WEDNESDAY, 1 JUNE 2022

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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

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The Council met at 14:01

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 remind you of the following; the virtual sitting constitutes a sitting of the National Council of Provinces, that the place of the sitting is deemed to be Cape Town where the sitting of the National Council of Provinces is, that delegates in the virtual platform enjoy the same powers and privileges that apply in a sitting of the National Council of Provinces, that for the purpose of a quorum all delegates who are locked in the virtual platform shall be considered present, that delegates must switch on their videos if they want to speak, that the

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delegates should ensure that the microphones gadgets are muted and must always remain muted, that the interpretation facility is active and that permanent delegates, special delegates and SALGA representatives are requested to ensure that the interpreting facility on their gadgets are properly activated to facilitate access to the interpretation services, any delegate who wishes to speak must use the "raise your hand" function or icon. I have been informed that there will be no Notices of Motion or Motions Without Notice, except for the Motion that is on the Order Paper, that is written in the name of the Chief Whip. Before we proceed to hear the Motion, I will now give to the Chief Whip in the place of ruling on what transpired yesterday. Just to assist us with his view, particularly as the custodian of discipline in the House of the NCOP. Over to you, hon Chief Whip.

The CHIEF WHIP OF THE NCOP: Thank you, Deputy Chairperson, hon Lucas, I thought that in light of yesterday's incident, just before the end of the debate on policy on Human Settlement, and also having received a specific complain from the affected members and also having discussed with the presiding officers that I should make an appeal to all hon members to respect the decorum of the House. In our discussion with the presiding officers, concern was expressed that should the decorum of the

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House deteriorate in a manner that it happened yesterday, it will have serious implications in the decorum of the House and how the public should view this as a respectable House of discussion and mutual respect. Respecting each other goes a long way in maintaining the decorum of the House. I want to make an appeal to all members of the council to make an effort in pronouncing each other's surnames correctly. The term is almost over and by now we should all be able to pronounce each other's surnames correctly. If you are not sure of each other member's surname, just refer to them as hon member. You can still ask them to assist you to learn how to pronounce their surnames correctly because our surnames are a big part of our identity. We want to emphasise to members to always switch their videos on when addressing the House. If any member has challenges, you must firstly notify or seek permission from the officer presiding. We have also noticed members who continuously hackle or interject with their videos off. This is unacceptable. Together with the Whippery at its Whips Forum, we will discuss and suggest decisive action against members who continue to undermine the decorum of the House. I thank you, Deputy Chair. I hope that all of us do really appreciate one another and deal with each other in a manner that really stands with the decorum of the House. I thank you.

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The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Thank you very much, hon Chief Whip. Hon Chief Whip, I hope you have also mentioned the fact that whatever is being said on the chat group becomes part of the record of this House. So members must also be careful what they are saying to one another or about one another in the chat groups. Thank you very much to our Chief Whip. I want to emphasise that we must respect the decorum of the House and uphold it as hon members that have been sworn in this House. So now I would like to call on the Chief Whip. Chief Whip, there is a motion in your name that is in the Order Paper. We will now allow you to read that Motion.

Mr W A S AUCAMP: Hon House Chair, on a point of order, if I may. Its hon Aucamp, Chairperson. Deputy Chairperson, I agree with the Chief Whip. We must really look into the decorum of the House. What actually transpired yesterday was not about a mispronunciation of a surname of a member ...

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Hon Aucamp, if I may. I think yesterday we agreed that the Deputy Minister said sorry and have withdrawn. And then there was a specific complain that was to the Chief Whip. Because of the commotion that transpired, and also because of the fact that the

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presiding officer complained that she felt that she was being undermined and it was not the first time. We have decided to deal with this issue in this manner. Otherwise, if you want us to go into details and speak about everything and deal with it the way you want us to deal with it, it will then have to get to a point where we will have disciplinary investigations and so on. So can I from my side as the presiding officer of this House in the absence of the Chairperson, accept the way that the Chief Whip has dealt with this specific issue and if at all, hon Aucamp doesn't accept the apology of the Deputy Minister or the fact that she said sorry and she withdrew, if you don't agree, can you then put it in writing, sent it to the Chief Whip so that he deals with it. For now, the Chief Whip tried to deal with a particular issue and try to see how we can deal with it without taking this thing to other extent. So can I request that now we accept the way the Chief Whip dealt with the issue. If we don't accept, put it in writing and we will deal with it in that way. Because I am afraid that everyone will want to explain now about what happened and what didn't happen and we don't have the time. We cannot afford to do it now. Otherwise put it in writing and we will deal with it in that fashion.

