**UNREVISED HANSARD**

**NATIONAL COUNCIL OF PROVINCES**

**TUESDAY, 25 OCTOBER 2022**

***PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES***

The Council met at 14:06.

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

**ANNOUNCEMENTS**

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Hon

delegates, before we proceed I would like to make the following announcements. The hybrid sitting constitutes a sitting of the National Council of Provinces. Delegates in the hybrid sitting enjoy the same powers and privileges that apply in a sitting of the National Council of Provinces. For purposes of a quorum, all delegates who are logged onto the virtual platform shall be considered present. Delegates must switch on their videos if they want to speak and they should ensure that the microphones on their gadgets are muted and must always remain muted unless they are speaking. All

delegates in the Chamber must connect to the virtual platform as well as insert their cards to register on the Chamber’s system. Delegates who are physically in the Chamber must use the floor microphones. All delegates may participate in the discussions through the chatroom and the interpretation facility is active. So, all delegates and representatives on the virtual platform are requested to ensure that the interpretation facility on their gadgets is properly activated to facilitate access to the interpretation services. Permanent delegates and members of the executive in the Chamber should use the interpretation gadgets on their desks to access the interpretation facility.

Hon delegates, after having said that long story, let me greet you all and inform you that in accordance with Council Rule 229(1) there will be no notices of motion or motions without notice. However, before we proceed, I would like to take this opportunity to welcome the Ministers from the Social Services cluster, specifically the Minister of Social Development, hon Zulu, who is here with us and then also the Minister of Health, hon Phaahla**,** who is on the platform.

Furthermore, I would like to remind delegates that in terms of Rule 229 of the Council Rules, the time for reply by the

Minister to a question is five minutes. Only four supplementary questions are allowed per question. A member who has asked the initial question will be the first to be afforded an opportunity to ask a supplementary question. The time for asking a supplementary question is two minutes and the time for reply is four minutes. The supplementary question must emanate from the initial question.

Hon members, you are more than welcome and we will now call on the Minister of Health to respond to questions as asked. The first question is asked by hon M Gillion and it is Question

139 on the Question Paper. Hon Minister, it’s over to you and you have five minutes to respond to that question.

**QUESTIONS TO MINISTERS CLUSTER 2B - SOCIAL SERVICES**

Question 139:

The MINISTER OF HEALTH: Good afternoon, hon Chairperson of the session, to the hon members of the NCOP as well as to my colleague Minister Zulu, who is physically present. Thank you very much to the hon member for the question which relates to the impact of load shedding on the ability of our hospitals to perform services.

Working together with our colleagues, MECs, and heads of departments, HODs, of provinces, the national Department of Health has identified a list of priority health facilities. This has mainly been priority hospitals, because as you know, hospitals operate on a 24-hour basis, whereas, in as far as other health facilities like clinics and community health centres ... not all of them provide a 24-hour service. So, we have prioritised hospitals in all provinces. A list of these was consolidated and together with Eskom we put together a team to prioritise these health facilities so that they can be shielded from load shedding.

This list was discussed in a joint meeting where we formed a joint committee between ourselves, led by the Director- General, DG, of Health, Dr Buthelezi, and also from the head of generation at Eskom, to process this and ensure that these health facilities can be prioritised for exemption.

Having looked at this in the first week which was just over four weeks ago, in the first round of this prioritisation we were able to put 37 hospitals onto exemption status so that they could be protected from load shedding.

In discussions it became clear from the technical side of things that some of our facilities are supplied directly by Eskom itself. They have a direct line of supply from the nearest Eskom power station or let me say substation. However, others are supplied through their municipalities, especially metros and some districts, which either have entities of their own with supplied electricity or maybe directly through the municipality’s department itself.

So, what came out of that analysis with Eskom was that those facilities which are supplied directly by Eskom can be secured much quicker because Eskom is in charge of the direct supply. However, with regard to those that are supplied through municipalities and their entities, there would need to be some work done by working with those municipalities to ensure that the line from the municipality to the health facilities can be secured, separate from businesses and households in that locality.

So, during the first round, working with Eskom we were able to secure 37 hospitals nationwide. The team has been meeting on a weekly basis, looking at all the facilities that have been submitted, and as a result of that, as of earlier this week

there are now 72 health facilities which are secured from load shedding.

Over and above this, we are now also prioritising that in the coming financial year all our health facilities must start having plans to put in alternative energy supply, through solar power, batteries and any other alternative source of electricity supply. We have also said that for all new health facility projects, be it clinics, health centres or hospitals of all grades, we must also include alternative electricity supply in the planning.

These are the interventions and on a weekly basis the number of hospitals which are being protected, is going to increase. Thank you very much, hon Chair.

Ms M N GILLION: Thank you, hon Deputy Chairperson and greetings to the Minister. Minister, thank you for your comprehensive response to my question. The roll-out programme that will be a permanent solution to the energy problem in health facilities will obviously take some time. What is the short-term plan to deal with load shedding in the facilities?

The MINISTER OF HEALTH: Thank you very much, hon Chairperson and hon member. What we are realistic about is that providing alternative power supply ... As we talk about alternative power supply, let me just emphasise again that all our 24-hour services and even some of our clinics which do not provide 24- hour services, have diesel powered generators. Now, all our

24-hour facilities, in other words, all hospitals, are required ... and we do have generators and we do inspect to make sure that the generators are functioning. Working with our colleagues, there is a process through which this is taken as non-negotiable.

In addition, we are aware that ... So, with this more regular load shedding and over prolonged periods, sometimes with stage

6 which can take up to four hours, those generators are also getting quite stressed. They are under severe strain, even in terms of diesel consumption.

So, as a matter emergency and urgency, we are prioritising the securing of a separate line so that Eskom’s grid can go and even where there is supply through municipalities there should be this idea of a separate line to health facilities. That’s really our top priority. However, over and above that, as a matter of immediate urgency ... making sure that in all our

facilities their generators are functional and they have enough diesel supply. Some of them have already indicated that because of the severity of load shedding, they are already running short on their budgeted diesel supply. So we are working with them to secure more funding, either through reprioritisation within Health but we are also discussing the matter with Treasury, so that where the funds are quite stressed, we can also ask for additional funding.

Those are the immediate interventions to ensure that our facilities should never be unable to provide, especially key emergency services, as a result of the lack of electrical power.

Mr M NHANHA: Thank you very much, hon Deputy Chairperson of the NCOP and good afternoon hon members. Well, Minister, I would like to invite you to Grahamstown. There is a 24-hour facility in Grahamstown which is not too far from where I stay. More often than not you will find that facility, which is called Settlers Hospital, without electricity when there is load shedding. As you probably know, I am from the Eastern Cape and in the Eastern Cape there are secondary institutions, like Cecilia Makiwane in Mdantsane, Victoria Hospital in Alice and many others in our province, that are actually not

exempted from load shedding. These hospitals are main health care facilities for many people in and around the disadvantaged areas in the Eastern Cape.

Minister, I get your point that you are treating this matter as a matter of urgency but I think it’s appropriate on your part to give us tangible answers as to, at what point would such institutions that I’ve mentioned be fully equipped to operate under this scourge of load shedding, without really compromising people’s lives?

The MINISTER OF HEALTH: Thank you very much to the hon member and Chairperson. I will definitely make a follow up as we leave this session, to check on what the problem at Settlers Hospital is because, as I said, our immediate fallback is always to make sure that there is a functioning generator at every 24-hour facility, and a hospital for that matter is a top priority. So, we will be able to check on that. I will get our infrastructure team, working with the Eastern Cape Health Department, to follow up on this.

As a matter of fact, as I’ve indicated, our team is led at the highest level by the DG, the chief financial officer, the head of infrastructure, and I’ve also instructed them that in their

weekly meetings with Eskom, they also need to make sure that in each province we establish, hospital by hospital, what the line of supply is. Is it from a municipality? Is it from Eskom? And follow up on each one of them so that, instead of generalising ... If we say Settlers Hospital in the Eastern Cape, we must know on our finger tips whether it is supplied by the district. Is it supplied by the local municipality or is it supplied by Eskom, and whoever the final authority that provides the feed into the hospital ... Our team, working with the province, in this case the Eastern Cape, and with Eskom and the immediate supplier ... I must actually come with very tangible timelines. If a separate cable needs to be installed, that must be done so that our facilities can be secured.

I want to assure the hon member that as we speak I’m reviewing each province the hospitals which are exempted and those which are not exempted, so that we can have timelines, especially your key facilities, such as a big facility which serves millions of people, such as Cecilia Makiwane Hospital in Buffalo City. That is a top priority for us. So, as we speak I am reviewing for each province which are some of those hospitals which are not yet secured and we will make sure that I get an update on a weekly basis. Thank you very much.

Mr A ARNOLDS: Thank you, Deputy Chairperson. Minister, state hospitals do not have sufficient backup energy generating capacity to maintain essential equipment like incubators, respirators, lighting and air conditioning. Which alternative measures have been taken in the short and medium term with regard to those public health facilities which have not been exempted from load shedding, and which as a result are not well prepared to deal with the power cuts? And, does the Minister agree that he and his department must be held liable for any lives lost due to not resolving this emergency? If not, why not? If so, who should be held accountable?

The MINISTER OF HEALTH: Thank very much, hon Chairperson. Indeed, the idea of the backup generators did not start now because even without load shedding there are other situations where power supply, either due to local conditions or any other power supply interruptions ... That is why it is mandatory for a hospital to have a backup generator.

Now, as to the capacity ... Of course, we know that generators are not of equal capacity. So, as to what extent for each institution ... what operations can be carried out when the emergency power supply kicks in, the main idea here is that there should not be an interruption of key lifesaving

operations. For example, it may be that things like, you know, maybe laundry, sometimes a certain amount of energy consuming activities such as a certain amount of cooking may be disadvantaged when the generators come in, but they are meant to have enough capacity to sustain the key lifesaving ... So, activities such as your operating theatres, your ventilators, your incubators should ideally be secured when an emergency generator does kick in. So, if hon members are aware ... We will also be checking with our colleagues who are managing various hospitals ... Where we find that the capacity is not good enough, we will have to work with those institutions, even if it means doubling the capacity of generation; even if it means adding additional generators to supply a certain complement of the health facility.

In the immediate we don’t have any alternative except to make sure ... Either we get that facility secured against load shedding ... if not, then we must increase the capacity of the alternative generation supply if the existing emergency stand- by generators are not strong enough to sustain key essential activities within a health facility.

Mr N M HADEBE: Thank you, hon Deputy Chairperson. Hon Minister, it is reported that the department has provided

Eskom with a total of 212 priority hospitals across the country to be considered for possible exclusion from load shedding on a phased approach, and 67% are supplied directly by municipalities while Eskom supplies the remaining 33%.

... whether you are able to verify if this agreement with Eskom is set in place for the duration of load shedding until the problem is overcome or will the department need to ask for a yearly exemption?

The MINISTER OF HEALTH: Thank you very much, hon member. Yes, indeed, as I indicated earlier on, we arrived at those numbers of health facilities based on our prioritisation. Ideally, we would like all our health facilities to be exempted but, being realistic that this is going to be a phased approach, we had to ask our provinces to prioritise. So we arrived at those. We do have the list and the names of the prioritised, and every time a hospital is secured we are able to know that this is now what is left in terms of the high priority. So, in our weekly assessment and review, we go through that and we make sure that the numbers increase every time. We are also aware that in some cases there is going to be some equipment which will have to be purchased. So, some funding is required to make sure that some of the facilities can indeed be secured.

We are looking at the details of those matters with Eskom and with the municipalities to make sure that where there are particular inputs which need to be made we should be able to do that. If some of those are very costly, they may not be able to be done immediately but we need to have timeframes to make sure that ... So indeed, the numbers that you have alluded to ... So, we are giving high priority ... to get those done as early as yesterday, especially in terms of those which are directly under Eskom’s supply, so that as ... but at the same time identifying the municipalities which are very key. For example, in your Johannesburg area ... your City Power and all the cities ... metros for instance have their electricity supply divisions. So, we are working them to make sure that all the challenges can be addressed. Thank you very much, hon Chair.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Thank you,

hon Minister. Before I continue, I just want to advise the members of the committee that it would be very advisable for us to have that list of hospitals that are being exempted so that you can know whether a hospital in your constituency is part of that.

Before I continue, I believe that hon Christians is celebrating her birthday today. Since she didn’t inform us, we are not going to congratulate her or say anything. We just want you to take note that it is her birthday today. Happy birthday, hon Christians. Thank you. We will continue.

The next question is Question 154 as asked by hon Bara**.** We will give over to the Minister to begin with the reply. Over to you, hon Minister.

Question 154:

The MINISTER OF HEALTH: Hon Chairperson, hon Bara wanted to know about an injectable treatment which can be used to save lives in terms of prevention of HIV/AIDS, as to what we are doing in this regard. The answer, hon members, is that this injectable product which is, in medical terms, called Cabotegravir, CAB-LA. It’s a long acting injectable which can be offered as an additional prevention tool for people at substantial risk of HIV infection, preferably as a part of combination approach to the prevention of HIV.

The World Health Organization, WHO, has given guidelines which recommend that it must be – as I’ve said – used in combination for pre-exposure prophylaxis. So, currently it’s not

recommended for treatment but for prevention, which is also very important. But it’s recommended that it be used in combination with other measures such as the epipharin ring and also as part of comprehensive prevention. So, what we preach is that in prevention, the ABC which we have been preaching: abstain, especially for young people, until you reach your real maturity, that is important; be faithful; condomise, so, condoms still remain very key in the prevention. But this just one additional tool which is going to help us quite a lot.

So, form our side we are awaiting an assessment by the SA Health Products Regulatory Authority, SAHPRA, and also a specialized team of experts which advices us on the use of various medicines, this is called the National Essential Medicines List Committee, NEMLC, which advices us on key medications which we should have in our facilities as a priority. That committee is also looking at this Cabotegravir. But the key issue is, although it’s already used in other countries, for it to be used in South Africa it has to be approved by SAHPRA. So, we are awaiting approval by SAHPRA.

Once that approval is given, then it will make it possible for us to start negotiating with the suppliers to make sure that we can enter into agreements.

But we must also just indicate to hon members that, currently, the current cost is quite steep, so, once the approval is given we will also work with our experts and also civil society organizations which have a huge interest in this area to put pressure on the manufacturers, the pharmaceutical companies, to make sure that the current price can be reviewed. In this regard we also talking to our colleagues in the World Health Organization to put more pressure so that the price can also be reviewed so that when approval is given by SAHPRA that it’s safe, they’ve assessed, they’ve looked at the data and it is safe, then we can be able to make this available.

Members will be aware that there are many other life-saving medications which are still very expensive, especially if you look at cancer medication and this also falls within that, currently. And we hope that once the approval is given we can be able to negotiate lower prices so that we can be able to make this available. Thank you very much, hon Chairperson and members.

Mr M R BARA: Minister, for me the main concern is around the fact that during the COVID-19 pandemic it seemed as if we have forgotten about other health issues that we are confronted

with in the country. And it’s encouraging now that you are telling us that this is receiving consideration from our government.

But having said that, Minister, having considered this as a treatment or as an alternative to combat fatigue, which causes a huge negative impact on HIV patients, would you then be able to tell us as to what would be the timelines for the completion of the study and research that is been done for this to be implemented and availed to South Africans? Thank you, Deputy Chair.

The MINISTER OF HEALTH: Hon members, as you would be aware that our legislation protects the SA Health Products Regulatory Authority to be independent in terms of its operations. They do report to the Minister of Health in terms of governance and compliance with public regulations, Finance Management Act, governance issues. But in terms of their operations, they are protected to make their own evaluation of the products without any fear or favour, without any pressure.

