

**Report of the Select Committee on Social Services:**

**Activities undertaken during the 5th Parliament**

**(May 2014 – March 2019)**

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# **Summary**

**Reflection on committee programme per year and on whether the objectives of such programmes were achieved**

The Committee, as a collective, strived to apply its mandate in facilitating legislation introduced by/or overseeing the work done by the five Departments in its mandate, namely the: Departments of Health, Home Affairs, Human Settlements, Social Development, and Water and Sanitation; as well as their entities.

The Committee contributed in efforts aimed at enhancing the lives of ordinary citizens. The Committee is of the view that by means of continuously engaging with these Departments, a change in the lives of South African citizens was made possible.

**Committee’s focus areas during the 5th Parliament**

The Committee’s aim this term was to gain as much insight into the various programmes offered by the Departments in enhancing the lives of the people. This was done through:

* Exercising oversight over the Executive, including monitoring implementation of plans and programmes;
* Processing and passing legislation;
* Facilitating public participation; and
* Developing strategic plans.

**Key areas for future work**

Focus areas for future work include:

* Visiting the National Health Insurance (NHI) pilot sites to ascertain progress made in realising the objectives of the NHI.
* Conducting oversight in relation to anti-fraud campaigns (and improvement of administration) directed at the South African Social Security Agency’s (SASSA) grant pay-outs,
* Looking at the various food programmes offered through the Department of Social Development (DSD),
* Conducting oversight to see the development and approval of infrastructure standards for ports of entry,
* Meeting with the relevant provincial departments around issues like the implementation of the health district system, modernisation of immigration system, the burden of disease in the country and findings of the South African Demographic Health Survey.
* Continuously liaising with the public and civil society around issues related to the Departments of Health, Home Affairs, Human Settlements, Social Development and Water and Sanitation.

**Key challenges emerging**

* At the beginning of the Fifth Parliament Select Committees were reconfigured. This reduced the number of Select Committees, and increased the portfolio or mandate of some Committees. This raised challenges in optimising the work of the Committee and provision of support to Members of these Committees.
* Clashes between approved committee programmes and the parliamentary programme proved to be another challenge during the Fifth Parliament.
* Zero-based budgeting is supposed to be taking place for Select Committees. However, this did not materialise in the Fifth Parliament. Committees were allocated the same budget (amount).
* Although Select Committees are allocated less than a day to formulate and review strategic and annual plans, these are not always taken into account when programming that affects Committees is done. Further, the timing of the planning sessions as well the time allocated for Select Committee to conduct planning is inadequate.

**Recommendations**

* NCOP Committees should be focused on transversal and intergovernmental relations work. Thus, the NCOP programme should allocate more time for Committee oversight work.
* Parliamentary programme revisions should take into account the strategic plan, annual performance and term programmes of the Committees to minimise revision clashes with approved programme plans. This would strengthen the work of the Committee.
* Select Committees should have budget allocations that takes into account their mandate and (work) plans.
* Content Advisors should be included in coordinating Committee strategic and annual planning sessions. A minimum of three days should be allocated to Select Committees to formulate and review their plans. Further, NCOP programming should take into account Select Committee strategic plans, annual plans and term programmes.

# **Introduction**

## **Departments and Entities falling within the committee’s portfolio**

At the beginning of the Fifth Parliament, the Select Committee (henceforth, the Committee or SC) was reconfigured to include two additional Departments. These are the Department of Human Settlements, and the Department of Water and Sanitation (previously the Department of Water Affairs).

1. **Department of Health**

The role of the Department is to improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

|  |  |
| --- | --- |
| NAME OF ENTITY | ROLE OF ENTITY |
| Medical Research Council (MRC) | The objects of the MRC are, through research, development and technology transfer, to promote the improvement of the health and quality of life of the population of the Republic, and to perform such functions as may be assigned to the MRC by or under the Medical Research Council Act (58 of 1991). |
| National Health Laboratory Services (NHLS) | The NHLS forms a national network of integrated pathology laboratories throughout the country that utilise common laboratory management systems and transport networks to facilitate transport of specimens, referral of tests to reference laboratories and delivery of results. |
| Office of Health Standards Compliance (OHSC) | The OHSC is established in terms of Section 77 of the National Health Act, to promote and protect the health and safety of the users of health services. |
| Council for Medical Schemes (CMS) | The CMS is a statutory body established by the Medical Schemes Act (131 of 1998) to provide regulatory supervision of private health financing through medical schemes. |
| South African Health Products  Regulatory Authority (SAHPRA) | SAHPRA was established in terms of the Medicines and Related Substances Act (101 of 1965), as amended, to replace the Medicines Control Council (MCC). |

1. **Department of Home Affairs**

The efficient determination and safeguarding of the identity and status of citizens and the regulation of migration to ensure security, promote development and fulfil our international obligation is the role of the Department.

|  |  |
| --- | --- |
| NAME OF ENTITY | ROLE OF ENTITY |
| Electoral Commission of South Africa (IEC) | The IEC is a permanent body created by the Constitution to promote and safeguard democracy in South Africa. Although publicly funded and accountable to parliament, the Commission is independent of the government. Its immediate task is the impartial management of free and fair elections at all levels of government. |
| Government Printing Works (GPW) | The role of GPW is to provide security printing needs of Government. |

1. **Department of Human Settlements**

The role of the Department is to facilitate the creation of sustainable Human Settlements and improved quality of household life.