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Mr W A S AUCAMP: Deputy Chairperson, we really do accept that and we will most certainly do that. Thank you for the guidance on this. I just wanted us to have the facts straight. We cannot agree with the Chief Whip if what he said is not correct. Yesterday's argument was not about the pronunciation of a surname. It was what was said about that group of people that belongs in South Africa. But I will leave it at that. Thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much, hon Aucamp. That deals with issue and we will now go to First Order of which the Motion that is there and it is written in the name of the Chief Whip. Chief Whip, can you please then table the Motion.

APPOINTMENT OF SECRETARY TO PARLIAMENT

(Draft Resolution)

The Chief Whip of the Council moved: That the Council, on the recommendation of the Speaker of the National Assembly and the Chairperson of the National Council of Provinces and in concurrence with the National Assembly, appoints Mr Xolile

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George as Secretary to Parliament on a five-year performance based contract, with effect from 15 June 2022.

Declarations of vote:

Ms C LABUSCHAGNE: Hon Chair, the Zondo Commission Report has exposed the crippling effect of corruption and its far-reaching hand, this being evident by one of our very own Chairs being referred to the Joint Committee on Ethics and Members Interests. I'm mentioning this because this position we are voting on is of such paramount importance and that is why we need to get the appointment correct.

I want to be clear that I am not rising to question the validity on whether Mr Xolile George is fit and proper to take on the position of Secretary to Parliament. It is evident that Mr George is highly educated and comes with the experience of being the chief executive officer, CEO, of the SA Local Government Association, Salga, for the past 15 years and previously on the board of the Passenger Rail Agency of SA, Prasa.

My contention lies with the fact that the only information that will allow me to vote in good conscience was not provided to myself or any other Whip through the NCOP. There was no

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report tabled or discussed with the Whips of the NCOP for this House to make a sound decision, bar minimal information provided by the Chief Whip. One question we have to ask is, why Mr George was chosen out of that shortlist when he does not have any parliamentary experience. However, most glaring is that currently Mr George earns R5,8 million at Salga but the Secretary to Parliament's position has a salary of R2,5 million. We cannot know the intentions of Mr George in taking such a massive pay cut but one cannot wonder if this is typical cadre deployment, which is concerning given the gravity of this position for the democracy of our country. For these reasons, we oppose. I thank you.

Mr T S C DODOVU: Hon Deputy Chairperson, I rise to support the motion as tabled by the Chief Whip of the NCOP hon Seiso Mohai. In the first instance, I think it is to emphasise the fact that Parliament needs a substantive leader from an administrative point of view and a person who is going to stabilise Parliament in terms of ensuring that he is a substantive accounting officer. This appointment comes at the right time when Parliament has for a while had a vacant position of secretary, and in this particular instance it is quite important that we have that substantive leader who is going to lead Parliament by ensuring that he puts the systems

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and structures in place and ensures that Parliament does what is expected of it in terms of lawmaking, in terms of public participation and in terms of oversight.

I rise to say and register this point that Mr Xolile George stands in the right position. He is the right candidate to take Parliament to majestic heights. He has the necessary qualifications, he has the necessary skills and he has the necessary experience. Whatever is happening at local government cannot be attributed to one person. He comes from an organised labour association called Salga and he has demonstrated, in so many ways, that he is a capable leader who can take Parliament forward.

I want to congratulate ... the process ... was clean, the process that was fair ... that has helped Parliament to arrive at this point where ultimately we are able to appoint a substantive accounting officer. We need that particular person for the very same reasons that hon Labuschagne mentioned, that we need to ensure financial management and control of Parliament. We need to ensure that whatever problems that were obtained in the past is addressed. Sitting here with the temperament that Mr Xolile George has, I have the firm belief and ... [Inaudible.] ... commitment that he is going to make

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us proud and take Parliament forward in a way that will impact on the work that we do as Members of Parliament. In that sense, I rise to fully and wholeheartedly support the candidature of hon Xolile George. Thank you very much, hon Chair.

