom announced it will take 10 days for the national power grid to recover from the strike action by Eskom employees;
- (2) further notes that load shedding may have been exacerbated by the industrial action, with years of Eskom mismanagement at the root of this crisis;
- (3) acknowledges that load shedding is a direct result of state capture and learners and students preparing for crucial exams at this time, residents, and the economy will suffer as a result; and

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(4) calls on the executive to take decisive action in order to ensure that all South Africans have access to safe, affordable, and reliable electricity.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Are there any objections to the motion?

HON MEMBERS: Yes.

The HOUSE CHAIRPERSON (Ms M C Dikgale): In light of the objection, the motion may not be proceeded with. The motion without notice will now become a notice of motion.

LAND DISPOSSESSION

(Draft Resolution)

Ms B T MATHEVULA: Chairperson, I hereby move without notice on behalf of the EFF:

That the Council –

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- (1) notes that on this day, 105 years ago, the Natives Land Act of 1913 was passed;
- (2) further notes that this Act limited Africans, in particular, to only 7% of all the land in South Africa;
- (3) also notes that the Act consolidated and legitimised hundreds of years of wars of conquest and dispossession of African land by white settlers;
- (4) acknowledges that land dispossession has been at the root of the oppression and exploitation of black South Africans;
- (5) acknowledges that, 24 years after democracy, whites still own 70% of South African land, despite being a minority;
- (6) further acknowledge that the willing-buyer, willing-seller principle has failed;
- (7) recognises that when we, as the EFF, put forward our motion of the expropriation of land without compensation and the amending of section 25 of the Constitution, we did so because the ANC-led government, their land-distribution policies, and

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the Constitution have not been able to address the legacy of land dispossession in this country; and

- (8) further recognises that, until this is done, our people will remain landless and dispossessed because, for a colonised people, the most essential value, the most concrete is, first and foremost, the land, the land which brings them bread and above all, dignity.

[Interjections.]

The HOUSE CHAIRPERSON (Ms M C Dikgale): Are there any objections to the motion?

HON MEMBERS: Yes.

The HOUSE CHAIRPERSON (Ms M C Dikgale): In light of the objection, the motion may not be proceeded with. The motion without notice will now become a notice of motion. Order, hon Mathevula! You can't do that.

Ms L C DLAMINI: Chairperson, I hereby move without notice on behalf of the ANC:

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That the Council –

- (1) notes and welcomes with appreciation the apprehension of the so-called doctors, allegedly practising medicine without valid licences around Cape Town, in the recent weeks;
- (2) also notes that these arrests occurred when officials from Western Cape Hawks, Crime Intelligence, and the Police Forensic Science Laboratory, in partnership with the Health Professions Council of South Africa, carried out raids;
- (3) further notes that these bogus doctors' activities are risking the lives and health of our people, and the charges include violating the Health Professions Act and other related medical Acts, fraud, forgery, as well as money laundering, which is tantamount to corruption that our government is determined to fight; and
- (4) applauds our law-enforcement agencies on the good work they are doing.

Motion agreed to in accordance with section 65 of the Constitution.

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CONDEMNING OF ATTACKS ON WOMEN AND CHILDREN

(Draft Resolution)

Ms Z V NCITHA: Chairperson, I hereby move without notice on behalf of the ANC:

That the Council –

- (1) notes with sadness the senseless kidnapping, killing and raping of women and children on a daily basis;
- (2) also notes the alleged rape of a 10-year-old Verulam girl by her stepfather for the past five years;
- (3) further notes that the girl is currently being given mental, emotional, social, and spiritual support to help her reintegrate into society;
- (4) further expresses concern over the senseless killing of a woman by an ex-policeman for allegedly yelling at him for cheating and making another woman pregnant;

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- (5) notes with discontent that Constable Vuyani Brian Welcome has explained in a guilty plea how he killed Zanele Sibiya, who was also a police officer;
- (6) states that offenders like Welcome should be given a higher sentence than the prescribed minimum of 15 years which is applicable in the matter, as the murder was not planned or premeditated, yet his job was to protect not to kill; and
- (7) calls for tougher sentences to be imposed on those who commit murder, rape and kidnapping, as it will assure the prioritisation of the safety of women and children and send a message to those who are committing the above-mentioned crimes that they will be severely dealt with.

Motion agreed to in accordance with section 65 of the Constitution.

VIOLENT PROTESTS IN EMALAHLENI LOCAL MUNICIPALITY

(Draft Resolution)

Mr L V MAGWEBU: House Chair, I hereby move without notice on behalf of the DA:

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That the Council –

- (1) notes that, yesterday, 18 June, a violent protest broke out in Dordrecht town and Lady Frere, in the Emalahleni Local Municipality, in the Eastern Cape, where tyres were burned and passing vehicles were pelted with stones;
- (2) respects the right to protest peacefully, as enshrined in our Constitution, but recognises that violent protests remain illegal in this country;
- (3) condemns this violent protest and calls on law-enforcement agencies to bring the perpetrators to book.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Are there any objections to the motion?

HON MEMBERS: Yes.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Hon Magwebu, you can't do that. You are done with your motion. Please take your seat. Take your seat, hon member. Thank you very much. In light of the

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objection, the motion may not be proceeded with. The motion without notice will now become a notice of motion.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Yes. You can't do that, hon Magwebu. You are done with your motion, please take your seat!

Mr G MICHALAKIS: House Chairperson, on behalf of the DA, I hereby move without notice:

That the Council -

- (1) notes the ransomware attack on the Liberty Group this past weekend, causing its share price to drop by more than 4% on Monday;
- (2) also notes that Liberty is not unique in this instance and that, regardless of efforts by the private sector, such attacks are costing our economy billions of rands annually;
- (3) further notes that the Protection of Personal Information Act is not yet fully operational and this is a source of major concern;

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- (4) notes that the government is not doing enough to invest in the development of technology and software to protect our state and private entities and to ultimately curb the loss of billions of rands from our economy;
- (5) calls upon Cabinet to reprioritise investment into cyber security and to embark on a nationwide campaign to create awareness among South Africans on this subject.

Agreed to.

Ms B A ENGELBRECHT: House Chairperson, on behalf of the DA, I hereby move without notice:

That the Council -

- (1) condemns sex trafficking;
- (2) notes that women are kept as prisoners in inhumane conditions, before being shipped out as sex slaves;
- (3) congratulates and applauds the SAPS in finding and rescuing 46 kidnapped women in a small room in Gauteng, who were

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subsequently released, including Ms Julia Dingiswayo, a mother of three who has been re-united with her family;

- (4) further notes that a human trafficking ring is suspected to be behind the abduction; and
- (5) expresses concern that some of these women were being held captive since January 2018 and that this House strongly condemns sex trafficking.

Agreed to.

Mr E MAKUE: House Chairperson, On behalf of the ANC, I hereby move without notice:

That the Council -

- (1) notes the slow pace of enforcing training on health and safety in the mining industry, and emphasises on employers and employees to identify hazards to eliminate, control and minimise risks to health and safety;

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- (2) also notes that the employers have a duty and responsibility to protect health and safety and employees that are exposed to occupational health and safety hazards and risks; and the employees have the right to refuse to work in an environment that may endanger their health and safety; and
- (3) further notes the perennial mining fatalities and injuries caused by seismic activities in the deep level mines resulting to fall of ground;
- (4) calls for an urgent attention on health and safety matters in mines.

Agreed to.

Dr H E MATEME: House Chairperson, on behalf of the ANC, I hereby move without notice:

That the Council -

- (1) notes that yesterday, 18 June, marked the 76th birthday of Comrade Thabo Mvuyelwa Mbeki, who was born in Idutywa in the Transkei in 1942;

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(2) further notes that Comrade Thabo Mbeki's parents were devoted activists and leaders of the national democratic revolution, who were part of the concerted fight against apartheid, the discrimination and marginalisation of the people of South Africa by the apartheid regime; and

(3) takes this opportunity to wish this politically astute cadre of our movement and fearless revolutionary of our people a happy birthday.

The HOUSE CHAIRPERSON (Ms M C Dikgale): In light of the objection, the motion may not be proceeded with. Hon members, hon Michalakis objected to the motion. Hon members, don't make my life difficult. The hon Michalakis objected to the motion and you heard him.

Ms C LABUSCHAGNE: House Chairperson, on behalf of the DA, I hereby move without notice:

That the Council -

(1) notes that Jeffreys Bay has won Kwela Town of the Year's competition after previously being announced as the provincial winner in the competition in April 2018;

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- (2) further notes that Jeffreys Bay's marketing on the four set programme to the value of R1 million, which will result in an increase in tourism and investment for the Kouga economy;
- (3) also notes that this campaign was started by the late former Kouga Mayor, Elza Van Lingen;
- (4) Horatio Hendricks, Kouga Mayor indicates that he is overjoyed by the title and that it was Elza's dream for Kouga to be the best municipality in the country. I think she is smiling down from heaven about this;
- (5) Van Lingen elected Mayor in 2016 subsequent to serving as a Member of Parliament in the National Council of Provinces, sadly passed away in April 2018 and was truly a women of the people; and
- (6) wishes Kouga and its people all the best in their future endeavours.

Mr O J SEFAKO: House Chair, on behalf of the ANC, I hereby move without notice:

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That the Council -

- (1) notes and welcomes with appreciation that South Africa is hosting the 5th International Climate Change Adaptation Conference, in Cape Town from yesterday, 18 to 21 June 2018;
- (2) further notes that this is a milestone in our history as South Africa is the first African country to hold this summit and it is attended by over 1 000 scientists, practitioners, business leaders and policymakers from around the world to connect, learn and inspire, as well as further to facilitate dialogues for solutions between key sectors from diverse perspectives and regions;
- (3) also notes that this 5th International Climate Change Adaptation Conference follows the 26th Brazil, South Africa, India and China, BASIC, Ministerial Meeting on Climate Change chaired by our Minister of Environmental Affairs, Edna Molewa, held in Durban over the weekend;
- (4) applauds the efforts to the global response to climate change, in the context of poverty eradication and sustainable development;

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- (5) finally notes that reflecting equity should be everyone's business so that we all have our common future.

Agreed to.

Ms T WANA: House Chairperson, on behalf of ANC, I hereby move without notice:

That the Council -

- (1) notes with sadness the untimely death of Dr Trudy Thomas, the first MEC of Health in the Eastern Cape, from 1994 to 1999;
- (2) also notes that comrade Thomas was earlier involved in Black Sash where she struck up a solid relationship with Black Consciousness leader, Steve Biko and his immediate family;
- (3) further notes that comrade Thomas also served the movement and the country with distinction in various capacities where she was deployed; and
- (4) sends our heartfelt condolences to her family and friends and her organisation, the ANC, in this time of bereavement.

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Agreed to.

Mr J J LONDT: House Chairperson, I just want to say that the ANC just lost the court case. The DA is back in Beaufort West council after an illegal take over by the ANC. [Applause.]

The HOUSE CHAIRPERSON (Ms M C Dikgale): Hon Londt ... Order, hon members. The hon member is out of order. Hon Chief Whip! Hon Essack! Hon members, order! I am sure the hon member Essack doesn't want to go out before we can even start with the business of the day. Please, let's have order in the House. Hon Essack, you know that you cannot drown the speakers. I have recognised the Acting Chief Whip; you are busy talking aloud there. Please take your seat, hon Essack. And please don't repeat that. What is the point of order, hon Julius?

Mr J W W JULIUS: My apologies to the Acting Whip. I don't think it is in order to threaten members seeing that what happened last ... I don't think your threats will work with us this time because other members also made noise and you decided to threaten a DA member. It is peaceful in the House ... Just heckling and he has a right to heckle. He didn't make noise. He has a right to heckle in the House. Thank you, Chair.

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The HOUSE CHAIRPERSON (Ms M C Dikgale): Thank you hon Julius. I am not threatening anybody but trying to maintain order in the House. If you did not hear that hon Essack was drowning us, I did hear him. Yours is not a point of order. Continue hon Chief Whip.

AMENDMENT TO THE AD HOC COMMITTEE

(Draft Resolution)

The ACTING CHIEF WHIP OF THE NCOP (Ms T Motara): House Chair, I move the draft resolution printed in the name of the Chief Whip on the Order Paper, as follows:

That the Council amend the motion regarding the establishment of ad hoc committee on intervention in North West provincial government adopted by the House on 17 May 2018, by making the following amendment:

- (a) the ad hoc committee to consist of 12 members of the National Council of Provinces and alternates.

Declaration(s) of vote:

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Ms C LABUSCHAGNE: Hon Chairperson, the Western Cape and the DA believes that the required notice of intervention was invalidly tabled without the required memorandum explaining reasons for the intervention by the President and the Inter-Ministry task team, and that memorandum is still outstanding for the said North West provincial intervention. The Draft Resolution to establish the ad hoc committee to enquiry into the intervention in the North West provincial government in terms of section 100 of the Constitution was invalidly placed on the respective NCOP Order Paper for consideration and therefore, thus illegally approved and force the ad hoc committee that is illegally established.

Despite numerous objections from myself in the NCOP and writing to the Chief Whip and the Chairperson of the NCOP, the ad hoc committee will be continuing with its work. While reserving our right regarding the procedure and legal validity of this committee, the Western Cape and the DA believes that it is in the best interest of the people of the North West to ensure that the substantive arguments are heard in a fair and unbiased manner and that the subsequent resolutions will result in quality service delivery in the North West province.

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I also recommend that members of the appropriate select committee should be members of the ad hoc committee, which was not fully adopted. Therefore, we had this resolution today to add someone one in the name of the Department of Education. I just hereby want to say that I am waiting in anticipation for the next resolution to add some more members from select committee as that was not adhered to.

The ANC continues in using the NCOP in political battlefield for the internal factions. We will not allow this, we will work in ensuring that the ANC is held accountable and that this committee remains transparent to the public.

The Western Cape supports the Draft Resolution.

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

Motion agreed to in accordance with section 65 of the Constitution.

APPROPRIATION BILL

(Policy debate)

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Debate on Vote No 17 - Social Development:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, let me apologise for my very funny voice. It is that time of the year. House Chairperson, hon members, distinguished guests, ladies and gentlemen, we remain cognisant that lives are saved when people are placed at the centre of their own liberation and development. The centenaries we are celebrating - that of Nelson Mandela and Albertina Sisulu - provide us with an opportunity to reflect on whether our focus actions and achievements over the past four years contributed to the type of society that we want.

We present this budget as we also celebrate the class of 1976. We thank them for their contribution, and we promise them that we will do our best to make education fashionable. As we present this budget, we have focused on the aspects of our concurrent functions as the department, wish to bring a number of issues to the members of the House and also seek a partnership in the implementation, as we reach the end of the Fifth Parliament.

On issues of welfare services, we would like to indicate to the House that we are in the process of finalising the Social Development White Paper, which will consolidate and outline the

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services, as well as enable South Africa to cost the needs of its professionals. We are still working with provinces to absorb social workers, and we have managed to actually get the scholarship to be reduced so that we allocate that money to the provinces to continue in the work to absorb unemployed social workers to improve the quality of our services.

We are on a journey to implement the early childhood development policy, the implementation of the conditional grants, which has to do with subsidies, as well as maintenance of infrastructure. We are calling on the House to please assist us in ensuring that provinces implement this mandate timeously so that we can improve the quality of early childhood development. We continue to strengthen families, as we believe that, without strong families, the different social ills we are experiencing in these communities will never be overcome. The family remains at the core of the interventions Social Development has to make.

As we hear every day about issues regarding child protection, we want to call on the House and provinces to strengthen the issues of child protection. Our children are under siege. Their homes are no longer safe, and their parents are unable to look after them. The department continues to implement the positive parenting programmes,

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acknowledging that the challenges of teenage pregnancies lead to children being parents whilst they are still children. We continue to strengthen that particular aspect to make sure the children can look after their own children. We also know we have to find a solution to allowing our girls to be.

On issues of older persons, we continue to provide the necessary support to our old-age homes whilst, at the same time, we continue to believe that Active Aging remains a very important programme, as it increases the lifespan of South Africans and also reduces a whole lot of other diseases, saving the state quite a lot of money. We also continue to acknowledge that our grandparents become parents a second time, as we deal with a number of lifestyle diseases that could be prevented.

To date, substance abuse remains one of the biggest challenges we experience. The department is to drive a very large prevention programme to enable us to begin to deal with this particular aspect. As we do that, we will review the National Drug Master Plan, as it comes to an end, and plan for the next five years. We call on the provinces to ensure their inputs are made and for provinces to also develop their provincial mini master plans. We continue to acknowledge that addiction is a very challenging and complex issue

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to deal with. As a result, for the past three months, we have trained our own provincial-based experts on addiction through the Colombo Plan, and we want to express our sincere thanks and appreciation to the provinces for having made available the officials to ensure we develop locally based expertise to assist us in taking forward this process. Our rehabilitation and treatment centres in the Eastern Cape, North West, Northern Cape, Free State, and Limpopo will be coming online. That will increase access to rehabilitation, as well as ensure that those who need it but are unable to pay for it are actually accessing it.

We have launched our Siyalulama outreach programme. This programme involves on-the-spot assessment. We are rolling it out, and it constitutes all the professions you require to assess a person and to admit him or her to a treatment rehabilitation centre. This programme is about voluntary admission, where the people say they are ready and need help. Siyalulama enables those people to be assessed and allocated a treatment centre on the spot.

We have launched the anti-substance abuse child and youth action plan, and I would like to say to members it is very sad that the youngest child in our child-focused treatment centres is a five-year-old who is addicted to drugs. That shows that we have a

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problem, and this child was exposed to the drugs in the home where both parents are using and introducing children to drugs. That is how complicated the area of drugs that we deal with is. We continue to implement the "drugs 101" programme to ensure our first-year higher education students, when they do the induction, are actually inducted and educated on issues of drugs.

Alcohol remains a challenge for us, and the exposure to and abuse thereof are two of the biggest challenges South Africa faces. It contributes to foetal alcohol syndrome but, at the same time, communities continue to say the Liquor Authority issues too many licenses, and radius as prescribed in the law is not adhered to. We are pleased to indicate that that particular review, in partnership with the Department of Trade and Industry, is ongoing, and we will be implementing a monitoring and evaluation system, at the same time partnering with the industry to find solutions to the social challenges that alcohol poses.

Gender-based violence remains South Africa's biggest problem. We are in the process of reviewing our plan of action to ensure that we strengthen the partnerships but also strengthen the co-ordination of these particular programmes. We are calling on members of this House in their constituencies to partner with us so that we are able to

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fast-track the implementation of the gender-based violence agenda. The command centre remains an entry point. Just to remind members, its number is 0800 428 428. All members must ensure all their constituency members have this number because it is a critical 24-hour line that is managed by social workers. It is not a call centre.

We continue to roll out the White Door Centres of Hope in communities in order to ensure that when women find themselves in that situation, they have somewhere to go where it is safe and also access the services. We are rolling out our Memeza personal alarm that will enable women, girls, and men, where necessary, to actually call the command centre when they are unable to do so. We are challenging all the men in this House to join Men Championing Change because we believe when men start being the ones in charge of the conversations, the conversations will change, and we will see more men standing up for the rights of women.

The HIV/Aids pandemic remains the biggest challenge South Africa has ever faced. Getting to zero is not easy task. As Social Development, we have acknowledged and ensured that Goal 4 of the National Strategic Plan 2017-2022 talks about the social structural drivers. In acknowledging and addressing the social structural drivers, we

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believe it will get closer to zero. We remain committed to that goal. Co-ordination and financial support for the SA National AIDS Council is amongst the budget that we present today to enable them to implement the multisectoral response and also provide better support to the provincial Aids councils. Our You Only Live Once programme and ZAZI campaign have gone from strength to strength, as well as our Everyday Heroes programme. Our commitment to keeping our girls in school is the biggest programme we are running to ensure our young girls, when they are in school, are safe and protected.

Malnutrition is another challenge South Africa is facing. We continue in partnership with all the provinces to roll out our community nutrition centres, and we will be increasing those because we know that between the ages of 19 and 59, you are likely not to receive any form of grant or social relief. Therefore, one meal a day goes a long way in ensuring those poor South Africans had something to eat. We continue to do our household profiling and look forward to completing these agenda items so that it enables us to plan better for our communities. Community social mobilisation remains a core function for this department, and we once again call for partnerships and working together.

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As we celebrate Youth Month, youth development remains a bigger problem in Social Development, and we continue to ensure that we improve on the registration and administration of nongovernmental and nonprofit organisations, NGOs and NPOs, and to ensure that the time to register is shorter. We also encourage NPOs and NGOs to comply with the Nonprofit Organisations Act.

The Life Esidimeni tragedy taught us that it really takes a good policy's bad implementation. We are calling on the members of this House and all provinces to ensure that they handle the issue of transferring and implementing the policy on independent living cautiously and that they don't abruptly cancel necessary contracts.

The killing of people with albinism remains a big challenge for this government. As government, we will not be able to win the war unless South Africans begin to deal with their own prejudice, their own stereotypes, and their own cultural belief systems. Above all, we are required come up with positive language, as some of the language we use to refer to people with albinism continues to make them victims and third-class citizens in their own country.