Nevertheless, because when we talk about life saving medications or injections like this we have an interest in terms of the service to our people. The Health Department is

allowed to can also make representation in support of requesting a speedy evaluation of this kind of medications.

So, our team, which is focusing on HIV prevention, will make submissions to SAHPRA in support of speedy consideration of this form of treatment which can make a lot of difference in improving our prevention of the spread of HIV/AIDS especially amongst the young, very sexually active population.

But in terms of how soon that will be done it’s almost impossible for us, except to assure members that we will add our voice in terms of appealing for speedy consideration.

SAHPRA has particular processes in terms of the data which they need to review in terms of whether a particular medication, firstly, is effective and secondly, very key, the issue of safety, that it can be safely used.

But once all those matters are sorted out ... I mean simultaneously, let me say, not only when it’s sorted out; simultaneously, we are also engaging on the sticky issue of price so that once all those matters are resolved we can be able to make this available.

I want to assure hon members that, indeed, we are now trying to get back into lost ground in terms of our broader mandate of prevention of disease and early detection and treatment. Thank you.

Ms N NDONGENI: Hon Minister, while understating that the department will not put pressure on SAHPRA to finalize their process of approval, CAB-LA will definitely assist as an additional HIV prevention option.

My question is: What is the department doing to facilitate the process to finalize approval? Thank you, Deputy Chair.

The MINISTER OF HEALTH: Chair, clearly, I’ve already indicated that we do have a very close interest in the speedy resolution of this matter. So, from our various teams within the department and also outside the department, with our scientists, our medical specialists, we will coordinate additional information which is available to assist in terms of providing early information which SAHPRA may still be needing so that this matter can be speedily resolved. It is in our interest that, that be done.

So, our team will definitely, working also with civil society, we have a very active civil society movement within SA National AIDS Council, SANAC, our people living with HIV, business sector and also from labour, all within SANAC.

We mobilizing all the SANAC role players to make sure that we can add our voice in terms of motivation to SAHPRA to make sure that this injectable solution can be speedily considered and hope for it to be approved speedily. So, we will definitely be adding our voice in assisting this approval.

Thank you.

Mr M A P DE BRUYN: Hon Minister, in the short time of the COVID-19 pandemic in South Africa, South Africa managed to produce COVID-19 vaccines locally even though none have been sold so far to help in the pandemic. And on the other hand South Africa has been battling HIV for decades now and the country could still not manage to produce any HIV medication locally.

So, Minister, once this treatment is approved, will South Africa’s state laboratories, therefore, be able to produce these HIV injections locally? And if not, why not?

And what efforts will the government take to obtain these HIV injections, from which suppliers and at what cost? Thank you.

The MINISTER OF HEALTH: Hon Chairperson, indeed, it’s been a struggle, about three months ago in the course of July we attended the International AIDS Conference in Montreal, in Canada, and one of the major topics of discussion was why has it taken so long and we still don’t have an HIV vaccine?

When covid was discovered early in 2020 and already ... I mean late 2019 December, but mainly when it was really ... started to be prevalent was early in 2020, but already by the end of the year there was a vaccine for covid.

So, there’s a lot of optimism. A number of scientists were presenting there indicating that with the new technologies, especially your messenger RNA technology, which has led to the production of some of the covid vaccines, with that new technology there’s optimism that even an HIV vaccine can be produced.

Now, in terms of whether we will be able to have this kind of injectables produced here in south Africa, that’s going to depend on a number of factors. As members would know, theirs

is also intellectual property protection laws for which the manufacturers and those who have been able to produce these medications are protected to some extent, in terms of those laws.

But our quite well-advanced medical scientists in South Africa and various manufacturers definitely using readily available information on how these medications were produced, just like it has happened with COVID-19 vaccines. We never know ... we will encourage them to look at the possibility of local production. But at this stage is not something which we are quite certain.

So, our priority at this stage, gets approval and negotiate the prices so that we can make sure that this very essential preventative injection can be made available to our citizens. Thank you very much, hon Chair.

*Setswana*:

Rre K MOTSAMAI: Tona, ke lenaneo lefe le le tlileng go dirisiwa go netefatsa gore lemao la go thibela mogare wa HIV le tsenngwatirisong mo Aforika Borwa?

Gajaana re na le batho ba ba ka nnang dimilione di le robedi ba ba tshwaeditsweng ke mogare wa HIV mo Aforika Borwa.

Lemao la go thibela mogare wa HIV le tlile go ja bokae, Tona? Ke a leboga.

*Sepedi*:

TONA YA MAPHELO: Ke a leboga Ntate Motsamai. Gonabjale taba ye re e lebeletiego ke gore tihwaana ye ya go thibela bolwetii bja HIV e hwetiagale mo Afrika Borwa gore batho bao ba nago le HIV ba be le monyetla wa go hwetia tihwaana ye ya go thibela bolwetii bja HIV. Se re swanetiego gore re di dire – e lego seo re se dirago gonabjale, ke gore batiweletii ba tihwaana ye ba dirile kgopelo go lekgotla la Sapra, leo le laolago go ngwadiiwa ga dihlare le mamao le diiomiiwa tia bophelo mo Afrika Borwa gore ba fiwe laesense ya gore lemao le le tle le iomiiwe mo Afrika Borwa. Ge re hweditie tumelelo yeo ya go tiwa go Bolaodi bja Taolo ya Ditšweletšwa tša Maphelo bja Afrika Borwa, Sahpra, rena re le ba Kgoro ya Maphelo re ka le reka go batiweletii ba lona.

Go botiiiitiwe le ka theko ya lona gore re tlo iomiia tihelete ye kaakang. Ka ge ke boletie gore theko e sa le godimonyana, re na le tshepho ya gore ge re fihla nako yeo e lego gore le

tla be le ngwadiiitiwe mo Afrika Borwa re tla be re ietie re boletie le batiweletii ba tihwaana ye gore ba kgone go re rekiietia yona ka theko ya fasenyana gore re kgone go le fa batho ba mo Afrika Borwa. Ke a leboga.

Question 140:

The MINISTER OF HEALTH: Hon Deputy Chairperson, hon Nchabeleng wanted to know whether our grants which are being used to fight the pandemic of HIV and the epidemics tuberculosis, TB, and malaria, and whether our community outreach programmes are actually achieving the set goals.

In reply to that, hon members, the financing by our government in response to these various infections, HIV, TB and malaria, through the conditional grants has translated into South Africa being amongst the few middle and low income countries, especially in Sub-Saharan Africa, contributing immensely from our own financial resources to the fight against HIV, TB and malaria.

As you would know that we have very high prevalence of HIV and our antiretroviral rollout programme is the biggest in the world, we currently have just over 5,35 million people on treatment. This is a significant number in terms of the total

number of projected people who we believe are HIV positive. We know that we have a projection of close to 7 million which means we still need to find close to another 1,5 million people to can benefit from this programme. It is already a very big programme and we have been able to retain majority of the people. We did have some slipup during the high levels of COVID-19 and lockdowns, but our catch up plans have already brought a lot of people back on treatment. We have also seen an improvement in the life expectancy; around 2005 and 2006 our life expectancy were in the 50s which was around 52%, and as we speak the average life expectancy is around 64%. So this is a major improvement in this regard. Similarly with TB we have made a lot of progress in rolling out TB treatment. We still need to do lots of screenings to ensure that people are put on treatment, including preventative therapy for those at high risk of TB.

With regards to malaria, through these grants we are doing a lot of work in the prevention of malaria and a lot of progress has been made. Around the 2013-14 period we were having up to about 9 000 cases of malaria per year. In the 2020-21 financial year this was almost half with just over 5 000 cases of malaria. Similarly in terms of mortality it has also been highly reduced.

The community outreach programme has made it possible for all provinces to hire community workers — different numbers per province. These are all receiving a stipend inline with labour relations and they are being retained. There are also various discussions around long-term retention, currently it is on a three year contract. So, this is all operating well and a lot of lives are being saved and many people are able to get services through this programme. Thank you very much, hon Deputy Chairperson.

Mr M E NCHABELENG: Deputy Chair, a big thank you to the Minister for the elaborate answer to my question. Our message is very clear that the programme is really achieving its intended objectives. It is also very encouraging to hear about the sizeable drop in the number of malaria cases. I just want to know what the effect of the programme on the number of deaths caused by malaria? Is there a reduction? Thank you very much.

The MINISTER OF HEALTH: Thank you very much, hon member. In all the diseases that I have mentioned, starting with HIV, I have already indicated the kind of impact this programme has had on life expectancy, which means that the number of people succumbing to HIV has dramatically dropped. Similarly with

tuberculosis and malaria. We have seen an almost 55% decline both in terms of malaria infections and mortality from malaria. So these programmes are indeed having major impact in saving lives of South Africans. Thank you very much, hon Deputy Chairperson.

Mr M N HADEBE: Hon Deputy Chairperson, to the hon Minister, in line with the HIV, TB, Malaria and Community Outreach Grant condition, the HIV and AIDS component, the responsibility of national government is to visit provinces twice a year to monitor implementation and provide support as well as to meet with the National Treasury to review grant performance on a quarterly basis. Whether the national government has met the condition of these visits to the provinces, and whether the department has met with National Treasury as stipulated in the condition of the grant. If not, why not? If so, please provide details. Thank you.

The MINISTER OF HEALTH: Hon Deputy Chairperson, as you would be aware that this is operated under the Division of Revenue Act with specified conditions. So within our finance department, the national Department of Health and also in the line function branch which is the HIV, TB and malaria branch, we have very strict follow ups. Not only do the programme

managers visit provinces to make sure that these programmes are performing and that they receive reports according to the business plan, but our provincial support from finance is also part of these visits and many of them when they do that they are also accompanied by their colleagues from the National Treasury. That is why when you look at our reports annually, even in the last financial year, you will find that these programmes will be performing at an expenditure of nothing less than 98% to 99%, and in a number of cases at 100% expenditure because they are very monitored and the provinces also know that if they do not comply with the requirements in terms of the Division of the Revenue Act they run the risk of their funds being diverted to other provinces. Thus far we have not had any query, whether from the Treasury of the Auditor-General with regards to the performance of these programmes. So, I can assure hon members that what has been stipulated as requirements are being followed very strictly.

Thank you very much.

Mr B T MATHEVULA: Deputy Chair, to the Minister, South Africa has ... [Inaudible.] ... previous occasion means was the case. Which recent measures of intervention have been put in place to eliminate malaria as I have not seen an active outreach

programme nor spraying of malaria around communities in Mopani in Limpopo this year? Thank you.

The DEPUTY CHAIRPERSON: Thank you, hon Mathevula. Minister, I am sure you got the question because it seems to be more of a remark.

The MINISTER OF HEALTH: There is a question, hon Deputy Chair, about whether we are indeed doing the prevention of malaria. I can assure the hon member and the hon House that we diligently do that. We do the detection of malaria so that our clinicians on the ground, including at primary health, know what the symptoms are and if there is a suspicion that somebody may have malaria they will immediately test so that if it is positive the person can be treated. On the prevention side, the indoor residual spraying of mosquitoes is still ongoing.

There are three endemic provinces which are Limpopo in Vhembe and Mopani district, Mpumalanga in a number of districts, Bushbuckridge and Nkomazi, and KwaZulu-Natal in the northern part bordering Mozambique and Eswatini. We have our teams in all those areas working, and we also do work beyond our borders with the neighbouring countries. So I can assure the hon member that during the course of next month we will be embarking ... [Inaudible.] ... The teams are busy preparing

and acquiring materials during November they will be doing the spraying. So they will be seen in Mopani district. Thank you very much.

The DEPUTY CHAIRPERSON: Thank you, hon Minister.

*Afrikaans*:

Limpopo-mense klap nou net vir Limpopo hande.

Mr M R BARA: ... and it is a solo clap; he is clapping alone. Deputy Chair, to the Minister, civil society groups are the key role players in bringing health services to the communities. What is the working relationship with civil society, and what are the key indicators to measure and monitor that those objectives are met and successfully so?

Thank you, Minister.

The MINISTER OF HEALTH: Hon Chair, indeed these epidemics and pandemics can’t be defeated without working with society. The South African National Aids Council, SANAC, was created specifically to make sure that there is all this sort of tripartite alliance within. We have civil society, labour and now we also launched the Private Sector Forum which is also part of SANAC. So, with all these partners government is held

accountable in delivering on interventions that require government — as you would know that SANAC is chaired by the Deputy President but we also have a co-chair from the civil society, so there are programmes. On HIV prevention we have the National Strategic Plan which is now adopted by a SANAC plenary meeting. The plan that we are currently utilising was supposed to end this year but we have agreed that it will end in March 2023 because of the time we lost during the lockdowns.

So that is the compact through which we work with civil society, and in the National Strategic Plan there are particular targets on dealing with sexually transmitted infections and reducing them. There are targets that are being measured in terms of the 90-90-90 in terms of HIV control which is also international and not just local. We are now chasing the 950-95 by 2025. There are also particular targets for TB. So we do have particular targets with which we are working with the civil society in an organised way through plenary meetings of SANAC through which we give reports. Thank you very much, hon Deputy Chair.

Question 134:

The MINISTER OF HEALTH: Thank you very much, hon Chairperson. Hon, De Bruyn wants to know about the staff shortages that are plugging most of the health facilities in the Free State which are contributing to poor state of health care. In terms of the state of affairs in the Free State we have communicated with our colleagues in the province and they have given us an update in terms of where the situation is in as far as the staffing of our health facilities in the Free State is concerned. There are currently over 6 000 vacant post all across various health care facilities in the province. These posts mainly remain unfilled because of the shortage of funds. Institutions are required to prioritise so that key priority posts can be filled whenever funds are available.

As hon members would know that with the reduction of the revenue within the fiscus because of the poor performance of the economy, the cost of employment is almost 60% or more of the expenditure of government. The cost is on employment especially as the broader cake of the fiscus is not increasing. So, all our provinces, all our facilities are under tremendous pressure in this regard in terms of filling the posts.

In terms of what then is being done, the province has taken steps to prioritise particular frontline service posts. To do that they have created recruitment task team that is responsible to reprioritise critical posts and make sure that whenever funds are available those posts are filled. At the current moment 875 posts have been identified as key priority posts which need to be field over the next few months. The hope is that come next financial year an amount of

R200 million will be made available through the provincial Treasury to fill these key essential posts.

I can also add that we are working with all provinces and we have made a case to the Minister of Finance and his team to really make sure that in the coming year they must do everything possible not to effect any further budget cuts.

That’s the minimum that we have asked for so that we don’t suffer any further reduction of staff in the frontline services. We are working with the Free State and all other provinces. I have given instruction to our director-general, DG, and the chief financial officer to get together all the data of the number of posts which are very critical. This is the matter that I am prioritising to support our colleagues in the provinces to try and see if we can get additional funding. Thank you very much, hon Chair.

Mr M A P DE BRUYN: Thank you, Deputy Chair. Hon Minister, beside the figures that you have just given us now of more than 6 000 vacant posts in the Free State, you also answered the question which was previously asked by the F F Plus where you stated that more than 10 831 vacant nursing positions in state hospitals and 1 339 positions for doctors that are vacant in state hospitals. Now, you have stated that more funds will be made available in the next financial year to try and compensate for this. In the light of this, will your department take realistic approach away with the race-based policies like affirmative action to help remedy the staff shortages in state hospitals and in clinics as there are thousands of trained professionals who are unemployed at this stage due to race-based policies?