Question put: That the motion be agreed to.

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

AGAINST: Western Cape.

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

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Thank you very much. Hon delegates, before we proceed to the First and Second Orders, I would like to take this opportunity to welcome the Deputy Ministers of Co-operative Governance and Traditional Affairs, the Minister and Deputy Minister of Health, MECs, and all special and permanent delegates to the House. We will now proceed to the First and Second Orders, which are the Policy debate on Vote No 3 — Co-operative

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Governance and the Policy debate on Budget Vote No 15 — Traditional Affairs Appropriation Bill B7 — 2022 National Assembly section 77.

Just before we give over to the Deputy Minister, I just want to indicate that we have received an apology from the Minister of Co-operative Governance and Traditional Affairs ... that she is not well. She is not even attending the Cabinet's retreat because she is suffering from ill health. So, I will now call upon the hon Obed Bapela the Deputy Minister of Co-operative Governance and Traditional Affairs to open the debate.

APPROPRIATION BILL

(Policy Debate)

Debate on Budget Votes 3 and 15: Co-operative Governance and Traditional Affairs:

The DEPUTY MINISTER OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS (Mr K O Bapela)[ON BEHALF OF THE MINISTER OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS]: Hon Deputy Chairperson of the National Council of Provinces, chairperson

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and members of the Select Committee on Co-operative Governance and Traditional Affairs, Deputy Ministers for Co-operative Governance and Traditional Affairs, Ms Thembisile Simelane-Nkadimeng, members of provincial executives, delegates from the provinces, representatives of the SA Local Government Association, Salga, leaders of labour, business and civil society, directors-general of the Cogta family, CEOs in our sector, on behalf of our Minister, Dr Nkosazana Dlamini-Zuma, and the Cogta family, I have the pleasure to present the 2022-23 Budget Votes 3 and 15.

We present this budget speech with heavy hearts on account of the passing of King Zanozuko Sigcau of the AmaMpondo Kingdom, whom we had a very close working relationship with. He passes at a time when he was on the mission of securing to realise the unity of his vision of a consolidated and progressive AmaMpondo nation and a working relationship amongst the various strands of the AmaMpondo.

In that unity the Eastern Seaboard Development was to play a central role. On behalf of the Minister, our government, and the people of South Africa we wish to extend our condolences to the AmaMpondo Nation and the people of the Eastern Cape, in

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him South Africa has lost a true developmental monarchy, critical thinker and a visionary.

I also wish to extend the apology of the Minister who could not be with us today in these Budget Votes. This is because of the engagement of the economic retreat of the national executive, which is currently underway. However, she is not feeling well and she could not even attend the meeting that is convened by President Cyril Matamela Ramaphosa. The Retreat seeks to 'turbo charge' the economy towards meeting the 2030 targets of the National Development Plan and Agenda 2063: The Africa We Want.

Of great coincidence and significance is that the retreat follows the successful hosting, by the Deputy President, of the Minister for Agriculture, Land Reform and Rural Development of the National Communal Land Tenure Summit between the 27 and 28 May 2022. We say 'of great coincidence' because, in fact, the matters related to our economy are greatly intertwined with the question of land, which for us is synonymous with the national question.

For us the land question is a source of the African paradox of a rich Africa, but poor Africans, which the Minister often

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refers to. In our view, our economic and social troubles started on 3 February 1488, with the spotting of the crew of Bartolomeu Dias just outside Mossel Bay by the native herdsmen. Our history and identity were to be tempered forever, with that colonial and accumulation projects formally taking shape on 6 April 1652 when Jan Van Riebeeck set foot onto our land.

This majority was confined to 13% of the land at the end, which was unproductive. Consequently, it is the provinces of KwaZulu-Natal, KZN, the Eastern Cape, Limpopo, Mpumalanga and the North West, which had the Bantustans, that experience the highest levels of poverty. As a result, in seeking to reverse that apartheid legacy, Budget Vote 3 skews allocations and support to these poorest provinces. Thus, over the MTEF these provinces will receive just under 64% of the R244 billion Local Government Equitable Share budget over the MTEF.