The National Development Agency is a very important instrument, as one Social Development's agencies. We continue to run the provincial

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offices. We continue to implement impact programmes. We continue to provide grant funding. The biggest focus the National Development Agency will have is to also develop a civil society electronic register that will consolidate, beyond NPOs and NGOs, the churches so that all of those structures - the stokvels - can be consolidated under one umbrella, and the information will be accessible at the push of a button. We also continue to provide grant funding through the National Development Agency. We continue to train the early childhood development practitioners, and we continue to make sure economic empowerment becomes a reality by establishing the co-operatives, registering them and ensuring these co-operatives are also funded, incubated for three years and that, amongst ourselves as the Social Development family, we use our own allocated budget presented here today to support these particular small businesses.

The SA Social Security Agency, Sassa, remains a very important entity for the implementation and payment of grants. We wish to confirm and say to South Africa and this House, as we will be going to our constituency work, we will not be closing any pay points, but we will be changing the card system, and we are calling on members of this House to partner with us, as we go on this journey to properly inform members of the public to change their cards and to

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also acknowledge that we will have teething problems. When that happens, the call centre will be available 24 hours a day.

We would like to indicate that the vetting of people that have access to children remains a critical weapon. We are asking hon members, in their constituencies, whether it is early childhood development centres, whether it is schools, whether it is play groups, every area where children are congregated, to assist us to ensure those people are vetted and that, as per the Children's Act, they are suitably qualified to work with children. We are not yet sure how we are going to deal with the mothers and the fathers that neglect and abuse children, including their own fathers who rape them, but we believe in partnerships. As we present this budget, we acknowledge the cuts made and commit to continue to strive to do better.

I would like to express my sincere thanks and appreciation to the acting directing-general of the department, Mme Nelisiwe Vilakazi, and the chief financial officer, Clifford Appel, for their continued leadership in this department, the chief financial officer and chief executive officer of Sassa, the chief financial officer and chief executive officer of the National Development Agency, all the MECs,

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and my team in the Office of the Deputy Minister, led by Mme Mathutu Motumi, for the continued support that we get.

We present this budget and expect the House's support as we move South Africa forward. I thank you. [Applause.]

Ms L C DLAMINI: Hon Chairperson, my greetings to the Deputy Minister, hon members, special delegates and SA Local Government Association, Salga. I want to start off by supporting the budget before I am called to sit down. I also want to pay tribute to our fallen comrades Mama Winnie Madikizela-Mandela, Ambassador George Nene and Dr Zola Skweyiya. These struggle heroes committed themselves to the cause of our freedom. Chairperson, Mama Winnie Madikizela-Mandela was not only a fearless fighter of racism and oppression, but also the first black medical social worker at Baragwanath Hospital, concerned with helping people, families and communities in order to enhance themselves. Mama Winnie was a mother to generations of freedom fighters. I mean the real freedom fighters not those who are fighting after freedom has been attained.

[Interjections.]

She was the one who has rallied together young and old, rural and urban, men and women, her powers swayed our resistance to apartheid

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in the darkest moment when other leaders were languishing in jail or in exile.

Hon Chairperson, Dr Zola Skweyiya was the Minister of Social Development for a period of 10 years. What a great man who selflessly sacrificed for us to attain our democracy like any other liberation struggle members especially from my political party.

Hon Chair, in implementing these policies he was a leader of course. These were the policies of the governing party. It was through his leadership that the Department of Public Service and Administration was established, uniting 14 public services at various stages of development and the ethos of Batho Pele, putting our people first in the delivery of services was conceptualised and institutionalised. Again with the wisdom of the ANC, it was through his leadership that social grant recipients increased from 4 million in 1994 and I think we all know who were getting the grants by then, to just over 17 million beneficiaries in 2018, which represents 32% of our population, thus providing a lasting blow to our fight against hunger and poverty.

Hon Chairperson, the governing party does not run out of struggle heroes unlike the one I saw in Soweto who was looking and I am not

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even sure what she was doing there because those people who died on June 16 were as a result of the party that he is currently leading. It is just attending a funeral of a person, go there, cry and when you are asked why you are crying and say I am crying for this dead person, but don't you know that this person has been killed by your father. That is what I got in the hon Maimane's action when he went to honour the people who died on June 16.

Hon Chairperson and the Minister, in his 2018 state of the nation address, the President of the Republic of South Africa, Cyril declared the year 2018 as the centenary year of former President Nelson Mandela and Mama Albertina Sisulu. These caring leaders laid a firm foundation for our thriving democracy, by fighting for equality, dignity and the alleviation of poverty. The Department of Social Development is well-placed to translate the commitment of these fallen heroes to social justice through the preservation of dignity and the provision of social security in a manner that helps alleviate poverty and suffering of our people.

Hon Chairperson, today we are debating Budget Vote No 17 of the Department of Social Development. This department carries a very important mandate, which is to ensure the protection against vulnerability by creating an enabling environment for the provision

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of a comprehensive, integrated and sustainable social service to our people.

Hon Chair, it is important to note that the term of the Fifth Parliament is towards its end and it may be important just to take stock of what has been achieved and what have been our challenges. As you will know hon Chairperson, there had been a number of episodes, but it is important to report that over the past years, 2015-16 and 2016-17 with all the challenges that the department had, there had been able to obtain a clean audit which we appreciate. We are hoping that they will still achieve a clean audit in the remainder of the year of the Fifth Parliament.

When we started in 2014, the department was tasked to reform the social welfare sector and services to deliver better results, to improve the provision of Early Childhood Development, ECD, as you know Chair that these priority of government of the early childhood, there was no department that was assigned to provide infrastructure. We then engaged with the department as a committee that you cannot prioritise something that you do not have control over. Chairperson, I am glad to report and we have seen some of the ECDs that have been built by this department. They are very beautiful in different provinces and we are hoping that they will be given that mandate to

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continue doing so. They have assigned the National Development Agency, NDA to do that on behalf of the department.

Hon Chairperson, with an estimate of 56,5 million South Africans remains a youthful population. Over 30,4 million South Africans are living in poverty. It is very painful to say so. Therefore we are saying let - I am repeating this Chairperson - I did mention it in my debate last year that unless we empower the National Development Agency, NDA, to assist in removing these other people from the poverty bracket and are able to provide for themselves. We are calling on all departments who are supposed to contribute to this department to do so, so that we do not spend a lot of money in paying social grants, but enabling them to have their own money so that they can look after themselves.

Hon Chairperson, poverty, inequality, stigmatisation and discrimination have been marked as key social drivers of HIV and Aids pandemic and these factors hinder access to social services that would otherwise improve standards of living of our people. The most affected age group is young people with high HIV and Aids incidence and prevalence, unemployment, substance abuse and incarceration amongst this age group.

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Hon Chair and Deputy Minister, substance abuse has proven to be one of the contributors to violence against women and children and some recent instances leading to the deaths in families. I am glad Chairperson that the department has positioned the prevention of substance, as well as the treatment of substance abuse as key priority. In this regard, the department has completed the construction of Substance Abuse Treatment Centres in three provinces that is the North West, Eastern Cape and the - North West is repeated here - in these three provinces during the 2017-18 financial year.

Hon Chairperson, the department should fast-track the construction of Substance Abuse Treatment Centres in the Free State before the end of the financial year.

It is without a doubt that children are our future. Our government has prioritised Early Childhood Development within its National Development Plan, NDP, as indicated there. We therefore appreciate the work done by the department in alignment to the NDP.

The department pays social grants to more than 17 million beneficiaries. Grant payments distributed income to poor households and have contributed to a reduction in poverty in South Africa. The

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social grant net is the government's biggest poverty alleviation and distribution intervention. There are others, such as government housing provision because it does not go alone, but in terms of social grant it is the biggest contributor to assist our people who are still living in poverty.

Hon Chairperson, during the course of this term the Department of Social Development has been able to absorb social workers after our recommendation that they must reduce bursaries and ensure that the increase in the absorption of social workers that are trained not only those, and only the social workers that are paid for by their parents and other sources of funding. We therefore appreciate that whatever we recommended as a committee, it has been taken serious by the department.

We all know that recently there was an issue with SA Social Service Agency, Sassa tender. We are glad hon Chair that in our last engagement with the Minister, there was a clear plan of how they are going to deal with it. We are sure that the issues of corruption will be dealt with because also the tender process that was about to take place, the Minister has been able to stop that. With that said hon Chair, we support the budget of the department. Thank you.

[Applause.]

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Ms T G MPAMBO-SIBHUKWANA: Hon Chairperson and the guests at the gallwry, my greetings to you. It has been clear from the past few years that the department and leadership is failing in fulfilling its constitutional mandate, as expected and confirmed by numerous court cases with the recent intervention of the Constitutional court to soldier development on the SA Social Security Agency Sassa payments.

The Department's 2018 budget was delayed due to the proposed organisational structure not being approved by Parliament. Like many issues that the department faces - most can be attributed back to the tenure of former Minister Bathabile Dlamini. It is unfortunate that, to date, problems that should have been solved under her leadership are now spilling into the lap of her successor, hon Suzan Shabangu.

A few days ago, it was reported that public frustration is on a steady increase in Uitenhage due to the government's inability to process thousands of social grants recipient information so that they are able to be issued with new grant cards and direct bank transfers. I want to state it very clearly that despite the Uitenhage offices being the second largest local social service office in the Eastern Cape province with a high number of people

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seeking assistance on a daily basis, residents still complain of a shortage of staff, overcrowding, lack of seating, bad ventilation and poor access for people with physical disabilities. How can shortage of staff still be an issue in this department when we have so many unemployed social work graduates who have been qualified at the state's own expense, sitting at home without work?

The absence of a chief operating officer, COO, in the organisational structure in the department is a cause for concern. Seven out of nine are acting. This comprises not only service delivery and holding people responsible accountable, but it also compromises the legitimacy of the entire entity. It is therefore not surprising for the agency to be run by the Constitutional Court, despite the separation of powers doctrine. Just recently, the South African Social Security Agency has sent out a warning to social grant beneficiaries warning them of fake SMSs that have been circulating regarding the re-registering of social grants. Although measures are being taken to rectify this problem, one has to ask how this became a problem in the first place. Had there been more organisation in the department, we would not be experiencing this issue that has led to unnecessary confusion and panic. The department needs to be cognisant of the fact that they are responsible for and to some of the most vulnerable portion of our population and, because of this,

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need to ensure that they maintain diligence throughout their work and interaction with the public.

Another issue facing the department is that of payments to the nongovernment organisations, NGOs. On numerous occasions the Department has referred to NGOs as the key partners for social development. In your department sees and understands the important role NGOs play, why has there been a clear disregard for their dignity and respect by either not paying them at all or late payments?

This department is responsible for the welfare of 17 million people who have been allocated R151 billion them. We are excited to work with the new Minister and be active in rectifying all that the past Minister has done incorrectly in this department. We are also excited that the Cash Paymaster Services end in September and the new introduction of the Post Office system will kick in. We urge fellow South Africans to ensure that they follow the correct procedures to ensure that when the time comes, they are prepared.

Lastly, I would also like to congratulate the Minister for putting a stop and solving the illegal transactions that have been happening on funeral plans, electricity bills and loan sharks amongst other

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activities. By doing so, you have managed to restore lost dignity to the victims. The national government has a duty to play. The disbandment of the Ministry of Health from its departments and encompassing the mandates of both Ministries of Social Development, and Health, will save over R28 million. A community oversight mechanism through which community members or teachers can apply for a review of beneficiary spending when there is suspicion that grants are consistently not being used in the interests of a child. If there is clear evidence of grant abuse, arrangements can be made for a grant to be paid out to an alternative caretaker or social worker.

Bring back school visits by nurses and social workers which means they have to be employed. Roll out the mass participation opportunity and development programme to all provinces as successfully piloted by the Western Cape province. Reward grant beneficiaries who have completed Grade 12 with increased benefits linked to a post high school opportunity voucher scheme. Establish dedicated training colleges for social workers in each province. Maintain a zero tolerated approach to grant related fraud and corruptions. Ensure that bank charges for social grant beneficiaries are kept to a minimum.

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I would like to urge Minister Bogopane-Zulu who has just said albinism can be ... We need an awareness campaign on albinism to educate our communities. The National Prosecuting Authority, NPA, in cases of rape need the sentencing of the rape victims not to be in today and after a week to be out because more rapes are being done.

With regard to Life Esidimeni, I would like to urge the Department of Social Development to work hand in hand with the Ministry of Health because there was no consultation with the families of the people. I repeat, and I did tell Minister Motswaledi that I was affected. My granddad is one of the 104 that died. Although money has been paid, it cannot compensate the lives of people. Thank you.

[Applause.]

IsiXhosa:

Nks P P DYANTYI (Eastern Cape): Sihlalo weNdlu ohloniphekileyo, Sekela Mphathiswa, amalungu ahloniphekileyo neendwendwe zethu ezikhoyo, ndiyabulisa ngale mvakwemini ngelihle igama lenkosi yam uYesu Krestu.

English:

Hon members, it is my honour and pleasure to have been given this opportunity to participate in this Budget Vote debate. This year, we

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are celebrating the 100th anniversary of the life of Mama Nontsikelelo Albertina Sisulu and Tata Nelson Rolihlahla Mandela. Although both of them were internationalists by their disposition, but they had their roots firmly entrenched in the rolling hills of our beautiful Eastern Cape. Beyond Mandela and Walter Sisulu, uMama u-Albertina was a colossus in her own right - fighting side-by-side with men in the struggle against apartheid. She was a feisty campaigner for women and children's rights.

Hon Chairperson, it is from these qualities that our Social Development department in the Eastern Cape will dedicate to the memory of Mama Albertina large parts of its programmes this year, including the month of October, which is the annual Social Development Month. Just like our values as emboldened in our mission - that of Building a Caring Society Together. We believe Mama Sisulu bears all the hallmarks of a titan who stood for fairness and compassion for the most vulnerable amongst us. [Interjections.]

Distinguished guests, in response to the ever climbing challenges of social ills in our villages and towns, the department currently has a total number of 3 329 Social Service practitioners and according to the analysis, an estimate of 1 672 more Social Service

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practitioners are required to address the workforce challenges in the Eastern Cape. ...

Mr M M CHABANGU: Chair, on a point of order: Can you please ask hon Wana to behave properly? We want to listen to the MEC there, she is busy making noise.

The HOUSE CHAIRPERSON (Ms M C Dikgale): That is not a point of order. Continue, hon member.

Ms P P DYANTYI (Eastern Cape): As I was saying, hon Chairperson, the department commits to continuously mobilise funds so as to fulfil this requirement. This was clearly articulated by the Deputy Minister that the provinces would get some help from national.

Chairperson, early childhood development still remains an apex programme for sustainable development in our county. With the increase of the conditional grant for the expansion of early childhood development centres, our province will be able to reach out to 74 930 children in this financial year. In addition, the department is also putting a strong emphasis on children with disabilities in the province. From our recently hosted provincial

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Early Childhood Development Summit, the following priority issues were among the areas requiring urgent attention:

Firstly, strengthening the functioning of Intergovernmental Relations for more integrated approach to early childhood development;

Secondly, working closely with the Department of Education for the provision of training of early childhood development practitioners on disability issues, infrastructure and services as they are key ingredients in the development of the early childhood development programme;

Thirdly, collaborating with the Department of Human Settlement and municipalities for the provision of infrastructure for Early Childhood Development centres in new settlements; and

Fourthly, increasing focus on people with disability will be realised through extension of funding for Homes for People with Disabilities and focussing on conducting an audit of children with disabilities, so as to have a credible database which enables the department to programmatically address their issues.

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Hon Chair, we again think it is important to strengthen the partnership between the Department of Health in an effort to manage or co-manage some of the rehabilitation centres and frail care centres. Hon members, the non-profit organisations, the NPO, are key in the operations mandate of the department. Therefore, NPO management is crucial for effective service delivery. In the last financial year, the department undertook an audit of funded NPOs with a view of identifying competencies and deficiencies. During this year, we will continue with that and we intend to ensure that the capacity-building plan is informed by the competencies and skills gap of the NPO sector. These efforts are also coupled with the systems improvement to ensure that we expedite the payment of subsidies to approved NPOs.

Chairperson, in conclusion, just like Mama Albertina Sisulu's role of parenting the nation when our society was depressed under the strong arm of apartheid. Our resources must be overstretched to ensure that we don't only concern ourselves with the routine challenges of our daily operations, but also ensuring that Social Development systems are resilient enough to tackle the new forms of unconventional social ills that are besetting our society.

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We will also intensify in unleashing the real development and socioeconomic emancipation of women and youth through economic participation. To this end, the department wants to ensure that co-operatives benefit from our procurement systems, especially in purchasing of school uniforms and supplying of food required in the funded community nutrition and development centres. Borrowing from Mama Sisulu wise words I quote:

There is absolutely nothing I regret about what I have done and what has happened to me and my family throughout all these years. Instead, I have been strengthened and feel more of a woman than I would otherwise have felt if my life were different.

Hon Chairperson, hon members, the Eastern Cape supports the budget.
[Applause.]

Ms D B NGWENYA: Chairperson, for the last few years under the leadership of the incompetent and corrupt Minister, the Department of Social Development and our social grants system nearly collapsed. In a country defined by poverty, inequality and unemployment the social grant ... [Interjections.]

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IsiZulu:

MnuS G MTHIMUNYE: Uyabona ke Sihlalo lesi sikhulumi siqala nje ngokuphambuka singakayi ndawo. Sithi: ...

English:

... corrupt Minister. That Minister was never found guilty by any court of law to be corrupt. That member must withdraw. This woman is out of order.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Hon Mathevula and hon Ngwenya I am the one who is chairing. You are supposed to be silent and listen to what the member is saying.

Hon Mthimunye, repeat yourself.

Mr S G MTHIMUNYE: She makes a statement that the department was under the leadership of an incompetent and a corrupt Minister. And that is an allegation, that Minister was never found guilty by any Court of Law to be corrupt. So that is misleading.

The HOUSE CHAIRPERSON (Ms M C Dikgale): thank you very much hon Mthimunye. I have noted your point of order. Hon member, unless you have a substantive motion to support what you are saying.

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Ms D B NGWENYA: ... what is your ruling Chair?

The HOUSE CHAIRPERSON (Ms M C Dikgale): I am saying don't repeat that unless you have a substantive motion.

Ms D B NGWENYA: In a country defined by poverty, inequality and unemployment, the social grants provided for by the government are often the only lifeline over 17 million families have to keep them from complete desperation. I say complete because with the current meagre and pitiful grants, a family would still go hungry. How do you expect a child to survive in dignity on a R400 a month but sadly, this R400 is often the difference between starvation and hunger. It is because of how important the social grant is that we find it so disturbing bordering on criminal what the former Minister did.

In the Eastern Cape, we have 2,7 million grant recipients, 1 million in the Free State, 2,6 million in Gauteng, 3,8 million in KwaZulu-Natal, 2,4 million in Limpopo, 1,4 million in Mpumalanga, 1, million in the Northern Cape, on top of all this we have many more disabled South Africans who should be beneficiaries but their applications are rejected by doctors hired by this department. It is what we are

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experiencing in the South African Social Security Agency, SASSA, offices in Randfontein.

How would all these people and their dependents have survived had the Minister had been allowed to collapse the social grants system putting the lives of millions in jeopardy. It would have been a national disaster. But till today, no one has been held accountable for the failures of SASSA over the last few years.

When the Minister was called to account before this Parliament she either, refused to appear, was belligerent or did not answer questions directed at her yet, today this very same Minister still serve in the Cabinet of the so-called "new dawn". And has been put in charge as the Minister of Women, clearly showing the disdain this government has for the women of this country.

However, I do not only want to speak about the previous failures of this department, Chairperson. I also want to speak about what must be done going forward. Firstly, the Department of Social Development must increase all grants given to our people because as I previously said, while the grants prevent people from starving it is still not enough to prevent hunger. And the undignified conditions our people are forced to live in.

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In 2016, we said that the value of all grants must be doubled. And today, we still stand by that and we will implement this policy once in government. For grant government provides from the Child Support Grant to the War Veterans Grant. But as the EFF we do not want to see the grant as the long term solution but a temporary measure to ease the suffering of our people so that they are able to survive.

What this country needs in the long terms is economic development, empowerment and liberation, so that our people are able to work and reap the benefits of their own fruits of labour.

In order to do this they first need to own the economy. That is why the expropriation of land without compensation must happen and section 25 of the Constitution must be amended so that the state can become the custodian of all South Africa's land and redistribute it so that our people can make it economically productive and empowered.

One final issue that must be addressed is the high unemployment rate of our social work students and graduates. In 2010, a call was made by government for people to apply to train as social workers, thousands responded to this call but today many who were trained to be social workers are sitting at home, unemployed and some with

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student debts. Yet we have schools that are in need of social workers where these graduates could be making a difference. It is for this and other reasons that I have mentioned that we reject this budget vote.

Lastly, visions of the social development amongst other things they provide services that facilitate human development and improve the quality of life. The meaning of vision - let me teach you now - is the ability to think about or plan the future with imagination and wisdom. Vision is not dreams. But now with what I had last week, I understand why the visions and mission statements of most departments are not met because they are taken as dreams. Thank you, Chair.