| **NAME OF ENTITY** | **ROLE OF ENTITY** |
| --- | --- |
| Housing Development Agency (HDA) | The purpose of the agency is to identify, acquire, hold, develop and release state and privately owned land for residential and community purposes and for the creation of sustainable human settlements. |
| National Home Builders Registration Council (NHBRC) | The NHBRC is a regulatory body of the home building industry. Its goal is to assist and protect housing consumers who have been exposed to contractors who deliver housing units of substandard design, workmanship and poor quality material. |
| Rural Housing Loan Fund (RHLF) | The role of the RHLF is to improve the housing situation of targeted rural households through their access to housing loans by providing wholesale finance and support to appropriate financial intermediaries to enable them to lend to low-income people. |
| National Urban Reconstruction Housing Agency (NURCHA) | The role of NURCHA is to provide bridging finance and construction support services to contractors and developers. The agency finances and supports the construction of subsidy and affordable housing, infrastructure and community facilities. It also provides account administration, project and programme management services to local and provincial authorities  . |
| Community Schemes Ombud Services (CSOS) | The entity is mandated to provide a dispute resolution service for community schemes, provide training for conciliators, adjudicators and other employees of the service, regulate, monitor and control the quality of all sectional title schemes governance documentation and to take custody of, preserve and provide public access to scheme governance documentation. |
| Estate Agency Affairs Board (EAAB) | The entity regulates the estate agency profession through ensuring that all persons carrying out the activities of an estate agent as a service to the public are registered with the EAAB. A Fidelity Fund Certificate, which is to be renewed each year is issued as evidence of such registration and confirmation that such person is legally entitled to carry out the activities of an estate agent. |
| Social Housing Regulatory Authority (SHRA) | The SHRA regulates and invests, to deliver affordable rental homes and renew communities. |
| National Housing Finance Corporation (NHFC) | The NHFC is one of several Development Finance Institutions (DFIs) created by the South African Government to sustainably improve on the socio-economic challenges of the country. The developmental financial focus of the NHFC is specifically about finding workable models on affordable housing finance for the low- and middle-income target market. |

1. **Department of Social Development**

The role of the Department is to enable the poor, the vulnerable and the excluded within South African society to secure a better life for themselves, in partnership with them and with all those who are committed to building a caring society.

|  |  |
| --- | --- |
| NAME OF ENTITY | ROLE OF ENTITY |
| South African Social Security Agency (SASSA) | The role of SASSA is to ensure the provision of comprehensive social security services against vulnerability and poverty within the constitutional and legislative framework, and create an enabling environment for sustainable development. |
| National Development Agency (NDA) | The role of the NDA is to contribute towards the eradication of poverty and its causes by granting funds to civil society organisations for the purposes of implementing development projects of poor communities. |
| Central Drug Authority (CDA) | The CDA is expected to give effect to the National Drug Master Plan; advise the Minister on any matter affecting the abuse of drugs; and plan, coordinate and promote measures relating to the prevention and combating of alcohol, drugs and the treatment of persons’ dependent on alcohol and drugs. |

1. **Department of Water and Sanitation**

The role of the Department is to lead the effective management of the nation's water resources, to meet the needs of current and future generations.

| **NAME OF ENTITY** | **ROLE OF ENTITY** |
| --- | --- |
| Water Research Commission | The Commission was established in terms of the Water Research Act (34 of 1971) to generate new knowledge and promote the country’s water research. |
| Inkomati-Usuthu Catchment Management Agency | Catchment Management Agencies are established in terms of Chapter 7 of the National Water Act. They are responsible for managing water resources at a catchment level in collaboration with local stakeholders (with a specific focus on involving local communities in the decision-making), regarding meeting of basic human needs, promoting equitable access to water and facilitating social and economic development. |
| Breede-Gouritz Catchment Management Agency |
| Trans-Caledon Tunnel Authority |

## **Functions of the Committee**

The following are the Committee’s key strategic objectives:

* + 1. Process, pass and monitor implementation of relevant legislation.
    2. Ensure that the public is central in the processing of legislation and scrutinizing of Executive actions.
    3. Undertake an effective process of scrutinizing and overseeing the Executive and entities reporting to relevant departments. This entails monitoring the financial and non-financial performance of government departments and their entities to ensure that national objectives are met.
    4. Ensure cooperative governance.
    5. Expand knowledge through international exposure.

## **Method of work of the Committee**

The NCOP adopted a system of scheduling annual planning sessions (called “committees strategic planning [annual review] sessions”). These take place over 1.5 days for two (or three Committees) that share Members of Parliament[[1]](#footnote-1). The first annual planning session in the Fifth term of Parliament took place in March 2015.

To facilitate planning the Select Committees consider strategic priorities as identified in the Medium Term Strategic Framework (MTSF), National Development Plan (NDP), the key outcomes approach (that is aligned to the performance agreements and delivery agreements) and the State of the Nation Address that should inform the oversight work of the Select Committee.

The Select Committee on Social services set out its key strategic objectives and developed a strategic framework to guide the oversight activities of the Committee for the 2014/15-2018/19 period. This was done on 2-3 September 2014. In 2015, an NCOP Committees planning session was held on 24-25 March. The 2016/17 NCOP committees planning session was held on 8-9 March 2016. The 2017/18 was held from 28 February to 1 March 2017. The 2018/19 planning session took place on 6 March 2018. These planning sessions were used to plan and develop committee programmes for the respective financial years. This was the last planning session for the Committee to review its performance against planned targets from the current financial year, and to develop its annual performance plan in the Fifth Parliament.

The Committee adopted term programmes in line with the SC Strategic Plan, Annual Plans and the NCOP programme. The Committee’s strategic plan is attached as Annexure A.

The Select Committee mainly held its meetings on Tuesday mornings (as set out by the institution’s programming).