The MINISTER OF HEALTH: Well, hon member, as far as I am aware of the scarcity of skills within the health sector, the issue of affirmative action is a policy of government and it is also within our Constitution to correct the wrongs of the past. But in as far as directly in the health sector is concerned that’s not really a major issue in the sense that even though there would be certain categories of health professions where black people in general in the past may not have had opportunities, overtime that have been reduced quite drastically to such that

I doubt if you can give an example. I know I am not allowed to have a dialogue with you, but I will be very doubtful if you could provide to me practical situations where health care professionals have been denied to be employed in our public health system on the basis of affirmative action.

As I have said that is the policy and it is a correct policy. But I will contest to you that in terms of the health sector just by the nature of the skills required, we basically look for particular skills. Of course we want to level the play fields to make sure that in terms of training black people receive the kind of skills they have been denied in the past and this should not happen again. But I can assure you that overall in the health care sector we often take the skills which are available to provide the service which is required. I won’t really agree with you. As I have indicated the biggest issue is to make sure that the fiscus can provide us with the necessary resources so that we can take in as many health care professionals and other support staff as possible. Thank you very much.

Mr W A S AUCAMP: Thank you, hon Deputy Chairperson. Hon Minister, COVID-19 is affecting the lives and livelihoods of many people globally. A lot of people who were previously fit

and healthy before have contracted COVID-19 and are now struggling with basic day to day tasks. Health care workers not only in the Free State, but also elsewhere in the country as well have been at the forefront of the fight against COVID-

19 and we witnessed them getting infected on a daily basis. In the long run they may develop excessive fatigue and brain fog. They may not perform at their utmost at work. What support system is available for them to ensure that they deliver the best service in the light of being short staffed? Thank you very much, hon Deputy Chairperson.

The MINISTER OF HEALTH: Thank you very much Chairperson and thank you, hon member. Indeed, you spot on in terms of the impact of COVID-19, it is not only physically, but also mentally. Our frontline health workers have really borne the brunt of the pandemic. COVID-19 has brought upfront more acutely the issue of employees support systems. On a regular basis we are making sure that the occupational health safety matters are very strongly attended to. From our department we do have one of our chief directors who is helping us even though it is not his primary appointment, but amongst other responsibilities looking after the occupational health and safety to make sure that some of the things which may have been neglected in the past at the level of services,

conditions of services, ventilation, hours of work and all that are taken care of. There is support systems - psychological support in terms of social workers and also creating the necessary environment. There is also training of supervisors and managers to be able to detect where our health care workers may be suffering under physical fatigue or mental fatigue. We are also making sure that in all our provinces especially, there is mental health support and recognition of support systems for our health care workers in terms of mental health and wellness that should be taken care of. There is a lot which still need to be done, but indeed, COVID-19 has brought the key elements of looking after our workforce very much to the front. We are making sure that through our occupational health and safety, OHS, system we are able to look after them. Thank you very much.

Mr M S MOLETSANE: Thank you, Deputy Chairperson. Minister, is your department able to attract relevant and qualified people to fill vacancies, especially in the Free State provincial hospitals.? If yes, why are we still experiencing poor services in hospitals such as Pelonomi Hospital and Bongani Hospital to mention a few?

The MINISTER OF HEALTH: Thank you very much, hon Chairperson. Yes, indeed, we are able to attract qualified professionals. Of course, one would not deny that. When you talk about hospitals like Bongani Hospital and those which are in small towns and semirural or rural areas you don’t easily attract high calibre of experienced and qualified staff into some of our outlying hospitals. But at this stage the major stumbling block is the necessary funding. There are quite a number of qualified professionals who are available who can be employed. We do have some shortage in the nursing field of the

specialised skills in nursing like the intensive care unit, ICU, nurses, theatre nurses and advanced midwifery nurses. We do struggle sometimes in terms of those skills. But we do have other ways to attract such skills. For instance, the rural allowance tries to attract high skilled health workers into remote rural areas. If we could be able to address the fiscus issues, which is the immediate pressure, we would be able to fund the approved existing posts. If we could be able to move that step, we can deal with challenges in terms of high qualified professionals who are not willing to go to some of our facilities. But that is not the immediate challenge, Chair.

Mr I NTSUBE: Thanks Deputy Chairperson of the Council. Minister, you have mentioned that in overall there are about more than 6 000 vacant posts in the Free State. However, you have mentioned that about 875 vacant posts are the most critical in the department. We would like you to at least elaborate more on how will the filling of the 875 vacant posts improve the health care in the Free State. Thank you very much, hon Chairperson of the Council.

The MINISTER OF HEALTH: Thank you very much, hon member. Indeed, health service is a very high labour intensive human resource. You can have your machines, you can have your medicines and you can have everything, but if you don’t have people on the ground, you are not going to be able to provide high quality service. We are accepting the fact that we are in a very depressed economic situation. First, in the last two and half years it was COVID-19 and now is the Russia-Ukraine conflict. All sorts of things are now happening which are also retarding our economic growth and ability to have more revenue. Because of that we have worked with our provinces including the Free State to identify them. When they say 875 high priorities it means these are really at the frontline services in the causalities, maternity wards, theatres and all the areas which are very key for life serving where you

require people with particular skills. I am optimistic that if our plea to our colleagues, the Minister of Finance and his team, could be positive and we don’t have any further budget cuts, hopefully there would be some improvements and we would be able to work with provinces like the Free State. The situation in the Free State is not different from others in the country. If we are able to do that in the next five months and the Minister pull out some magic through the Medium-Term Budget Policy and give us some other additional, and if not at least in the next financial year if we get something we will share with the provinces and make sure that at least for a start there are no budget cuts. If something comes forward we will definitely help to prioritise the Free State and this will make a huge impact in terms of improvement of saving lives and quality of service. Thank you very much, hon Chair.

Question 155:

The MINISTER OF HEALTH: Thank you very much, hon House Chair. The question is dealing again with the impact of load shedding which is similar to the first question I dealt with, but specifically on impact on equipment. It is indeed true that load shedding does not only have an impact in terms of delaying and frustrating certain procedures in hospitals and risking in quality of service but it is also a risk in terms

of many of our equipment whether it be in the laboratories where certain tests have to be done. Those machines are very sensitive to power supply. So, if there is any interruption, you can end up having to recalibrate some of those machines and some of them can even be damaged.

Similarly, a number of other diagnostic equipments, whether it be ultrasound, X-rays, CT scanners as many of those are very sensitive to stable electricity supply. We have received reports from a number of provinces where some of the institutions where equipment which would have lasted for 10 years end up not being functional just after five or six years because of the irregular supply of electricity.

As a result of this, we are prioritising stable supply of electricity to make sure that operations of hospitals and all sorts of work in the hospitals and clinics are not interrupted and also making sure these life-saving equipments can be sustained so that they last longer by running through their full life span rather than a shortened life span.

So, we are monitoring this, working with our hospitals and we are expecting that by the end of this third quarter of the financial year a lot more health facilities will have

benefited from what I reported earlier on in terms of exemption from load shedding. We are putting really a lot of energy in this and also supporting our province in as far as other emergency measures, including making sure that our stand by generators are always well serviced and ready to kick in when power supply gets cut off. Thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you, hon Minister. Before I call the hon Bara - hon members, we will not break for tea. So, if you are really thirsty, there is tea outside. But it should be one at a time. Hon Bara, continue with the first follow-up question.

Mr M R BARA: Thank you, Deputy Chair and thank you for the offer for tea. Minister, I got your response but load shedding has been and it continues to be a thorn in people’s lives. How many patients on life support have lost their lives due to load shedding? And how is the department taking responsibility for that? Why can’t hospitals receive the same priority as Ministers and be exempted from load shedding? Thank you.

The MINISTER OF HEALTH: I would be very happy if the hon Bara can include me amongst the Ministers who are protected ... [Interjections.] As I am talking to you now, load shedding has

just been lifted – just before we started this session. So, I would request the hon member to give me the contact number of the person who secures Ministers from load shedding. But in as far as lives lost, fortunately, up to now hon members, we don’t have reports of specific lives lost which can be attributed directly to load shedding.

I have indicated that any hospital which, amongst other things, will have a 24-hour service as all hospitals do have that. Also, even more, those who have facilities such as intensive care units, ICUs, theatres, high care divisions, trauma units and all those - any institution which operate those kind of facilities, the managers and the clinicians know very well that they have to prioritise the ICUs, the high care division where patients are on oxygen life support, those are non-negotiables.

So, at this stage, we have not received any report indicating that there are South Africans who have lost their lives in this areas of care. But that does not mean that load shedding does not have a devastating impact on hospitals. It does reduce the services. Hospitals have to prioritise some of the services like laundry, other areas and machinery, sterilisation of equipments, which may need a lot of power.

Certain procedures will be rescheduled if there is continuous load shedding because the emergency power supply will not be able to carry all the services. By saying that we have not had reports of actual lives lost doesn’t mean that we are undermining the impact of load shedding. The impact is huge but because of the fact that we made contingency plans as I have said, we do have a team which routinely visits hospitals. Generators are number one in terms of assessment.

Some time ago a particular hospital a generator couldn’t kick on to only find out that the manager responsible did not fill up the diesel. That was taken as a very serious offense and that person had to be taken for discipline because that can cost lives. So, we do that on a routine basis. Thank you very much, hon members.

*Setswana*:

Rre K MOTSAMAI: Tona, maokelo a tlhoka motlakase ka dinako tsotlhe. Ka jalo, kgaogo ya motlakase e ama didiriswa tsa maokelo ka tsela e e sa siamang e bile seno se ka baka dintsho kwa maokelong.

Maekelo-potlana, segolobogolo a a kwa metse magaeng le metse setoropong, a dula a amiwa ke kgaogo ya motlakase mme seno se

dira gore baagi ba akanye gore lefapha le ikgatolositse maokelo ano kgotsa lefapha ga le a tseye tsia.

Leano la lefapha ke eng ka ga go thusa maokelo-potlana gore a tlogele go amiwa ke kgaogo ya motlakase?

TONA YA BOITEKANELO: Ntate Motsamai, ke nnete gore didiriswa tse dintsi tsa maokelo ga di kgone go dira fa go sena motlakase e bile di ka senyega fa motlakase o ntse o kgaoga kgafetsa. Ditirelo tsa go tshwana le *X-ray*, *ultra sound* le metšhini e mengwe ya ko dilaboratoring, metšhini ya go diriswa ko *theatre* ko go diriwa dikaro teng e ka senyega fa motlakase o ntse o kgaoga kgafetsa.

Ka lebaka leo, Lefapha la Boitekanelo le dirisana le dipuso tsa diporofense gore maokelo a a kwa magaeng le a a kwa metse setoropong a tlhokomelwe thata gore a dule a na le motlakase e bile a nne le di *generator* tseo e leng gore fa motlakase o kgaoga di tla be di dira gore maokelo a tswelele go nna le motlakase.

Re na le badiri ba rona ba ba tlhatlhobang di *generator*

kgafetsa gore di ntse di dira sentle e bile ba netefatsa gore

batho ba nang le maikarabelo a go di rekela disele ba dula ba e rekile.

Godimo ga moo ke tlhalositse gore re ntse re buisana le Eskom le bomasepala gore maokelo le metse di nne le metswedi e e farologaneng ya motlakase gore fa go nna le kgaogo ya motlakase maokelo a se ke a amega, a dule a na le motlakase ka dinako tsotlhe. Ke a leboga.

*English:*

Mr N M HADEBE: Thank you, hon Deputy Chairperson, hon Minister, it is reported that most hospitals have already exhausted their budget for generator fuel, as a result, they are forced to shift the budget from other line items, mainly support services items. Minister, I would like to know the details on how the quality of service patients receive is impacted by a lack of support service items and whether hospitals are provided with alternatives. Thank you, hon Minister.

The MINISTER OF HEALTH: Thank you very much, hon member. Indeed, in our provincial support services, it has come to our attention that a number of institutions and a number of hospitals in terms of their budgets are also going back to

provinces for their diesel because mainly the fuel used is largely diesel and not petrol – the funds for those fuels are running short. So, we have agreed that we should work individually with each province and look at what reprioritisation is possible within their own budgets and where possible, if from the national side we are able to identify any particular savings through which we can be able to support provinces. In the event where this is not possible, we have also raised the matter with our colleagues at National Treasury that in the event that this becomes an emergency unavoidable and – there is a term which is usually used – unforeseen and unavoidable.

At this stage, we have not yet submitted the unforeseen and unavoidable to Treasury because our team has indicated that without compromising services they think they will be able to identify some areas of savings within the budget which will not compromise services. So, that is what we are doing at this stage, but we are also watching that space because we are hoping that the level of load shedding will be reduced. But since we can see that we are still on level three or four on a daily basis, it means that in the remaining five months of the current financial year it may come back to us. Our team or provincial support, including on our finance side and also on

the service side in our hospitals are working with all our colleagues to monitor this situation so that we must never reach a situation where a particular hospital cannot provide fuel and therefore cannot sustain the generator. So, that is what we are doing, hon members. Thank you.

The DEPUTY CHAIRPERSON: Thank you, hon Minister. Hon Gillion, you will be asking the next follow-up question.

Ms M N GILLION: Thank you Deputy Chairperson and thank you hon Minister for your response to the question. Does the department have a programme that constantly monitors the conditions of generators in the different hospitals? Thank you, Deputy Chair.

The MINISTER OF HEALTH: Yes, hon member. Indeed, we do have such a programme. I think I touched on it in my earlier comments but I just will go into a little bit of more detail, in the national department we have a number of areas through which we interface. One is at the finance side where we have a chief directorate called provincial support which works with all provinces.

The team visits provinces and their areas of service which is called non-negotiable, as I alluded earlier on, which they monitor. They get reports on a monthly basis and they monitor also from the expenditure and also the levels of all the essentials - on medicines, consumables – they monitor that.

But key to those non-negotiables is the issue of generators – their condition, whether they are being services or whether the fuel is adequate to make sure that they remain operational.

On the other side, from the clinical side, we have the hospitals sections from which we just recently appointed the new deputy director-general who has a team which works specifically with just under 400 hospitals from the district up to the central hospitals. He regularly checks the various key aspects of functionality. But over and above that, at the top management level, each one of our senior managers at deputy director-general and chief director-general levels are also allocated a province.

There are various entry points at which we interface and work with our colleagues in provinces so that we can pick up. We are not always going to do that but we try by all means - we pick up whenever there us a risk which needs to be attended

to. At this stage of regular power interaction, stability of our stand-by generators is a very key indicator of that performance. Thank you very much, hon Deputy Chair.

Question 141:

The MINISTER OF HEALTH: Hon Chair, the question is dealing with the Nelson Mandela Fidel Castro Programme. The question is whether this programme has actually been able to perform and deliver at the required level, in terms of improving the quality of service for South Africans. Indeed, hon members, I can say without any doubt that the Nelson Mandela Fidel Castro Programme has had a major impact, insofar as the quality of services at our hospitals are concerned.

Firstly, just in terms of increasing the number of doctors available in our health facilities, the Nelson Mandela Fidel Castro Programme, since its inception in 1997 had been able to produce just a little under 2 700 new medical doctors. So, it is just under 2 700. And many of these young people who graduated are from poor families. So, these are young people from families, who would not have been able to go to university, not to even mention going to a medical school, had not been for this programme.

They are also from rural and township areas and when they complete, they generally go back to the provinces where they have been funded. And, mostly, if the health facilities, ....