Ms W G THUSI (KwaZulu-Natal): Chairperson, hon Deputy Minister, hon members of this House, I just want to thank the Deputy Minister for giving a comprehensive account of what the Department of Social Development does, and it is not about grants only.

Minister Susan Shabangu in her maiden Budget Speech honoured all the stalwarts including Mama Albertina Sisulu and Tata Nelson Mandela who's centenary we are celebrating this year. She also honoured Mama Nomzamo Winnie Madikizela-Mandela, uMama Wesizwe, a social worker

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and a fierce freedom fighter as well as Tata Zola Skweyiya, a brilliant legal mind and the brains behind most of our developmental social welfare policies today.

Indeed, we owe these stalwarts and many others a huge debt of gratitude for their hard work and sacrifices, which formed the foundation we are building on today.

I stand here proudly representing the KwaZulu-Natal, a province that is making great strides in building meaningful partnerships with the private sector that profoundly benefit our people. Hon Members will remember that awful morning back in July 2016, when we all woke up to the news that a cottage at Lakehaven Child and Youth Care Centres had burnt to the ground, killing eight children.

I am proud to say that one of our corporate citizens, Sibaya Community Trust, has stepped up and rebuilt a new fully-furnished cottage with modern appliances to ensure that children in need of care and support continue to receive the services they need. The trust also built a garden of remembrance to ensure that we never forget the young lives lost during the tragedy.

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I am also happy to report that the facility itself has learnt some hard lessons from the tragedy and has beefed up its safety measures, including the installation of burglar guards that are easily removable from the inside in case of an emergency. As a department, we have also learnt some tough, but valuable lessons.

We have since commissioned occupational health and safety specialists to conduct an audit of all our facilities to ensure that what happened at Lakehaven does not happen again. We have completed an audit of our residential facilities for older persons and have started implementing the recommendations of the report.

Chairperson, our province recently hosted a very successful NPO Governance Summit. This summit was important for the department because 30% of our budget allocation is transferred to the NPOs. Despite the legal framework governing NPOs, a recent audit report by the auditor-general and the Internal Audit unit of the provincial department of social development and through our normal monitoring and evaluation processes identified a number of challenges in the implementation of and compliance to the legislative instruments that regulate the existence of the NPOs and the delivery of services.

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These range from the fragmented regulatory framework, compliance to regulations and the lack of capacity among the NPOs to manage their affairs. Based on these critical challenges, the department has identified the following priorities as part of achieving its strategic goals and objectives: Improvement of governance measures; improve regulatory framework and management of transfer payments to NPOs; radical agrarian socioeconomic transformation, large portion of Radical Agrarian Socioeconomic Transformation, RASET, will be done by the NPOs, and enhance the institutional capacity of the NPOs.

The NPO sector appreciated the summit and the paper delivered and pledged to work closer with the department.

Hon members, in this financial year, our province is prioritising family preservation, because it is our belief that some of the social ills we are dealing with today are caused by the disintegration of the family unit. The family is the basic and natural unit of society, which plays a critical role of nurturing and caring for individual family members, from children to youth, men, women, people with disabilities and older person.

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We are joining the world in trying to build strong families and inclusive societies that are beyond race, gender, sexual orientation, class and generation. We are strengthening programmes such as fatherhood, which reaches out to men and boys, men care, families matter and Sinovuyo.

We are mindful of the changing families, family law reforms, violence in the family and their impact on family policy. In the end, we hope to see health families free from poverty and income inequality. By doing this, we hope to assist families in dealing with the challenges they face, including teenage pregnancy, which increases the spread of HIV and Aids, poverty within the families, school dropouts and generally dysfunctional families.

We also have a duty to ensure that older persons enjoy their constitutional right to equality, human dignity and social security, through the provision of services to older persons.

In response to prevention of new HIV-infections, the department implemented social behaviour change programmes. We remain resolute in the extension of early childhood development services to build a solid education foundation for children. In pursuit of this goal, we have developed the framework for Early Childhood Development Support

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in the province of KwaZulu-Natal, which at the main seeks to improve compliance with norms and standards with special emphasis on governance capacity development of ECD practitioners.

Together with the Deputy Minister of Social Development, we are strengthening ECD programme for children with special needs in KwaZulu-Natal.

It is also pleasing to mention that some of the children who are in our foster care programme have obtained distinctions in their matric exams, and some of them have enrolled with various universities throughout the country, pursuing degrees such as medicine, actuarial sciences and education. This year we are implementing secure programmes in four state-owned child and youth care centres.

In response to push-back poverty and up skilling of our people, we are doing it through our revolutionary community nutrition development centres; with beneficiaries who will be exited through skills development.

In response to the death of skills amongst youth, we have established two youth development academies, partnering with the TVET colleges, where young people get accreditation on vocational

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courses. We have also entered into partnership with the service Seta where young people acquire learnership qualifications in hair care and beauty administration and management, call centre support and hygiene and cleaning. Some of these young people have found employment in the retail and service industries.

We are currently implementing a plethora of women development programmes, in an ambitious drive to ensure that women are fully integrated into the mainstream economy, through the radical socioeconomic transformation.

Chairperson, we are a nation at work to ensure that we build a bright future for generations to come. We therefore encourage everyone to join in so that our children will inherit a country with social and economic stability. The KwaZulu-Natal supports the budget. Thank you. [Applause.]

Ms M L MOSHODI: Hon House Chairperson, hon Deputy Minister and hon members. Let me start by paying tribute to the first black social worker in our country, Mrs Winnie Madikizela-Mandela, for the role she played in her capacity as a social worker under the oppressive apartheid system.

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It was her love of the people of South Africa, Africans in particular, that put her in the collision course with the regime of the times. This saw her banished to the Free State where she continued rendering her services to our people in Brandfort without giving up. We are in desperate need of the social workers, the kind of Mrs Madikizela-Mandela, who will take this country forward in improving the lives of South Africans irrespective of our socio-economic challenges.

I can't forget the pioneer of our social security grants in our newly found democracy then, the former Minister, Zola Skweyiya, who also passed on within days after the mother of the nation. He had to ensure, as the loyal and visionary cadre of the ANC, that there was comfort and access to education and economic opportunities for all.

It has been discovered by many researchers and studies that the social security grants in South Africa and the world in general, enables many in the country to access socio-economic opportunities that they would not have been able to, if it were not for the grants.

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The availability of grants to families with young children can have significant long term positive impacts on the lives of those children and the future economic prospects of a country.

The research has found that children in households receiving grants are usually in better health and better educated and as a result grow into economically more productive adults. Children who are receiving grants get better food to eat; are more likely to attend school and less likely to join the labour market early.

In 2009 the director of the Economic Policy Research Institute, EPRI, Dr Samson said and I quote:

"The most interesting result found was that adolescent girls who receive the child support grant in their very early years, in their first couple of years of life, those girls were far less likely to engage in the kinds of risky behaviours that put them at risk of HIV/Aids infection".

This shows how important the policy on social security is, not only to the elderly and children but to the teenagers as well. I therefore, would like to take my get off to the gentle giant of our liberation struggle and the first President of our democratic state,

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Dr Nelson Rolihlahla Mandela, for his visionary leadership in introducing the Social Development department, formerly Social Services when the ANC took over governance in the country.

The Department of Social Development together with the other departments developed the national integrated Early Childhood Development, ECD Policy, approved by Cabinet on 9th December 2015, which gives effect to the country's commitment to make ECD a national priority. The policy sets out clear goals and objectives for ECD until 2030.

In response to the call for strategies to improve the plight of young people and increase social workers in the country, the department is implementing the scholarship programme through which selected young people are funded to study towards the Bachelor of Social Work degree. The emphasis will be placed on appropriate training to address the immediate development needs at community level.

The education and training of social service personnel shall be geared to developing a pool of skilled personnel that can be deployed within communities within a short period of time. The

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personnel shall be selected and trained in accordance with the affirmative action policy.

The ANC-led government takes the need to ensure social security under great regard. The social grants will account for an estimated 94,4% of the department's total Budget over the Medium Term Expenditure Framework, MTEF, period. The spending on grants is expected to increase at an average annual rate of 8%.

With the growing child population, children receiving the support grant is expected to increase 12,2 million in 2017-18 to 12,8 million in 2020-21. Similarly, as the elderly population grows, the number of beneficiaries who receive the old age grant is expected to increase from 3,4 million in 2017-18 to 3,7 million in 2020-21.

In closing, social grants remains a very important part of the most vulnerable people's lives. We cannot deny the impact it has in saving many of ...

The HOUSE CHAIRPERSON (Mrs M C Dikgale): Hon Moshodi, please take your seat. The Hon Julius!

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Mr J W W JULIUS: I just want to know whether hon Moshodi will take a question.

The HOUSE CHAIRPERSON (Mrs M C Dikgale): Let us ascertain first. Hon Moshodi, are you ready to take a question?

Ms M L MOSHODI: I am not ready. I am concluding my speech.

The HOUSE CHAIRPERSON (Mrs M C Dikgale): He is not ready.

Ms M L MOSHODI: ... our people from abject poverty. As a country, we are currently faced with economic challenges; however, it is imperative that we ensure that we achieve the vision of our fallen comrade, Dr Zola Skweyiya, which is the efficient and effective administration and delivery of social security to deserving beneficiaries. The ANC supports the Budget. I thank you very much.

Mr M KHAWULA: Hon Chairperson, hon Deputy Minister and MECs, for the past five years since 2012, the Department of Social Development has given this government and this country countless headaches. The department was ordered by the Constitutional Court in 2012 to get out of an illegal contract with Cash Paymaster Services, CPS.

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The department was given a time frame in which to do so. But this department, on several occasions, defied that Constitutional Court ruling and actually made it impossible for itself to move out of an illegal contract. The government officials who were assumed to be trying their best to have the department comply with Constitutional Court ruling were actually treated in a manner to make it difficult for them to continue serving in this department.

One actually wonders why would a government department under a democratic dispensation, behave in a manner contrary to the noble attributes of a democratic order, and use every available trick to act and behave in all intents and purposes in contravention to the rule of law?

In preparation for the ruling party's Nasrec Conference held in December 2017, this department suspiciously allegedly tricked the country into becoming a cash-cow for one of the Nasrec factional groupings. Bogus reach-out activities were organised by the department. Tenders were split into figures of below R500 000 in order to avoid open tender. These were handed over to favoured connections of the department as service providers to make it easy for the illegal exchange of cash behind closed doors in order to finance a particular campaign of a factional grouping.

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In the midst of all this commotion in this department, there is only one hope as a promising saving grace, which is that the new Minister has promised to uncover corruption; that the new Minister has committed into taking action against all wrong-doers. One hopes that the new Minister will walk her talk. Because of that the IFP wishes to give the new Minister a chance and support.

Hon Deputy Minister, we in the IFP want to believe that what the new Minister has promised, she will actually deliver. Besides her being ANC, and the ANC being notorious for not honouring its promises, we just want to commit to believing her.

Over the past few months, South Africa has experienced an increase of the unacceptable incidents of child and women abuse, violence against women and children as well as increasing incidents of rape.

There are also lots of myths that have led to criminal attacks to people with albinism; which we hope the department will attend to.

Some provincial Departments of Social Development do not seem to be having the same understanding with the national department in respect of the Early Childhood Development, ECD, classrooms. When the Select Committee on Social Services went to the Mpumalanga

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province, we were taken to a beautiful ECD project built by the province.

However, when we were in the Eastern Cape, hon Nthebe, the provincial officials told us that it is not a responsibility of social development to provide ECD classrooms for communities. This is a matter that needs clarity at the level of the Minister and MEC. I thank you, Chair.

The HOUSE CHAIRPERSON (Ms M C Dikgale): Thank you very much, hon Khawula. Hon members, I would like you to note that item number nine has been removed from our Speakers List. So, we are proceeding to item number 10, by Cllr T Charles from SA Local Government Association, SALGA.

Cllr T CHARLES (Salga): Hon House Chair, Deputy Minister in absentia, oh, she is here, hon MECs, hon chairperson of the select committee, hon members, distinguished guests, let me take this opportunity to first acknowledge that it is an honour for SA Local government Association, Salga, to participate in this important budget debate today. We would like to applaud the Deputy Minister on the insightful speech, which sets out in plain terms what the department intends to achieve for the 2018-19 financial year.

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The Budget Vote focuses on efforts to improve the empowerment, prevention and early intervention strategies which lie at the heart of the vulnerable groups in society. That's our children, the youth, women, older persons, including persons with disabilities.

This gathering affords us the opportunity to elaborate on our collective contribution towards a more humane and caring society to a most humane world.

In taking stock of this contribution, we must also remember the conditions of our fallen heroes and heroines, including those who have left us in the year, amongst them, uMama Winnie Madikizela-Mandela and the former Minister of Social Development, Dr Zola Skweyiya and not forgetting the celebration in the context of the centenary of former President Nelson Mandela and uMama Albertina Sisulu.

The Constitution refers to the promotion of social and economic development as one of the five objects of local government and various other functions of municipalities, such as providing free basic services and promoting local economic development also support the poverty reduction and the social development mandate of government.

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Hon Deputy Minister, as the social development agenda proves to be an urgent and massive task to accomplish, it becomes obvious that a multisectoral approach and building a common purpose among all spheres of government, including civil society organisations and the private sector cannot be overemphasised in an important mechanism to address co-ordination and support.

Therefore, the point of departure for this kind of an approach involving local government is that it should be shaped around multi-stakeholders engagement with municipal planning, budgeting and performance reporting cycles, for example, the integrated development plan, the IDP, budget and Service Delivery and Budget Implementation Plan, SDBIP, cycles in order to impact on social development service delivery.

Our social development agenda affords us the opportunity to realise and affirm the worth of the dignity of our people as critical contributors to a nation building. It is therefore in our collective power to ensure that our response to poverty empower people to access economic opportunities, while creating a comprehensive social safety net that protects the most vulnerable members of our society.

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The implementation of universal access to early childhood development, it is indeed the cornerstone on investing in this country's future and we will strive to ensure an improvement to strengthen local childcare and development initiatives. Salga is part of the Inter-Departmental Committee on ECD that is led by the department with the aim of facilitating co-ordination, collaboration and synergy in the implementation of integrated service for ECD.

We cannot reverse the negative of social crime and development, unless we work together on the integrated anti-substance abuse programmes aimed at creating a society free of demands and supply of drugs.

The HOUSE CHAIRPERSON (Ms M C Dikgale): You are left with five minutes, councillor.

Cllr T CHARLES (Salga): Let me also congratulate the department for putting systems in place to address social policy and integrated service delivery, including strengthening community development interventions. We call on the department to continue to enhance their work in areas where there have been substantial inadequacies.

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Allow me to conclude by extending my heartfelt appreciation to the Minister of Social Development and team for their hard work and contribution towards the struggle of a world with more human face. To also remind the members that a new South Africa will be meaningless if the problems of the millions of poor and vulnerable are not addressed.

Salga intends to be part of the solution, and we would therefore, like to express our clear and deliberate commitment as organised local government for doing our part to make this happen. Salga support the budget. I thank you. [Applause.]

Mr A FRITZ (Western Cape): House Chairperson and hon Deputy Minister, it is also good to see you again, as I have spent the whole morning with you. Our MECs from other provinces, like Limpopo, KwaZulu-Natal and MEC Dyantyi from the Eastern Cape: We haven't seen each other for a long time and we haven't had a Ministers and Members of Executive Council's meeting, Minmec meeting; so we must start arranging that. Greetings to all the hon members of the House, our special guests from the NGO sector and all citizens of the country, and of the Western Cape specifically.

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In a recent a speech President Cyril Ramaphosa is quoted as saying that governance in our country is on the verge of collapse. It takes this as an admission by President Ramaphosa that we are far from the goal of a capable state. The absence of such a capable state makes addressing the challenges facing millions of our people across urban and rural settings very difficult.

When I say this, I am not in a game of scoring simple political points, you can ask the MECs, we all work together. Really, it's a plea to address the poverty levels in our country, in all our provinces - here in this province also. Let us take an example of unemployment and job creation. Sadly, the growing army of 9 million unemployed South African job seekers are left wondering how our dwindling economy - which is dwindled by 2,2 million in the GDP.

I said to hon Mokau at the airport: What are we doing to change this? The grinding levels of levels of poverty and unemployment have absolutely shuttered our communities, fuelling many of our social problems, such as drugs, alcohol abuse and breakdown of our family values. It is quite serious, because we see those young people that we are supposed to create hope for, walking around hopeless. Our job as the Department of Social Service is to really inspire hope and just save those young people not to get into our

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prisons but to get to be productive community members that we could have.

The Western Cape Department of Social Development is operating under immense fiscal pressure. We are feeling the effects of a national fiscus which has a revenue collection deficit of R50 billion - fifty billion we couldn't collect! You mean, in this province alone, 300 social workers who graduated at university are unemployed - they are at home. We try to find ways of employing them. There is just no budget. It's a disgrace, and I am not blaming anyone, you notice. I don't blame; I am saying all of us must find solutions - all of us!

Despite this, we in this department, in the Western Cape have spent the total budget of R2 241 664 000 billion in this financial year. Compared to last year, we only go an increase of 5% this year. Given the service delivery pressures, we already experience, this has meant that my department cannot expand our services at the rate that we prefer. When I say this, I am talking about realities of a social worker getting a director-general to respond to a problem of a baby that has been lost.

On pressures on our NGO sector, my department funds more than 2 000 NGO partners in our drive to deliver our budget and services to the

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poorest of the poor. Due to the fiscal pressure for all of us, including the national government, and the slow economy, a number of our NGO partners which we fund to render statutory services – not just nice to have services, but child protection services – are struggling financially and a few of them had to close their doors during this fiscal financial year. It is the poor and vulnerable people that bear the brunt of this decline – not us middle class petty bourgeois, but those poor people there are carrying the brunt.

As a provincial department we can only do so much to mitigate the effects. In some cases, my department has had to take over services of some of our organisations since they could not afford to render the services anymore. We had to use our own in-house capacity. Unfortunately, this places another strain on the capacity of the department and the remaining NGOs that will still be in the sector. My concern remains and may lead to staff burnout and the risk of lower quality of services. We are really trying to battle with this all the time.

My department is doing all it can to mitigate the situation, including the establishment of NPO help desk and lobbying for more funding – not only from government, but also from our corporate partners – like this morning when I saw MTN open a donated classroom

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with very high-tech equipment, as well as Sun International and other big hotels.

Therefore, I would have failed in my duty if I don't mention if I don't mention the problems we have with Sassa. I am not talking micro problems now; let's forget about the CPS contract and all the high level issues. What we are finding at the moment with Sassa is that information is just not getting to the poor people who must access the service. There is just no information or there is lack of information.

We have our poor people at service point being treated without human dignity. I want to make this point in this House today: Just because our people are poor, it doesn't mean that we can speak to them as we wish to. There is one thing that you can't lose and that is respect for human dignity of our people. I am real and, in fact, I am having a meeting next week with the regional director of Sassa in this province to discuss just the treatment of our people.

How can they stand in this cold and rain outside, at this province? All of you hoped that the rain was not going to come; it did come. So, we have lots of rain; we can't have our people stand outside in the cold with no protection. Let us just treat our ordinary and poor

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people with respect and human dignity. I am saying that to every public official, including our officials in this province. Let us just make that clear.

I really beg - I don't know where the Minister is today, we really beg - to have a Minmec meeting. We haven't had a Minmec meeting for the whole of this year so far. There are a whole lot of very important issues we need to discuss. We need to discuss the backlog. There is a foster care backlog. There is a new system where we don't need to use the court to get an administrative order for foster backlogs. We want to discuss that at Minmec meeting level. So, we are begging. I met the hon Deputy Minister this morning and I asked her: Please let us see how we can have that meeting facilitated so that we can move forward.

Finally, I just want to say all of us have the interest of every single poor person and every person at heart. Every child that gets murdered is a child too many! In this province, for the last year alone, about 60 children were murdered by family members. Let us get our systems basically right so that we can go and make a difference in the lives of these children. Let's stop having these little seminars and summits; it is a waste of money. Let us focus on the core business of this department: To deliver services where they are

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needed - on the ground for people! Let's treat every one - every single one - with respect.

I also want to say that our youth cafes are doing very well. A lot of people are now asking about youth cafes. It is just creating hope for our young people. Let us continue with doing just that simple thing: Give our young people hope so that they don't end in prisons; and that they don't have three life sentences. It is our children here from the Cape Flats. By the way, the hon Dlamini - I don't see her here - I am a proud product of 1976. I am a proud product - whether I am in the DA or wherever - I am still a proud product of 1976. I thank you.

The HOUSE CHAIRPERSON (Ms. M C Dikgale): Thank you very much hon MEC. I am sure the hon Deputy Minister has heard a clarion call: The MECs need their Minmec meetings. Please deliver the message to the Minister.

Ms M A MOKABA-PHUKWANA: Hon Deputy Minister and the Minister in absentia, Chairpersons and members of the portfolio committee, fellow MECs present here, Members of the NCOP, distinguished guests and fellow South Africans. Good afternoon.