Table 1: SS on Social Services oversight priorities by department for 2014-2019

|  |  |
| --- | --- |
| **DEPARTMENTS** | **COMMITTEE OVERSIGHT PRIORITIES** |
| Health | * Operation Phakisa, Health infrastructure (Regional and District Hospitals & Community Clinics) and the Hospital Revitalization Programme including site visit to new Northern Cape (De Aar) Hospital – resources, equipment & medicines * National Health Insurance (including NHI pilot districts) * Capacity – human resources * Burden of illness & disease * Mental health |
| Home Affairs | * Border Control (incl. Repatriation Centres) * Infrastructure * Social Cohesion (xenophobia) * Engagement with the Electoral Commission (IEC) |
| Human Settlements | * Site visits: Mining towns (possibly in Gauteng, Limpopo and North West) * Title Deeds * Waiting lists for house allocation (Indaba) * Engagement with Agencies including the: Housing Development Agency (HDA), Social Housing Regulatory Agency (SHRA),National Home Builders Registration Council(NHBRC), Community Schemes Ombud Services (CSOS) |
| Social Development | * Substance Abuse Drug Master Plan * Early Childhood Development – policy, implementation * Engagement with the South African Social Security Agency (SASSA) on social grants (especially the child foster care & child support grants) * Welfare Services – poverty alleviation programmes; * Funding and absorption of Social Workers |
| Water & Sanitation | * Bucket eradication * Bulk Water Supply (mainly rural areas) * Engagement with Water Boards/implementing agencies – water challenges |

## **Purpose of the report**

The purpose of this report is to provide an account of the work conducted by the Select Committee on Social Services during the 5th Parliament. Further, it is to inform the Members of the new Parliament of key outstanding issues pertaining to the oversight and legislative programme of the Committee.

This report provides an overview of the activities the committee undertook during the 5th Parliament, the outcome of key activities, as well as any challenges that emerged during the period under review and issues that should be considered for follow-up during the 6th Parliament. It summarises the key issues for follow-up and concludes with recommendations to strengthen operational and procedural processes to enhance the committee’s oversight and legislative roles in future.

# **Key statistics**

The table below provides an overview of the number of meetings held, legislation and international agreements processed and the number of oversight trips and study tours undertaken by the committee, as well as any statutory appointments the committee made, during the 5th Parliament:

**Table 2: Key Committee Statistics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YEAR | MEETINGS HELD | LEGISLATION PROCESSED | OVERSIGHT TRIPS UNDERTAKEN | STUDY TOURS UNDERTAKEN | WORKSHOPS  HELD |
| 2014/15 | 10 | 0 | 1 (Eastern Cape) | 0 | 0 |
| 2015/16 | 22 | 4 | 2 (North West and Gauteng; Free State) | 0 | 1 (Round Table on Substance Abuse) |
| 2016/17 | 14 | 3 | 1 (Limpopo) | 0 | 0 |
| 2017/18 | 22 | 2 | 3 (Mpumalanga, Northern Cape, KwaZulu-Natal) | 1 (Indonesia, Malaysia and Singapore) | 0 |
| 2018/19 | 20 | 2 | 1 (Free State) |  | 0 |
| 2019/20 |  |  |  |  | 0 |
| TOTAL |  |  | **8 (out of 9 provinces)** |  | **1 Round Table** |

## **Briefings**

In the Fifth Parliament the SC scrutinised the budgets, annual performance plans and annual reports of the five Departments (Health, Home Affairs, Human Settlements, Social Development, and Water and Sanitation). However, due to programme challenges, the Committee mainly concentrated on the South African Social Security Agency (SASSA) and the National Development Agency (NDA) in terms of the entities.

## **Legislation**

Table 3 shows the legislation that was referred to the Committee and processed during the Fifth Parliament.

**Table 3: Legislation processed in 2014-2019**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR | NAME OF LEGISLATION | TAGGING | OBJECTIVES | STATUS |
| 2015/16 | Medicines and Related Substances Amendment Bill [B6B-2014], S76 | S76 | To amend the Medicines and Related Substances Act, 1965, so as to deﬁne certain expressions and to delete or amend certain deﬁnitions; to provide for the objects and functions of the Authority; to provide for the composition, appointment of chairperson, vice-chairperson and members, disqualiﬁcation of members, meetings and committees of the Board of the Authority; to require the Minister to consult with the Pricing Committee when prescribing acceptable and prohibited acts in relation to bonusing; to replace the word ‘‘products’’ with the word ‘‘medicines’’ and expression ‘‘Scheduled substances’’ in order to correctly reﬂect the subject matter of the said Act; and to effect certain technical corrections; and to provide for matters connected therewith. | Completed |
| Children’s Second Amendment Bill [B14B-2015], S76 | S76 |  | Completed |
|  | Local Government: Municipal Electoral Amendment Bill [B22B-2015], S75 | S75 | To amend the Local Government: Municipal Electoral Act, 2000, so as to deﬁne an expression and to amend a deﬁnition; to amend provisions relating to the nomination of candidates; to provide for the electronic submission of candidate nomination documents; to provide for different modalities for payments of electoral deposits; to provide for the notiﬁcation of interested parties where a candidate has been nominated by more than one person; to clarify the circumstances in which new ballot papers may be issued to voters; and to clarify the provisions relating to the determination and declaration of the results of by-elections; and to provide for matters connected therewith. | Completed |
|  | Refugees Amendment Bill [B19 – 2015], S75. | S75 |  |  |
| 2016/17 | Children’s Amendment Bill [B13B – 2015], S75 | S75 |  | Completed |
|  | Children’s Second Amendment Bill [B14B - 2015], S76 | S76 |  |  |
|  | Immigration Amendment Bill [B5-2016], S76 | S76 | To amend the Immigration Act, 2002, so as to provide for an adequate sanction for foreigners who have overstayed in the Republic beyond the expiry date on their visa; and to provide for matters connected therewith. | Completed |
| 2017/18 | Refugees Amendment Bill [B12B – 2016], S75 | S75 | To amend the Refugees Act, 1998, so as to amend and insert certain deﬁnitions; to include further provisions relating to disqualiﬁcation from refugee status; to provide for integrity measures to combat fraud and corruption among staff members at Refugee Reception Offices, the Standing Committee and the Refugee Appeals Authority; to omit provisions referring to the Status Determination Committee; to substitute certain provisions relating to the Refugee Appeals Authority; to provide for the re-establishment of the Standing Committee for Refugee Affairs and to confer additional powers on the Standing Committee; to confer additional powers on the Director-General; to clarify the procedure relating to conditions attached to asylum seeker visas and abandonment of applications; to revise provisions relating to the review of asylum applications; to provide for the withdrawal of refugee status in respect of categories of refugees; to provide for additional offences and penalties; and to provide for matters connected therewith. | Completed |
|  | Border Management Bill | S75 | To provide for the establishment, organisation, regulation, functions and control of the Border Management Authority; to provide for the appointment, terms of office, conditions of service and functions of the Commissioner and Deputy Commissioners; to provide for the appointment and terms and conditions of employment of officials; to provide for the duties, functions and powers of officers; to provide for the establishment of an Inter-Ministerial Consultative Committee, Border Technical Committee and advisory committees; to provide for delegations; to provide for the review or appeal of decisions of officers; to provide for certain offences and penalties; to provide for annual reporting; to provide for the Minister to make regulations with regard to certain matters; and to provide for matters connected therewith. | Not completed |
| 2018/19 | National Health Laboratory Services Bill [B15D-2017], S76 | S76 | To amend the National Health Laboratory Service Act, 2000, so as to deﬁne certain expressions and to amend or delete certain deﬁnitions; to make the Preferential Procurement Policy Framework Act, 2000, applicable to the National Health Laboratory Service; to adjust the objects and duties of the National Health Laboratory Service; and to strengthen the governance and funding mechanism of the National Health Laboratory Service; and to provide for matters connected therewith. | Completed |
| National Public Health Institute of South Africa Bill [B16B-2017], S76 | S76 | To provide for the establishment of the National Public Health Institute of South Africa in order to coordinate, and where appropriate to conduct, disease and injury surveillance; to provide for specialised public health services, public health interventions, training and research directed towards the major health challenges affecting the population of the Republic; and to provide for matters connected therewith. | In process |