Once they have completed their internship and completed their community service, they go back to those communities where they come from. So, they make a very direct impact.

Over and above that, the training that they received in Cuba is really unparalleled insofar as primary health care is concerned. So, they make a huge impact in terms of prevention of disease. They understand promotion of health at community and family level.

So, they are not trained like many of us were trained here at home. When you are trained, you are trained from day one in a hospital. These ones are even trained at community level and at family level, to understand the pattern of illness and wellness inside a family.

So, through the deployment of this cohort of graduates ...

Just a few months ago, I oversaw and presided over the formal graduation ceremony of just over 1 100 graduates. This was accumulative of the last two years, due to Covid-19.

All of them are out there in the rural areas, the townships and our neediest health facilities. So, indeed, this programme has made a huge impact on improving the quality of care. Thank you very much.

Mr I NTSUBE: Hon Deputy Chairperson, Minister, I just want to check if there are any graduates from this programme that are currently unemployed, and if yes, what is the department doing to assist with their placement in the field? Thank you very much.

The MINISTER OF HEALTH: Hon Chair, hon Ntsube, members, at this stage, I am not informed of anyone who has not been placed. I have checked the graduates from this programme and I think, the only areas that I have not received feedback from regarding a few doctors ... Let me say in terms of intention, there is nobody who has not been placed. In terms of community service, there is no one who has not been placed.

So, the challenge might be amongst those who have completed the internship, who have completed their community service, who are now fully registered. It might be possible in areas and provinces such as the Eastern Cape that had a difficulty in absorbing some of their bursary holders early this year.

That is a matter that I have to check, but it does not come to the fore, in that respect.

Provinces have really funded them. They have identified when they were recruited. They have paid for their training and in 99,9% of situation, it will be that all those graduates will be working in the priority areas identified by their provinces. Thank you.

Mr M S MOLETSANE: Hon Deputy Chair, Minister, since the inception of this agreement of the Nelson Mandela Fidel Castro medical collaboration, how any doctors have been produced and are currently working in the Free State Department of Health? Thank you.

The MINISTER OF HEALTH: Hon Chair, well my apology to the hon member in terms of specifics for the Free State. With your permission, hon Chair, we could make the number available.

However, countrywide, as I have mentioned, it is just under

2 700. To be quite specific, those who have fully qualified are 2 617, some of whom are either still in their two-year internship or in their community service.

The 1 100 that I have mentioned earlier on are still in their two-year internship programme and some of them are in their community service programmes. Specifically, in terms of the Free State, I will be able to get the number and make it available to the hon member through your office. Thank you.

Mr M A P DE BRUYN: Hon Deputy Chair, hon Minister, my question is on the 594 students and the ones that you have mentioned now that recently graduated from the Cuban universities, as part of the Nelson Mandela and Fidel Castro Medical Collaboration Programme. Since these students have to be integrated into the South African medical schools for quality assurance of their qualifications after they have returned, would you not agree that with the R350 million that the government is donating to Cuba, we could have trained more accredited doctors in South Africa, while supporting our own universities and medical schools with the same R350 million?

So, basically, why are we investing in Cuba to train our doctors, when we have more than 10 medical schools in South Africa that can provide better qualified doctors for less than what we are spending on Cuba at this stage? Thank you.

The MINISTER OF HEALTH: Hon Deputy Chair, let me just firstly, correct the hon member that the 18 months that are spent in

South Africa is not a quality assurance. These graduates still do their final exam and get their degree from the Cuban medical schools. For your information, they do five years in Cuba, which is the same as the programme here in South Africa, in terms of five years of academic training, and then the final year in the medical schools here. You would have completed your academic training then still be an undergraduate, but you do more practical.

Even during my time, which is many moons ago, we did exactly that. In the final year, you do your practical training, but you will still be examined. That examination is largely clinical. I am told, currently, it has been amended where there is also a little bit of written papers. However, during my time, the final or sixth year was more of just practical and clinical assessment.

So, it has been structured in the same kind of way. It is same even in Cuba. There is almost a similar curriculum. There is only an additional six months over and above the 12 months, which is normal after the five years. It is even done in our medical schools because of the language difference. There is an additional six months, because the universities in Cuba train in Spanish. These students – they are still students by

that time – are given an additional six months, so that it caters for the transition from medicine done in Spanish to the practical work and the clinical assessment, which is done in English. So, that is the only difference. So, I just wanted to correct the hon member.

There is a lot to gain from the Cuban training. They are far ahead from what we are doing here, as I have indicated. They are very strong in primary health care, which is what we need. They are strong in ... They do their community research right from the first year. So, you go into community work while you do your first year until you complete. You know what is prevention, health promotion, and all those.

So, I know that your orthodox training of South Africans is basically to look at that. When you say somebody is highly trained, then he must be able to just transplant a heart. We don’t want the heart to get to the stage where it must be transplanted. If we can prevent it, it is better than spending millions and millions on just training people to take a heart from one person to another.

So, that is really and unfortunately the standard we are accustomed to here in South Africa. We are investing in a

programme, which gives more value and produces professionals that are going to prevent diseases, rather than just treat diseases. Thank you.

Ms D C CHRISTIANS: Hon Deputy Chairperson, Minister, my question is somewhat similar to hon De Bruyn’s, but I want to elaborate a little bit. This programme has been mired with fault since its inception, leaving students stranded in a foreign country, without sufficient stipends, poor quality accommodation and food and limited access to necessities such as toiletries and sanitary pads. Recently, an Eastern Cape medical student studying in Cuba has pleaded with authorities to allow him to finish his degree, after being kicked out of medical school for holding two females hostage in his room.

Training students in Cuba costs double than what it would in South Africa. In fact, the South African Medical Association, Sama, has pleaded with the South African government to stop sending students to Cuba and train them in South Africa.

Furthermore, the provincial Treasury is currently doing a forensic audit on suspected corruption in this programme that has a budget of R313 million this year.

So, Minister, I don’t think you answered hon De Bruyn adequately. Are there plans to increase the number of medical students being trained in South Africa? Furthermore, I am concerned that you have mentioned that the university training in Cuba is of a higher standard than that which is available in South Africa. So, is it not time that you put more effort into the quality of training in South Africa. And if there are plans to increase the number of medical students being trained in South Africa, what are those relevant details, timelines and expected numbers to be trained in the country in the future? Thank you.

The MINISTER OF HEALTH: Hon Chair, hon member, indeed, right from the beginning, part of the motivation for a bigger number of students sent to Cuba was because our local medical schools were reluctant to increase their intake. I can report to the hon House now that because of that competition and because of the fact that our local medical schools could see that they going to lose out, they have ramped up their admissions.

So, medical schools used to admit only 100 students. As we speak today, some of them admit double that amount. So, as a result of that, the price on getting a bigger number of students trained outside the country has reduced. A lot more

students are being trained in South Africa. You would see therefore that that question is already answered in sense that

... Even I was closely involved with this programme. I used to meet with the medical deans. I still meet with them now, at least once a year. The Deputy Minister also meets with the deans quite regularly, more than myself. And there is an agreement in terms of this increasing intake, which is already happening.

In terms of the cost, the hon member, when you add travelling costs, the cost of tickets and other costs, as well as the foreign currency fluctuation, the cost does go up. But, I can assure you, if you look at your cost right there where we have our Houses of Parliament at the University of Cape Town, you will find that its total cost per student is not very different from the number that you have mention. You must just break it down and include the cost of an air ticket, because the students who go to Cuba do not fly back home every year.

It is only after two years in the course of the five years – when they finish the second year of their study and when they finish their fourth year of study. After that they come back for good. I can assure you that if you break down the full or total cost of a medical student at UCT, you will find that it is probably even higher than the cost of a student in Cuba.

So, we are indeed talking to the medical schools to improve their primary health care content of the curriculum. So, we are saying it is better quality in Cuba because of the very strong primary health care. We are talking to the deans and they are hard at work to make ... Many of them have also gone to Cuba and in 2017, when I went with quite a number of deans to Cuba and they interacted with their counterparts there to see how they could actually improve their primary health care content of their curriculum. Thank you.

Question 135:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you House Chair. I was going to find it a bit difficult to answer whilst sitting but I know this is a very long period in answering questions but I think I prefer being on this side.

With regard to question 135, I want to indicate from the beginning that it is not only due to the media reports that are referred to by hon N.E Nkosi, it also because of Sassa’s own institutional systems that we are able to discover in the process of processing the applicants but also to realise that there are those that are in government who applied.

Hon Chair, I want to indicate that in 2021 Sassa compared the government’s persal database with the social grant payment system, the Socpen database and identified 165 297 public servants who had received social grants. Following this, Sassa undertook a process to review all these grants as per the process outlined in the Social Assistant Act because we are guided by the Social Assistance Act with the view to ascertain the eligibility of identified beneficiaries.

By 31 July Sassa conducted 80 626 reviews and the remaining balance of 84 671 were suspended and the question is of course why were they suspended if some of them qualify. Sassa has also written to all director generals of concerned departments requesting their assistance to finalise the review of the outstanding civil servants. This will include recovery of debts, appropriate disciplinary action where it is found that the identified civil servants have defrauded the system.

Chair, I also want to indicate that as the Department of Social Development, we have zero tolerance to any type of fraud or corruption and we continue to strengthen our institutions to ensure that we are not exposed to that.

Sassa is to improve the agility of our system to detect and prevent fraud. Sassa has developed an Application Programme Interface which is API, that is used to interface the database including the population register of the Department of Home Affairs to confirm and identify life status, persal and government employees pension fund. These measures have strengthened Sassa’s ability to validate information.

Sassa has also implemented interface to perform bank account verification.

The social assistant legislation does not specifically refer to government officials however it does provide the qualifying criteria for various grants based on income and identity. So, at times you might find that government officials have applied because they do qualify based on how much they.

Government officials may qualify for a particular grant if they meet the eligibility criteria. A simple example would be that you might find someone who is in the police force or any other government structure earning below what is acceptable and would therefore qualify. Some of these government officials also adopt children or take care of relatives’ children and would therefore qualify for the grant.

For example, there are many instances where a government official is appointed by the court of law to foster a child in that case the application may qualify for a foster child grant. Sassa does apply the same assessment criteria to applicants irrespective of whether they are employed in the public sector or not.

As a matter of fact, those who take advantage of the system and apply when they know very well that they are not supposed to apply, we take very strong acception to that and we act in the best way that we can.

Lastly, we are doing our best right now strengthen our institutions and systems because technology is working well for us so we are able to catch some of the criminals. Thank you Chair.

Ms N E NKOSI: Thank you very much hon Chair. Greetings to your goo self, the Minister and the members present in the House.

Hon Minister, thank you very much for your detailed response to my question.

Hon Minister, why did Sassa not prevent these payments to civil servants from happening in the first place? Thank you very much House Chair.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Nkosi and thank you for that follow-up question. As I indicated in my response that we have to improve our systems because our systems across government have to speak to each other in order for us to be able to get catch those who apply when they are not supposed to apply.

We are also working together with relevant departments to ensure that that the data that we refer to is the data that speaks to each other.

As I indicated, Sassa is also in the process of trying to get the best connectivity that can connect from the Department of Social Development itself and all other relevant departments where civil servants are working so that when people apply, the system must be able to kick the person out who does not qualify.

The challenge we have at the moment is that onus still remains on the client to inform the agency if their circumstances

change. There are people whose circumstances are such that they qualify but later on either get better jobs and do not inform the agency and that is why we say the system that we need to develop considering the fact that technology is moving so fast.

One of the things we have identified with the R350 grants is that linkages in terms of data across the different government departments so that the onus does not remain on them but for the system to be able to get them

The current set of public servants’ review are part of the progress of targeted reviews and once these are completed Sassa will be targeting other sectors for review. In fact, as soon as we find our clients as we call them, we give them enough time if in case the system is not being fair to them, those that qualify and have been removed in the system have 90 days’ notice to come back and indicate that they do qualify as I indicated earlier on. I think that 90 days is sufficient for us to know whether they qualify or not. Thank you.

Ms D C CHRISTIANS: Minister, the Sassa agency has lost more than half a billion rand in the past ten years due to people

unduly benefiting from receiving social grants through either fraud or corruption, amongst these were 761 officials.

Cybercrime and Sassa card fraud seem to be the main culprits and just recently your ICT system was once again upgraded and applications came to a standstill. Is the current ICT system ineffective against cyber criminals, how did hundreds of Sassa cards land in criminals’ hands over the last few years and what is being done to prevent this from happening again? Thank you House Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Christian. As I indicated in responses to previous questions that we unfortunately live in the world where you fix your systems and think you have the best system and then there are crooks out there who are also doing the same trying to make the best of your system.

Cybercrime is not only a problem for the Department of Social Development but a global challenge that is facing everyone but it is obviously our responsibility as the Department of Social Development and Sassa to consistently look for systems that are not too costly because the unfortunate part is that

sometimes when we find good systems we find that these systems are above our reach because they are costly.

It is also unfortunate that there are people out there whose sole intention is to defraud the system and unfortunately some of them are inside jobs because they have people in the system who work with them.

One of the reasons why we are doing our best to ensure that our systems even when switching on the computer you do not just press, we make sure that you use your thumb, other mechanisms and other methods to ensure that we lock the system. It is very costly but it is something that we need to do because the amount of money that is lost is unacceptable to us and me as the Minister of Social Development.

The department and Sassa recently presented their operational plans to myself and the Deputy Minister and one of the issues that we focused on was improving the systems in such a way that we reduce the losses that we have. The ICT system is a target system that we would like to upgrade as a department and I was indicating to them that the ICT system can even be replaced by our local because in some instances I came into the department and found that some systems are systems that

come from the India or somewhere else when South Africa itself is moving very fast in improving its own. We have young people here who very smart who are coming up and showing systems that can be very helpful to us.

In short, it is unfortunate and a pity that we have to be losing so much money but we are aware of the fact that we can be able to improve the system and ensure that we are able to lock it in.

I have also requested Sassa that not only should we be looking at it from a departmental point of view or a Sassa point of view. We have to get other departments that can be able to assist us including intelligence in ensuring that the cyber security policies must help us because we might have good policy but not have good systems in place and that doesn’t help our situation. Thank you very much hon Christian.

Ms M DLAMINI: Thank you Chairperson, due to connectivity I would like to keep my camera off. To the Minister, have you detected whether the influence to manipulate the department’s system has an external outside of the officials that are placed inside the department to ensure that the ststem is working and then I would like to ask if the child headed homes

in the instance where the beneficiary’s parents have passed away, is there a research done or a report that is in place to ensure that the funds go where they are intended to go?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you Chairperson. The good thing about Sassa is the fact that we have offices across the entire country but we do not only work on the basis of Sassa alone but also have the department and under the department we have a unit that deals with social welfare.

One of the reasons why Sassa has got so much data is because the government deliberately took a decision that says we must go out to the community to find the child headed households and find the indigent. We have an indigent register in South Africa as well as the fact that we are looking at the district development model. It is for us to be able to catch or identify the most vulnerable within the communities so that the national, provincial and local structures working together but strengthening the structures at local level because local level is where people live.

As a Minister, I would go to a particular province but I would never be able to cover the entire province hence the strengthening of the district development model. Our task in

this model as the Department of Social Development and in particular social welfare, we need to work with the local structure so that they can be the ones who identify child headed households.

Our services are reaching those children in particular and that is because we also have Sassa offices. I was very excited last weekend where I saw Sassa getting out of the office and distributing pamphlets about the Sassa services in Kwa-Zulu Natal. We have a new regional manager in Kwa-Zulu Natal Ms Thamo Mzobe who understood the importance of taking services to the people and not waiting for the people to come to the Sassa offices but got everyone out of the office to go and show people Sassa services. I saw them they were at taxi ranks and all that.