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It has been observed that as politicians and parliamentarians, we tend to drop the ball and focus on our minor differences like the colours of our political party T-shirts. We often find ourselves playing a public gallery debating whether yellow is better than blue or blue better than red. It is time that we stop these nonsensical debates and focus on the needs of our people and the country.

We need to focus on our vision, objectives and outcomes as a nation. We need to support each other regardless of the colour of your T-shirt in order to realise the ideal South Africa we all aspire.

Antonio Gramsci teaches us that and I quote:

"The people themselves are not a homogeneous cultural activity but present numerous and variously combined cultural stratifications which, in their pure form, cannot always be identified within specific historical popular collective".

As the Social Development, we work precisely with people, particularly the vulnerable, children, women and the abused.

The month of June is the period during which we celebrate our youth and pay tribute to the courageous and selfless class of 1976. As a

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nation, we commemorated this important forty years milestone over the past weekend under the theme Live the legacy: Towards a socio-economically empowered youth.

This year, we also celebrate Mrs Nontsikelelo Albertina Sisulu who was the only woman in the room during the discussions for the formation of the ANC youth formation that fast tracked the attainment of liberation.

In the same breadth, we celebrate the founding Secretary General of this youth movement, Nelson Rolihlahla Mandela. Mandela's ideals remain engraved in the work that we do as the Department of Social Development as he said and I quote:

"Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life".

The hon members, confirms that we are in the business of preserving the dignity of our people. As we pay tribute of 1976 young activists who died and suffered for this freedom, let us welcome the 2018-19 Budget Vote by our hon Minister. Through this Budget Vote 17, we will continue preserving the dignity of our people. We will continue

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providing social security in a manner that helps alleviate poverty and suffering of the designated persons in our society.

We should perhaps again congratulate the National Department of Social Development for putting people first in their development trajectory. Also, congratulate the department for achieving unqualified audit opinion for the Financial Years 2015-2016 and 2016-17. As the Limpopo Province, we are equally hard at work to keep on improving the health of our finances. We are also optimistic for a sound organisational account audit outcome for the financial year 2017-18.

The social security impact of the department is evident in communities through the various types of grants afforded to our people. These have made meaningful difference in our people's lives, despite pessimists discourse to undermine the department's efforts; the South Africa Social Security Agency, Sassa, announced last week that the Post Office will take over cash payments to beneficiaries when the current contract with Cash Paymaster Services, CPS, ends in September.

In Limpopo, we have taken keen interest in the progress underway with Sassa and South African Post Office, SAPO. During one of the

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pilot projects for the live re-registration of beneficiaries, we managed as the department to observe and ensure that the process is smooth. Be that as it may, it is critical that more effort is made to ensure that our people are taken on board and no one is left out.

We have recently experienced a wave of gender-based violence. More women perished at the hands of men who claim to love them. During the commemoration of this month, we must ensure that all stakeholders join in the fight against gender-based violence. The gender based violence is a curse, a monster that must be defeated.

In the same determination, we must never rest in the fight against substance abuse and illicit drug distribution in our society. As we approach the International Day against Drug Abuse and Illicit Trafficking on the 26 June, we must strengthen our resolve to end substance abuse.

As Limpopo, we are proud to indicate to this august house that the comprehensive Provincial Drug Master Plan involves various stakeholders, from law enforcement agencies, civil society and communities. The objective of the plan is firstly to reduce the demand, manage the harm and ultimately reduce the supply. It is in line with that determination that we are working around the clock to

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officially open the now completed Seshego Treatment Center. This will be one of a kind and the first in the province. Indeed, this year we sadly lost Mrs Nomzamo Madikizela-Mandela, a social worker and former Social Welfare Minister, Dr Zola Skweyiya. May their revolutionary soul rest in peace?

It is in the memory of comrade Skweyiya that we must make the Masupatsela Programme a living operative unit for social cohesion.

We sit with a high demand for social workers in our society, yet the challenge of employing additional social workers persists. Although we have managed to place some of them in internships and made more provisions, a permanent solution is required. The public private partnership approach is a critical element required to ensure that every village is supplied with a social worker.

In conclusion, we welcome the increase in the conditional grant for Early Childhood Development. It is also appreciated that the Non-Profit Organisations Act 71 of 1997, is being reviewed to enable these organisation to execute their mandate whilst ensuring compliance with requirements of good governance. Limpopo supports the Budget.

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Mr C HATTINGH: Hon Chairperson, when the Deputy Minister was here, it reminded me of something that she said in very sad days in our family, in the beginning of January which was quoted in the Sowetan. What has happened to my family happen everyday to ordinary South Africans. This is what this debate and social development is about; ordinary South Africans. Yes, not R11 000 a night, Minister, in hotels or R2 million for South Africa Social Security Agency, Sassa, money for the security of children. It is strange that not a single member not even the absent chairperson mentioned the former Minister. She should have been mentioned because of her legacy, her legacy that many millions South Africans would remember for many years for how she single-handedly collapsed the department and Sassa of which the Chief Judge had stated the following: There is no explanation for the incompetence displayed by her and Sassa ... A living embarrassment.

Hon Chair, we are here to talk about the millions of South Africans that see Sassa as their link to financial survival. These South Africans have been the most vulnerable and subjected to various periods of uncertainty because of what was going on in the alliance of the department, Sassa and Cash Paymaster Services, CPS. These people had to follow the never ending saga throughout court after court. We, as taxpayers has to pay for that even into the

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constitutional court where in an unprecedented order the department, Sassa, was called to account and to keep to set deadlines. Not a word of these was being said here, yet, after so many years there is still no certainty for grants recipients and there is no finalisation in site.

Deputy Minister, would you entrust your financial survival in the hands of the department of Sassa or of CPS? You have a choice. We know that ordinary South Africans do not have a choice and history had showed us no choice even in deciding what amounts would be deducted from their meagre grants to find its way into the pockets of those who appears to be driven by greed rather than the care for the vulnerable sector of our community. While the Minister considers that, let us look at Sassa. The entity did not have adequate system for identifying all irregular expenditure resulting to a balance recorded by the auditor-general of R1,404 - let me say it the way of our previous presidency - R1,404 621 602. I hope you have listened carefully.

Hon Thusi came here and she referred to radical economic transformation totally inappropriate. In this context, we should have said, radical economic looting, as this was what was happening in the department nothing more and nothing less. There is R6,5

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million for fruitless and wasteful expenditure recorded and the playground of those people driven with greed, the weak supply chain managements system Sassa and the department where the unscrupulous play. Many instances of goods and services with transaction values over R500 000 were procured without inviting competitive bids.

Contrary to regulations, some contracts and quotations were awarded to bidders based on preference points that were not allocated and or calculated in accordance with the Act. Some contracts and quotations were even awarded to bidders who did not score the highest points. Some construction contracts were even awarded to people who were not construction constructors and not registered. This is the body we are being asked to entrust the billions of our vulnerable people with no records. If a major institution entrusted with a billions of funds intended to provide not only security for the poorest of the poor but cannot keep their own financial house in order - basically ignoring every piece of legislation Public Finance Management Act, PFMA, and financial legislation, how can it be entrusted with these billions? I thank you. [Time expired.]

Mr E MAKUE: Hon Chairperson, hon Deputy Minister Bogopane-Zulu, hon members, special delegates, MECs, ladies and gentlemen, the chief aim of the ANC in developing and implementing the Reconstruction and

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Development Programme was to address the immense socioeconomic problems that were caused by the long years of apartheid and neglect of our people. We said this because, as we were preparing to take over the reins of power, we undertook one of the most comprehensive analyses of the ravaging impact of apartheid in our society.

In one of the first policy frameworks for our movement, which was titled, *Ready to Govern: ANC Policy Guidelines for a Democratic SA*, we acknowledged the immense impact of apartheid and the social exclusion of our people. Therefore, we also decided in this government, that there should be the clustering of different Ministries. We have, as Cluster 2, the Social Services Cluster where we bring them all together. This debate is however, not about the Education or Health Ministry that we are going to debate later today, but it is about Social Development.

By 1994, our society was completely fractured by the legacy of apartheid which permeated almost every aspect of life in our communities. In the debate, it becomes apparent how devastating this legacy has been. South Africa's economy was also facing a variety of structural problems that left our people in some of the most disconcerting social conditions of poverty, unemployment, illiteracy, poor health and dysfunctional social support systems.

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After the demise of apartheid, the ANC-led government proceeded with greater urgency and profound resilience to develop one of the most comprehensive social transformation agenda that was geared towards changing the material and social conditions of our people. We would be the first to admit that the road is long. Armed with our new Constitution, which was inspired by the vision of the Freedom Charter, we proceeded to work with utmost resilience and determination to weave the threads that will see us celebrating a nation which is nonracial, nonsexist and democratic; a nation that is dedicated to pushing back the frontiers of poverty.

In addressing poverty and inequality, the ANC-led government committed itself to providing basic rights to shelter, food, health, employment, education, healthcare, water and sanitation - all in the Social Cluster of government - and all aspects that promote the physical, social and very importantly, the emotional well-being of all people in our society. As a result of our knowledge of the lived experiences of our people and the brutal conditions that we faced under apartheid, we proceeded with fierce urgency to providing the social safety net to the most vulnerable sectors of our society, which include women, children, youth, families in need of care, and older persons. We are talking here about ourselves having grown up in poverty. We are talking about our parents who raised us with

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meagre salaries. We are talking about our grandparents who shared the meagre pension money with us and for many of us, provided the privileges and rights that the apartheid government did not allow for black people.

Hon Moshodi aptly elaborated on this matter and I will therefore not go into it in more detail other than say, the ANC position on social transformation seeks to empower people to "lift themselves out of poverty while creating adequate social nets to protect the most vulnerable in our society." It is the ANC's policy that the people are their own liberators, and we are but only there to serve that liberation agenda as a political movement.

Following our 2007 national conference, the ANC had a comprehensive social security strategy which included expanding the base of the poor through housing, land reform, retirement reform, unemployment and accident insurance amongst others. As a result of the decisive interventions of the ANC, our programme of social grants has enormously reduced the poverty gap by 63%. We are aware that there are those amongst us who are always quick to accuse us of building a society that is dependent on social grants. Of course, they will say so because, unlike the majority of poor people, their lives were

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made more privileged by the conditions that existed under apartheid rule.

As the ANC, we have said that creating a social protection network and strengthening of families should remain a cardinal feature of our national efforts to transform society. We are not only trying to deal with the challenges of poverty but the impact that it has had on family life. We are looking at how, in this Department of Social Development, we can strengthen the family. I concur with the MEC, hon Albert Fritz from Western Cape, that all of us together must find solutions. In advancing this perspective, we have said that we need to move with utmost speed to build a caring society that treats its most vulnerable with utmost respect and - as the MEC has said - dignity. It is for this reason that we committed ourselves to wage a concerted fight against household poverty in all its manifestation.

We take utmost pride that the Department of Social Development allocates the majority of its budget to social assistance to our people in line with our arch aim of ensuring that every South African, especially the poor, experiences an improving quality of life. As part of our collective efforts to protect the most vulnerable in our society, the ANC-led government has moved with profound speed to develop a number of programmes and interventions

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aimed at pensioners, children and people with disabilities. This includes military veterans who have access to social benefits and the Unemployment Insurance Fund, UIF that protects workers who have lost employment. This has also been extended to include domestic workers. Let us not forget in this country in 1996, black children and our black adults did not get the value of the social grants that they are getting now. It was only for Whites, Coloureds and Indians.

The bulk of those that are protected by and benefit from government policies are largely women and children. We are proud that today almost a third of all social grant beneficiaries are children. It is a strange pride because we are saying that it should not be government that looks after our children but as government, we are saying that we have no choice but to look after our children because they are our leaders of today and the future.

A study which was conducted by United Nations Children's Fund, Unicef SA and carried out by the Economic Policy Research Institute, EPRI in partnership with the International Food Policy Research Institute, IFPRI states that children who have access to the Children Support Grant early in their lives have performed better at school than those that did not. In many instances, these children have a guaranteed meal on their table, which effectively improves

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their health conditions and performance in school. Talking about 1976, I can remember talking to my friend here in the Western Cape, where they said the children at school cannot hear the teacher's voice because hunger pangs in their stomachs are too loud. Therefore, the relief programme at schools is something that is very important for our children.

Let me get to the conclusion and say that, it is important for us to agree with hon Hattingh that the exploitation of grant beneficiaries by unscrupulous business people like those who sell airtime and short-term insurances cannot be tolerated. This intervention by Sassa to deal with those culprits will go a long way in ensuring that grants reach their intended recipients and put more money in the pockets of our people. Let us not blame other people but look at the hon Chairperson of the Select Committee on Social Services. How exactly does the select committee monitor this? All of us, as parties, are participating in the select committee and this points to all of us.

I note the rejection of this budget by the EFF and I am not surprised. I am also not surprised by fascist policies that are promoted by some parties in this House. They will tax the taxpayer to death and then give you a funeral grant when you are no longer

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there. This budget is not only pro-poor, but targets poor people as its main beneficiaries. We commend all non-profit organisations that are active in the provision of social services. As Members of Parliament, we want to say to these non-profit organisations, Siyabonga. [Thank you.]

As the ANC, we support the Budget Vote of the Department of Social Development. It is the centre of our decisive programmes and interventions to bring hope for a better life to our people. The interventions of this department continue to ensure that the ANC-led government remains a bold beacon of hope and instrument for the continued liberation of our people. I thank you, Chairperson. [Applause.]

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: House Chair let me thank all the members who have participated in the debate, let me thank the MECs and also confirm that I have heard the plea for the Minmec and I will pass the message to the Minister. The department continues to also honour the days as prescribed by the United Nations as a member state and wish indicate to the members that the 26 June is the United Nations Drug Awareness Day, which we will commemorate in the Northern Cape by opening our completed

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Rehabilitation Treatment Centre. We are hoping that those from the Northern Cape will join us so that they can witness the delivery.

Chairperson, let me say to hon Mpambo-Sibhukwana that the Constitution is very clear on separation of powers. Parliament has the responsibility to monitor the departments in terms of their performance and hold them accountable of a structure but Parliament does not approve the department organogram. It is also wrong to say that the Department of Social Development does not have Chief Operations Officer, COO, because Mme Nelly Vilakazi is the COO of the Department of Social Development. I thought I needed to make sure that the hon member leaves with information.

It is also important that when we talk about South Africa Social Security Agency, SASSA, we know that SASSA is not about grants payment only. The agency is bigger than grants payment; it provides social relief of distress and it contributes to social economic empowerment of the poor and we therefore request ...

Ms T G MPAMBO-SIBHUKWANA: I rise on a point of order for the Deputy Minister not to mislead the public. Today, not any other day but today the Deputy Minister was in the select committee and the Chief

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Executive Officer was there but the COO was not there. She confirmed that it will be appointed.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, I don't need assistance. Hon Mpambo-Sibhukwana, you know very well that you can't be debating with the Deputy Minister at the podium. You had an opportunity to present your views. Let's allow the Deputy Minister to continue with the concluding debate.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Let me assist the hon member. Yes Chair, the COO that we don't have is that of the National Development Agency, not of the Department of Social Development. [Applause.] Let's assist the hon member so that there is no confusion and we don't mislead the public. It is the COO of the National Development Agency that we are to fulfil that we spoke about this morning.

May I continue Chairperson to also indicate that it is very important that we take issue of cyber crimes very seriously and when we say that the message SASSA has sent out we acknowledge that. What the hon members were saying about the Liberty Life is also about cyber crimes and the importance of us being vigilant and raising the

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awareness to our beneficiaries rather than it being seen as an element of incompetency from the SASSA's perspective.

The Non Profit Organisations, NPOs, are funded mostly by provincial departments and they are trying. We also need to acknowledge the reality that sometimes the NPOs are established at random and they are established not necessarily as hon Fred said, to provide statutory services, but are established for people's extended income. So, when we talk about NPOs, we must not talk about them like they are innocent and all of them are there to actually take the business of government forward because that is not true.

The issue of albinism is the department's awareness campaigns that have actually brought the matter to the spotlight amongst the issues that South Africans are today able to engage in this particular manner.

To hon Ngwenya, I just wanted to say increasing the grants is not the solution. I am happy that at the end of your speech you corrected yourself because South Africans want more, south Africans deserves more and South Africans are not asking for handouts but they are asking that those that benefit and those that are entitled, let's remind each other hon members that the grants are for

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children, older persons, disabled people and we don't have grants for those that are supposed to be active in the economy. That is why we utilise that which we have to be able to facilitate entry into the economy.

Let me also say as I conclude, we must never underestimate the power of dreams. To say that we should never put things on dreams it is wrong because dreams inspire hope and it is in hope where a nation prosper. We continue to be committed to building caring communities together and we actually seek the members' partnership across all political parties because social development is the responsibility of all of us. Whether members can scream at me, shout at me, the bottom line remains - it is in the partnership as is in our joint efforts that we will find solutions for our communities that are actually in need of care and support. I thank you very much.

[Applause.]

The HOUSE CHAIRPERSON (Mr.A J Nyambi): Let me take this opportunity to thank you Deputy Minister and special delegates for coming to this august House to deal with these Budget Votes.

APPROPRIATION BILL

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(Policy debate)

Vote No 16 - Health:

The MINISTER OF HEALTH: Hon Chairperson of the House, my Cabinet colleagues and Deputy Ministers of Health, Dr Joe Phaahla, members of the executive council, MECs, for Health present here today, Chairperson and members of the Select Committee on Social Services, Mme Dlamini and your team, hon members and distinguished guests, good afternoon. It gives me great pleasure to present the 2018-19 budget to this House and to outline our plans for the 2018-19 financial year. This year we honour the memory of our beloved Madiba who would have celebrated his 100th birthday. In the same vein we also honour Mama Albertina Sisulu who also would have turned 100 this year. As we all know that she was a dedicated health worker with impeccable ethical standards.

Issues of health are occupying the minds of each and every South African at this moment in time. The word "health" is on the tips of the tongues of every South African. This week, lots of delegates around the globe are gathered at Sun City in North West in a Conference of the Board of Health Care Funders which is an umbrella body of more than 80% of all the medical schemes in South Africa and

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actually also in Southern Africa. The main topic there is "Financing of Health Care".

In May this year, the Ministers of Health, from around the globe, gathered in Geneva, Switzerland for the annual World Health Assembly and the theme was "Health for all: Commit to Universal Health Coverage". On Thursday this week, I will be releasing two Bills to the Nation in a press conference - the Medical Schemes Amendment Bill and the National Health Insurance Bill. As you have already noticed, a storm is already brewing furiously in the media.

Actually, on Thursday I do not expect a storm, I expect a hurricane. [Laughter.] All of this is happening because South Africa, like the whole world, is poised to make history that will shake the world. The question of Universal Health Coverage, which in South Africa we call National Health Insurance, NHI, is not going to leave the world unshaken. This is what we will be announcing on Thursday.

[Applause.]

Actually, in 2011 the prestigious British Medical Journal, called the Lancet, dedicated one of its editorials to Universal Health Coverage. They said when it happens, not if, because it is going to happen, around the world it is going to be the only third transition of health ever since human beings started populating this planet.

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Now, hon members, transitions are not just changes – they are not small changes – a transition takes society to a different level altogether. Actually, it takes you to a different level reminiscent to a different planet altogether. The Lancet said that the first ever transition of health on this planet happened in the 18th century and they called it a demographic transition.

It was simply when the world introduced clean running water, sewerage and sanitation. I am sure this sounds like an anticlimax to many of you because when I said a historic transition I'm sure you are expecting something extraordinarily and some extremely complex science or advanced technology. But, this simple transition had an impact on humanity that is still reverberating today. It saved millions of lives and markedly increased life expectancy in the planet. Dying was no longer as common as it was before that transition.

The Lancet goes on to describe the second transition. It says that this transition took place in the latter parts of the 18th century and the beginning of the 19th century. That was called the epidemiological transition. This was when the world introduced vaccines. Many diseases like small pox were completely vanquished due to this transition. The world is now on the verge of vanquishing

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polio and many other diseases. Again, this looks very simple and not so impressive an achievement of the world. However, to millions of babies and even adults who would have died or suffered life-crippling morbidity, this achievement is huge.

Now, hon members, the Lancet stated that the third transition is beckoning. This transition is called Universal Health Coverage or NHI. Like the other two transitions before it, it is not a complicated medical science or some advanced technology - no. It is simply the world coming to its sense, which should have happened long ago. It is about social justice and equality. It is simply about the way countries share their money for health. Who gets what and when? It is not about sharing budgets of health, no. It is about redistribution of wealth for the country for the health of each and every citizen regardless of their socioeconomic status or their status in life.

The United Nations has adopted it as one of the 17 Sustainable Development Goals. It is Goal number 3,8. The United Nations contends that the world will never ever develop to its potential without this goal being realised. It sounds very funny then for it to raise a storm or rather the expected hurricane in our country. However, if you understand it, you will realise why. The outgone

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Director-General of the World Health Organisation, Dr Margaret Chan, called it an equaliser between the rich and the poor. She said that it is the ultimate that health had to offer to the citizens.