**Challenges**

Most of the legislation that the Select Committee on Social Services processes comes from the Executive, and mostly after they have been dealt with by the National Assembly Portfolio Committees.

Select Committees deal with “ordinary Bills affecting provinces” (Section 76 of the Constitution).

## **Oversight trips undertaken**

* + 1. ***Oversight Trip in 2014 (Eastern Cape)***

Objectives:

The purpose of conducting oversight at OR Tambo District Municipality was to assess the progress made in the implementation of the National Health Insurance (NHI), in one of the eleven pilot districts in the country. The OR Tambo District, was the only NHI pilot district in the Eastern Cape, and with the worst performing health districts in the country.

Recommendations:

To strengthen the OR Tambo district health system, the following was recommended:

* Upgrading and/or rebuilding of health care facilities;
* Addressing the challenges caused by the rationalization process, including creation and finalisation of organisational structures for institutions/health care facilities;
* Filling of critical clinical and non-clinical posts;
* Installing and/or improving supply chain management systems to better enable provision of quality health care and services;
* Improving emergency medical services; and
* Provision of support and capacity building to personnel as per required.

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Responses to recommendations:

Following this undertaking, the Select Committee on Social Services had proposed to undertake a follow-up oversight visit on the health care facilities visited on 21-24 October 2014. *This did not happen*.

* + 1. ***Oversight Trips in 2015*** 
       1. *North West and Gauteng*

Objectives:

* North West was visited to assess progress towards the development of mining towns in the country (through building houses) i.e. Marikana Extension 2.
* The Lindela Repatriation Centre in Gauteng was visited assess the condition of, and services offered at the facility.

Recommendations:

The following recommendations were made:

* Ensure that Military Veterans are correctly registered in the database and accordingly benefit from the housing project.
* Ensure that the list of beneficiaries who are meant to occupy the community residential units (CRUs) and breaking new ground (BNGs) are captured appropriately, and allocations are done according to the housing register’ and in line with policy.
* The Departments should take into account policy implications during the planning phase of projects.
* Inter-governmental relations should be strengthened.

Responses to recommendations:

These remain work in progress.

* + - 1. *Free State*

Objectives:

The focus of the oversight was on the following aspects: Bulk portable water supply to the citizens of Free State through local municipalities; the successes and challenges in bulk portable water supply; Water infrastructure management; and Compliance with the National Water Resource Strategy II (NWRS II).

Recommendations:

* The Committee recommended that the Bloem Water Board, fund the costs for the building of the required houses as part of its social responsibility.
* The Committee recommended that the Local Municipalities together with the Department should have awareness campaigns to educate the communities on cleanliness and hygiene.
* The Committee indicated that auditing of financial statements, as well of debts being paid is crucial in providing efficient services to clients. There should be better financial management to address debts and payment of services.
* Municipalities should find innovative ways of collecting outstanding revenue from its citizens. Timeous payments should be made by all stakeholders so that funds are readily available for various projects. Water accounts must be paid to Bloem Water to maintain bulk water services to the area.

Responses to recommendations:

The Department to submit a progress report.

* + 1. ***Oversight trip in 2016 (Limpopo)***

Objectives:

In Limpopo, the Committee visited Musina, Makhado and Polokwane which are located within the Vhembe and Capricorn Local Municipalities. The purpose of the visit was to conduct oversight on some of the key priority areas within the mandate of the Committee. These are:

1. Border management at the Beit Bridge port of entry, which falls within the territory of the Department of Home Affairs. The Beit Bridge port of entry is situated between the Republic of South Africa and Zimbabwe.
2. National Health Insurance (NHI) pilot sites, which falls within the ambit of the Department of Health. In this regard the Committee visited the Nancefield Clinic to monitor the progress on NHI.
3. Bulk water supply and provision of human settlements services. The Committee conducted oversight at the Lepelle Water Board in Polokwane and visited two human settlements projects.