I am hoping that, that kind of communication is something that can be done by all Sassa offices across the board because part of what Sassa needs to do is to communicate to the people of its services. In fact, Sassa and the Department of Social Development have to make it easy for people to access these services that we are talking about.

Hon member, I also want to indicate that it is our view as the Department of Social Development that Members of Parliament have got constituencies and it is through these constituencies that we have to be able to communicate.

If members know of a child headed households or children who are struggling and are unable to access, it is these members who have to use the constituency offices to communicate and it will be Sassa’s responsibility to reach out to these constituencies and leave the pamphlets by the constituencies.

Lastly, we are also trying to use technology where people do not have to travel long distances to access Sassa opportunities.

We have also learned from Covid-19 that the people who were applying for the R350 grant did not have to go to any office to apply for that. We are looking into what else we can do to ensure that lessons learned from Covid-19 can be used to enable our people to easily access Sassa services. Thank you Chair.

Mr N M HADEBE: Thank you hon House Chairperson and hon Minister. Hon Minister, I would like to know, what is the

department doing to ensure that the money lost to the undeserving employees of the department is recovered and can we expect that the money recovered will be contributed to the overall budget to fund more of the expected beneficiaries?

Lastly what proactive benefactive practices will the department be implementing to ensure better coordination within the department to avoid the awarding of grants to undeserving candidates? Thank you hon Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Hadebe. Yes, it is actually a nuisance that we now have to develop separate systems to ensure that money is protected but beyond protecting the money it is about catching people who knew from the very beginning that they were not supposed to be applying.

I do want to make a difference between those who are government officials who qualify as I indicated in my previous responses and those who deliberately defraud the state.

We do have processes and I did say earlier that we have written to the departments’ director generals where we have been able to identify those who applied knowing perfectly well

that they were not supposed to apply. We are going to ensure that the departments open up cases against them but also disciplinary processes have to take place.

Chairperson, the one thing that we need to work on generally as government and that is irrespective of who is in government. For me it is about creating systems that are quick, systems that do not take too long. The challenge we have in South Africa is that, to get to the point of catching people and saying you have to pay back the money is a long drawn process.

I have said to the department as well as Sassa, let us shorten those processes because some cases are just clear straight forward cases that do not need us to wait that long.

The other challenge is recovering that money. The process of recovering that money is also another long drawn process and in some instances I personally feel that we give people who have wronged the state the opportunity to say are you able to pay all of it or do you want to extend it?

My view is that you illegally took the money, you have to pay it back exactly the way you took it. Therefore, our systems

need to change not only to respond to people’s need but to also respond to those people who are taking advantage and fraudulently getting money from the state.

Yes, I do want accept that I am not happy with the due process. It just takes too long and sometimes these people who have defrauded the state leave the government and go somewhere else and it becomes difficult for us to get the money back or to even get hold of them.

The best thing for us to is to strengthen our systems in such a way that even if you apply and you do not qualify you should not be able to get that money. Thank you Chair.

Question 151:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon House Chair. I must tell you that hon Christian keeps us very busy, not only for questions of oral reply, but even with questions for written replies. Therefore, I want the member to know that I write down all those questions because I want to make sure that I’m comfortable when they give me those questions. I must be comfortable that it’s the answer that you deserve because I appreciate very well and understand the fact that you are representing your constituency and they want

those answers. To this particular question, yes, I’ve extended the appointment of Mr Bongani Magongo as the acting chief executive officer, CEO, of the National Development Agency in terms of section 9(1) of the National Development Agency, Act

108 of 1998, as amended. The appointment was extended with the effects from 1 October to 31 December or until the new board fills the vacancy.

Hon member, I do want to indicate to you that finally, today I was able to present to Cabinet because I did present to them. One of the reasons why it’s taken this long because you might ask the question why it’s taken this long, we advertised and people applied and we had to shortlist and all that, but Cabinet was not happy with the provincial spread. Therefore, I had to go back and make sure that there’s a provincial spread. But, also they were not happy with the youth because again the government of the African National Congress is also very serious about bringing young people into the fold as others retire. Therefore, when they were not happy with that I had to go back into the system, and I needed to make sure that I don’t go out and look for people on the basis that I’m looking for just young people and the provincial spread. I needed to make sure that I follow due process because I wasn’t going to go out of the system and say that let me look for people who

haven’t applied, I had to go back to the system and look at the people who have applied and find the provincial spread and as well as look for young people.

However, unfortunately, for us with regard to young people below the ages of 35, we did not have the ones who applied and were qualifying because again we need to make sure that this is a serious position of a CEO, you must make sure that the people have got the right qualifications. But, also even the experience and also the capacity to be able to perform in the job. That is what delayed us in terms of appointing the CEO because I cannot appoint the CEO. I did not want either to appoint a CEO when I knew that the board was going to be coming. Therefore, it is the responsibility of the board to appoint the CEO.

What I made sure happens though and I still I know that the board is going to be coming through, but it will not be able to immediately appoint the CEO, fortunately, we’ve advertised. What I said to the department is that let’s not wait for the board to be in place before we advertise. Let’s start the work for them so that by the time they come we’ve done the advert, the shortlisting will be done by themselves and the whole

process of appointing a new CEO will be done by the board. Thank you very much.

Ms D C CHRISTIANS: Thank you, House Chairperson. Minister, this agency’s mandate is to eradicate poverty. Yet, officials are approving irregular expenditure worth millions. The *City Press* recently reported that they’ve seen invoices that were irregularly approved. As of 31 July 2022, there were 221 irregular expenditure cases outstanding to R512 million awaiting condonation by National Treasury. There were 187 outstanding cases amounting to R448 million where corrective action needed to be finalised. R29,47 million irregular expenditure in 2020-21 financial year related to noncompliance; R38,18 million irregular expenditure in the 2019-20 financial year; and in the 2018-19 financial year R18,1 million irregular expenditure. This also includes irregularly leasing of offices.

This money should have been used to eradicate poverty in a country where approximately 20 million people go to bed every night. Now, my question is, Minister, is it not time to review the National Development Agency’s mandate and sustainability and then, of course, was to admit that the NDA is failing the poor in South Africa? Thank you, House Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, House Chairperson. I think that in response to the specifications, I can give the hon member the specific responses in terms of what is being done or what has been done and clarify also the issues of irregular expenditure that we can submit in a written form because I think it wouldn’t be correct for me to be just guessing as I’m standing here. I can tell you, hon member, I’ll make sure that that information is written and sent to you. Of course, when it comes to the media it is important that the media has the freedom of writing and expressing themselves or interviewing people and getting the information that they want. I wouldn’t be able to speak for the *City Press* because I don’t know, we never hired any *City Press* in our system. However, if the *City Press* has got people inside the system who prefer to give the *City Press* than to fix the problem when they are sitting with it inside.

I believe that when officials are in the system they have recourse. One, their recourse of oversight to the NDA is the department itself; secondly, their recourse is the executive which is myself and the Deputy Minister; and plus their recourse is the auditor, the internal audit as well as the external audit. Therefore, if they feel that there are certain things that they are not getting answers to, one would have

appreciated that they raise those internally so that we can deal with them. However, it’s a free country and it’s a free world. If the *City Press* has got better access than anybody else they’re free to do so.

With regard to the mandate, I also would like, hon House Chair, to indicate to the hon member that on arrival as a Minister of Social Development I did indicate to the NDA that I personally thought that the NDA headed greater responsibility considering the fact that their role is that of empowering nonprofit organisations, NPOs, and nongovernment organisations, NGOs, on the ground. I felt that they could actually do a much better job than they were doing and that is the reason why they went on a complete review. And again, hon members, this review has been presented to the portfolio committee and I think that, hon member, we can be able to also give you that review because I needed it to be done so that the National Development Agencies could lift itself up from where it was and perform better than it had been performing.

However, also the NDA’s, unfortunately, budget is very little. You can’t have an NDA whose budget is less than R300 million, and yet, at the same time you are expecting it to be able to cover all the NPOs that they are supporting, especially those

that are empowering women. I’ll make an example of how I’ve seen the possibility of the NDA doing a greater job. Recently, we were in the Northern Cape with President Cyril Ramaphosa on the Izimbizo and I met with the NDA regional manager who actually told me that Minister, a year ago you were here, you went to visit a corporative that we had been supporting as NDA. He was saying to me that since you told us that it’s important for that corporative to be supported by opening up markets, he said that that corporative is now standing on its own two feet. Those are the examples that one would see of the NDA doing across the country and that Northern Cape one is a good example for me. Therefore, I’m hoping that they will also learn from it. If you go to KwaZulu-Natal also you find the same situation where you find some of the NPOs that have been supported by the NDA are doing very well. However, they can’t do that in isolation without support from other government departments. Thank you very much.

Mr I NTSUBE: Thank you, hon Chair of the House. Hon Minister, to a particular extent you have, indeed, answered my question. However, I just want to check in terms of the framework when will the NDA board be appointed for it to deal with the appointment of the CEO? Thank you very much, hon House Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Yes, thank you very much. It was just a coincidence really that I got a chance to finally make this presentation. Obviously, the new board has to go through a process of integration, but it’s also a process of training and a process of introducing them to the functions of the NDA. The good thing is that some of those members who are there have an experience of being in some other boards. Therefore, we are not starting from scratch and I’m hoping that once the board at least have been called to a meeting, they will be able to draw the timeframes as to when exactly they can appoint a new CEO. Thank you very much for that question.

Mr S F DU TOIT: Thank you, hon House Chair. Hon Minister, report tabled by the NDA before the parliamentary Portfolio Committee on Social Development on August 31 2022 shows that the agency had incurred irregular expenditure in the 2020-21 financial year. Also, R29,5 million related to noncompliance with grant funding policy under the volunteer programme; R39,2 billion related to noncompliance with supply chain management due to lack of competitive bidding processes; and R18,1 million relating to noncompliance with supply chain management legislation for the issuing of tenders and requests

for quotes mostly for office spaces leases and information technology, IT, communication costs.

Minister, Mr Magongo said that the agency had accumulated a lot of irregular expenditure of which more than 60% was because of deficiencies and a lack of appropriate capacities in the supply chain management function. In spite of this, he said with reference to the reinstatement of the suspended senior executive whom you reinstated after pursuing the documents and I’m quoting the reason that a disciplinary process is the only way to determine innocence or guilt is equivalent to the abuse of the system especially if cost is part of the process. I believe that you are well aware of that appointment that did take place. My question, Minister, is in light of his statement, would you agree, (a) that the acting CEO didn’t act in the best interest of the NDA and that his relaxed position on disciplinary procedures which contribute to further financial losses and a culture of noncompliance, and (b) would you agree that in the light of this his appointment as acting CEO is to be questioned? Thank you, Minister. [Time expired.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): Before the Minister responds I want to remind the members that a Minister has got five minutes and members have got two minutes.

Mr S F DU TOIT: Thank you, House Chair.

Ms C LABUSCHAGNE: Sorry, House Chair, the Minister has got five minutes for the first question and four minutes for the follow-up.

The HOUSE CHAIRPERSON (Ms W Ngwenya): But here is four. Thank you very much hon, but the watch here was indicating 00.

However, you are correct in terms of four minutes. Thank you. You’ve got five minutes, Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, House Chairperson. I think the same as I said in my reply previously I can guarantee you that standing on my two feet here being able to just give the answers particularly to specification of amounts, I cannot do that right now. However, I can again be able to say that we will give you the full details in relation to specifications of exactly the amounts that you’re talking about, because you are very specific to reports that were presented to the portfolio committee. Therefore, I must

apologise because sometimes you come here you don’t know what the follow-up questions are going to be and, unfortunately, you can’t carry everything in your head and be able to answer. However, I promise you that the specifications will be submitted to you.

Now, with regards to the appointments, I did ask the CEO about a specific disciplinary processes and he said to me he wasn’t very sure which one is the specifications of the disciplinary process because again when the questions are being asked about a specific case and I’m not aware of the specific case, I’m not exactly sure what the member is referring to and again even with that one I will have to ask the CEO. However, the acting CEO was appointed, firstly, on the basis of his capacity and on the basis of his experience being in the NDA. We had hoped that his appointment was not going to be this long because we thought that the issue of the board and the advertisement and the application. By the way, anyone who qualifies in the NDA even himself he might apply if he wants to apply because he qualifies for that post. However, again, I’m not exactly sure of the specific case that you are referring to. I will go back and ask and give you the answer to that one. Thank you, House Chair.

Mr M S MOLETSANE: Chair of the session, hon Mokause is not here. However, already the Minister has covered me with the question that I was going to pose. Thank you very much.

Question 136:

The MINISTER OF SOCIAL DEVELOPMENT: Hon Chair and I thank the hon member Gillion for the question. Yes, the department is currently consulting with key stakeholders on the best possible options, to render Basic Income Grant Support or Basic Income Grant as it is referred to interchangeably. Once this process is completed, the draft policy will be tabled to Cabinet for consideration before the end of this current financial year.

As you as members might be aware, the ANC had a policy conference recently, and resolutions from there affirmed this administration’s commitment to the implementation of the comprehensive social security as envisaged in the National Development Plan.

Chairperson here, for me I would like to also indicate that we would like members to look at the broader, comprehensive social security that this government has been implementing since 1994. But, also consider the ongoing challenges that our

people face for an economy that is not doing as well as it is supposed to do, but also the global challenges that we face.

Hon Chair and members it is important to note that, the debate on the introduction of Basic Income Grant has been part of the national discourse for a very long time, dating back to days of Professor Taylor’s Committee Report. I do wish to thank Professor Taylor because she’s really giving it her best, since the time when the report came through. I was also able to pull her back again, to the conversations about it because what I didn’t want to do is to take a policy position, which has been developed by the very same ANC but never implemented for one reason or the other. I had to pull back the same people who had worked on the on the document, but of course with a few new who also have an experience in the Basic Income Grant.

Chair, I think what is very interesting here is to indicate that, when a President Cyril Ramaphosa introduced the R350, my question to the department was, what do we do after the R350 because COVID-19 is still with us at the time. Remember, there was the first iteration then there was a second iteration and my concern, was looking at the state of the people, the poverty and hunger and all.

I was hoping that we can be able to extend the R350 which by the way, was extended after a while but I was saying to the department, we need to find something that is concrete, something that can be long term. That is when the department then indicated to me that there was the Professor Taylor’s Committee Report. I requested that we bring that discussion back on board. That is why we have this discussion going on now. We are of the view that, income support is critical for sustainability of the country’s social ... [Inaudible] ... and future economic prospects.

The fact that more than 10 million people between the ages of

18 and 59 years old of working age are without an income, presents a significant risk to the economy’s long term performance, also even the stability in the country. We have taken the lead in expressing the dire need for more comprehensive response by government, in the of form of the Basic Income Grant Support for the unemployed between the ages of 18 and 59.

The implementation options we are proposing are mainly a progressive realisation approach, with small incremental changes over time, building on the success of the Social Relief of Distress Grant. Chairperson, we are obviously aware

that there are detractors of the proposed Basic Income Grant who tend to focus narrowly on the amount that government needs to set aside to finalise the Basic Income Grant, and deliberately ignore the economic impact through which Basic Income Grant will stimulate economic growth and generate additional revenue for government.