Equalising society is not a Sunday school business. It evokes emotions on both sides. Actually, it will not be an exaggeration to say that the NHI is the land question of health. In the same way that the land issue is raging all over the country, NHI is going to rage in a similar way, not only in the field of health, but in the economic and social lives of all our people because equalising the rich and the poor in the same system is not going to be a child play. Why are issues of health so important and so emotive? If I were to ask you in this House which is more important: Education, social development, the economy, safety and security or health? You may not easily reach consensus, but this question was answered sometimes in the 18th Century.

A German Philosopher by the name of Arthur Schopenhauer who was born in 1788 and died in 1860 said: "Health is not everything, but everything without health is nothing". No country can fight poverty, unemployment and grow the economy with a very sick population. Hence every citizen, to reach their potential in all other aspects of life, needs good quality equitable health care regardless of who

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they are. To achieve this, equitable and fair financing of health care is an inevitable. Yes, under NHI, the rich will subsidise the poor. The young will subsidise the old. The healthy will subsidise the sick. The urban will subsidise the rural. For this reason, we are contending that this will be a substantial policy shift. It necessitates a massive reorganisation of the whole health care system, both public and private and completely to change the relationship between our spheres of government, but also to change the relationship between the rich and the poor. We are going to be asking you, as hon members of this House, to change most of the laws that you have painstakingly cobbled together since the advent of democracy.

You might have had to dismantle some of the relationships between spheres of government or also rattle the corporate world in health. That is what we will mean by a massive reorganisation of the health care system. We have already identified 12 Acts that will have to be amended by this honourable House in order to accommodate NHI. In this instance, we are going to be asking you to pay special attention to the four issues that have emerged as destabilisers of the health care system in a manner which they have been designed and arranged for now.

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These four issues that we are going to pay special attention to is the issue of human resources; who has got the power to hire who, where, and how many of them and who makes the final decision. Two, financial management, I don't have to lecture you about it as members of the NCOP you have complained about it many times when some of our provinces are not able to manage their finances because no proper financial management means no services. The third one is procurement systems, which I also don't have to lecture you about. You learn about the Mediosa of this world and many others. The last one is maintenance of infrastructure and equipment. All the major disasters in health that occurred in this country are about these four and the way they are governed and controlled.

The Life Esidimeni tragedy, the oncology problem in KwaZulu-Natal, Mediosa and Buthelezi ambulances in North West and Free State and the issues of shortage of staff and equipment stem from these four. Therefore, major changes will have to be implemented in NHI to deal with these four once and for all. While waiting for the legislation on NHI, we will in the meantime implement what the President instructed during the state of the nation address, and I quote:

The time has now arrived to finally implement Universal Health Coverage, through NHI.

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The approval by Cabinet of the Medical Schemes Amendment Bill and the National Health Insurance Bill which I will be releasing with details on Thursday, are the steps in that very direction which the President has ordered. The second step is to start implementing NHI projects, using the R4,1 billion in the Medium-Term Expenditure Framework, MTEF, period which has been allocated by the Treasury during the Budget by the Minister of Finance. The first one is school health. Hon members, we have now screened 3,5 million school kids around the country for fiscal barriers to learning. What makes it difficult for them to learn even though they go to school everyday? These are: Eyesight, hearing, and oral hygiene. Therefore, we have found that out of the 3,5 million kids we have screened 500 000 of them have got either of these three problems. They will need spectacles, hearing aids, oral hygienist and speech therapists which are usually available to those who are rich and on medical aids. We are going to start from this year to provide these kids through the NHI funds - part of this R4,1 billion to make them better citizens of the future because education is one of the most important social determinants of health.

The Prime Minister of Norway released a study in one of the United Nations meetings in New York, which was conducted in Norway which shows that if all women were to pass primary education, child

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mortality would drop by 15%. If all women were to go through matric, child mortality would drop by a hoping 50%. Therefore, having an educated nation is a big plus for health. That is why we need to help these kids early on in life.

The second one we will do with this money is the issue of mental health. We are not only doing it to reverse the Life Esidimeni's of this world, but hon members something has happened in our country that is not very good. Many lawyers today, whenever they defend a criminal, they will just say that you need mental evaluation. Meaning criminals are now committing crime because they are mental ill, even though we know that many of them are mentally ill, they are just like me and you, but they have got a criminal mind. However, people are being referred in large numbers. You will remember the notorious case of Oscar Pistorius who was referred for three months. People are being referred, as I'm standing here in front of you we have got 1 400 criminally accused who are admitted to our mental health facilities. They are waiting for mental evaluation because we don't have enough psychiatrists and we don't have enough psychologists, they can't be evaluated, the results they clock the criminal justice system because court cases can't go on, but they also fill up space for other mental ill people in our mental health facilities.

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So, what we are going to do with this money we are going to contract 51 psychiatrists and 71 psychologists from the private health care to take care of these people to help us to clear the backlog. We will do that from the National Health Fund.

The other issue that we are going to do is cancer. I'm sure I have repeated many times. You are going to be hearing this time and time again because I want you to understand it. Cancer is ravaging our country and planet in a way we have never seen before. Almost in every family, they are complaining of having a cancer patient. Five cancers specifically are completely annihilating us. That is breast cancer in women, cervical cancer in women, lung cancer, prostate cancer in men, and lastly, colorectal cancer. The treatment is notoriously exorbitant. Many people cannot afford it. A woman with a breast cancer who qualify for Herceptin, one dose of Herceptin is R24 000 and a cost of treatment is 17 doses. You are asking an ordinary woman to pay R24 000 17 times, is just not possible. The state has to come in and for that reason from the NHI fund we are going to make sure that we treat such people.

The last issue we will be doing is the pregnant women. We have identified 22 hospitals where there are unable to deal with complicated pregnancies because they don't have well-skilled people.

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We are going to use this money to make sure that we put them in conduct with specialists even those who do not work within the state sector to make sure that they take care of these women. We would have liked if Treasury responded the way we wanted. We would have liked to take care of all the 1,2 million pregnant women. We are not stopping it, we are just for this financial not able to go on with it, but as part of our NHI project, we would like to take care of each and every pregnant woman regardless of their socioeconomic status whereby each one of them will have a right to go to see doctor, a general practitioner, GP, at primary health care level of her choice, eight times during the course of the pregnancy and two times of which they must go for a sonar which at the moment is only the rich who are able to afford. We want each and every pregnant woman in order to bring a child into this world in a fair and equitable manner to have access to that and it is one of our plans.

In conclusion, let me take this opportunity to thank my colleague Deputy Minister Joe Phaahla, the Chairperson of the Select Committee on Social Services, hon Dlamini and her National Assembly counterpart hon Dunjwa for their support and working together throughout this period. I also wish to thank our development partners for the massive financial and technical support. On the 28 of this month, the President is going to be launching a massive

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project to look for two million people in our country who we know are human immunodeficiency virus, HIV, positive, but they don't know their status yet. We must find them within 24 months and put them on treatment. In the same campaign on the 28, we will be launching a campaign to look for 80 000 people who we know that are having tuberculosis, TB, but they may not be knowing about it. In the world today, it is believed that there are four million people with TB, but they have not been found and they are called the missing four million. In South Africa they are saying that that missing number for us is 160 000.

For this reason, on Friday I'll be addressing the Speakers from all over the country - Speaker of the legislatures and asking them to form an inter-parliamentary caucus of all political parties to deal with the issue of TB because that is what the world is doing these days. In September TB is being taken to United Nations, for the first time in history to be debated by heads of the states because we believe that the problem cause by TB are now bigger than Ministers of Health. It is the number one killer of all communicable disease in the world - killing 1,5 million people globally and 40 000 in our country, but it doesn't raise eyebrows among people in positions of power, all over the world and that is why we believe that perhaps if it goes to United Nations, it will raise eyebrows.

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When Ebola struck in West Africa, I was brought to Parliament three times to assure members that we are ready for Ebola and we will prevent it, or if it comes we are ready for it. Three times I came to give that assurance, some Members of Parliament even sneaked into our hospitals without us knowing and came back and claim that we are not ready. I don't know what they were looking for, but they just came and said "you are not ready for Ebola" because everybody was concerned about Ebola.

Mr J W W JULIUS: Hon House Chairperson, I just wanted to know whether who the Minister is referring to their hospitals, isn't it all our hospitals.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, hon Julius, if you want to ask the Minister ... [Interjections.] ... hon Minister, no. First the procedure, if hon Julius wants to ask the question, he must first ascertain whether the hon Minister is ready to take a question, and then we will allow the hon Minister to take your question, but already you have asked your question. So, let me allow you, hon Minister.

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The MINISTER OF HEALTH: Yes, and I'm prepared to answer it. I said our hospitals, "our" means hon Julius and you, and you, and all of us, it is our hospitals. I don't understand what your problem is.

Mr J W W JULIUS: Because you are speaking about "my hospital".

[Laughter.]

The MINISTER OF HEALTH: Chairperson, within the same period of worry nobody in South Africa died of Ebola. Globally, 11 000 people died during that epidemic. However, during the same period 1,5 million died of TB and still never raised eyebrows. That is what is worrying us. Therefore, we want everybody including Members of Parliament to be aware of this silent killer because it is not dramatic.

Finally, I wish to thank my team of officials led by the Director-General Ms Malebona Precious Matsoso and the deputies, as well as the entire staff of the department. Thank you very much. [Applause.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, allow me to acknowledge our councillors from Johannesburg Metro, from Gauteng province, they are in the NCOP for a study tour in the gallery.

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Ms L C DLAMINI: Hon Chairperson, Minister, Deputy Minister, hon members, special delegates, hon councillors from the City of Johannesburg in the gallery, the Minister has covered a number of issues. I am especially happy because he concentrated mostly on the challenges that the department has and also on those challenges that we know about, in terms of our health facilities.

I will start with an observation. I am sure you are aware that this is the last year that we deal with an annual performance plan, APP, and a Budget in the fifth Parliament. I want to thank parties who seconded or sent members to serve on the committee. I must say that we had a very vibrant committee. We constructively participated and spoke with one voice as Members of Parliament, at a committee level.

With regard to my observation, I don't know what influence cameras have on members. I have learned that people have two faces. At a committee level, we will agree. Where we don't agree with the department, we will tell them straight that we agree or we will tell them to go and sort it out, but when it comes to the House, the game changes all together. When we sit with the members at committee level, they will speak with a different voice. Sometimes, one wonders if it is the same member that we know at committee level. Maybe, one will have to recommend that, as a House, we do a

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psychometric investigation on the influence of cameras on members in the House, as compared to members at committee level. I am serious about that.

I start off by saying that we support the Budget and the targets, as presented by the department. It is the right thing to do because of our people, especially people from disadvantaged communities who do not have access to good health facilities. So, it is important to us to support this Budget Vote.

I also observed that the DA and EFF, since 2014, have, without failure, never supported the APP and the Budget of the Department of Health and the Department of Social Services. I am putting that on record. If they were in power, hospitals, clinics and everything would have been closed since 2014. Grants and everything would not have been paid. They have been objecting the Budget, without failure, but at a committee level, it is a different story all together.

I also want to indicate that the behaviour of some of our members had not been consistent. I just want to speak about one thing. The issue of understanding an accomplished dream is a planning term. If you have never been involved in planning, monitoring and evaluation,

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and project management, you would not understand. You will only hear about a dream and forget about everything else. I thought that I should clarify that.

In his state of the nation address in 2018, the President ...

[Interjections.] ... Julius ... the President said, and I quote:

We will intensify efforts to improve the health of our people, particularly in the context of the devastating impact of the HIV epidemic and the emergence of other diseases. As South Africans, we must never accept, as permanent or irreversible, our status as the country with the world's biggest HIV epidemic. We need to take decisive steps to bring an end to the epidemic through systematically implementing the 90-90-90 strategy, which will entail, among other things, the addition of 2 million more people to our antiretroviral treatment programme.

Since 2014, when we became members of the NCOP, we have witnessed a Department of Health that is dedicated. We have witnessed that, although there are challenges, there is a commitment and dedication from the Department of Health to provide health services to our people. The Minister has just spoken about some of the initiatives before I came to the podium.

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There have been significant strides in dealing with HIV, which is possibly the greatest contributor to morbidity and mortality in our country. It is estimated that 7,1 million people are living with HIV in South Africa, and we have more than 4,2 million people on the treatment. This is the biggest treatment programme in the world. People are not talking about this programme. They only say that we are not doing anything. They want to know what we are doing. To those who decide not to hear the facts, this is what the department is doing.

The programme that the Minister has just spoken about will be launched by the President and it is a very good programme. Many of our people don't want to know their status because they fear the truth or the unknown. It is a very good programme, which we really support, as a committee. We hope that some of the members who are not sure whether they are HIV ... It is not just for people out there; we are included. We are going to be part of that programme.

The Minister also spoke about a sum of R4,2 billion over the MTEF allocated mainly to the National Health Insurance, NHI, Health Planning and Systems Enablement programme, financed through downward adjustments of the medical aid tax credits and rebates. This is a good story to tell during our term of office as Members of

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Parliament. This will ensure that people who do not have medical aid ... I am talking about the NHI - the hurricane. We expect it and we will be ready for that hurricane. We feel that it is a good thing for our people. Those who decide to become the hurricane are those who think that good health facilities belong to a few selected people.

Out of the seven provinces that we visited, as a committee, as part of oversight, excluding the Western Cape and Gauteng ... We know some of the problems through people and also petitions that are sent by provinces. We can conclude and categorise the problems faced by people into three main problems. The first problem is the infrastructure development. The population has grown, but in terms of facilities, we have not built enough health facilities to accommodate all the people. We have a problem with maintenance that is lagging behind. The second problem is the inadequate human resources and financial management, as the Minister said. It is a challenge faced by health facilities. The last problem is equipment, for example oncology. The DA has blown the trumpet all over the world about it, including KwaZulu-Natal - oncology, oncology, oncology, oncology.

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I am very happy to hear that the department has allocated R100 million to deal specifically with radiation oncology backlogs. However, the Gauteng backlog is not ... If I may refer to that one, in Gauteng, the backlog is not only created by that province; it is also accommodating other provinces like my province, Mpumalanga, North West and Limpopo. All patients that need radiation are referred to Gauteng, but you will hear people screaming that Gauteng health services are not good, forgetting that they are not only servicing the people of Gauteng. So, we are happy and we appreciate that there is money allocated for that.

As a country, we envisage that in 2030 ... It is a dream, hon Ngwenya. We are not there, but we are dreaming to be there. If you don't know planning, you will never understand these things.

South Africa has a life expectancy rate of at least 70 years. It is possible. We are just ...

Mr M M CHABANGU: Chairperson, is it proper for the hon member to say that another member is dreaming during the day when she is not sleeping?

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HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Chabangu, nothing was out of order with what hon Dlamini has said. Continue, hon Dlamini.

Ms L C DLAMINI: Chairperson, It is our wish that the generation of under-20s is largely free of HIV. The quadruple burden of disease has been radically reduced compared to the two previous decades, with an infant mortality rate of less than 20 deaths per thousand and an under-five mortality rate of less than 30 per thousand.

The Operation Phakisa is one of the good programmes that this department, the government, led by the ANC has come up with. We are not ashamed to say that. The ideal clinic realisation and maintenance process, which is a built up to the implementation of the NHI, started in 2013. An ideal clinic is a primary health care facility with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that uses applicable clinical policies, protocols, guidelines as well as partner and stakeholder support. We appreciate that initiative. We know that the pilot project of size is doing very well. We have observed that during the oversight visit, as a committee.

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Almost half of South Africans over the age of 15 have high blood pressure, according to the 2016 Demographic and Health Survey. Additionally, research from Statistics SA found that in 2015, diabetes became the second biggest cause of death in the country after tuberculosis and is now the biggest killer of women, who tend to have more excess body fat. Don't look at me. I am talking about other people who are fat.

We are calling on society. We all have a responsibility. We cannot expect the Minister and the officials from the Department of Health to help us to exercise. It is upon us to, as society, to exercise. If we do so, we can prevent some of these diseases. According to the United States-based research and treatment organisation the, Mayo Clinic, regular exercise helps prevent or manage a wide range of health problems and concerns, including strokes, diabetes, depression, hon Essack, and a number of types of cancer, which are all noncommunicable diseases.

In conclusion, there is evidence that investment in people, like health care, education and social protection are not just good for the individuals who directly benefit, they are also good for their countries' growth and political stability. We support the Budget and the targets. Thank you.

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Ms T G MPAMBO-SIBHUKWANA: Hon Chairperson, hon Minister Motsoaledi, I just want to remind you, that according to the World Health Organization, better health is not only viewed as an inalienable right but is also seen as an essential requirement to one's happiness and wellbeing.

I further want to say to you, our country's acknowledgement and acceptance on the importance of healthcare can be found in our Constitution, which provides for the right to health care and places the onus on the government to ensure this individual right is protected and promoted.

However, due to recent activities that have happened, it seems that the government and its whole health facility in its department are defaulting in delivering on this constitutional obligation.

Currently, South Africa is experiencing a dire state of healthcare.

Recently, the newspaper outlet, City Press, went out to Fast East Rand Hospital, one of the few hospitals in the country that have been inspected by authorities and found to be compliant with the health department's norms and standards, and found that it was still struggling to receive the necessary medical assistance, a week after the Minister tabled the last inspection report.

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Further, the hospital is overcrowded and has poor sanitation in one of its wards. It was reported that these conditions have not improved.

Minister, we need to make sure that we do not mislead the public with a smoke and mirrors approach of only producing good reports and failing to fix problems that have riddled the hospital long before.

Another issue facing the Department of Health regards the missed Addington Hospital deadlines in KZN. Further, the KwaZulu-Natal Department of Health had misinformed the public about the progress of continuing oncology services, which Dlamini has just talked about - and the DA is not just making - eh, eh, eh, can you please protect me hon Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Order hon members! Hon Mpambo-Sibhukwana refer to hon members appropriately, it is hon Dlamini.

Ms G G OLIPHANT: Chair, I would like to know from you, do we have Dlamini or hon Dlamini?

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Eh, thank you. Hon Oliphant, you can't do that. [Laughter.] I have already addressed that issue. You are correct hon Oliphant, we have got hon Dlamini. Hon Mpambo-Sibhukwana as you continue refers to hon members appropriately. Continue with the debate; but you are protected.

Ms T G MPAMBO-SIBHUKWANA: I did.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, heckling is allowed but you can't drown the speaker at the podium please! Let's afford her that respect. Continue hon member.

The Department of Health has not only missed one but two self-imposed deadlines. They did not stay true to their word and the result of this is seen in number of people who waited in anticipation to receive the medical care they deserved only to be let down at the very last minute. This is unfair.

We commend the department to work together with nurses in order to reach an understanding, which ended the recent strike. We have to be mindful of the negative consequences and effects that resulted from worker action.

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Health services were disrupted and rights were infringed and the department needs to ensure that measures are taken not to stifle workers and limit worker actions but to ensure the return of smooth and effective running of medical institutions to decrease the chances of having disgruntled workers.

Hon Chair, this was also seen in the recent Mahikeng strike action by union members at the North West health department which resulted in stock of essential medicines running out completely in both clinics and hospitals. Tendering systems – I'm glad that the Minister mentioned this – tendering systems by the Mediosa mobile clinics by the Guptas has also exacerbated the problems in the North West province.

Hon Dlamini, it should also be brought to the Minister's attention that there is a shortage of nurses across all provinces; in particular Mpumalanga Thekwane Clinic – your province – which we attended and we were told that it is understaffed of nurses, and consequences of this are slowly starting to pan out.

I cannot stress the importance of ensuring that each medical facility or institution has enough medical and support staff in

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order to ensure that these patients who cannot come and receive their medical care, which they need, that is so unfortunate.

Further, there is a shortage of ambulances across all nine provinces particularly in the Eastern Cape rural areas. Hon Chair, this is exacerbated by the Department of transport that is not serving the roads that are not up to standard. This is the risk that is putting jeopardy to people's lives. The department needs to increase the number of ambulances nationally.

We are of the opinion that you could avoid unnecessary death that is as a result of waiting on ambulances to become available to transport people to hospitals.

The destruction that has occurred in the North West province is a cause for concern. Minister, what measures will you implement to solve this problem?

At such a time, transparency is something that is needed and should be focused on. Our last visit on oversight to Rob Ferrer hospital in Mpumalanga showed that security persons are mostly inconsistent with their work schedules and work times. It was reported that the

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hospital nurses take extensive breaks outside their scheduled lunch breaks.

This resulted in unsafe hospital environments and long queues. I want to stress it hon Chairperson, that the DA government would ensure all hospital management teams are appropriately qualified and effective; modernise the health system by using information technology to improve the system of procuring and distributing medicines. Improve the management of the National Health Laboratory Service ... [Interjections.]

Ms L C DLAMINI: Thank you very much hon Chair. The member on the podium is misleading the country and the public eKhayelitsha were they are governing ... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Dlamini! Hon Dlamini! Order members! Hon Dlamini?

Ms L C DLAMINI: Yes sir.

The HOUSE CHAIRPERSON (Mr A J Nyambi): It is the very point that I made that you can't be debating. That is not a point of order. Let's allow hon Mpambo to conclude the debate. Hon Mpambo?

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Ms T G MPAMBO-SIBHUKWANA: Thank you Chair. Improve the management of the National Health Laboratory Service and amend the National Health Act to create space for properly registered private laboratories; Restructure the Medicines Control Council and staff it with full-time professionals to eliminate lags of medicines certification.