However, because of a lack of opportunities in rural South Africa, we must also constantly address inward migration flows, which are placing undue pressure on the limited urban infrastructure and services. Therefore, the provinces of Gauteng, KZN and Western Cape, which have high inward

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migration flows have also received 48% of the Local Government Equitable Share budget.

Unfortunately, because we have not fully completed our discussions with the National Treasury and other stakeholders on the funding formula. Despite the great need and the vast travel distances, the provinces of Free State and Northern Cape continue to receive the smallest share with 5,9% and 2,6%, respectively. It is discussions and propositions we intend to finalise this year in the context of the 21-Year Review of Local Government Report, which we will conclude by the end of this calendar year.

Hon Chairperson, the mass degradation, which Mahmood Mamdani – the academic from Uganda – refers to, was patriarchy based and defined the majority as noncitizens whilst locating them in the most unsuitable of land and in the fringes of urban South Africa. Thus, Africans and the poor, as well as women and children have been the most affected by the recent floods, which have been experienced in Kwa-Zulu Natal, Eastern Cape, North West and the Northern Cape. Because of the legacy of apartheid and the lack of opportunities in rural South Africa, many people in urban areas are living on flood plains, potential landslide areas and dangerous sites.

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Consequently, 448 people lost their lives during the initial floods in April, and an additional 11 lost their lives because of the recent May heavy rains, bringing the total to 459. To all those families, we take this opportunity to extend our condolences once again. We also wish to thank the individuals, private sector organisation, and public sector institutions who have made it possible to provide dignified burials to those families who required such support. 88 people are still missing, and we are hard at work in finding those missing persons.

We have deployed 4 698 of security, search, and rescue personnel to find those compatriots. In the meantime, the Department of Social Development continues to provide Psychosocial support to those families and those that lost their loved ones.

This disaster has also brought about unprecedented distraction of infrastructure, including schools, clinics, bridges, and roads. This has directly affected about 130 thousand households, with over 22 000 houses being partially or fully destroyed.

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An additional 6 793 people are now homeless in KZN alone. eThekwini Metro is the most affected. Because 90% of our imports and exports are conducted by sea and the Durban Port is one of Africa's busiest ports, with about 83 000 containers passing there. The floods are of national and regional consequence.

Thus, in the initial phases we concentrated on repairing the Bayhead Road into the port as well as damages to the N3 and N2, which link the port to the rest of our country. In eThekwini the productive and factory-based area, known as the Southern Basin, where Toyota is based, is amongst the most affected areas. The area contributes R91,4 billion per annum to the Durban economy, which is about 31% of the city's gross value added, GVA.

It also provides the city with R452 million in rates and taxes per month, and generates 40% of Durban's electricity. The floods have affected that area, with over 40 000 jobs either temporarily or permanently lost. No doubt, our recovery will take months if not years. We have therefore assembled a three-phased response plan, wherein the first phase we have focused on humanitarian relief.

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For this phase we have housed over 7 200 people in 91 shelters, whilst providing basic needs such as food, blankets, and clothing to them, since most of them have lost everything of the little they had. For them and others, to be registered and receive rights to health, education and social protection, the Department of Home Affairs has gone into a registration drive, so that they may receive the necessary birth certificates and IDs.

For this phase of our response, we have received heart-warming responses from the public, NGOs, and the private sector, as well as the diplomatic community. Just this weekend, we received a plane full of goods from the people and Government of Qatar.

IsiXhosa:

Sithi nangamso kuni nonke!

English:

There are so many of you that to mention all of you would take all the time allocated to this very important Budget Vote. We will, in due course, publish all the donors, goods and amounts we have thus far received.

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Eighty percent of the water services in eThekwini have been restored, except for the Northern parts around La Mercy and Tongaat, which have about 45% restoration on account of the huge damage in that area. Nonetheless, N2 South was re-opened on Friday. The N2 North is also under construction, and will be complete in the next two weeks.

Going forward, we will pay greater attention to our risk mitigation parts of our disaster management strategies. Thus, as part of the third phase of building back better, we are identifying and securing public land we can utilise to resettle the affected communities. This will also require that key sector departments, such as Human Settlement, Water and Sanitation, as well as our departments and agencies, reprioritise the existing grants and municipal allocations.