The purpose of the visit was to conduct oversight on the border management at the Beit Bridge border control post, which falls within the ambit of the Department of Home Affairs.

Recommendations:

The Committee proposed that a community border post be researched as it is demonstrated to work at the South Africa/Lesotho port of entry. Further, the Committee will contribute in the process of considering the Border Management Agency Bill which has now been referred to the Portfolio Committee on Home Affairs.

The Committee recommended that the Department assist in rendering this Clinic the amenities required to make it a prime example of an ideal clinic.

After the site visit of the Olifantspoort Dam the Committee recommended that the Lepelle Water Board:

* Should fast track the application to become a Water utility.
* That the Municipalities be given an operation and maintenance budget.
* Funding for feasibility studies be made available.

The Committee proposed that the housing database be used to fill the available units Also that an agreement be designed and entered into between the Department of Human Settlements and the home owners (beneficiaries) that forbid them from selling the units for five years to eight years after occupation. This ensures that South Africans in need of housing are the ones purchasing the houses.

The Committee proposed that Eskom address the electrification issue as soon as possible.

Responses to recommendations:

The Department to submit a progress report.

* + 1. ***Oversight trips in 2017***
       1. *Mpumalanga*

Objectives:

In Mpumalanga, the Committee visited the Mbombela, Bushbuckridge and Nkomazi Local Municipalities. The purpose of the visit was to conduct oversight on all sectors within the mandate of the Committee (Health, Home Affairs, Human Settlements, Social Development, and Water and Sanitation). This was visited by visiting specific projects and programmes implemented by the various Departments.

The Committee thus conducted oversight on Health services offered at Rob Ferreira Hospital and Tekwane South Clinic. The Home Affairs office in Mbombela was visited regarding the issuing of identification documents, processes followed and all matters relating to documentation. A Thusong Services Centre which offers the South African Social Security Agency (SASSA) services and processes identity documents was also visited. In terms of Human Settlements, the Committee focused on the Tekwane Housing project. In terms of Water and Sanitation the Committee focused on bulk water supply and the development of the Hoxane Water Treatment scheme. Lastly, the Swartfontein Treatment Centre and Ndzalama Early Childhood Development Centre were visited as areas relating to Social Development.

Recommendations:

In terms of *Rob Ferreira Hospital*, the following recommendations were made:

* The hospital management should motivate for an installation of security cameras as part of its long term planning.
* Training in patient care should be offered to help address negative staff attitudes.
* Patient satisfaction surveys should be conducted at least quarterly. In addition, there should be monitoring of findings and implementation of interventions.
* Training staff on waste management should be prioritised.
* Waiting periods should be minimised by means of a functional help desk and queue marshalling.
* In line with the “ideal clinic” norms, the national Department should look into the level in which criteria is met (and not met).

In reference to *Mbombela Regional Home Affairs Office*, the following recommendations were made:

The regional office is in the process of replacing floor tiles, of which the completion date is estimated to be 04 April 2017. The regional office and ports of entry relationship only extends to handing over detected document fraud, and arrest of illegal persons for deportation as well as inspections on farms, businesses and roadblocks. Corruption is addressed in morning meetings. The office is still using a paper-based application system. However, it is transitioning to a modernized system.

In reference to *Swartfontein Treatment Centre*, the following recommendations were made:

The Committee recommended that the Department try and find creative ways to assist the Centre in terms of staff requirements as well as vocational training and long-term aftercare.

In reference to *Ndzalama Early Childhood Development Centre*, the following recommendations were made:

The Committee recommended that DSD follow up on the 48 kids that are not funded for. That small maintenance issues be addressed as soon as they appear and that record management be prioritised. Since the Centre recently opened the DSD should make sure that it functions properly and offers a good and safe environment for children to develop. Training should be provided to staff and Board members to strengthen the work done at the Centre.

*Mbangwane Thusong Service Centre: SASSA & Home Affairs*

* The Committee recommended that DSD monitor and interact with the community in getting them to use the services offered.
* The Department of Public Works should proceed with the signing and implementation of the service level agreements.
* Formulate a strategy should be formulated in addressing the community to access services.
* Printers and computer equipment should be procured in order to assist the various departments with their work.

*Tekwane South Clinic*

The Committee recommended that Department of Health assist with staff training and recruiting to alleviate waiting times and adjust staff attitudes. Equipment should be budgeted for and then procured

*Tekwane South and North Housing projects*

Since the Municipality and Ward Councillor were unavailable due to dealing with matters related to the protest action, the Committee indicated that it would have to revisit the site when an opportunity arises.

The Committee recommended that Department of Human Settlements carefully monitor the projects under construction until completion. Further, the Committee recommended that beneficiaries entitled to housing units be allocated houses.

Responses to recommendations: The Department to submit a progress report.

* + - 1. *Northern Cape*

Objectives:

The Committee conducted oversight on Health services offered at Kimberley Hospital and Galeshewe Community Health Centre/ Day Hospital. In terms of Human Settlements, the Committee focused on the Lerato Park military veteran’s project. In terms of Water and Sanitation the Committee focused on bulk water supply. Lastly, the Lerato Place of Safety was visited as an area relating to Social Development.