Continue and accelerate HIV/Aids, general health and mental health education or awareness programmes. Lastly, as I finish hon Chair, we must disband the Ministry of Health from its departments and encompass the mandates of both Ministries of Social Development, and Health, which will save over R28 million for South Africans. I just want to - protection Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): You are protected conclude. Hon members!

Ms T G MPAMBO-SIBHUKWANA: Hon Chairperson ...

IsiXhosa:

... kukho intetha yesiXhosa ethi musa ukukhawulela iinkawu zisiya kusela...

English:

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... I think hon Dlamini is doing the same.

IsiXhosa:

Musa ukuzikhawulela iinkawu zisiya kusela. Uyafana nje nomntu ogxwala emswaneni xa usenza njalo.

English:

I want to stress Minister ...

IsiXhosa:

... into yokuba ohloniphekileyo uza kungena emngxunyeni ngokwakhe aye kutshona ezantsi ze simngcwabe ke thina. Sithi kuye lala ngoxolo.

English:

I thank you. [Applause.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon members, hon members! Order hon members! Before I call the next speaker, last week the Chairperson started the debate by making a ruling about the decorum of the House. The decorum of the House is entirely up to us. So in whatever you do, you can heckle; you can do whatever. But make sure

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that you do not drown the speaker on the podium. This is a very-very important debate.

Mr T NGCOLOMBA: Hon Chairperson, hon Minister, Dr Aaron Motswaledi, the Deputy Minister in his absentia, I haven't seen him.

[Interjections.] Oh! Please accept my apologies, Doc, MECs for Health from other provinces, hon members, I nearly missed out to mention the Chairperson of the portfolio committee, hon Dunjwa, ndingafa [I can get killed] together with the portfolio committee if I cannot mention him, distinguished guests, I think they are now gone, the councillors from Johannesburg, ladies and gentlemen, good afternoon.

Hon members, I am honoured and privileged to stand before this distinguished House and make an input on the Department of Health's 2018-19 Budget Vote, on behalf of the people of the Eastern Cape Province. When the governing party, the ANC, converged in the Eastern Cape for its January 08 celebrations earlier in the year, the organisation declared its priorities for this financial year, and further declared this year as the year to honour and celebrate the centenary years of uTata Nelson Rholihlahla Mandela as well as uMama Nontsikelelo Albertina Sisulu.

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Lest we forgot, I know that we all know that uMama Albertina grew as an orphan and she had to abandon his dream of becoming a teacher and rather opted to study towards nursing profession and graduated in 1939. How we wish she was still alive when Dr Motswaledi's government is busy with the National Health Insurance, NHI, policy or plan that seeks to deal with some of the challenges that the country is faced with.

We think that wherever she is, is very happy with the progress made, and this makes us to say to you, hon Minister Motswaledi, run faster than the yesteryear and ensure that the implementation of the NHI is carried out as the people of the Eastern Cape are eagerly waiting for your pronouncement on this issue. It is in our vested interest that we see these commitments implemented by government for the benefit of the country's citizenry and in honour of these two great leaders that we are celebrating this year.

Hon Chairperson, we must therefore hasten to welcome National Health's 2018-19 Budget Vote as the reflection of our organisation's priorities as far as the health sector is concerned. We are pleased to see our pronouncements and commitments as the governing party finding expression in government programmes. It is without any shadow of doubt that our government has come a very long way to

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transform the livelihood of our people towards better health care and the improvement of life expectancy in our province is testament to this.

Today more people have access to all levels of care, accessing healthcare services from the best doctors and nursing professionals available in our health care centres, irrespective of their socio-economic status in society, something which was unimaginable during the time of the oppressive government. We know that much still needs to be done. Minister Motsoaledi's speech further demonstrates that our government is still committed to the cause, and seeks to devise other means and strategies to enhance the health service and its impact thereof to the citizens who are in much need of the service.

Hon members, the high level of burden of disease has a significant impact on our health system, it is therefore important that we tackle these problematic diseases and ailments head-on in order to reduce the undesirable impact on the health system. The initiatives highlighted by the Minister in his speech which focus on addressing the burden of HIV/Aids; TB; non-communicable diseases and cancer are highly appreciated, hon. Minister.

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We must also appreciate National Treasury for ensuring that government's priorities are financially supported, and in this regard, we welcome the extra R2,3 billion to the HIV Conditional Grant. This increase will surely go a long way in achieving the department's target in fighting HIV/Aids, and thus take us another step closer to attaining the National Development Plan, NDP, goals and objectives on the health priority by 2030.

Run, Minister Motswaledi, run faster than the yesteryear! The people of the Eastern Cape are waiting in anticipation for the pronouncement on the NHI. In fact, the people of South Africa are indeed eagerly waiting. Run, Minister, run! Run faster in ensuring that processes and pronouncements are made if you don't understand! Hon members, we wish to welcome the Minister's commitment to implement the Universal Health Coverage, UHC, through the National Health Insurance.

The various pilot sites being rolled out throughout the country have given us many lessons and we are now in a position to take this project to the next level, the much anticipated full implementation phase which all of us are eagerly anticipating. In the Eastern Cape Province, we can attest to the successes of the pilot programme in OR Tambo District - somebody was talking about Eastern Cape, I don't

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know whether she stays there - where we are noting additional infrastructure, that's one of the benefits of the NHI, improved services; better access to medicines as well as running of our facilities in general.

The province has moved beyond the initial national pilot site to a provincial site in the province to ensure that all districts benefit from NHI. Our province is a mainly rural and vast, where access to quality health care has been a big challenge to many, but through NHI we believe that we can make significant inroads. We urge you, hon Minister, to fast track the full implementation of the Universal Health Coverage, our people need it.

In conclusion, hon members, the ANC continues to give priority to health as provision and access to quality healthcare. Under your leadership, hon Minister, we must continuously demonstrate our commitment to working even harder, make more with the less we have and ensure that our people experience a better life from their government. It is our dedication and unified effort that will push us to achieving our Vision 2030 objectives as well as Sustainable Development Goals, SDGs.

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In this regard, we sincerely applaud support from the department's health partners and nongovernmental organisations that are committed to provision of healthcare. With those words, hon Chairperson, the Eastern Cape welcomes the National Health Department's 2018-19 budget. I thank you.

Xitsonga:

Man B T MATHEVULA: Mutshamaxitulu, hina tanihi vandla ra EFF a hi yi seketeri Vhoti ya Mpimanyeto ya 16 ya Swa Rihanyu.

English:

When the EFF declared 2018 as the year of public healthcare, we did this because we knew that the public healthcare system is in crisis and the Minister has a disaster on his hands. However, he is in denial and because of him and his department our people are dying. The deaths and suffering is all preventable and would be possible if we had a government with vision, skills, capacity and in love for the people. Instead, we have a government both at national and provincial level that has no capacity, is corrupt and has mismanaged the department, collapsing service delivery capacity and the ability of our people to receive healthcare services. In many provinces we have a cancer crisis; in Gauteng hundreds possibly thousands are waiting lists for cancer treatment, in KwaZulu-Natal oncology

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services have been stalled for months because of staff shortages and equipment problems, between Mpumalanga and Limpopo there is not a single radiation oncologist. Nevertheless, the cancer crisis is only the tip of the iceberg.

In KwaZulu-Natal, less than half of the ambulances the department has are functional. People are forced to sleep on the floor or share beds like when I gave birth to my son because of a shortage of beds in Khensani Hospital. Minister, I shared a bed in Khensani Hospital, Giyani, on labour pains with another woman on a single bed. I am talking through experience. In Limpopo, simple tasks such as removing bullets cannot be carried out at state hospitals, forcing people to travel hundreds kilometres or go to private healthcare providers, to get a bullet removed. In the Eastern Cape, the state's mental health facilities are dysfunctional and if the department is not careful it could have another Life Esidemeni on its hands in the province. In the North West, the army had to be brought in to provide healthcare services and the provincial department was placed under administration by national government. In the Northern Cape, the number of Tuberculosis, TB, cases continues to rise. In the Free State, there are continuous shortages of resources and overcrowding and in the Western Cape our people wait for hours to be given medical care.

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This year, the department has a budget of billions in total. What is this budget being used for if our people are not getting serviced, staff not getting paid and equipment not getting bought? The budget is being used to fill the pockets of ANC cadres who use Department of Health tenders to enrich themselves at the expense of our people while at the same time collapsing capacity. Like in the Free State and North West, where competent skilled officials and medical personal have been forced to resign or fired because they were not allowing the irregular awarding of tenders, yet, the budget allocated to the department continues to rise but in the end nothing changes. We need competent, skilled health care workers and administrators. We need to train healthcare professionals and improve their working conditions because the few who come out of our training institutions are quickly whisked-off to the private sector because of the unbearable working conditions in the public sector.

Due to this, we have overburdened public hospitals which simply cannot cope with the growing health needs of the nation. Under the current circumstances, even the introduction of the National Health Insurance, NHI, which we support will not work. Our support for the NHI is because of the unequal dual health system we have in this country, the private health sector for the well-off and mostly white and the pathetic public health sector for the poor and mostly black.

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But if we are to bring an end to this duality, we must make sure all hospitals have health professionals who can treat people, that all hospitals have beds and equipment needed to detect and treat diseases. All the clinics must be opened 24 hours a day with the necessary medication and staff. We must have community healthcare workers across our country. This is what we need to address the healthcare crisis facing this country.

Xitsonga:

Ndza khensa, Mutshamaxitulu.

Ms Z V NCITHA: Hon Chair, let me ... [Interjections.]

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

Ms Z V NCITHA: Chairperson, let me acknowledge the presence of the Minister as well as the Deputy Minister of the department, and greet the special delegates from provinces as well as those that are at the gallery.

We are having this debate when Mama Cecilia Makiwane would be celebrating 110 years as a professional nurse if she has been around, born from a progressive family, with the father who was a

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Reverend, Elijah Makiwane, her mother, Maggie, who was a teacher in the girls' school in Lovedale. Mama Makiwane completed three years nursing course, and successfully registered as a very first professional nurse after completing an additional one year course. Mama Makiwane gained her achievement against a very hostile environment of a dominant patriarchy as well as a period of apartheid system, where black people were regarded as second class citizens.

At the time of her qualification, there were only 6% of black women who could read and write. It is with pride that the Eastern Cape government has built a brand new state of art hospital which is named after Mama Cicilia Makiwane in a township in Mdantsane in Buffalo City.

In marking the 100 years of Mama Sisulu, who was a professional nurse as well, we call on all our clinical staff, especially the nurses to be inspired by the example of their predecessors, Mama Sisulu as well as Mama Makiwane. When we see them on their white uniform, we are upbeat of the professional care and passion that our people wish to experience. We acknowledge efforts by the majority of them, who work tirelessly under very difficult condition.

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In this regard, we call on all our communities to support our clinical staff whilst we warn all those that abuse the patients by using abusive languages sometimes. In the same vain, hon Minister, I would like to plead with the department working very close with the social security services to make sure that you attack or you protect the institutions of health which are currently experiencing serious problems of criminals that are robbing nurses and clinical staff.

On the issue of us delivering, I heard some hon members talking about not supporting the Budget Vote because they do not know what the government is doing about the budget that is allocated. The health status of this country's citizens is considered as a key priority for the long-term economic growth as well as an outcome of the sustainable economic development. Improving the health status of the health outcome of its citizens is the key social and economic development goal for the most countries, including South Africa.

President Cyril Ramaphosa also made the following commitments at national level to transform the health sector: Firstly, a team will be set up to speed up the implementation of new infrastructure projects, including health facilities. There will be increased focus on improving budget and monitoring systems, and improving the integration of projects, amongst other things.

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Secondly, the HIV testing and treating campaign will be scaled up. A further 2 million people will be initiated on the antiretroviral treatment in December 2020.

Thirdly, in an attempt to address the growing epidemic of non-communicable diseases, a major cancer campaign will be launched on a similar scale to the HIV/Aids testing and treating campaign early in the 2018-19 financial year. This campaign will also involve the private sector in order to mobilise all resources in the country.

Lastly, the National Health Insurance will be processed through government and submitted to the Parliament. Certain NHI projects targeting the most vulnerable people will commence in April 2018. That's what we are going to do about the budget.

Since 1994, the ANC-led government has been involved in a transformation process that includes reaffirming the right to health care as expressed in our Constitution. We have also been working with determination to transform state machinery and changing the numerous health policies that have been prohibitive to our people on the basis of their race, gender, location and social status. For us, as the ANC, health is an essential basic service.

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

Mr L V MAGWEBU: I know it has been a long day, Chair, but I note that some members are sleeping in the House. I just wanted through you just to remind them without mentioning names to be stayed awake here. We are here to work, not to sleep. Thank you, Chair.

The HOUSE CHAIRPERSON (Mr.A J Nyambi): Hon Magwebu, take your seat. Continue, hon Ncitha.

Ms Z V NCITHA: For us, as the ANC, health is an essential basic service - should be accessible to all our people regardless of economic and social standing.

As the ANC, we recognise that in this country with such an atrocious past, investing in health in the form of public health expenditure is important given the need to reverse the legacy of apartheid characterised by poor health conditions for the majority of its citizens.

In addition to the legacy effects of the apartheid improved access to health care and health outcomes are also considered as the key

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driver of the economic growth and is highly prioritised developmental goal since the start of the democratic dispensation in 1994.

Health sector derives its delivery mandate from the numerous strategic frameworks such as the United Nations Sustainable Development Goals, National Development Plan, Medium-Term Strategic Framework, 10 Point Plan for Health, Strategic Plan for Prevention and Control of Non-communicable Diseases, South Africa's National Strategic Plan on HIV, TB and STIs of 2017 to 2022, and the National Mental Health Policy Framework and Strategic Plan of 2013 to 2020.

Both the National Development Plan vision 2030 and the United Nations, UN, Sustainable Development Goals, speak to the fact that a well-functioning and effective health system is the foundation for the attainment of the health outcomes envisaged in the NDP. The NDP sets out nine long-term health goals for South Africa. Five of these goals related to improving the health and well-being of the population, and the other four deals with the aspects of health strengthening systems.

The HOUSE CHAIRPERSON (Mr.A J Nyambi): Hon Nxitha, I am afraid your time has expired.

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Ms Z V NCITHA: We support the Budget Vote 16, Chair. [Applause.]

Mrs N NHLAPO: Hon Chairperson, hon Minister of the National Department of Health, hon Deputy Minister of the Department of Health, the Chief Whip of the NCOP present, MEC from KwaZulu-Natal, MEC hon Dlomo, our special guests, our home councillors from City of Johannesburg in their absence, comrades and friends, it is an honour to be provided this opportunity to represent Gauteng in this important debate on the national Department of Health Budget Vote No.16 of 2018-19 financial year.

This year marks the 100 year birthday of Isitwalandwe, our first President in our democracy, President Nelson Mandela. We have remained with his legacy in ensuring that all the people have access to healthcare facilities and get the quality services. This year also marks the 100 year birthday of another Isitwalandwe, Mama Nontsikelelo Albertina Sisulu. Mama Sisulu qualified as a nurse in 1939 and worked at the Johannesburg General Hospital which was renamed after comrade Charlotte Maxeke, now it is called Charlotte Maxeke Academic Hospital. [Interjections.] Mama Sisulu experienced the ingrained racism of white, minority-led country through the ill-treatment of senior black nurses by most junior white nurses. We must also acknowledge that this year marks the 90th birthday of

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Argentine Marxist revolutionary Ernesto "Che" Guevara; we will remain with his legacy of being biased to the poor and the working class. The ANC-led government in Gauteng built state-of-the-art hospitals such as Thelle Mogoerane Regional Hospital in Vosloorus and the Bheki Mlangeni District Hospital in Soweto. For the first time in our most vulnerable townships that were marginalised by the then apartheid government are honoured with these state-of-the-art hospitals.

Gauteng must sustain the standard of these hospitals. Gauteng received the highest percentage of Ideal Clinics across the country between 2015 and 2018 with a total of 75%, 281 out of 372 are accredited as Ideal Clinics. Gauteng rolled-out the Central Chronic Medicine Distribution and Dispensing Project successfully whereby chronic medication is distributed through the identified service delivery points to reduce the long waiting times in our clinics and hospitals. The patients that are registered to date are 410 075. The Gauteng department of health partnered with the Right2Know Campaign NGO and Right ePharmacy NGO successfully launched the ATM pharmacy in Alexandra Township. This effective innovation system allows patients with chronic illnesses to receive repeat medication within three minutes. This Pharmacy Dispensing Unit is the first of its kind in the African continent and it reduces congestion in public

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healthcare facilities. The Gauteng department of health reduced the prevention of mother-to-child transmission diseases to 0,72%, this is commendable. Infant child maternal mortality is reduced through the effectiveness and efficiency of antenatal, postnatal and neonatal care programmes with only the challenge of some cross-border patients who present themselves then at a later stage when they are about to deliver babies or in labour. The HIV counselling and testing, HCT, programme is effective with the increased number of patients enrolled in the antiretrovirals, ARVs, programme through the initiative of the national Department of Health of Test and Treat.

The ward-based outreach team are increased to 775 to support the department in rendering healthcare services on a ward-based level. We noted that the Gauteng department of health rated high in compliance with the National Core Standards based on its imperatives of; staff attitude, patient safety and security, availability of medicine and supplies, reduces waiting times, infection control and cleanliness. The Gauteng Primary Healthcare Centres, PHCs, that operate for 24 hours are 30 out of 32. These PHCs extended their operational hours to reduce the number of people bypassing them and going straight to hospitals. With regard to the e-Health system, a number of hospitals with broadband access are 37 out of 37, which is

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100%, and that is commendable. The number of PHC facilities with broadband connection is 175 out of 369. This process will ensure the electronic alignment of healthcare facilities and prevent some people from manipulating the healthcare system by collecting medicine from one facility to another. We recommend the department to invest more in the e-Health system in the medium and long-term plan. The commitment in modernisation must be in practice. The department performed well in increasing life expectancy. The Gauteng department of health plans to fill all critical funded vacant positions in this current financial year. This is highly appreciated as it will address the shortage of staff and improve service delivery.

The Integrated School Health Programme, ISHP, in respect to Grade 1s and Grade 8s, 83 402 learners screened in schools, this ISHP integrated the Human Papillomavirus a vaccine to prevent learners from infection of cervical cancer. The Gauteng department of health has issued 133 licences to mental health NGOs who comply with the requirements of patients' safety care and sound financial management. Based on the lessons learned from the Life Esidimeni tragedy, the department had to take extraordinary measures to increase the number of audits on NGOs in the interest of good quality healthcare. This was also in line with the regulation of the

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Mental Healthcare Act No.17 of 2002, which requires that NGOs be audited at least once per annum. The Gauteng government has settled all financial compliance with the award given by the retired Deputy Chief Justice Dikgang Moseneke following the Alternative Dispute Resolution processes entered into with the families affected by the Life Esidimeni tragedy. The Office of the Premier in Gauteng paid a total some of R159,4 million to all the families of the 134 claimants who were part of the Alternative Dispute Resolution processes. All payments were concluded by the 13 June 2018, ahead of the deadline of 19 June 2018 set by Justice Moseneke. As part of its supplier's payment, the department of health Gauteng continued to pay the suppliers to arrange manifold approaches since April 2018 to 19 March 2018, the department paid an amount of R17 billion to 7 513 suppliers. This is welcomed as it will ensure the sustainability of these suppliers and also contribute to growth development in Gauteng.

We support the initiative of the National Health Insurance, NHI, established. NHI will ensure the universal health coverage through the health system. It is a health financing system that designed to pool funds to provide access to quality, affordable personal health and equitable for all the people of South Africa based on their health needs irrespective of their socioeconomic status. NHI is a

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substantial policy shift that will necessitate a massive reorganisation of the current healthcare system both public and private. It derives its mandate from the National Development Plan, NDP, of the country. We welcome the stakeholder engagement and the public at large conducted by the hon Minister of Health. Such engagements must proceed so that the people of South Africa can clearly understand how the NHI will benefit them and what it entails. Those who claim to be representing the poor and the working class but criticising the NHI initiative are counter-revolutionaries, reactionaries, who oppose everything that will benefit and the working class. The people of South Africa will the truth of who they are and who they actually represent at the expense of the toiler masses of this county. We must all be agents of change in ensuring the healthcare preventative measures effectiveness. Prevention is better cure. Instead of criticising all the good work that is initiated, made by the ANC-led government, why are you DA not providing solutions on the challenges identified? We should all, as public representatives, say, what needs to be done, not politically grandstand, this is about the lives of the people of which we cannot compromise.

Prevention is better than cure, I repeat. We should be ambassadors of intensifying the Healthy Lifestyle Programme within our

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communities. Allow me to borrow these important words from the first president of Ghana Osajefu Dr Kwame Nkrumah he said:

It is clear that we must find an African solution to our problems, and that this can only be found in African unity. Divided we are weak; united, Africa could become one of the greatest forces for good in the world.