We may also require additional allocations from the Disaster Relief and Infrastructure Grants. Once we quantify and develop appropriate proposals, we will return to this and the other House, with the hope that we will receive your support as hon members.

Deputy Chairperson, from this disaster and the Covid-19 pandemic, we have learnt that our responses ought also to

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carry with them regional and continental dimension. Pandemics, adverse weather conditions and disasters know no colonial borders. Thankfully, we had already put in place the Africa Centre for Disease Control, thus our ongoing response to the Covid-19 pandemic and our vaccination drive is bearing better fruits.

However, we must strengthen that institution. As we do that, we must also pay attention to our SADC region's early warning systems and play a leading role in developing the necessary institutional mechanisms and frameworks for the continent.

Another valuable lesson we have learnt from these recent disasters is the need for all sector departments and the spheres of government to integrate disaster management principles in day-to-day operations. We also saw this when we allocated the R157 million to address the effects of tropical storm *Eloise* in 2021, which directly affected tens-of-thousands of people in the provinces of Mpumalanga, KwaZulu-Natal and Limpopo.

The effects of climate change are now a glaring reality, as simultaneously we also had to allocate R221 million, in this past financial year, for drought relief efforts in the Eastern

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and Western Cape. Scientists tell us that because the western parts are likely to be drier and the eastern parts are likely to be wetter. These types of weather patterns of floods and droughts will be with us into the distant future.

The District Development Model, DDM, approach has been a significant and effective feature of all our responses. Thus, in finalising the 'district and metro one plans', we shall bring the matter of disaster management and risk mitigation to the forefront. This will also require that we simultaneously review the 2005 National Disaster Management Framework, because the type and quantum of disasters has progressed since then.

The framework ought to be more responsive to prevention and reduction of exposure and vulnerability to disaster, whilst increasing preparedness for response and recovery. This will also strengthen resilience.

The DDM approach has also favoured us with the opportunity to take a deep dive in understanding the specific challenges confronting each locality and district. We have had several engagements with the provinces, municipalities, and stakeholders in many localities, with over 40 DDM forums

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already established. The DDM presidential post-Sona izimbizo have also added impetus to our outreach and dynamic communications.

Already, we have visited the provinces of the North West, Free State and Mpumalanga. It is our intention that the President should visit all the provinces by the end of this calendar year. Again, we are drawing many invaluable lessons from those engagements. We believe that they could also act as a supplementary programme to the ongoing parliamentary programme of, Taking Parliament To The People, which the NCOP is very much alive with. Thus, we hope that the constituency offices of hon members, as representatives of communities, can play a more significant role in future izimbizo.

Deputy Chairperson, last year, we also reported that we were putting the DDM into action in the Eastern Seaboard Development in the four districts, being OR Tambo, Alfred Nzo, Ugu and Harry Gwala. We are happy to report progress in that regard. The president has launched the project, the interdepartmental national steering committee meets fortnightly, and several community engagements have been hosted by various Ministers and Deputy Ministers, as well as some of our development partners.

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The Minister of Agriculture, Land Reform and Rural Development will soon gazette the declaration of the area as planning and implementation region, in line with the Regional Spatial Development Framework, RSDF. This will facilitate for accelerated implementation and the possibility of a special purpose vehicle. Thus, bringing to reality catalytical projects such as the Mzimvubu Water Project, Cannabis Project, the Port St Johns Habour, amongst many others.

Hon members, the terms of office of National Houses of Traditional and Khoisan Leaders are coming to an end, and the new national house will be reconstituted once its term of office ends on 30 June 2022. We have accordingly advised provinces to start the reconstitution processes of Local Traditional House, including the Traditional Council Houses. We have also urged them to ensure that as the reconstitution process takes place, gender equity in the composition of houses will not fall by the wayside. Which has commenced with its work as from 1 September 2021.

Deputy Chairperson, in our last Budget Vote speech we reported on the preparations we had undertaken for the Local Government Elections. Once again, South Africa has proved to the world that we are amongst the best democracies in the world. Our

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elections were free, fair, and peaceful. At the time of our last Budget Vote speech, we reported that we had also set aside R350 million as gratuity to nonreturning councillors.