Recommendations:

The Committee recommended to the provincial Department of Health that the following takes place in the 2017/18 to 2019/20 financial years:

* The MRI machine should be replaced.
* An additional orthopaedic theatre should be opened.
* The old 72-hour mental health unit should be replaced with new 20 beds.
* Six high care beds should be opened.
* A feasibility study prior to procuring radiotherapy equipment (linear accelerators and bunkers) should be undertaken.
  + - 1. *KwaZulu-Natal*

Objectives:

The oversight that was conducted included site visits of two health facilities, namely: Addington District and Regional Hospital, and Cato Manor Community Health Centre/Day Hospital; human Settlements project - the Cornubia Housing development; Durban Harbour as a Home Affairs port of entry; and interacted with Umgeni Water Board.

Recommendations:

*Addington Hospital:*

The delegation was informed that a streamlined ratification process has been implemented. As part of this process, a critical post list is being established in order to expedite the human resources replacement process at facility level.

The Committee recommended to the provincial Department of Health that the following takes place in the 2017/18 to 2019/20 financial years:

* Transversal contracts for commonly utilised items be put in place.
* Both Financial and SCM delegations be increased to R500 000.
* Additional staff be employed.
* Additional beds be acquired.

*Cato Manor Community Health Centre:*

* The facility management staff should conduct a survey to assess various patient needs, with 2017/18.
* The national and provincial Department of Health should assist with equipping the CHC with staff and infrastructure needs, in 2018/19.

*Human Settlements, title deeds, military veterans housing, Cornubia Housing Development:*

The Committee recommended that a national intervention occur. It was reported that a court order had been obtained to evict illegal tenants. It was also reported that verification exercises will be carried out by the Department. In this regard, the Department must submit a report to the Committee on the size/scale of the problem, with a detailed intervention strategy by the end of this calendar year.

*Durban Harbour:*

* The Committee recommended that the national Department of Home Affairs assist with staff shortage issues at the harbours, in 2018/19.
* The Committee embark on an oversight programme of all 8 South African marine ports of entry from 2017/18.
  + 1. ***Oversight trip in 2018 (Free State)***

Objectives:

In Free State, the Committee visited the Xhariep District Municipality and Mangaung Metropolitan Municipality. The purpose of the visit was to conduct a follow-up on the undertakings made by the Free State Health MEC in response to the recommendations made by the National Council of Provinces (NCOP) during the 2017 Taking Parliament to the People (TPTTP) programme. This was conducted by visiting specific health facilities and interacting with stakeholders which included the Free State Health Member of the Executive Council (MEC), Ms M Tsiu; Head of Department (HoD), Dr D Motau; District and Facility Managers; and personnel.

Recommendations:

* The Free State Department of Health should:
  + - Assist with training personnel and recruiting to alleviate waiting times and adjust staff attitudes. Further, the Department should invest on, and encourage team building sessions at district, local area and facility levels to improve cordiality among personnel and patients.
    - Prioritise rural health services. Provide a detailed report to the NCOP and the Committee of its contract with Buthelezi ambulances. Further, the Department should negotiate delivery of some of the ambulances before the end of August 2018 (with its service provider). *The Committee will hold a briefing with all the EMS operators on 27 August 2018.*
    - Ensure that policy requirements are met when appointing acting personnel. The Human Resources Unit should conduct an audit of personnel who have been in acting positions, engage with affected personnel, and find remedies with Managers on how to compensate personnel that had been appointed in acting positions. The audit report must be made available to the Committee.
    - Look into how to address community health care worker challenges. Adherence clubs should be supported as they are doing a good job in the communities.
    - Prioritise the appointment of Senior Management at Albert Nzula Hospital and fast track compulsory induction programme for all staff and allocate cars for the hospital.
    - Provide a report on the contractual agreement between Pelenomi Hospital and the Private Hospital that is using a section of the facility. This report must be provided to the Committee. Further, The Department should ensure that Pelonomi Hospital has its own organogram with a full staff complement. In addition, the recruitment and employment of professional nurses should be prioritized especially those who are skilled in the operating theatre.
    - Reassign the Local Area Manager from Gariep Dam/Kopanong to another area.
    - Strengthen its monitoring and evaluation systems. The Infrastructure Unit should monitor the projects under construction until completion; and liaise with the national Department of Health regarding infrastructure projects, and norms and standards thereof.
* Equipment and medical consumables should be budgeted for and procured at district level. The budget of Albert Nzula District Hospital should speak to the short, mid, and long-term plans. Further, Facility Managers should be involved in budgets of their facilities

**Table 4: Summary of oversight trips undertaken in Fifth Parliament**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR | DATE OF VISIT | AREA VISITED | FOLLOW-UP ISSUES | STATUS OF REPORT |
| 2014 | 21-14 October | Eastern Cape | Oversight visit to OR Tambo district. | Adopted |
| 2015 | 17-21 August | North West and Gauteng | Engagement with the Department of Human Settlements regarding database and housing for military veterans. | Adopted |
|  | 7-11 September | Free State | Policy interventions to make families better able to foster values such as tolerance, diversity, non-racialism, non-sexism and equity: Number of Programmes to strengthen the family are being crafted in terms of a capacity building programme for teenage parents; holiday programme strategy for families; and strategy to support families facing the imminent risk of removal of a family member are underway. | Adopted |
| 2016 | 28 August – 2 September | Limpopo | Comprehensive monitoring and reporting of progress. | Adopted |
|  | 27–31 March | Mpumalanga | Comprehensive monitoring and reporting of progress. | Adopted |
| 2017 | 14–18 August | Northern Cape | Comprehensive monitoring and reporting of progress. | Adopted |
|  | 04-08 September | KwaZulu-Natal | Comprehensive monitoring and reporting of progress. | Adopted |
|  | 27 November | KwaZulu-Natal | Comprehensive monitoring and reporting of progress. | Noted |
| 2018 | 30 July-3 August | Free State | Progress to be verified during TPTTP | Adopted |