Dr Nkrumah further said, "Those who judge us merely by the heights we have achieved would do well to remember to remember the depths from which we started." [Applause.] In conclusion, as much the Gauteng department of health is still facing challenging that are caused by the growing population and overcrowding in our healthcare facilities and cross-border patients, with limited resources at our disposal, we will do more. We will continue to strengthen our healthcare facilities to be more effective and efficient. The ANC-led government will never abandon the people of South Africa that it carried for more than 100 years during hard and difficult times of brutal oppression over 300 years. Let us join our hands together to make this possible to happen in practice. All we need is a better South Africa. We fully support the Budget Vote of the national Department of Health as Gauteng. [Applause.]

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Mr M KHAWULA: Hon Chairperson, hon Minister, hon Deputy Minister, hon MECs and colleagues. The Department of Health in South Africa is indeed in a crisis. The Minister of Health may deny this, but even the Health Ombudsman in the county, Professor Malegapuru Makgoba, and the Committee on Medical Deans, have also warned that the public healthcare system is facing possible collapse. The infrastructure in the hospitals and clinics is crumbling. Some clinics and hospitals do not have medication. The posts do not get filled whilst qualifying people are sitting at home unemployed.

The Hon Minister of Health, Dr Motsoaledi, talks very convincingly about health issues in the country but several times the actual happenings have proven that the Minister is not in touch with what is happening. When we started this term four years ago, the department briefed us on the pilot programmes of the National Health Insurance, NHI. Therefore, because of some unrealistic issues in the department's briefing then, I warned the department about reports which they get on paper which are not in accordance with what is happening on the ground. I agree with the current sentiment that the government has lost control of the NHI narrative. Maybe the big storm on Thursday will bring things back on track.

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The hon. Minister has repeatedly complained that he, as the Health Minister at national level, does not have authority over some of the wrongs that are pertaining over the crumbling health operations of the provinces. The minister has appealed for overhaul and review of legislation, so that it gives him more powers over the provinces. What I want to say to the hon. Minister is that, you are not the only national Minister who is running a department that has concurrent functions with provinces. If other departments can cope with it, why can't you cope with it?

The Addington hospital in Durban has been without an operational oncology machine for almost the whole of 2017 and some months in 2018. This put the respective patients in KZN at enormous risks. At the select committee meeting on Tuesday, 15 May 2018, the Hon. Minister reported that the historical problem of non-functional oncology machines in Addington had been resolved.

He reported that national department had assisted KZN with one machine in Addington, and that national had brought one oncology specialist from Wits to Addington, and that patients were already getting treatment. When I checked with the hon MEC, Dr Dhlomo on the same day, I found that this was not true. The machines were still in the process of being installed. The oncology services only got

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restored and became operational on or around 06 June 2018 in Addington.

The minister is not in touch with reality. I have always maintained hon. Minister that your passion is good but your facts are misplaced. Be that as it may, I agree that provinces must put their administrative issues in order. It is illogical to have every post in the health department, having to be approved at the premier's department and appointments executed by the premier's department, like it as happening in the Free State. This in the Free State Province goes down to the level of even cleaning staff and security who are appointed by the premier's department on behalf of health.

The procurement functions in the provinces should not be allowed to compromise and put the lives of South Africans at stake. Whilst political offices in the provinces are bogged down on power struggles of who should do what, it is the lives of the ordinary citizens of South Africans that suffer the consequences of such mediocre mentality.

The IFP appeals to all the Health Department authorities to give South Africans quality health services that show dignity. In the true spirit of the values and principles of Ubuntu, South Africans

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should not lose lives in the hands of our health services on bases of mistakes and lack of proper care but it should only be on the bases of, nothing more could have been done to save a life. I thank you!

The DEPUTY MINISTER OF HEALTH: Hon Chairperson, Minister of Health, Dr Aaron Motsoaledi, Ministers and Deputy Ministers - I think most have left already - Chairperson of the select committee, hon L C Dlamini, and Members of the Select Committee on Social Service, MEC Dlomo, from Kwazulu-Natal and MEC from the Western Cape, thank you very much for your presence, distinguished guests and ladies and gentlemen, Chairperson, let me thank you for this opportunity again to participate in this budget vote of our department for 2018-19 and join my comrades and colleagues also in dedicating my contribution in the memory of our departed stalwarts utata Nelson Mandela and umama Albertina Sisulu.

We know that both of them made monumental contributions to our struggle for freedom but they also made significant contribution in the areas of health. As already mentioned by a number of comrades here, umama Albertina Sisulu was a qualified nurse and also a midwife, except for times when she was disrupted and interrupted by banishments by the apartheid regime. She contributed valuable

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services to the people of Soweto, visiting households to support and care after pregnant women and deliver babies also in the clinics. In the late eighties again, she continued this sterling work, later on teaming up with Dr Abu Baker Asvat in the surgery in Rockville, Soweto. When tragic incident where Dr Abu Baker Asvat was murdered, it was mama Sisulu who had to look after him and try and save his life but unfortunately she was unable to.

We want to join our colleagues in her memory and urge all our health workers nurses in particular to follow and emulate her dedication, commitment and humility of mama Sisulu. Coming to former President Nelson Mandela - nobody can doubt Madiba' s love for children and his empathy for the weak... it was not surprising that one of his policy pronouncements after taking office was the announcement for free health services for children under six and all pregnant women in our public health facilities. This was indeed a major building block for what we are talking about today "Universal Health coverage" which indeed, in his memory we are committed to make sure that it will be achieved.

In 1996, former President Mandela entered into an agreement with President Fidel Castro of Cuba, for co-operation in the field of provision of health services. This agreement opened doors for us to

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be able to receive medical doctors from Cuba especially in our underserved rural areas and we are still benefiting from this service even today.

Secondly, we were also given an opportunity through this agreement to send our young South Africans to study medicine in the medical schools in Cuba. We started with a small numbers of between 60-80 students per annum between 1997 and 2011. But in 2012, when we were offered opportunities to send more children we responded positively and 900 students for the start were sent that year alone. Subsequent years we continued to send hundreds of young South Africans to go and study medicine in Cuba. It is regrettable that the Western Cape province where we are failed to send a single student.

Currently, as we speak, we have 2666 medical students in Cuba. All the students are recruited from rural areas and small towns and have good academic records and come from poor families. More than 634 doctors have already graduated are serving in our communities in this underserved areas and 80% of those who qualified remained serving in those underserved areas almost 15 to 20 years after qualifying. They are doing excellent work and some of them have even specialised, they are specialists. Some of them are even running many of our health facilities.

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Hon Chair and members let me announce to you that in four weeks time - four weeks from now - we will receive more than 700 students who are currently writing their fifth year exams in Cuba. They will be coming back home. This will be the first big number of the more than 900 which we sent in 2012. They will be coming back here to start the final year integration in our medical schools. This is an 18 months course of integration into the South African Health System. And they will be starting on first of August.

We want to take this opportunity to thank all the Medical schools who had been co-operating with us, the vice chancellors, deans and students. And on that note, I want to urge my colleague, the MEC for the Western Cape to please help us because, up to now the lowest number of intake of this integration is in the Western Cape. We do understand that you never send students but, you oversee very important national assets ... [Interjections.]

Mr F ESSACK: Chairperson, I just wanted to find out if the hon Deputy Minister can take a question?

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Deputy Minister, will you be able to take a question?

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The DEPUTY MINISTER OF HEALTH: ... provided that you will reserve the time. I have no fear of anybody. But that is up to you Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Let me allow the hon member to ask the question.

Mr F ESSACK: Hon Deputy Minister, I heard you allude to the fact that the student doctors are coming back from Cuba and will start working in August. That is what I heard you say. If you can tell fellow South Africans out there, how much has been budgeted to pay for this doctors to be employed and if such a budget exists in the Department of Health? Thank you.

The DEPUTY MINISTER OF HEALTH: Unfortunately, the hon member was not listening carefully. What I have said here is that we are receiving 700 student doctors to come and do their final year integration into the South African medical training programme at medical schools. There is not payment. Once they have qualified to be interns, to be community service doctors and to be medical officers, they will receive the necessary posts which will be budgeted for. At the current moment they will be doing final year at medical schools. That is why I am thanking the vice chancellors and the deans of medical schools. They are on bursaries like any other ...

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We are determined to make sure that the big number of doctors who will be qualifying as they qualify to be doctors on the Cuban Programme over the next five years, will give us an impetus in the transformation of our own health services from a current predominantly curative to a more primary health orientated system. We believe that with their strong primary health training they will help us also in the implementation of the National Health Insurance, NHI.

Hon Chairperson, despite many interventions, South Africa like many developing and developed countries remains challenged by the increasing burden of Non-Communicable diseases - many members have mentioned already - driven by changing life styles. Let us be reminded that these are diseases driven by physical inactivity, tobacco use, unhealthy diet and also harmful use of alcohol. Obesity - already mentioned - remains a major challenge especially amongst women while high rates of smoking and harmful use of alcohol is prevalent especially amongst our men folks. Many of us remain at risk of hypertension, diabetes, heart diseases and cancers due to our poor lifestyle habits.

We welcome the promotion of active lifestyle by President Ramaphosa through the Thuma Mina walks. It is high time that we, the hon

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members follow the lead of the President and join in our own Thuma Mina walks - I am looking forward to us leading in our provinces and also wherever we come from.

From our side as government and department we continue to protect the public through legislations and regulations on reduction of harmful content of foodstuffs and protection of our living spaces. We have recently submitted to Cabinet "The Control of Tobacco Products and Electronic Delivery Systems Bill". This bill will legislate for 100% smoke free indoor public spaces. It will provide for more graphic or pictorial warnings on tobacco packages prohibit any form of advertising at a point of sale and also include E-cigarettes in the definition of tobacco.

On the alcohol side, our partner department, the Department of Trade and Industry, DTI, is tabling a Bill which will increase the age of access to purchase alcohol from 18-21 years. We hope that this will help to reduce the consumption.

We will be increasing campaigns in terms of reducing these non communicable diseases but also combining with the communicable diseases through combined campaigns and also screening for all communicable and non communicable diseases.

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I want to conclude by indicating that all our major entities the National Health Laboratory Services - which was mentioned by some members here - continue to provide very valuable services. We are making sure that they become much more effective. The South African Medical Research Council, that it continues driving science excellence and making sure that more and more young people specialise in research and we achieve more PhDs in the areas of health services.

I want to say that in the memory of utata Nelson Mandela and mama Albertina Sisulu, we commit to leave no stone unturned in realising the dream of good quality health services as we move towards health coverage. Thank you very much.

IsiXhosa:

Nksk N MBOMBO: Sihlalo ohloniphekileyo, amaLungu onke ale Ndlu ehloniphekileyo, amaLungu eNdlu yoWiso-mthetho yamaphondo, ooSekela baPhathiswa, abaPhathiswa bamasebe kumaphondo, ooceba abakhoyo, iindwendwe ezikhoyo nakwabanye ngezihlalo zabo, molweni.

English:

I welcome the speeches the National Minister of Health and the Deputy Minister of Health that they have tabled here. I also want to

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acknowledge the inputs from previous speakers, most importantly those constructive inputs towards building a healthy population for South Africa.

Our health system as the national Minister once alluded to is in distress. The health system nationally across all provinces is under severe pressure, and it has been highlighted in the media reports in recent weeks. If it's not about a strike about health professionals with patients being turned away in from hospitals, it's about the collapse of infrastructures; it is about long waiting times, long queues, staff attitudes, medico legal litigations, assaults of paramedics, staff shortages and so forth.

This is coupled with quadruple burden of disease. Health departments across the country, continue to face a growing burden of disease in size and complexity.

So, hon members, I have an option to spend my entire 10 minutes bashing ANC on how terrible health systems are where they govern. I can waste my 10 minutes exposing the obvious about the plight of what is happening, be it in Gauteng, North West or the KwaZulu-Natal.

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I can waste my time registering my complaint about the NCOP health select committees or national portfolio committees on how they treat the Western Cape unfairly. Yes, I can go in my blue jersey and position myself as centre back or midfielder and join the political football game to prevent the opposition to score own goals.

However, when they go low, we go high - Health is too important to be reduced to a political football game. I am here to say: Let's build our walls of health services that are in distress. Instead of stating the obvious, bragging about the Western Cape good story compared to other provinces, I want to make use of this platform to make a plea to this House, as you are the ears and the eyes and the voices of your provinces through your role as law-makers, I am pleading that, please help the provinces. The provincial health departments to tackle the health challenges provinces are facing.

Yes, whilst Western Cape is the best compared to issues related to the best health outcomes, the finances the HR and so forth, but there is still a lot to be done to improve patient experiences and waiting times.

We are not exempted from the distressed health systems, the national Minister as he once alluded to, and we face similar challenges just

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like any other province. But what matters is what are the best practices we use that make us fly above even though we fly without wings. We are not in denial when we are wrong, when we err; we apologise and then learn from the mistakes. We don't grandstand and become political populists because health is too important.

Health is a microcosm of the whole society and of the country as a whole. When the country is collapsing, it is absorbed by health. When the country is faced with social ills and a dysfunctional society, health becomes a universal safety net...

IsiXhosa:

... ukukhongozela imilwelwe...

English:

... thus putting more pressure on health service delivery.

When the climate changes, when there is drought, when there is poor sanitation, or when there are floods, health must absorb the consequences.

The three challenges the country faces: unemployment, inequality and poverty, are all absorbed by health. Poor people are prone to ill-

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health, and ill-health contributes to poverty especially when it affects breadwinner. When economy is as low as where we are right now, it means poor people bear the brunt. It means high prices of medicine.

Health is an investment. A healthy population is the absolute basic requirement, and a pre-requisite to building skills and the human capital required to jumpstart the economy. The HIV, TB, and Trauma, amongst others, are responsible for a significant reduction in the potential years of life lost, particularly amongst the economically active population.

So, hon members, the demand for healthcare continues to grow and this is unlikely to change in the short-term outlook.

The SA Constitution clearly puts health as both a national and provincial competency, whilst the National Health Act appraises that national department doesn't own provincial human resources and health facilities. Health service delivery is in the hands of Premiers, in terms of appointing Heads of Health departments, and is in the hands of MECs to appoint all other staff in the department from a cleaner to a Deputy Director-General.

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Health departments are the biggest procurer in provincial governments from medicines, gauze, linen, bed, food, and so forth.

Hon members, the power is in your hands, you have the power to assist the provinces on these challenges, they are facing. When people cannot access health services because of corruption, lack of medicines, legal hazards, the NCOP must be worried, we do accept the oversight.

Just to share some of the specific challenges: Shrinking budgets. For example, the Western Cape received the lowest when it comes to increase, 6% increase of 2018-19 - the lowest of them all. Now we have to be rescued by the province by providing us with 37% slice of provincial budget. This is just to show Health is first priority. Western Cape and Gauteng, as my colleague has indicated, are increasing whilst other provinces are shrinking when it comes to population.

Research conducted by national health shows we are the only province since 2014, there has been steady increase of inpatients in our hospitals, with average bed occupancy rate that is high above national norm. All other provinces are as low as below 60%. Taking note that the central hospital grants provinces receive to maintain

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services in the big hospitals haven't increased in real terms. This will impact on training of the medical doctors, and work done by highly skilled specialists in these big hospitals.

The unfairness is that Limpopo, Mpumalanga, Northern Cape and North-West do not offer highly specialized care as they don't have central hospitals yet they receive the central hospital grant. They transfer their patients to Gauteng - I can understand provincial Minister of Gauteng what you are enduring, which now Gauteng has to invoice them and pay back the money they owe Gauteng.

Although Western Cape central hospitals do same for patients transferred from Eastern Cape and other provinces, we don't invoice those provinces. But, at least, now we say money must follow the patient just as it is happening in other provinces.

The budgets, even for the provincial hospitals, for example, in 2015-16 financial year, they were reduced by 3%. And now the provinces are still trying to find feet to overcome that deep.

The issues of medical interns which provinces are supposed to place them and most posts remain unfunded. It is in the hands of this House to convince the national Minister of health to change existing

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policies on placements and working hours of junior doctors. With burden of disease, this put a toll to these young doctors. It is unacceptable that two decades post democracy, young doctors still work 30hrs shifts without a break. Western Cape has reduced the overtime to 24hrs but still we can do more reduction if national legislation allows.

The staff shortage, specifically, nurses, affect all provinces. Whilst under no circumstances we justify bad staff attitudes, we can understand the pressure the nurses face. Every new health initiative is piled on top of nurses. They are the backbone of the health system and are the first health service contact.

The violence nature of society spills over to our public servants who, internalize and eject defensive attitude when confronted with pressures. If you compare the number of all SA professional nurses in 2010 compared to now, it is only 17% increase, in spite of all this burden of disease.

Noting that nurses are the lowest paid category among all health professionals. Who makes the policies and laws on salaries around this? So, hon members, this is the year of Mama Albertina Sisulu, who was a nurse. This is an opportunity to fix the nursing

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profession and practice, including salaries and conditions of the nurses.

The Wage Bill and salary increase that will be absorbed again by provinces with no new money coming in will send health systems from distress to ICU.

So, hon members must understand that the impact of Wage Bill on goods and services, prices of medicines going up, petrol going up; provinces now have to end up in a situation of whether to keep a post of a needed medical specialist or instead downgrade it to professional nurses?

So, with regard to the NH Bill, we are already implementing and piloting Universal Health Coverage, together with the Eastern Cape where we have two sites in the BCM, Sabatha Dalindyebo from them for us is about in Saldanha and also in the Gugulethu areas and the Klipfontein areas.

So, Minister, it doesn't have to wait in terms of passing the Bill. All these things can happen and the Western Cape will lead and the rest will follow. But we have to journey all together because at the

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end, it's all about the patients and not about politics, better together. Thank you very much.

Cllr T CHARLES: House Chair, hon Minister, Deputy Minister, MECs, hon chairperson of the select committee, hon members, South Africans and those at home, I speak here on behalf of local government, which one of its constitutional objectives is to promote a safe and healthy environment. This is the very sphere of government which is largely affected by the effects of the quadruple burden of diseases facing our country today, namely: The HIV/Aids epidemic alongside a high burden of TB; high maternal and child mortality; high levels of violence and injuries; and a growing burden of noncommunicable diseases.

This is so because all these hamper the efforts of promoting socio and economic development by local government. We are therefore encouraged, hon Minister, that your Budget Vote has taken into account all those diseases which are tormenting majority of South Africans, and as such we accept the Budget Vote.

As the local government fraternity we are in support of the view that the implementation of 90 90 90 strategy will go a long way in bringing an end to the HIV epidemic, which has resulted in many

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households headed by children, and many more households relying of social grants for survival. At municipal level, many municipalities are running out of burial spaces and are also experiencing an increase in the demand for free basic services. Many households are no longer able to pay for the basic services and subsequently impacting on the revenue base of municipalities.

We acknowledge that the response to the epidemic no longer requires your department alone but all of us as government, NGO's, private sector and civil society organisations. During the 5th Salga National Conference in 2016, as Salga, we have signed an MOU with United Nations Programme on HIV/Aids, UNAIDS, and International Association of Providers of Aids Care, Iapac, to implement the fast-track cities initiative which will see high-burdened municipalities receiving both financial and technical assistance to fast track the attainment of the UNAIDS 90 90 90 goals.

We are also as local government, in supporting the work of SA National Aids Council, Sanac, currently conducting an audit that is looking at the functionality of Aids councils at all levels of local government, as well as the institutional arrangements within our municipalities, with the aim of strengthening local government coordination and response to the epidemic.

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We are also rolling out portfolio-based councillor induction across provinces to ensure, amongst others, that Goal 6 of the national strategic plan on HIV, TB and STI's, which seeks to ensure strong leadership and shared accountability, is achieved. SALGA is also in support of the National Surge Campaign to be launched at the end of June 2018 and certainly local government leaders will be at the forefront of the campaign.

We acknowledge the progress made by your department in the implementation of the National Health Insurance, NHI. We have also drawn many lessons during the piloting of the NHI in the districts, one being that the successful implementation of NHI will require multisectoral approach. The National Health Act prescribes health services to be rendered at municipal level, all of which contribute to diseases prevention, empowered communities and ultimately to improving the health outcomes.

Given this, hon Minister, we appeal that as the department commences with the initial steps towards the implementation of the NHI, local government should not be left behind in the planning, system enablement programme and allocation of resources to ensure that the entire public health system is ready for the implementation.

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We also wish to congratulate the Department of Health in pulling all stops to ensure that what has been reported to be the largest listeriosis outbreak in history is finally under control. While we regret that about 208 people have lost their lives, and that over 1 038 cases had been reported by end of May 2018 as a result of this preventable outbreak, we commend the role played by the department in leading the response by coordinating all stakeholders, of which local government is part of.

Also, the role played by the municipalities in managing the outbreak should not go unnoticed, despite some of the challenges faced by municipalities in the delivery of municipal health services namely inadequate funding and shortage of personnel. Municipalities have dispatched environmental health practitioners, EHPs, across the country to conduct case investigations, collect samples, monitor high risk premises and conduct awareness within our communities.

However, efforts should be made by all concerned to address the shortfall on the number of environmental health practitioners required by the country, which is currently sitting at over 60%. This will ensure effective and equitable provision of appropriate environmental health services as EHPs play a major role in the prevention of diseases and outbreaks.