To date we have paid over R339 million to 4 987 councillors, indicating a 97% achievement. All the former councillors in Mpumalanga have been paid. About 26 councillors are still outstanding in Gauteng; eight in the Eastern Cape; five in the Free State; three in North West; three in KwaZulu-Natal; two in Limpopo; two in the Northern Cape; and one in the Western Cape. The outstanding payments are due to incorrect documentation or wrong Sars numbers being submitted.

If there is an important lesson to be learnt from this exercise, it is that we must pay greater attention to the support, skilling and reskilling of the members of council – particularly, the current councillors who have just moved into office – and the staff at municipalities.

In this financial year, through the Municipal Infrastructure Support Agent, Misa, we are training 500 municipal officials in the requisite technical skills whilst enrolling another 100 officials in the recognition of prior learning programme. This will ensure that they get formal qualifications in various

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infrastructure operation and maintenance disciplines. These will be complemented and supported by the 300 young people who will this year participate in our apprenticeship, experiential learnership and young graduate programmes.

This skills challenge is also apparent especially when considering that, as we went into elections 32 municipalities were under various types of interventions, as we speak. In comparison: KwaZulu-Natal had the highest number of interventions with 10 municipalities; while Limpopo has the least number of interventions, with only one municipality.

Post 2021 Local Government Elections, eight provinces retained interventions that were existing prior to the elections, except for North-West province. As of yesterday, 30 municipalities were still under intervention. Out of 30 municipalities, the three municipalities, being Lekwa, Enoch Mgijima and Mangaung are under national interventions. The Deputy Minister Thembi Nkadimeng will then be telling them as to that particular engagement.

Deputy Chairperson, we also want to indicate that as we are dealing with Budget Vote 15 of the Department of Traditional Affairs, we see millions of young men are preparing to go to

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initiation schools. Sadly, 13 initiates in Mpumalanga have already passed on since the resumption of the winter initiation season. We extend our condolences to those families that have lost their sons. It is our hope that the National Initiation Oversight Committee, under the capable leadership of Nkosi V Mahlangu, will provide us and the communities with guidance on how we can once-and-for-all stop these unnecessary deaths as we move on.

I also wish to take this opportunity to thank the National and Provincial Houses of Traditional and Khoisan Leaders, respectively, who have made this possible. Allow me to thank them for their services as their terms come to an end this month. We also want to thank the Khoisan Letters Commission that has started its work and has advertised that those of the Khoisan people who are claiming queenship or kingship or traditional leadership must do so by 2024. The processes have now been opened, they can really go in there and also be part of the indigenous communities.

In conclusion, I wish to thank the Minister and the Deputy Minister of Cogta, who is present here now, for all their leadership. I also wish to thank the directors-generals and staff of Cogta, the two departments and entities for their

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commitment and support as we work towards securing resilient, sustainable, vibrant, cohesive, connected, nonsexist, nonracial and climate smart communities, as we build for the future. I thank you

Mr T S C DODOVU: Hon Deputy Chairperson of the NCOP hon Sylvia Lucas, Deputy Ministers of the Department of Co-operative Governance and Traditional Affairs, Cogta, hon Obed Bapela and hon Thembi Nkadimeng, Chief Whip of the NCOP, permeant delegates, special delegates, representatives of the SA Local Government Association, Salga, ladies and gentlemen, our flicking efforts to fix local governments as the weakest sphere of government and the corn face of service delivery must be continued. We must do so to ensure that local government is a sphere that genuinely promote accountable governance, a sphere that provides basic services to our people in a very sustainable way, and a sphere that promotes participatory democracy where the voices of the people reign supreme.

Through our work of law-making, public participation and oversight we must make sure that local government become a sphere that truly works to promote social and economic

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developments as well as creating a healthy and safe environment where people live.

This policy vote comes against the backdrop of a successful 2021 local government elections where the people of South Africa deepened the democratic project and took another step towards a nonracial, nonsexist and democratic society. We would like to start by congratulating the people of South Africa for displaying their commitment to the democratic project in the midst of the challenges which have recently engulfed the nation.