The results of the implementation of COVID-19 Social Relief of Distress Grant, has demonstrated has demonstrated the positive impact of putting income in the hands of beneficiaries. The question that we need to ask all of us as South Africans, are we comfortable with the hunger? Are we comfortable with the people who can’t of get jobs even if they want to wake up in the morning to get jobs?

Are we comfortable, even with the fact that some people cannot even have money to go even look for the jobs, let alone put food on the table, people who would want to wake up and go to the internet cafes to look and google and find options for them? Are we comfortable with that? Do we think that is a bigger price, or a lesser price, or is the bigger price the amount? Sorry Chair, I get very excited about this one. My apology. Thank you. [Time expired.]

Ms M N GILLION: Thank you House Chairperson, and greetings to the Minister. Minister, thank you very much for your comprehensive response to my question. Hon Minister, looking at the success of the Social Relief of Distress Grant, SRD, the need for a more comprehensive response to support the unemployed is very clear. However, the question is, will a Basic Income Grant be sustainable in the current economic context of the country?

The MINISTER OF SOCIAL DEVELOPMENT: Chairperson, I think partly I touched on the fact that South Africa needs to look at the deeper pain of those people who have absolutely nothing. Look deeper into the men and women who wake up in the morning with absolutely nothing and then respond to that, that what how that can be able to be assisted is by ensuring that money is given to people for their basic needs.

The latest research on the use of Social Relief of Distress Grant of R350, shows that beneficiaries use it to purchase food and basic necessities which generate revenue for the economy. We say they don’t take the money and go and hide it somewhere or eat the money. They still have to go to the shop, go to this spazza, go somewhere to buy. So, the money goes back into the economy. The more you have people with some

liquid in their hands, it means that the demand for those basic needs actually grows.

In some instances, some beneficiaries started small businesses which have since led them to no longer requiring the grant.

Their access to income also enabled many to search for jobs, and buy goods and services that they would otherwise not have purchased. This stimulating demand and increasing consumption in the economy. To the extent that they purchase goods that attract vet, they also have contributed to the tax collection, which also contributes to economic growth.

The question of sustainability is very important to the department. Chair, it is for this reason that we say, people must not look at the Department of Social Development and think that we are just interested in only getting the R350 and distributing it. We want as a department to be part and parcel of the broader plan for economic development of our country.

We want to be and we are part of the broader plan for ensuring that the economy grows so that people can go and get the jobs.

Nobody wants to live on a R350. They live on the R350 because they don’t have any other options. Therefore, our conversations that we have with Treasury and or any other

department that is relevant, is not without us understanding and appreciating the economic challenges and the challenges of the fiscus, because the purse is not as large as we would want it to be.

We are saying, if we are able to lift these people up, we can be able to look for some of the resources within government, including the fact that we need to look around even in some instances where there is wastage, and we must avoid and get rid of that wastage, so that the money can be able to go into the hands of our people again.

Again, I go back to the same which I said earlier on, is it about affordability, which I respect very much? I must not be misunderstood, to be blind to the economy, to be blind to the macroeconomic policies to be blind to the implementation. I’m not blind to that. But I’m saying this country has a capacity and capability of feeding its people. Nobody in South Africa should go hungry. Nobody in South Africa should sleep hungry.

Nobody in South Africa should not even have a little bit of some money to buy soap, just to wash their bodies and to clean their bodies, and for the women in particular, you can imagine. Think about those women who have to now have to go

and buy the sanitary pads. They don’t even have the money to go and do that. Now that there is that little bit of the R350, at least they can be able to have the decency. It is very little money, but it is something that is that can be put in their hands. Thank you.

Mr N M HADEBE: Hon Minister, has the department decided on an amount that the national grant will be? And, how does the department intend on financing the grant? Will the grant be permanent or temporary? If it is temporary, for how long will it be available to the people? Lastly, how does the department through the policy intend to counter the possible exclusion of rightful beneficiaries as we have seen happen in other social grant schemes? Thank you hon Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Hadebe. As I indicated from the very beginning that we are still in the process. Our consultation is what is supposed to be helping us with looking at the different options that are possible for this grant. But also let us recall that it is not like we’ve announced that it is starting tomorrow.

There is a new policy process that needs to take place and ultimately it has to go to Cabinet. But of course, one of the

things that I wouldn’t want to see is to find ourselves in back in the same situation when the proposal for the Basic Income Grant presented itself and the document ended up being just lying there in the shelves.

Then COVID-19 came and forced us to pull out that document and polish it, because if we say that it was it was developed as way back as in 2002, and so forth, there is a lot that has changed throughout the process. But what I think is important is the fact that South Africa has got institutional processes, which enable us to go through those institutional processes including bringing things to this House by the way, because the Basic Income Grant Debate was taken to the National Assembly, and the majority of Members of Parliament supported it because they realise its need and its purpose.

Therefore, as to what system is going to be I am not able to say that because as I said, we are still consulting with key stakeholders. As I said earlier on is that, once a draft policy has been tabled to Cabinet for consideration, we are hoping that we’ll be able to do that before the end of the year. I am not giving up on this one, because if you know the state of the people, if you know how people are suffering, if

you know how much people are struggling, there’s no way that we can give up on this one.

In terms of how long is it, a short term, Basic Income Grant cannot be a short term thing. The Basic Income Grant has to be a long term. Of course as I indicated, considering continuously the where the money is going to come from, and I think that South Africans collectively, can put their heads together and tell themselves that we can’t have children who are going to bed without food. I still insist the state of the people is what must drive us as to exactly how we’re going to be able to implement it.

With regard to the experiences of people who are applying for it, we’ve learnt our lessons in during this time of R350. But also, when I look at the broader picture of 10 million people applying, and you end up with probably about 8 million who gets the grant because they qualify, the rest as sifted out by the system because they don’t. One of the things that we need to do by the time that this policy is being approved, we need to make sure that we have fixed our systems in such a way that, it doesn’t become easy for people to just get into the system when they don’t deserve to be in the system and don’t qualify.

We are looking at improving our systems, and I think if we look at how our systems are working now, five years ago or maybe six years ago to now, there is a there is a big difference. As I indicated earlier on that, we are looking for the best technology that we can apply in making sure because we don’t want also for people who are the ones who are taxpayers to come back and complain and say, you are taking this money, but you’re absolutely doing nothing to protect the taxpayers’ money. Thank you Chair.

Mr A ARNOLDS: Thank you, Deputy Chairperson. Minister, the Basic Income Grant has the potential to eradicate ... [Interjections] ... and also ...[Interjections] ... economic growth.

The DEPUTY CHAIRPERSON OF THE NCOP: Order! ...[Inaudible] ...

on the platform, order.

Mr A ARNOLDS: Minister, the Basic Income Grant has the potential to eradicate hunger and also contribute to economic development. There has been debates about the introduction of the Basic Income Support since your government took over in office. It is now 28 years later, and your self-proclaimed party of the poor, which has stolen from the poor due to

corruption has not delivered on the national income grant. Now, my question is whether South Africans can take your government serious when it comes to the implementation of the National Income Grant. If so, why did you fail to execute it in the first place?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you hon Arnolds for that question. Policies are developed and proposed. When policies are proposed they need to go through vigorous processes, including what we are going through now about whether we can afford it. I think one of the things that made it not to happen was just that big question that is put in front, can you afford it? Why do we start with the affordability rather than starting with what is it going to do? You yourself are rightfully saying that, it has a potential to eradicate hunger. It has a potential for economic development. I truly believe that it does have all that potential.

Again, it is lessons learnt because I wasn't Minister of Social Development for me to have actually, at that point in time, pick up that there was a proposal of that kind of a policy. When I realised in asking the questions, what are we going to do after the R350? It was the officials of the

department who have been there since that time, who said maybe this is the right time, let us tell you about a proposed policy that we had proposed many years ago that didn’t find its way through.

It did not find its way through because we put the question of, can we afford it first before we even got a chance to discuss about what would be the potential for it. What will be the impact for it? What would it do in addressing the issues of poverty, in particular the issues of poverty and hunger?

And yes, maybe you are right in saying that we were not able to implement it. It wasn’t started from 1994. The discussions around it only happened around 2002 going forward.

But again, I still think that at that particular time, probably government felt this is very expensive, we can afford it. Well, let’s not even bother to look at the systems that we might put in place. Let’s not even bother to look at options, and the document was there. That’s why I said earlier on, it does happen that we develop policies and in the process of discussing those policies, we find that maybe that wasn’t the right time to be implementing them.

It is unfortunate because I personally believe that, had we implemented it there and then, so many people would have been positively affected by having that money in their hands. It is never too late; I believe it is never too late. If you are a government, you must be a government that is also able to accept that maybe here you didn’t do the right thing, you should have gone on with it. But this is the situation we have right now.

What we need to do is to push for its implementation for the future, but at the same time we are busy pushing for that. We are also looking at how can we improve the performance of the economy, because if we don’t get it in as far as the economy is concerned, if we don’t get it in as far as the creation of the necessary jobs. If we don’t get it in making sure that the infrastructure development and all the good projects that we have in place, if we don’t implement those then there’s little opportunity also for us having a bigger purse.

As far as corruption is concerned, you are aware of the fact that this government has never gone out to anyone and said you go and be corrupt. We don’t do such things. But unfortunately we are a community, we are a society whether. We like it or not across the board. Corruption is a sickness in the system.

Corruption is more than just government officials doing this and that corruption works on the street. My view is, if we narrow it, just to those ones who are in office, we will never be able to break it. We need to break it as a system that’s denying our people of their rights from service delivery.

Mr M R BARA: Thank you Minister for the response because my question is mainly on what you’ve just spoken about. The SA Social Security Agency administers long term grants to vulnerable and poor in the country. However, your department has been plagued by corruption and fraud on the administration of these grants.

With officials in your department, pocketing millions and an additional 1 100 people have unduly benefited from social grants in the country over the last decade, taking at least R540 million with them, how will you administer the Basic Income Grant worth billions to approximately 20 million destitute South Africans, when your department is actually involved in stealing most of the money that is due to the vulnerable people? Thank you House Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon member for that question. Yes, I agree with you, if the rot

starts within the system, it means we must look for the best system. I believe that part of what we need to do is to have less human hands going through in the system. If we can have a system where you don’t have to have people that - because look for me, people have to go and sit there in front of the SA Social Security Agency, Sassa. They are asked questions and they are answering and they are genuine, they are filling up genuinely.

Then somewhere along the line, there is some somebody else who is sitting there and looking and saying, as they are busy filling these forms, I must be able to see how I can twist somebody. For me it is a question of ethics, the capacity of the state. Does the state employ the right people who know that as they sit there, they are not sitting for themselves?

They are sitting because they are supposed to serve the people, that is the first thing. Which therefore means, we need to strengthen our own internal systems of ensuring that, we have systems that are not easy to manipulate.

If you have systems that are easy to manipulate, which I think for a while, there are some systems that we had in place that were easy to manipulate, hence we now have the numbers that you are ... [Inaudible] ... out of 450. I personally believe

that, when I look at the systems that Sassa in particular - because remember that a few years ago, Sassa was almost a talk of the town in all the negativity and everything.

I think Sassa, the institution and the people who are there have learnt. What I think have also made them to learn is when the law bites. If the law doesn’t bite, again, people take advantage. Right now, the law is biting and people are very sensitive to the fact that if I do this wrong thing, I’m going to be caught. I mean, we were having even an argument about just getting into somebody’s computer. What is it that we can do to make sure that if this is your computer, nobody else must come into the computer? What system do you need to put in place that, if this computer is supposed to be operated by a Lindiwe Zulu nobody else should, even if they come in the middle of the night they must not be able to do that.

So, the lessons that we have learnt including the systems that we have put in place to try and catch these people - you see the figures that have been ...[Inaudible] ... by members on here, firstly, it is because we have internal audit committees, and we are strengthening those audit committees so that they themselves also when they find things, they are not having a discussion on the side. Secondly, the lessons – there

is the internal audit plus the Auditor-General. The Auditor- General herself and her office, I can tell you, are vibrant, they are demanding, they are pushing, they are even making sure that ourselves who are the Executive, we don’t run away from those meetings. I cannot run away from the meeting of the Auditor-General, because I need to be able to understand and appreciate what the Auditor-General, is picking up in my system. What are your suggestions for us to fix those?

If that can be strengthened and make sure that even in the Office of the Auditor-General you’ve got the right people right from the top down and down up. If you have the right people, South Africa would be a better place with far less corruption and by the time we get to the Basic Income Grant itself, I’m sure we would find a better system. By the way, not long ago, I was in Germany, I was excited to find that they also have the Basic Income Grant. I mean, you would think that a country like that, well developed and everything they have the Basic Income Grant.

*IsiXhosa*:

USIHLALO WENDLU (Ms W Ngwenya): Liphelile ixesha. (Time is up.)

The MINISTER OF SOCIAL DEVELOPMENT: Enkosi. (Thank you.)

Question 149:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much. Oh, I was still waiting for the member to ask. I forgot that it’s written down. Sorry Chair. Chair, as at 31st March 2022, our data shows that there were 64 graduates who were unemployed and indicated their availability to accept a four-month temporary placement in the department as follows. Fifty scholarship recipients, nine recipients of National Student Financial Aid Scheme, NSFAS, and five bursary recipients by the provincial government.

Chairperson, I am one of those people who really believe that if we can get people to be permanently employed, it would be much better. But sometimes we find ourselves in a situation where the budget is not adequate. And so we say, even if we can give them a short period of time, - And in the past, they didn’t even want us to have the conversation about the short space of time. But we said we will continue looking for the funds in order for us to make sure that people are permanently employed. I must actually thank the Department of Social Development in the Free State because they were among the first departments to get social workers fully employed and

again, this was because we were pushed by COVID-19. There were just too many challenges that needed that we have much more social workers and therefore the department had to look around.

However, I also want to indicate Chair that it is our belief that social workers must not only be looking at absorption by the Department of Social Development, other departments have to take responsibility. Again, I am also of the view that the Department of Education, the Department of Health, the Department of Police, they need to have social workers.

I am also of the view that we have too many social ills in our country. And if we can have more social workers that are placed within our communities... I have been saying to the department, we must do preventative so that the police don’t have to be chasing. If we have preventative programmes and using the social workers, I have been advocating for social workers and I have been saying to deal with these social ills we need to do these things house to house street to street community to community because then we have social workers who live within the area, who know what the challenges are, within those areas. So, the numbers that I have just said now exclude social workers who are registered on the database of

scholarship recipients who have also secured employment within the nongovernmental organisation, NGO, operating within the Free State.

As part of the plans for recruitment of unemployed social work graduates, the department maintains a database of unemployed social work graduates. The unemployed graduates are considered for internship programmes as an interim measure. For example, the department recently implemented internship programme for

92 unemployed social work graduates for a period of three- years, until the 31st of March 2025, receiving a stipend of R6 000 per month. And if it so happens that they are within this programme and they get better employment somewhere else, we would be very happy because we also look out for those opportunities for them.

Furthermore, the Free State province is collaborating and partnering with the national department and various sector government departments and entities to develop a sector strategy to guide government departments on how to employ the social service professions in the public service and government. The strategy proposes a permanent solution to the employment of social service professionals in various sectors, departments, agencies, provinces and municipalities. And in

July this year, social development together with basic education, justice, health, South African Police Service, SAPS, correctional service, defence and co-operative governance and traditional affairs, Cogta, presented a joint bid to the National Treasury. The bid canvasing for an additional allocation of R8,2 billion in the first year, R8,2 billion in the second year, R9,2 billion in the outer year 2025-2026, for the permanent employment of approximately 29,837 social service professionals ranging from social workers, social auxiliary workers, child and youth care workers and community development practitioners. We are currently waiting feedback from National Treasury and we are we are hoping that they will be positive because in order for us to deal with this issue, we need these social workers at community level. Thank you.