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We, again join the Minister in congratulating the National Institute of Communicable Diseases, NICD, for the tremendous work in isolating the source of the outbreak. Hon Minister, we are also we are aware of the fact that the NICD has been of assistance to the municipalities which many have ran out of budgets for sampling in covering the costs of the samples sent for analysis.

In conclusion, as local government we are committed to strengthening our capacity in as far as the delivery of the health services constitutionally assigned to us is concerned. Salga will continue to provide platforms for knowledge sharing and capacity building to strengthen the delivery of the municipal health services. We will also from time to time bank on the legislative and other support of both the national and provincial government to perform our functions. Salga is confident that this budget will go a long way in addressing some of the health challenges facing our country. I thank you. [Applause.]

Mr S DHLOMO: (KWAZULU-NATAL: MEC - HEALTH): Hon Chairperson, Minister Motsoaledi, Deputy Minister Phaahla, the Chairperson of the Select Committee on Social Services Mme Dlamini, colleagues, MEC Mbombo, hon members of this House.

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We will support this budget of the Minister for reasons that I would outline later. But let me just start by the first part that all provinces made presentations to the Portfolio for Health in the NA last week. What my colleague MEC Mbombo talked about, is the issue that we all have raised, about budget pressures.

I was listening to her and to me she didn't sound like some of the members of the DA where they see failures, they think it is about debt type of the province instead of saying it is budget pressure; because health in the world is underfunded, and all of us we should work with that understanding.

When hon L C Dlamini was leading delegations to KwaZulu-Natal from this House, not once, not twice, many times, I did not see hon Mpambo-Sibhukwana on those visits; but she is able to raise here a lot of inaccuracies. [Applause.] - A lot of inaccuracies that she is raising on this matter. I would not have time therefore to educate her about some of the things that we have done.

Needless to say, two weeks ago as an MEC I tabled an Executive Statement to the legislature, and five political parties, the ANC, the IFP, the NFP, the EFF and the Minority Front accepted that

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Executive Statement that I made about oncology services in the province.

Just last week, we took a tour of Addington Hospital as we were witnessing the first patient that was treated in that hospital, Addington Hospital.

I might as well mention that we were joined by Mrs Padayachi, who was actually coming from South African Human Rights Commission and her statement after that was to say she is satisfied with the progress that we are making and she would want us to accelerate the process, going forward.

Our reasons for supporting the Minister's budget here is that the Minister actually when he made this statement quoted on what the hon President Ramaphosa mentioned on his Journal 8 Statement as well as on the 2018 state of the nation address when the Minister said and I quote:

We will intensify efforts to improve the health of our people, particularly in the context of the devastating impact of HIV and Aids epidemic and the emergence of other diseases.

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We need to take decisive steps to bring an end to the epidemic through systematically implementing the 90-90-90 strategy, which will entail among other things, the addition of 2 million more people to our antiretroviral treatment programme.

Today, we wish to assure the President, the Minister and the South African citizens that we as KwaZulu-Natal are positively contributing to these efforts.

Our HIV Testing Services continues to see KwaZulu-Natal citizens heeding the call for testing which has now resulted in our province being the biggest HIV Testing Services in the country with over 3,1 million clients that took tests just last year.

KwaZulu-Natal in 2015 celebrated the milestone of having initiated over a 1 000 000 patients on ART, to date we stand at 1,28 million.

Our Male Medical Circumcision which was recommended by the World Health Organization and the Joint United Nations Programme on as part of a comprehensive HIV Prevention package as it has scientifically proven to reduce the risk of men acquiring HIV infection by 60%.

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We would like to indicate that we have exceeded our expectations. On May 25 this year, a high profile community outreach programme that was led by Isilo Samabandla, the Premier of our province Mr Willies Mchunu, IFP Inkosi Mangosuthu Buthelezi and partners celebrated the circumcision of a million male since 2010 without a single death.

[Applause.]

As of now since this significant milestone has been achieved, KwaZulu-Natal has set itself a big challenge to accelerate even more efforts to circumcise another 1 million men. For all this we thank the clarion call made by our King His Majesty that we have followed this practice.

On both HIV and TB Minister Motsoaledi indicated that in the month of June our hon President Ramaphosa will launch the National Surge Campaign.

KwaZulu-Natal is ready to play its part here as it already has systems in place having the following: That we have 86 Gene Expert machines, which will then help. I will not dwell much into what actually those machines do.

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We have introduced a Nurse driven ART programme on TB and also now the nurse initiated drug resistant programme will be in place. We have identified and servicing TB hot spots within communities such as correctional facilities, hostels, Truck Stops and coal mines where teams are being deployed to render these services.

We have partnered with the Department of Education, the Department of Social Development to actually tackle TB in schools. As a province we are also keen on bolstering our efforts to eradicate TB as evident in our hosting of illustrious guests where we commemorated the 2018 World TB day.

We were joined by the Deputy President hon David Mabuza; Minister, the Motsoaledi himself was there, the Premier of our province, the House of Traditional Leaders led by Inkosi Chiliza, SANAC Chair Ms Steve Letsike and Abantwana baseNdlunkulu, where we were calling upon all these leaders to say follow the slogan "Wanted: Leaders for a TB-free world."

We have since been following this because we have just had the 5th South African TB Conference in KwaZulu-Natal also opened by the Deputy President hon David Mabuza under the theme "Step up: Let's embrace all to end TB."

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On Prevention of Mother to Child Transmission, we are happy that we have done so well that in 2005, our HIV rate transmission was 20, 9% to date we have 1,1%. [Applause.]

Setting up programmes has assisted us to achieve this, among other things, the programme that we call Phila Ma and Phila Mntwana. With Phila Mntwana, we follow all children of mothers who have just given birth and make sure that we promote breastfeeding and we promote all other back to basics. Those things that we used to do that we have since now not been doing.

We have also trained lactation advisors - mothers must breastfeed. We must, all of us, fight to make sure that feeding babies is not something that we must be ashamed of. Babies must be fed in toilets but people are eating in restaurants and when you take out your breast to feed the baby, they say you must go to the toilet. That we must fight.

We have also trained Nutrition Advisor cadres. On the 24th of June, 2016 the then Deputy President, hon Cyril Ramaphosa who is now our President, came to KwaZulu-Natal Pietermaritzburg to launch the She Conquers Campaign. That campaign is mainly dedicated to young girls to decrease new HIV infections; decreasing teen pregnancies; Keeping

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girls in school at least until matric; Decreasing sexual and gender based violence; and increasing economic opportunities for these young women.

This programme has been enhanced by our own initiatives in the province, where we have started a programme called "Adolescent and Youth Friendly Services" where after three o'clock all our genics are opened to young children from school and they get a nurse who is very good and able to assist them in educating them about how to look after themselves as young women. We are calling that a "Happy hour initiative" where they meet a very good nurse to help.

So our campaigns are enhanced by programmes like Graduate Alive, First things First, Baby not now, Kemoja, Young maidens, Safe schools, Dual protection and Hlola Manje. All those processes are helping us in a great way.

On Cancer management in KwaZulu-Natal, we are now having 6 Linear accelerators operating and functional in the public health sector. Yes, we understand and appreciate that the absence of one machine at Addington has caused the problem, but there were still five other machines in the province in other hospitals.

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One, Greys Hospital has got a functioning machine and it has never stopped with all the Oncologists working there. Addington Hospital, only now we have 1, and at the end of July there will be 2 because this new one is going to be fully installed by then. Inkosi Albert Luthuli Central Hospital has continues to have 3 Oncology machines and has never stopped. One stop was the absence of Oncologist but we now have that issue behind us because we have a partnership with the Wits Health Consortium. They send three Oncologists every day and they stay in the province and do the work.

We have maximised this process by creating another side in the North of the province, in the Ngwelezane Queen Nandi hospital where we now have an additional side in partnership with the Joint Medical House of Oncologists, JMH and we see patients there.

So really with the backlog, we are doing exceptionally well to deal with the backlogs. Again, in the province, we have launched and distributed 15 Large Loop Excision of the Transformation Zone machines.

What are these machines doing? These machines are in smaller hospitals and they are used to remove all the pre-cancerous cells from the cervix. They have been distributed to district hospitals

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where patients that have been diagnosed with these abnormal pre-cancerous cells are now being seen and treated; and that is cure for those patients.

So really, we can talk about some of these challenges but raise quite a lot - in the coming 12 months we will be opening a 500-bed hospital whose name is called Dr Pixley Ka Isaka Seme in the North of Durban. [Applause.] Thank you very much.

Let me just mention with this part that yes, the Deputy Minister was correct, out of the 700 students who are coming back from Cuba, 260 of those are from the province of KwaZulu-Natal, and we are excited about that. We can't wait to see them coming in. We support the budget of the Minister. Thank you very much. [Applause.]

Mr C HATTINGH: Hon Chairperson, we have seen some performances here, where some members accused other colleagues of grandstanding and of transformation. However, may I say that I have also experienced this and would agree - I won't know if it is the television - because when you get a very critical in a committee and suddenly when they enter their door they become sort of praise singers but not completely because the traditional attire is still missing, it is very strange. Perhaps the television has also got another effect. I

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hear that some people are standing for provincial chair and even premier but this platform should not be abused to promote your candidacy for premier or chairmanship of a province. Perhaps, hon Minister, the ... [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): Sorry, hon Hatting. Hon members! hon members, let us not drown hon Hatting and let us sustain the decorum of the House. Continue, hon Hatting.

Mr C HATTINGH: Chair, I am strong and I don't drown easily. Perhaps, hon Minister, should inform the Deputy Minister about the downscaling of the Cuban doctor project. He doesn't know about that and he thinks that it cost nothing to train doctors in South Africa, the Cuban doctors must be trained about Tuberculosis, TB, and Human Immunodeficiency Virus, HIV and acquired immune deficiency syndrome, Aids and some things that they don't get trained about and the finalisation of the training. It cost a lot of money, approximately half a million per Cuban doctor. So, he should be informed that there is nothing for free left in this world.

Hon Chair, we have come a long way since the era of the dark days where Aids denialists were dominating our television in the evening about whether HIV causes Aids or not and where the emphasis on

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treating South Africa's Aids endemic was at that stage easily accessible with vegetables such as garlic and beetroot. Yet, the 2018 global competitiveness report still shows that South Africa has the highest number of tuberculosis incidence of all the participating countries. This also link to some of the highest prevalence of HIV/Aids. We are also placed in the top 10 worst performers when it comes to life expectancy. South Africa spends over R205 billion on healths, 12% of the government expenditure. The problem is not really the shortage of funds but the mismanagement thereof and with major instances of corruption and fraud that put the entire system on a massive strain.

Let me give you examples - I agree with my colleague that I should not waste time - but on the other hand we have so many praise singers that there should be a balance. The Minister referred to the Buthelezi Emergency Medical Services, EMS, the North West, the Free State health departments and the Gupta-linked, Mediosa, Gauteng Health Department leaves R599 million unspent. We have 40 new balances ambulances in the North West province. The only reason why they were not used at that stage - in response to your question - was that there was no money for registrations for licences. Then, Buthelezi Emergency Medical Services was paid not less than R10 million every month and High Care EMS was paid R4 million a month on

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two ambulances carrying 400 patients in the Ganyesa area in the North West.

This happens when there are provincial ambulances available. Actually, it becomes a conspiracy that everybody at that facility, clinic and hospital knows that that provincial ambulance might not be used but the contractor's ambulance must be used. This is what we have to eradicate. Even in construction, procurement of hospitals is one of the biggest problems. You know of the [Inaudible.] the Naledi Hospital in Vryburg, the Brits Hospital and now the Bophelong Psychiatric Hospital each one is a mess. We have the health offices in Mafikeng, but I want to ask, if - I know there should be minmax and we have heard in the previous department that it doesn't function - if there is minmax why are they not used to address some of our problems in health?

In conclusion, may I just read one paragraph that appeared on the face book in a quote: - this is giving the effect of health given what people experience from our health system -

I am very angry, our sister died yesterday morning after sitting the whole night at the casualty at Bara without being attended to, despite vomiting, having diarrhoea to the point of lying there

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unconscious till she died. What breaks my heart is that she is the elder sister of our brother who died in the Esidimeni tragedy. God, give me the strength to be able to keep it together so I can support my family.

Hon Minister, these words were spoken in January by the Deputy Minister of Social Development, is her sister and brother that she spoke about. I thank you.

Dr H E MATEME: Chairperson, House Chair, thank you very much for this opportunity. I would like to indicate right at the beginning, lest we forget, that at its inception the people's government's health care system was meant to keep South Africans healthy; and the benchmark for this health service was nothing but primary health care.

I would like to remind those who are averse to dreaming that the biggest dream of the whole world was something called the Alma-Ata Declaration, which said: Health for all by the year 2000.

We are still marching towards health for all. There is nothing wrong with dreaming. I sit in my chair and opposition parties come here and express their own dreams. They are also dreaming of one day

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governing this country. [Interjections.] Unless they assume that when they will be governing - whenever that dream is realised - they will have angels, not human beings, to implement their plans.

The warning we can give them is that that community ... that church at Ngcobo tried to use some angels, at least seven, and where are they today? [Applause.] Where are they today? Some of them have died from the bullets of police; others are in prison. There are no angels under the sun. It's human beings who will make mistakes. [Interjections.]

Chairperson, health does not only mean absence of disease.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr A J Nyambi): Hon Dr Mateme, sorry. [Interjections.] Hon Magwebu? [Interjections.] Order, members! [Interjections.] Order, members! Hon Magwebu, your mic is on.

Mr L V MAGWEBU: Can I speak now?

The DEPUTY CHAIRPERSON OF THE NCOP (Mr A J Nyambi): Hon Magwebu, you are recognised.

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Mr L V MAGWEBU: Thank you, Chairperson. I appreciate that. Chair, with due respect, I raise a point of order in that the speaker behind the podium, the hon Mateme, says there are no angels under the sun. I find that blasphemous. I am a Christian. Angels are everywhere where we breathe, where we move, and I am offended. I request that she withdraw that statement. [Interjections.]

Dr H E MATEME: [Inaudible.] ... point of debate.

The DEPUTY CHAIRPERSON OF THE NCOP (Mr A J Nyambi): Hon ... Order!

Order! Hon members ... [Interjections.] Hon members ...

[Interjections.] Hon members, order! Hon members, allow me to make a ruling. Hon members, I said earlier that a debate was not going to be allowed. But, in this instance, I will probably have to go through Hansard and make a proper ruling, because I might have missed the context of how it was raised. Let's allow the hon Mateme ... And, at the next sitting, I will make a proper ruling about this statement in relation to angels. I don't want to get to a wrong ruling. Continue, hon Mateme.

Dr H E MATEME: Thank you, House Chair. To our hon Minister and his team:

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Sepedi:

... o boletše go tlala seatla. Bao ba nago le ditsebe ba kwele, Tona; re tšwela pele.

English:

So, hon Sibhukwana, hon ... the norms and standards which were applied to some hospitals: that office was established by this very government. I also wish to remind ourselves of our inductive state of the nation address in 2014. Our inductive state of the nation address, Sona, in 2014 enjoined the opposition to be a constructive opposition. Things are not all doom and gloom: This afternoon, from this podium, there was some constructive criticism.

The National Health Insurance, NHI, for the first time, as far as myself ... was supported by the hon member from the EFF.

AN HON MEMBER: Which one?

Dr H E MATEME: Ai ... NHI ... EFF supports NHI. And, also, hon - there is a gentleman - Fritz ... The hon Fritz also said that mistakes that happened elsewhere in the country also happened in the Western Cape. So, it's not all doom and gloom - the opposition understood the inductive Sona. The other hon member said that she

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could waste her time bashing and doing all sorts of things, but that she preferred to be part of those who build. There is light at the end of the tunnel: South Africa's constructive opposition is emerging.

Chairperson, to Gauteng: I didn't understand the Ghanaian colours until the Ghanaian quotation came to the fore. [Applause.] [Interjections.] We appreciate the fact that we must not only be judged by where we are, but that critics must also consider where we started.

KwaZulu-Natal says to us here: The journey of a thousand miles starts with one step. Examples abound from what the hon Dhlomo said to us here.

Going forward we must also appreciate where the ruling party does the "skop en donder" [kick and thunder]. We must also appreciate that. [Interjections.] [Applause.] Hon Hattingh: I think the fact that your province doesn't have a premier as we speak means that, yes, we might have taken time to practice consequence management, but, where we can, we do so. [Interjections.] And, it's work in progress. [Interjections.]

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The year 2018 presents an opportunity for our nation and for humanity as a whole to remember the indelible legacy of the icon of our liberation, and fearless revolutionary, Isithwalandwe Tata Nelson Mandela. This is the year in which we also recognise the contribution made by Mama Sisulu and by the firebrand of all time, none other than Nomzamo Winifred Madikizela-Mandela, who took on the principals of apartheid head-on.

The acid test of the legitimacy of programmes we elaborate, the government institutions we create and the legislation we adopt must be whether these serve the objectives our forebears served for us. Allow me to quote a comrade who has just left, Dr Phaahla. He reminded me one day, and said: Hunadi, remember ... don't forget. We serve from each according to ability and to each according to need. So, finally, in my language ...

Sepedi:

... ba re e a dikologa ya fihla.

English:

Finally, on Thursday, NHI history is going to be made: the NHI is going to become a reality. However, we must also acknowledge those who are gunning for the head of the Minister - people who operative

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according to the profit motive, who want to make profit ... Must I sit, House Chair? [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP (Mr A J Nyambi): You are protected, Mama. Continue.

Dr H E MATEME: Thank you very much. Yes, I am about to conclude, Chair. Those who are driven by the profit motive are gunning for the head of the national Minister.

In conclusion, I call upon all political parties and other role-players to join hands and support the Ministry of Health and the government in the national drive to transform the health sector and to improve health care delivery in South Africa, in order to ensure that all South Africans have access to quality health care services that are equitable, sustainable and adequate. The ANC supports this budget. [Applause.]

The MINISTER OF HEALTH: Through you, hon Chair, Ntate Khawula, I always regard you as a very honourable and reasonable man. So, I'll presume that what you said was not out of malice, but it is from the way you understood me. I don't remember ever talking to you in private. So, all the things I've said were in the cause of official

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duty, either here in the House or in the Select Committee, which means that they are recorded.

But today you accuse me for having lied, it's a very serious allegation because Members of Parliament are not supposed to lie, we are under oath. I can't lie to you in a committee or in this House, but today you have accused me of that. Let me remind you about what I said. It is true, as the MEC has confirmed, we have got a new oncology machine at Addington Hospital. It is still going through tests, it's not yet functioning. The second machine has been repaired.

At the time, I said what I've informed in that meeting. I remember that machine was not yet working. What I said to you is that we have helped the province to acquire three oncologists with the MEC's confirmation from the Wits Health Consortium, WHC, to start seeing oncology patients. The contract with them was to see 450 patients per month.

That is what I was talking about because, the problem in KwaZulu-Natal, as the MEC has said, was not the absence of the oncology machine, but the absence of the oncologists. Yes! Even at the time it was being reported, we did an audit in terms of oncology machines

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on the following provinces: The first was Gauteng, the second was the Western Cape and the third was KwaZulu-Natal, even at the height of the crisis.

So, what they were lacking were the oncologists, not the oncology machines. As he said, they had machines at Albert Luthuli and at Grace Hospital. Therefore, I was reporting about this. At the moment, the machines that have been repaired have been working. If I'm not mistaken, MEC, it is for about two weeks now. There is an oncologist from KwaZulu-Natal who has just qualified. He has been trained here in one of the universities of the Western Cape, and is back in KwaZulu-Natal to run that machine. So, I was not lying, hon Khawula.

Secondly, you said all the other departments which concurrency are using the same thing, to my knowledge, the initial Health Act is only in Health; it's not in any other department. The Mental Health Act is not in Health; it's not only in any other department. You quoted the Ombuds, but why are you selective? Go and read the Ombud's report about the "Life in Esidimeni."

He said, and it is written down, you can go and check:

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The National Health Act 2003 and the Mental Health Act need to be reviewed because they have given a lot of power to provinces away from the Minister.

He even made a recommendation after the reviewal that, any province that wants to undertake such a big task should not do so until the national Minister approves, and he said that, it's a stopgap measure. So, I'm not lying, I'm just giving the reality of the situation as is understood, not only by me, but other people who understands the healthcare system. Thank you very much. [Applause.]

Debate concluded.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you. Hon members, that concludes the business of the day ... [Interjections.] I would like to thank the Minister, Deputy Minister, MEC, SA Local Government Association, Salga, ... [Interjections.]

Mr M KHAWULA: Chair, I am standing on a point of order! Chair, this is very unfair! Is the Minister reporting only to Khawula?

[Laughter.]

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The DEPUTY CHAIRPERSON OF THE NCOP: Take your seat! Let me take this opportunity to thank MECs, special delegates, Minister and Deputy Minister, I can assure you, MEC Dhlomo that, last week in the NCOP we were congratulating two permanent delegates who were in KwaZulu-Natal and have completed Comrades Marathon. They were not driving, but running. They are members of this august House. Hon members, you are requested to remain standing until the procession has left the House.

The Council adjourned at 19:18.