## **Study tours undertaken**

The following study tours were undertaken:

**Table 6: Study tours undertaken by the Select Committee**

| **Date** | **Places Visited** | **Objectives** | **Lessons Learned** | **Status of Report** |
| --- | --- | --- | --- | --- |
| 2017 | Indonesia, Malaysia, Singapore | The aims of the study tour were to explore, understand and learn from the Singapore and Malaysia health care systems, and the Indonesia and Singapore water and sanitation systems | Water management, appreciation and saving mechanisms are important to ensure that South Africa supplies clean water to its citizens for various uses. Water responsibility and education on saving water is a theme that ran through all engagements that the Committee had. South Africa can start implementing these mechanisms at primary school level as part of the curriculum programme like, Life Skills. Children learn from an early age to appreciate and save water which is a necessity.  Both Singapore and Malaysia have great universal health coverage models. The concept of universal health coverage would alleviate many issues around providing much needed medical care to the population of South Africa. Singapore and Malaysia have proven that it can be done, and it works well in both countries. However, although it is envisioned by the South African Department of Health, it is health system that requires huge investment. | Adopted |

## **Workshops held**

|  |  |  |
| --- | --- | --- |
| **Date** | **Issue/Topic** | **Presenters** |
| 28 July 2015 | **Substance abuse workshop.** The theme of the Round Table was: “implementation of the National Drug Master Plan 2013-2017, reflections on capacity and support”. The purpose of the round table was to provide Members of the Select Committee on Social Services with a better understanding on substance abuse policy-making and policy implementation and to provide a platform for public participation to stakeholders from civil society and government to discuss challenges/issues of concern and possible solutions around implementing substance abuse policies and programmes in South Africa. | Mr A Fritz – MEC, Western Cape Social Development  Dr D Fourie – Regional Director, SANCA  Mr A Potts – Director, CTDCC  Ms C Pillay – Eldorado Park LDAC  Ms S Kalideen – NHDFA  Mr K Mogotsi – Chairperson, CDA |

# **Summary of outstanding issues**

**(relating to the department/entities that the committee has been grappling with)**

None.

# **Other matters referred by the NCOP Chairperson**

The following other matters were referred to the committee and the resultant report was produced:

| **Date of referral** | **Expected report date** | **Content of referral** | **Status of Report** |
| --- | --- | --- | --- |
| 22 March 2018 |  | Implementation of report of the TPTTP, Mangaung | Adopted |

# **Recommendations**

*NCOP Committees Planning*

Select Committees should be given more time to plan and review their work – 1.5 days is inadequate for two to three committees. The allocated period and timing for planning does not seem to take into account the configuration of committees, and the period in which the Executive tables its annual performance plans. It is important for committees to take into account department plans and reports, prior to planning.

*Strengthening NCOP oversight*

* Select Committee researchers and Content Advisors should be enabled to conduct primary research/spend time on the field (as part of committee oversight). This would help strengthen the work of committees and the NCOP.
* The work of Select Committees (focus of provincial interests) should complement the work of Portfolio Committees (national interests). Select Committees should be more visible on the ground – conducting oversight at provincial level, liaising with MECs and counterparts in the legislative sector. More time should be allocated for oversight.

*Configuration of NCOP Committees*

* The configuration of select committees should be reviewed in light of the mandate of the NCOP and to help strengthen their oversight role.

*Budget*

* The budget allocation for NCOP committees should enable more oversight work to be done by committees.

*Parliamentary public participation programmes*

* The NCOP public participation programmes (TPTTP and Provincial Week) should have a monitoring system and coordination team to better streamline these. The coordination team should entail researchers and (provincial) liaison officers. Planning (identification of focus areas and themes; areas that would be visited of the said programmes should be done a year in advance and included in the programmes (and calendars) of all stakeholders and role-players involved. During the course of the year, the same team should monitor implementation of resolutions and recommendations, identify challenges, and keep Members of the NCOP informed of developments.
* There should be synergy in how the different structures of the Core Business Branch function. At the NCOP, there should be a tracking mechanism of resolutions, recommendations, and interventions undertaken. That tracking mechanism should be accessible to structures (committee section and the research unit) supporting committees.

*NCOP programme*

* As the upper house, the NCOP programme should take into account the oversight role of select committees. More time should be allocated in the NCOP programme for committees to be able to strengthen their oversight function, and to better facilitate inter-governmental relations.
* NCOP programme revisions affects the approved Committee programme. It is recommended that Committees should be informed in advance of plans and changes in programming.
* The NCOP programme/framework should enable for oversight for Committees.
* The periods that the Executive tables and reports to Parliament should be taken into account during the development and review of the NCOP Programme.

*Monitoring*

* The NCOP should have an internal monitoring system for matter tabled in or referred to the House.

# **Committee strategic plan**

Please refer to annexure.

# **Master attendance list**

Please refer to annexure.