Mr M S MOLETSANE: Thank you, Chairperson. On a follow up question to the Minister on the issue of the social workers. Minister, when comparing the statistics of last year against this year of unemployed social workers, has the number of unemployed social workers decreased or increased? Please provide the details. Thank you, Chair.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Moletsane. Instead of decreasing it’s actually increasing and part of the reason why it’s increasing is because you have those social workers that have been trained by the Department of Social Development and sometimes they might be easy to absorb. But you’ve also got other social workers who really take their own time, their own finances, and they go and train as social workers because they believe in this work. They love this work. They want to do this work and I am just generalizing because that’s what I know that we feel on the ground, but to be specific of the statistics as to the numbers in terms of increasing, how many are those? Again, that’s the information that I will need to get from the provinces because we don’t necessarily absorb them as national. They are absorbed by all the different provinces. So I need to get that data and be able to send it to you if you don’t mind, hon member. I will ask the department to give you the specifics because I think you’d want to also make a follow up from the province where you come from, but even next time when I come back, you should be able to ask me the question, you said this is the number, what is happening and I should be able to give you the specifications. I’ll get the data from the provinces. Thank you.

Mr D R RYDER: Thank you very much, House Chair. Well, Minister, thank you very much for being here today in person. Minister, the Children’s Amendment Bill seeks to find a comprehensive legal solution to the foster care crisis in the country. And it’s currently out for public participation.

In the event that the Bill is passed provinces will need a minimum of approximately 70,000 social workers to efficiently implement that legislation. Currently, the country has got 17,500 social workers. Is there a plan? Is there a budget and a timeline to train and employ all of these additional social workers, almost 60,000 additional social workers to appoint those that are already qualified and not employed, in order that we can effectively solve the foster care crisis in the country with this legislation? And please give us the details. Thank you, House Chair.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Ryder. Yes, there is a plan as I indicated earlier in my answer that we have collaborated together with the departments that I indicated earlier on that is basic education, justice health, SAPS, correctional services, defence and Cogta.

This plan has already been presented to National Treasury and the plan basically is for us to make sure that we ramp up the number of social workers because 17,500 is paltry, if you think about the social ills that that we are facing. So that plan that we have now presented is almost like a national plan for us. And the fact that we are also getting a hearing from National Treasury indicates the fact that everyone is very conscious in government of the challenges that are faced in terms of the social ills, but everyone also is in agreement with us that we would rather put more efforts in preventative measures than waiting for the time. Here is an example that I keep making that you have schools, which we know have got troubled children in the schools, and you only have one social worker that has to cover all these children. It’s really, really not acceptable. And the numbers that we are putting out here that we need about 70,000 social workers is not a thumb suck. It is a number and it is a figure that the department working together with these other departments has indicated that we need this number of social workers.

When I talk about getting social workers to be even on the ground on a day to day basis, in instances where you have so many problems, people have to be able to refer maybe in a clinic or somewhere should people must be able to go and say I

will find the social worker in this place. This is my problem. Because by the way, one of the other things that we are realizing is psychosocial support in South Africa. COVID-19 has put too many people under extreme stress and strain, and you need the social workers to be able to deal with that. You also have the issue of abuse in families. You need social workers to be able to do that.

One of the things that I indicated to the department was that during COVID we were able to recruit a young people as volunteers to go and assist us in managing the queues at South African Social Security Agency, SASSA, and asking people to wear their mask and asking people to keep the distance. And I said to the department you see COVID pushed us to a point of starting a programme like this one. These people were able to go on the ground. This is what we need. We need to have more social workers so that on each and every streets of South Africa where we know that they are very serious, we must make sure that in clinics they are social workers that can be able to respond to people. And again, as I said, remember that when I was indicating the departments we are working with, I said the bit is canvassing for additional allocation of R8,2 billion in the first year, R8,2 billion in the second year, R9,2 billion in the outer year 2025-2026.

However, I also believe this responsibility of social workers must not be left to government alone. The private sector has got a very important role to play. And we are already going out there and having the conversation with them to say to them, you are going to want the same people to go through university and all and be hired by yourselves. Now you want healthy people, you want mentally sorry to come and work in there. So they have to assist us in the process.

Mr S F DU TOIT: Thank you, hon Chair. Hon Minister, I am partially covered by the previous speakers. We currently sitting with some kind of a conundrum, as hon Ryder correctly eluded. We need thousands of social workers in the country to attend to the dire need and the situation that we are currently in. But the fiscus doesn’t allow for that. We’ve got the “carrot and stick” situation where the carrot is there, the job opportunities is there but there’s not sufficient funds to finance that.

Minister, in your initial answer you said that when the graduates come to you for work, and they do apply, government also look at other opportunities of employment. Could you please elaborate on that? And tell us more if there is a graduate or someone that is qualified, that isn’t employed or

can’t be employed by government on which data base must they then apply to be assisted by government to find employment in the sector. Thank you, Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much. I believe as South Africans, we can be creative, we can be innovative. We cannot be found lacking on just being innovative and creative. And that’s the reason why I am saying that the database that we have, - and by the way, may I clarify this, now that you have raised this issue. There was a time when we spoke about the employment of the social work graduates, and we indicated that the social graduates were graduates, that were coming out of the Department of Social Development and there was an uproar that was saying but now we are only focusing on your own. Let me make it very clear here. It is not about us finding employment only for those that have been trained by the Department of Social Development. Every social worker for us counts. As long as they have the necessary qualification and they went through the proper schooling and qualification. The database that we have for social workers is more than the social workers that have been trained by the department.

I still think that even if the fiscus is not allowing us we need to be able to find a creative way because we cannot afford to have the kinds of social ills that are breaking our communities, that are breaking families, that are breaking young men and women that are breaking young girls. Those children, for instance, who died in a tavern, why must we be having that? Why must all student be in a tavern at that hour. You have a 13-year-old who is in a tavern at that hour. You ask yourself the question, the schooling system, is it enabling to make the child make the decision? The home system

- is the home system enabling that child to be able to know that I cannot be found in a place like that. The system that we have in South Africa, in in bringing up our young children? Is it enabling for them to be able to make the right decision?

I belong to an international organization called SheDecides. My passion for it is I cannot be talking about a young girl deciding only because now she is going to high school or she is going to university. She must be enabled right there in the home to be able to make the decision. But here is the catch; the catch is that the parents themselves must be the parents who are able to decide because these days, these children, the parents talk to them don’t go there. They don’t care. They leave they sneak out they go - well the things that we did,

but not as bad as the situation is right now. So I believe that we need to be very creative in making sure that the graduates, both those that have been trained by government and those that have decided on their own, that they want to be social workers. We have the database as the Department of Social Development. It’s just that we need to make sure that this proposal that we’re putting in place for the employment of the social workers must be all encompassing and not isolating only the ones that have been trained by the department. Thank you very much.

Mr M E NCHABELENG: Thank you, Chair. Minister, I would like to know, looking at South Africa now we are facing very serious psychosocial challenges, as you rightfully said that COVID has added more strains on the challenges we had. So which means our challenges were times two when it came to COVID. But then we’ve got people who can make life easier for those who have psychosocial challenges as I would like to refer to them. But then we have people who can help us but we don’t have money to hire them. But if you look at the budget of the department and see how much money goes into nonprofit organisation, NPOs, and some of the NPOs part of their mandate is to deal with psychosocial challenges in society. Both in education, it could be in health, as we checked some days ago, it was

International Mental Health Day. And those NGO said lots of programmes that were running. Is it possible hon Minister that the NPOs that we are funding to help deal with the things that the department cannot do?

Is it possible that we can link our funding to employment of some of these social workers even if it is for temporary relief?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Nchabeleng. We fund NPOs to the tune of R82 billion per year. These NPOs are the NPOs that are supposed to be I might not be using the right language to be an extension. They are not an extension of government as such, but they are organizations that are on the ground. Firstly, that are supposed to appreciate the demands and the needs of the communities where they are. Secondly, that are supposed to use the resources that they get from government for ensuring that their work has got a positive impact on the people. And the good thing about the Department of Social Development is that we are not only just giving the money, we needed also to look at the NPOs who want to do work but do not have the capacity. And therefore that is why we have a programme of a training of NPOs so that

because you know you can’t run away from the fact that there are NPOs of the past.

We have a long experience of being able to account or being able to develop proper programmes. Then in our communities, we had NPOs that never had that experience and you can’t ignore them. You’ve got to make sure that they are empowered in order for them to be able to support our people.

And this issue of mental health, I think it is one of the biggest challenges we have in South Africa because even in our communities, the recognition of mental health was not an easy thing. But I think it’s beginning to be understood and appreciated now especially because you have NPOs that are now dealing with it. You hardly even had NPOs that were dealing with the issues of mental health for our pupils, and it was fashionable anyway. But now the issue of mental health and especially because of the impact of COVID-19. And how many people lost a lot, either their homes or their livelihoods and everything and many of them need this psychosocial support.

And the department cannot cover all these people. Even in the provinces they can’t cover all these people. But they can be covered if we go back to the issue of increasing the social workers. But even within the social workers, you need to make

sure that it’s not just a social worker. It’s got to be somebody that also knows how to deal with particular cases of people that are going through this of mental health. We also don’t have enough institutions in South Africa that can be able to bring in some of these people and help them through the process of healing.

I think that we can also mobilize within the churches and with other nongovernmental organizations to make sure that we pick up this issue of mental health and make it a serious problem in South Africa that does not only just belong to issues of the Department of Social Development because there are clinical psychologists that you need. There is a whole range of specialities that you need to deal with psychosocial challenges as well as mental health problems. We don’t have enough people. And as a department, I also feel that we don’t have enough monitoring and evaluation of the very institutions that we are supporting. Although of late, we have been calling upon them to raise their hands and talk to us so that we can be able to assist them. We believe if they are organized, and they are doing very well, they are specialized, they can a load of the work that government needs to do in supporting our people. Thank you, Chairperson.

Question 152:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much House Chair and thank you to hon Christians for the question. The issue of children living and working on the street is matter that I have directed the department to have a closer look into. There are a variety of reasons that make children to end living and working on the streets, such as family problems, violence, conflict, abuse, neglect and exploitation.

Children living and working on the street are classified as children in need of care and protection in terms of Section

150 of the Children’s Act 38 of 2005. However, we have learned over the years that we need more than legislation to address this complex issue.

For this reason, we are working with various civil societies, organizations focusing on early intervention and prevention including parenting and family strengthening programmes. As you are aware, the Department of Social Development is also responsible for the wellbeing of its people but also families. We’ve got programmes that need to focus on families.

And I wish to address the issue of timelines for removing homeless children from the streets. There are no set

timelines, as this a continuous process determined by circumstances that each individual child finds himself or herself in, which has driven them to be on the streets, as well as continuous interventions rendered to ensure safety and wellbeing of children. Instituting child protection measures to assist the child.

Quite frankly, if you talk about timelines, there is no timeline that I can point to in the department. But as I said earlier on, as a Minister of Social Development and my department, the wellbeing of our people is of utmost importance. And therefore the state of the people and that includes the state of the children is of utmost importance.

You know, we are responsible obviously for the children but it gets very complicated because you are dealing with children who belong to families, who belong to communities. And then trouble starts within the community itself - is when you need the communities to rally around in terms of the programmes that we have as a department.

But it cannot be just programmes of the Department of Social Development, health is important here, education is important here and local government is important here.

Because I recall very well during the period of COVID-19 when we had the homeless and everybody was now scared that you know, the homeless people are out on the street, we lockdown, level five and we were requested to round up all these people and keep them in special places. And it was funny how we were very quick in finding those homes, in finding those places where we could keep the people. And I was saying to the department, now that it looks like COVID-19 is kind of like going, these people are back on the street.

I don’t think it is correct for us who have been able to do what we did during COVID-19 and not learn lessons from that time of COVID-19 and then make the statement that it’s our responsibility overall to remove people from the streets, reduce, because you know sometimes some of them as I indicated why they leave home.

You keep on removing them and taking them to special shelters. Some of them will stay there, will be assisted but they end going back to the street again. Which therefore again means there is a problem in how we are managing at a community level in empowering our people to avoid having their children out in the street. Which means we must deal with the abuse, deal with the violence, deal with the breakdown of families in general.

The relevant details of the plans to remove the homeless children from the streets are prescribed in the Children’s Act, Section 151 and 152, which provides for the removal of child with or without a court order.

The process of removal is informed by safety and risk assessment process undertaken by the social worker, considering safety risk and other factors. There we go again; we need more social workers. Because again these children have to be taken through that process, understand why they left home, understand why they are on the street but also understand what is their hope for the future. Because you can’t take for granted that when they are on the street, they don’t have any dreams, they all have dreams to get out but also the abuse and alcohol abuse ... [Interjection.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): As you conclude.

The MINISTER OF SOCIAL DEVELOPMENT: ... as I conclude, alcohol abuse and drug abuse is one of the biggest challenges that we face. We just return from the Northern Cape Province and what you see there on the street is very painful. Thank you.

Ms D C CHRISTIANS: Thank you House Chairperson and Minister thank you for your response to that question. I agree with you 100% that homelessness must be dealt with comprehensively with all spheres of government.

And, again I am in total agreement with you as far as drugs and crime and sexual abuse is concerned. It’s a huge problem and I think one that must be dealt with in the country. Now Minister, children living on the streets become involved in drug, as we said in crime, sexual abuse, trafficking and other inhuman condition, such as a deterioration in their health and the lack of education. Has the department made headway with the study on homelessness that was conducted this year? And has the department started on a national policy which is currently nonexistent in this regard? Thank you, House Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Yes, thank you very much hon Christians, yes the study is very important because we need speak about facts and we can’t say we cannot have those facts. We have started the study which by the way was also informed by fact that we looked at the homelessness and we realised that homeless people didn’t seem to have a place.

When you call this department, they say no it’s us, it’s a local structure. We ended up as department saying, what will help us is to make sure that we do a study on homelessness and there’s that section that specifically has to deal with children who are homeless and children who are out on the street.

We are hoping that this study will result in a process of legislation and I know sometimes those processes take too long, and yet people are out on the street. But we need an empirical evidence so that we can be able to take the process forward of legislation. Thank you.

Mr A ARNOLDS: House Chairperson, I am going to take that question, thank you. The social economic condition that give rise to child homelessness are complex and have remained largely ignored with not much impact by your department. Do the plans which you referred to Minister also include multisectoral approaches to address these conditions? If so, please give us the details. Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon member, one of the things that we have identified as government is the unco-ordinated approach to some of the work

that we do and hence the need for us to speak to other departments and make sure that not only government but other sectors that are very relevant for dealing with this issue of children on the streets.

In the process of research that we talking about, we are not doing research for the sake of research. We doing the research also because we need:

1 The empirical evidence but; 2 We need to be able to round up the different sectors that are very important for us here. So again the issue of social security is one, the issue of safety is another one, the issue of education for these children is another one. But also just even the shelters where these children can be kept.

You cannot do that on your own as government, you need a multisectoral approach and the multilateral approach also must not ignore the parents. It must not ignore the churches, it must not ignore the nongovernmental organization, NGOs and non-profit organization, NPOs, some of whom I indicated earlier on, do get financial support from government.