Towards the local government elections Cabinet released the state of local government report. This report revealed that whilst we have made advances in building a democratic and developmental state we are yet to achieve our vision in the local sphere of the state. The report highlighted that local government was mired in challenges in political administrative interface, financial mismanagement, misgovernance and service delivery challenges. This report revealed that 166 municipalities experienced one or more of these challenges. Of these municipalities 64 had reached a state of dysfunctionality and 30 were under administration in terms of section 139intervention of the Constitution.

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In the Select Committee on Co-operative Governance and Traditional Affairs, Water and Sanitation and Human Settlements, we can attest that in the process of conducting our work we've interacted with these issues in municipalities. In the oversight committee on the section 100 intervention in the North West specifically, we saw a glimpse of this picture where we found that these issues were also pronounced and were at the heart of the collapse of municipalities in the North West province. The provincial Department of Co-operative Governance and Traditional Affairs was placed under section 100(1)(a) of the Constitution for reasons that it had failed to finalise the organisational structure, 20 out 22 municipalities were dysfunctional and poor financial management and a lack of implementation of audit recommendations was the case. There was weak municipal support from the department and water and sanitation support functions were also weak. The lesson we've drawn from the experience in the North West is that the weaknesses found in provincial governments also contributes to the degeneration in our municipalities and the exacerbation of the challenges identified in the state of local government report.

Whilst we have made significant interventions using constitutional mechanisms such as sections 100, 139 and 154 of

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the Constitution in addressing these challenges in at local government, these interventions require continuous strengthening such that they don't become ad hoc, undefined and in most circumstances this intervention take place when municipalities are already in a weak position. This results in interventions not making the desired impact and falling short in the outcomes. The research conducted by the National Treasury on section 139 interventions concurs with our observations. We look forward to the reintroduction of the Intergovernmental, Monitoring and Interventions Bill which has been delayed for some times now. The research by National Treasury argues that what is required is one piece of overarching legislation that can be owned both Salga and the Treasury, and includes appropriate parts of existing legislation including the Municipal Finance Management Act, Act 56 of 2003, MFMA, that guides the entire intervention framework. This legislation in our view must address the following key issues. It must ensure that section 139 is implemented as intended, keeping in mind both the spirit and the latter of the law. This implies that section 139 is no longer seen as an intervention of last resort when a municipality has collapsed, but as a framework to prevent such collapse. Standardised and clear regulation of the entire section 139 framework including the provision of clear

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definitions. In 2013 it was dismissed for failing to do this, and the development of detailed threshold levels across a range of indicators. Standardised and transparent administrative practice must be introduced across all types of interventions. Lastly, supporting institutions must also be strengthened.

Hon members, adding to the picture painted by the state of local government report was Statistics SA's financial census of municipalities report which was released in July 2021. It revealed that an overwhelming number of our municipalities relied on local government equitable share as a source of income. This means that most of our municipalities are financial unsustainable. The Financial Census of Municipalities report reveals that if we consider the national picture looking at the 257 municipalities, 71% of the total income in 2020 was self-generated whilst the remaining 29% was from government grants and subsidies as well as from donations and contributions. This may seem impressive but this distorted picture is skewed in favour of urban municipalities. An important aspect to consider is that the eight largest cities dominate the municipal financial landscape accounting for almost 60% of the total municipal income. This was determined using the municipal infrastructure investment framework which

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was developed by Cogta together with the Development Bank of South Africa.

The Financial Census of Municipalities report also revealed that there was a relationship between good political-administrative interface, proper financial management and improved service delivery with increase in self-generated income. The report revealed that in local municipalities such as Kamiesberg in the Northern Cape, Hessequa in the Western Cape and Amahlathi in the Eastern Cape, there was a significant increase in self-generated income while there was a decrease in Renosterberg in the Northern Cape, Collins Chabane in Limpopo and Mthonjaneni in KwaZulu-Natal. This report must assist us to study the different contexts in these local municipalities and see what lessons can be transported to ensure that municipalities are put on a path towards financial sustainability.

Another aspect to this problem of is the municipal debt crisis which has reached crisis proportions. In the previous financial year Eskom announced that the debt owed by our municipalities had ballooned to R35,3 billion. It was also revealed recently that the municipal debt to water boards had also increased to R14 billion. We need to suggest creative

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ways in which this can be addressed because it hampers the ability of municipalities from taking advantage of the newly amended electricity regulations which provide that municipalities in good financial standing may produce or procure their own power.