**ANNEXURE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year of visit | Date of visit | Area Visited | Objectives | Recommendations | Responses to Recommendations | Follow-up Issues | Status of Report |
| 2014 (from June) | 21-14 October 2014 | Eastern Cape | The purpose of conducting oversight at OR Tambo District Municipality was to assess the progress made in the implementation of the National Health Insurance (NHI), in one of the eleven pilot districts in the country. The OR Tambo District, was the only NHI pilot district in the Eastern Cape, and with the worst performing health districts in the country. | To strengthen the OR Tambo district health system, the following was recommended:  -Upgrading and/or rebuilding of health care facilities;  -Addressing the challenges caused by the rationalization process, including creation and finalisation of organisational structures for institutions/health care facilities;  -Filling of critical clinical and non-clinical posts;  -Installing and/or improving supply chain management systems to better enable provision of quality health care and services;  -Improving emergency medical services; and  -Provision of support and capacity building to personnel as per required.  . | Following this undertaking, the Select Committee on Social Services had proposed to undertake a follow-up oversight visit on the health care facilities visited on 21-24 October 2014. This did not happen. | Oversight visit to OR Tambo district. | Adopted |
| 2015 | 17-21 August 2015 | North West and Gauteng | North West was visited to assess progress towards the development of mining towns in the country (through building houses) i.e. Marikana Extension 2.  The Lindela Repatriation Centre in Gauteng was visited assess the condition of, and services offered at the facility. | The following recommendations were made:  -Ensure that Military Veterans are correctly registered in the database and accordingly benefit from the housing project.  -Ensure that the list of beneficiaries who are meant to occupy the CRUs and BNGs are captured appropriately, and allocations are done according to the housing register’ and in line with policy.  The Departments should take into account policy implications during the planning phase of projects.  Inter-governmental relations should be strengthened. | These remain work in progress. | Engagement with the Department of Human Settlements regarding database and housing for military veterans. | Adopted |
|  | 7-11 September 2015 | Free State | The focus of the oversight was on the following aspects: Bulk potable water supply to the citizens of Free State through local municipalities; the successes and challenges in bulk portable water supply; Water infrastructure management; and Compliance with the National Water Resource Strategy II (NWRS II). | The Committee recommended that Bloem Water helps to fund the costs for the building of the required houses as part of its social responsibility.  The Local Municipalities together with the Department should have awareness campaigns to educate the communities on cleanliness and hygiene.  Auditing of financial statements, as well of debts being paid is crucial in providing efficient services to clients. There should be better financial management to address debts and payment of services.  Municipalities should find innovative ways of collecting outstanding revenue from its citizens. Timeous payments should be made by all stakeholders so that funds are readily available for various projects. Water accounts must be paid to Bloem Water to maintain bulk water services to the area.  Proper, comprehensive planning prior commencement of projects is crucial.  Innovation in the sector is required. Use of water-friendly ablution facilities should be considered.  There should be comprehensive monitoring and reporting of progress. |  |  | Adopted |
| 2016 | 28 August –2 September 2016 | Limpopo | The purpose of the visit was to conduct oversight on the border management at the Beit Bridge border control post, which falls within the ambit of the Department of Home Affairs. |  |  |  | Adopted |
| 2017 | 14–18 August 2017 | Northern Cape | The focus of the oversight was on healthcare services and social development projects such as ECD centres and children’s home in Sol Plaatje Municipality. | The Committee recommended to the provincial Department of Health that the following takes place in the 2017/18 to 2019/20 financial years:  •The MRI machine should be replaced.  •An additional orthopaedic theatre should be opened.  •A feasibility study prior to procuring radiotherapy equipment (linear accelerators and bunkers) should be undertaken.  The Committee recommended that the bucket eradication programme be relooked.  Compliance to norms and standards of youth centres should be adhered to as awaiting trial children ought to be kept at a separate facility. The Department should follow-up on this.  The title deeds should be transferred to the Kimberley deeds office by the Department of Coghsta. |  | A follow-up oversight visit to be undertaken. | Adopted |
|  | 27–31 March 2017 | Mpumalanga | The focus of the oversight included health services in Rob Ferreira Hospital and Tekwane South Clinic. Mbombela Home Affairs offices and Thusong Service Centre were visited regarding the issuing of ID documents. The Tekwane Housing project and Hoxane Water Treatment Centres were visited. The Swartfontein Treatment Centre and the Hoxane Early Childhood Development Centre were also received attention. |  |  | A follow-up visit to be undertaken. | Adopted |
|  | 04-08 September 2017 | KwaZulu-Natal | The Committee focused on health services at Addington Hospital and Cato Manor Community Health Centre, Cornubia Housing Development project, bulk water supply and Durban Harbour. | Funding issues to be taken up with National Treasury- KwaZulu –Natal has ageing infrastructure across the Province, which has not been maintained and thus contributed to this enormous problem.  Funding issues relating to employment of staff at key government facilities, that is, health facilities and ports of entry.  The importance of taking into account policy implications during the planning phase of projects.  The need for strengthened inter-governmental relations and thus better coordinated collaboration.  Comprehensive monitoring and reporting of progress. | The Committee took an undertaking to conduct a follow-up visit. | The follow-up oversight visit took place on 27 November 2018. This involved an engagement with role-players and stakeholders. | Adopted |
|  | 27 November 2017 | KwaZulu-Natal | A small delegation of the Select Committee on Social Services undertook oversight on the Departments of Health and Human Settlements, in a follow-up oversight visit to the eThekwini Metropolitan Municipality. | The delegation deliberated and concluded that in the main, the following are crucial in improving conditions at the Catherine Booth Hospital:  Funding of infrastructure maintenance and repairs at the hospital.  Improving the relationship between the community and the hospital. |  |  | Noted |
| 2018 | 30 July-3 August 2018 | Free State | The Committee visited the Xhariep District Municipality and Mangaung Metropolitan Municipality. The purpose of the visit was to conduct a follow-up on the undertakings made by the Free State Health MEC in response to the recommendations made by the National Council of Provinces (NCOP) during the 2017 Taking Parliament to the People (TPTTP) programme. | The importance of taking into account policy implications during the planning phase of projects.  The need for strengthened inter-governmental relations and thus better coordinated collaboration.  Comprehensive monitoring and reporting of progress.  The improvements should not only apply at the health facilities that were visited by the Committee (as this was a sample), but throughout the province. |  |  | Adopted |

1. The allocated period for the planning sessions entailed a plenary in the morning with all NCOP Committees, and breakaway sessions following the plenary. The breakaway sessions would then entail two or three Committees sharing the slot to review, and formulate their plans. [↑](#footnote-ref-1)