Definitely, hon member we need to develop a multisectoral plan but obviously that multisectoral plan will come out of the research that we are doing and I’m not wanting also the research to take forever. We need to be quick because we just have to many children that are out on the street. And again these are the children who are exposed to the issues of drugs, exposed to abuse, exposed to all kinds of social ills. In short I want to say, yes we need to have a multisectoral approach to deal with issue.

And we do need to involve families, we do need to involve as I said churches, but we do also need to involve other influential people that can be able to assist us, including the private sector. Because remember, earlier on I was saying the private sector will want healthy people, the private sector will want people who are stable. So, if they cannot help us with this problem right at the beginning of it, when children are still children and get the children to be in places of safety if they are not home.

The best price is to keep these children at home, but if it comes to a push, then we have to take them to some centres where they can be secured where they can be taken care of. Thank you House Chair.

Mr N M HADEBE: Thank you so much House Chairperson, hon Minister, you’ve partly touched on what I am about to ask. I wanted to ask whether the department has engaged with nonprofit and community based organizations to assess what kind of interventions needed from the department as a long term goal? And what support are they offering to these organizations in the interim, if any? And lastly does the department currently have any initiatives and programmes in place to tackle homelessness and what are the marketing strategies in place to ensure a wider and impactful outreach to the children who are homeless? Thank you, hon Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much for that question. We do have the strategy and guidelines for children living and working on the street. And we are developing it to give guidance on the services and programmes to be rendered to children living and working on the street.

And, it has outlined some key interventions to bring all role players, as the other hon member was referring to a multisectoral approach. So, it has outlined some key interventions to bring all role players to realisation of a better service for these children.

The process of developing the strategy and guidelines was a joint venture between government and civil society organizations, led and co-ordinated obviously by the Department of Social Development. Some of these services include placement in alternative care facilities, such as child and youth care centres where children can continue with their education, and receive social service and dropping centres that provide shelter.

We also have the child support grant which was introduced specifically to support vulnerable families. To support and care for their own children and prevent children from living and working on the street.

And hon member, it is ongoing work until such time that we eliminate this problem, and the only way we can eliminate this problem is to make sure that when we work with families – and by the way families in South Africa today might necessarily be the same old way of description of families.

We also have some families that take children in. That’s why we try to look at how do we support those families that take the children in. The intake is very low from that point of view. And the initiatives that I have indicated, in my view

are not adequate if you consider the number of children that we are finding out on the street.

So, it’s about upscaling, firstly the discussions and engagements with the NPOs but also upscaling even the initiatives that we currently have. It’s also for me about working with other departments.

You know, if you think about some countries that have special places where people could go and then you get people from the military, coming and engaging with them. You get teachers coming to those ... in some countries people actually volunteer to go and assist in those.

South Arica needs more and more of those that are organised, where people can feel safe, because again we have the problem of abuse. Sometimes children face secondary abuse – you think you have taken them to a place of safety only to find that they even get abused to those centres. So, it’s a question of strengthening those institutions and making sure that we upscale on the initiatives.

But again for me the best is, can we have these children in proper homes, safe homes. And can we have abefundisi, the

churches you know also taking action, being active in terms of helping their communities in making sure that they appreciate and understand that a child needs to be at home and not on the street.

Ms N E NKOSI: Thank you very much House Chair, hon Minister thank you very for your response to the question. Hon Minister, what measures does the department undertake to protect the rights of the children in streets? Thank you very much, House Chair.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Nkosi, firstly let me just make the reference to the fact that we have a Constitution, which is the guiding document that we should all be proud of. But also the provisions of Section 9,10 and 150 of the Children’s Act 38 of 2005, are the basis for the department to ensure that children’s rights are not violated.

Social workers apply the principles of the best interest of child Section 9 and the child’s participation Section 10 during assessment of children circumstances to determine possible reunification with family or removal from the street and placement in child and care centres.

The assessment includes participation by the child to ensure the child understands the risk involved by being in the street and the importance of best interventions to address, identified needs which led to the child being on the street.

When the child refuses to be with either be reunited with the family or be admitted into a child and youth care centre and insists on remaining on the streets, the social worker institutes child protection measures, such as removal of the child or applying the principles of best interest of the child.

And I know hon member, that it’s easier said than done when you have some of these children who already have been on the street for this long and they are abusing drugs in particular. We take them to the drug rehabilitation centres.

But, again there’s a repetition. In fact, one of the issues that was identified now that we had the imbizo with the President. Some of the communities who spoke there, saying the kind of drugs that are being used now are very different. And therefore the kind of treatment that we are giving in to some of these rehabilitation centres is no longer as effective because they were developed at a particular time when the kind

of drugs that was there, was understood and they were asking us that we must now have a greater appreciation of the type of drugs that are produced and given to these young stars on the street. In such a way that when we take them to the rehabilitation centres. The people who are working in the rehabilitation centres, need to be conscious of the current challenges and the new type of drugs that are there. Thank you very much.

Question 138:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Chairperson. The provisions of the Social Relief of Distress Grant, which is normally just called SRD, is strictly administered in terms of Social Assistance Act. The SRD procedure manual was compiled jointly between the Department of Social Development and SA Social Security Agency, Sassa. The procedure manual distinguishes between two main forms of SRD, namely: The Covid-19 SRD Grant, which is the R350, targeting individuals with insufficient means; and SRD Grant, for persons or households, which were displaced on account of disasters.

We saw, recently, Chairperson, ... In fact, one of the disasters that is consistent and continuous is that one of

fires, which happen in different places. We know that every year in the Western Cape we are going to be confronted by these disasters. And now, of course, the biggest one that is affecting us is related to climate change and the fact that we have torrent rains that wash away homes and houses. So there is a difference between these two.

The SA Social Security Agency, Sassa, has launched a digital application platform for eligible individuals to lodge their Covid-19 SRD applications. This ensures that all qualifying individuals can apply for and access the grant, thereby insulating such individuals from any political interference.

In addition, individuals or households displaced and accommodated in shelters or community halls because of the disaster, also qualify for humanitarian relief provided by Sassa. The provisions of relief are subjected to a verification through confirmed list issued by the local authorities. Thank you Chair.

Ms N NDONGENI: Thank you, House Chairperson. Thank you, hon Minister, for your response to my question. How are households and individuals identified for disaster assistance?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Chairperson. Because the response also is done by the province and local structures, we are relying on not only lists that are given to us, but we physically present ourselves, as the Department of Social Development, to the areas that have been affected. We are doing that because we are trying to avoid a situation where there is a fight; where we get lease, and then some communities come and say: How did you get this list; and, this list is made out of people who are belonging to this political party or that political party.

What we decided to do was to engage, both, with the local structures, as well as the MECs. We also engage a lot with the NPOs again. The NPOs and NGOs are almost like our extension.

We rely on them because we learned the lesson at some point, especially during Covid-19 times, where there were claims that some - either officials or councillors –end up giving lease or are favouring certain parts of the community. We don't want that to repeat itself!

Part of the reasons why also we go physically to the people who are displaced in the halls, is to go and engage with them. We engage not only with the leaders, because some of them, when placed in the halls, they decide among themselves that

they want to be unified, they want to be organised and they will choose people who would engage with government.

We also have open discussions because I, as a Minister, know that the Deputy Minister, DM, has also done a lot of this activity - by being visible and by being there where the disaster has happened. This was so that we don’t remotely think that people have received what they deserve, but they didn’t. It is very strenuous for us because to be in Kwazulu- Natal, then the next thing you are wanted in the Eastern Cape and the next thing you are wanted in the Free State. It is very strenuous, but one of the reasons why we stretch ourselves to that point is because we always want to make sure that the right people get the right support.

Also, the fact that Sassa now even issues vouchers for some of these people, it helps in a way because then they are able to go and buy what they themselves need than to be always relying on food parcels that are being given to them. Of course, there are other communities who are far-flung, who would need us to make sure that we deliver these food parcels. We work through the NPOs. We work through locally-based organisations and we rely on a lot of them.

It is at this point, also, that I do wish to thank some of the non-governmental organisations, NGOs, who are always there.

Sometimes they are amongst the first to reach the place and other times they are among the first to give the necessary support. Of late and with all the disasters that have happened, I can tell you that everywhere, we have been told in the provinces that the Department of Social Development is always the first to arrive in these places, because we beyond just fixing the structures.

We are also about ensuring that we do the psychosocial support, because the first thing that happens when people’s homes have been washed away, they break down. Before you can even think about how you are going to replace what is lost, you need to take them to shelters. The Department of Social Development in all the provinces where these disasters happens are always the first to step up. Thank you very much

Mr T APLENI: Thank you very much, Chairperson. My apologies for the video: My network is very poor. Minister, it is well known that ANC ward councillors and other cadre deployees use social relief interventions along party-fictional lines. Will the guidelines that you just mentioned, Minister, include consequences for anyone who uses such interventions in a

manner that excludes some community members who are viewed as not supporting a party or a certain party or a certain councillor? If so, please provide us with details; if not, can you tell us, why not? Thank you very much.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you, hon Apleni. Not in my space! Not where I am responsible! Not where I am aware! I am sure that there are facts that are on the table. Even you, hon Apleni, if you are aware of such actions, which you can send to us, we would appreciate it. When I say not in my space, it does not necessarily automatically mean that I am going to be everywhere. I can’t be everywhere.

One of the reasons why we actually started curbing this distribution of food parcels and giving them to different local councillors. We were reacting and responding to the very same issue, where it was said that some of our own partners abuse that partnership. It is almost patronage, if I can call it that. They use it as patronage.

So, we have been trying to look for systems where everything can go directly to the people. If it goes directly to the people, it will either be delivered by Sassa or being

delivered in partnership with the NPOs. We have many NPOs that we work with.

I think that to a very large extent, it has been a little bit quiet in comparison to the beginning of Covid-19, where this was highlighted as a problem. We took action about it and made sure that we do not have people who are coming to get food parcels because they want to take them to their own constituencies. The guidelines were developed for purposes of trying to assist us in that.

I personally don’t believe that people must go and be voting for any person because that person has brought them a food parcel. It is just an insult to the people, quite frankly. I think that if there are those who have done that ... I don't want to generalise, because I don't think it is fair to generalise, on the other hand. I know that there are many councillors who really do their best to make sure that they serve the people. Probably, amongst them, you will find one or two who would behave in that way.

These guidelines, are guidelines that are meant to assist us to cushion our people against that kind of abuse. The consequences, obviously, for that is if we have the facts, the

figures and everything in front of us. We would have to then take action because, as you say, these are people who belong to the political party that is called the ANC. The ANC has also got its own consequence management, in as far as this is concerned. So, if you have specifics, hon Apleni, I will gladly receive that information, and we can act on it. Thank you.

Mr S F DU TOIT: Thank you, hon Chair. Hon minister, you are well aware of what transpired earlier in the year with the floods that took place mostly KZN, in the Eastern Cape and the North West province, where food parcels were distributed by your department. The unfortunate truth is that the amounts that were paid for these food parcels were not the same in the different districts, and not the same in the different provinces. Minister, what would the reason be for this if your department identified that the need for a person or a family is A, while B, C and D is being paid in such an event? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Du Toit. One of the challenges is about the service providers. When people get an opportunity to get a contract to serve the people and then they make differences. The food person is not

the same as in another province because you have got a service provider who said this is what he or she was going to do.

Then, when they get there and they have the opportunity, they try to reduce food parcel items.

That is why I said earlier on, part of my discussions with Sassa was: Can we relook into this whole thing of food parcels? Can we relook into it because sometimes we might need to give people vouchers where they can go and buy the kind of food that they want? If you give them vouchers and then you make sure that you lock the voucher so it doesn’t end up going to buying alcohol and other things that are not necessary.

It is possible to issue those kind of vouchers that are restricted. You can tell them that they will only be able to use this voucher if they go to buy what they might want to buy at this wholesale or these commercial centres. We are looking into the impact of it. In fact, Sassa did start implementing that issue of vouchers. But again, you implement the vouchers, then you get other clever people out there who take the voucher and give it to somebody else. They take the money and it just becomes another difficulty.

For me, it is the consciousness that we all, collectively, need to raise. It cannot be a consciousness of political people or officials. Let it also be a consciousness that is raised among our people because you can’t have people who have nothing, then they get the voucher and then they go to use the voucher for something else. Those are just some of the things that we need to work on.

However, Sassa is looking at other options that can be efficient and that can have people being able to buy the necessary foodstuffs, if they have to buy the new food stuff. sometimes you give people their food parcel then... In fact, when I got to the department I was like: Who said black people must only eat these baked beans and samp?

Then, I get to KwaZulu-Natal. I find people who are supposed to be making uphuthu with mealie meal, but they are being given samp. Then you go to other places that have different needs. You know, it is a mixed masala that I think must not happen, because we must be conscious also. Yes, we want to have a nutritional or nutritious package of food, but we must also not take it for granted that our people cannot be able to decide for themselves.

I don't think so. I think that if we assist them and help them to make the right decisions about the voucher that is been given to them, on the basis that they verifiably have had a problem. Also, I believe that we must make people to be the guardians of this process. They must they must be the ones that police each other about some of these things, because if we think that we are always going to be there to police them, I also don’t think it as a correct way to do things. So, regarding the entire system that Sassa has been using, Sassa is really looking at what are the most creative and most innovative solutions.

Lastly there is also something very important. I have said to Sassa, this money that comes from government is a financial muscle, which is supposed to also help your small and medium enterprises and your cooperatives in the townships. Can we let the money also circulate within the townships, so that at least the people can begin to feel that they have the money but it is circulating within the communities? Thank you, Chair

Ms C LABUSCHAGNE: Thank you, House Chair. Minister, yes, I think there is a lot to be said about food vouchers and a lot to be sorted out. However, in the meantime, considering that the distribution system for providing food parcels to the

vulnerable people is so easily manipulated, as you already alluded to it yourself, as well as the fact that the department is relying very strongly on local structures: Will the Minister and the department consider additional funding to NPOs and NGOs to assist with the distribution or alternatively increasing the Sassa grants?

The MINISTER OF SOCIAL DEVELOPMENT: That is very interesting! It is very interesting. You know, as I indicated earlier on that the experience of Covid-19 and the fact that we looked at this outcry, where people were saying ‘why is this food going this way instead of going that way’. It is then that the CEO of Sassa and myself thought about it and said let us look deeper into the distribution system, because if you don’t fix the distribution system, you will have consistent problems.

In fact, I think that - remember earlier on, I don't know which question was I answering, where I was saying - whenever there are human beings sometimes in between, there is an opportunity for them to manipulate the system. You need to make sure that you lock the system up so that it doesn’t become easy for people to do manipulate it.

The vouchers that we have been giving to people are also about one thousand and something rands - I can't remember exactly the amount. When you say don’t we think about additional funding: I actually didn't think about this. That is why I am saying that this is a very interesting proposition that can be put in front of us.

One of the things I like is the fact that in our conversations with all these people who are getting the SRD, many of them have been telling us, especially in KwaZulu-Natal, that, “We can contribute to you finding better solutions than the solutions that you work out sitting in Pretoria. We know what is happening here. We have our own leaders here. We can make contributions and tell you how it works.”

In fact, they were saying they can even tell us which of the NPOs that they have been working with are very honest NPOa, who do not take their money for themselves, but they are very insensitive to the need of their people. So, thank you very much. I think this is a good contribution. It is a question, but I think I like it because we can add it as one of the discussions we have with Sassa.

The HOUSE CHAIRPERSON (Ms W NGWENYA): Thanks very much, hon Minister. That conclude the question session. Hon delegates, I would like to thank the Minister, MECs and all permanent and special delegates for availing themselves.

Business of the day concluded.

Business concluded.

Council adjourned at 18:04.