On the inverse, municipalities are also confronted with a culture of impunity which encourages the nonpayment of municipal services. This was revealed by the Local Government Revenue and Expenditure report which is part of the in-year management, monitoring and reporting system for local government. It revealed that as off 30 September 2021, the aggregate municipal consumer debts amounted to R264,7 billion compared to R194,2 billion reported in the first quarter of 2020-21. Government debt accounts for 7,4% or R19,6 billion R16,7 billion reported in the fourth quarter of 2020-21 of the total outstanding debtors.

We welcome that as part of the municipal support and intervention package during the past financial year, 50 civil engineers, 15 electrical engineers, 15 town planners, nine assistant provincial managers and nine provincial managers from the Municipal Infrastructure Support Agent, Misa, were deployed to various provinces across the country. These

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professionals are supporting various infrastructure projects and are supported by the 519 municipal officials who were trained by Misa in this past financial year in infrastructure management.

Additionally, a total of 382 young people were supported through technical skills apprenticeships, leaderships, graduate programmes and bursaries. This is complemented by assisting some 100 young graduates in practical experience so that they may complete their professional registration processes.

Going forward, our select committee will align its quarterly programmes in line with the annual targets of the Department of Co-operative Governance and Traditional Affairs in order to ensure the monitoring of performance, ensuring executive accountability and in exercising parliamentary oversight in the implementation of the annual performance plan as well as the budget of the department. As Members of Parliament, therefore, we must monitor and oversee the executive actions of this department focussing on the implementation of laws on spending their budgets appropriately, on implementing their strategic plans and annual performance plans, on strict

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observance of the laws of Parliament and the Constitution as well as the effective management of government departments.

Lastly and importantly, we must ensure that the laws that we pass, especially the Bill that is in the pipeline, makes a contribution in a true sense of the word – in the nonracial, nonsexist, prosperous creation of our society as well as making sure that local government work better to all of our people. It is in that context that I rise to support the budget of the department. Thank you very much.

Mr I M SILEKU: Hon Deputy Chair, hon members, hon special delegates from provinces, let me also wish the Minister well in terms of her illness and I am assured that she has better chances of recovering, as compared to our municipalities.

Afrikaans:
Ek vra die Adjunkminister van Cogta en haar departement om vandag mooi na my te luister.

English:
I made an easy conclusion after the department briefed the Select Committee on Co-operative Governance and Traditional Affaires, Water and Sanitation about the annual performance

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plan and the budget allocation of 2022-23. The budgeted money does not correlate with the mammoth task. This department is mandated to facilitate sound and honest municipal governance.

The Minister surely knows that the funding available for municipalities and the public's expectation from local government are mile apart.

Afrikaans:
Adjunkminister, die waarheid oor plaaslike regering is 'n tragedie. Van die 278 munisipaliteite is daar 'n handjievol instaat om te funsioneer en dienste te verskaf, soos die strukture en stelsel werklik vereis.

English:
There is a continued debate about a possible failed status of the collective state of South Africa. I suspect the answer regarding national and provincial government is that they are failed entities. I know that municipalities, with a few exceptions, of course, primarily in the Western Cape, have failed long ago.

I am not playing cheap politics. The matter is far too serious for that. The figures that I am about to mention come from a

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report delivered to Parliament's Portfolio Committee on Co-operate Governance and Traditional Affairs in August 2021. It has been mentioned by hon Dodovo. An amount of 163 municipalities are under financial distress, 108 municipalities have unfunded budgets, 29 municipalities had been placed under administration and just last week, during our select committee meeting, we learned that a provincial executive committee of KwaZulu-Natal has resolved to place eight municipalities under section 139 of the Constitution. This is seven months after the local government election.

Afrikaans:

Wat 'n skande!

English:

An amount of 64 municipalities are dysfunctional, 111 carries a medium risk, 66 municipalities offer a low risk, 16 municipalities are stable. Incidentally, 12 of the 16 stable municipalities are low risk and they are in the Western Cape. Deputy Minister, surely, this is an indication that something is done right and everything is done wrong, where we, as the DA, does not govern.

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From the report, it is clear that the department is putting their hopes on the district-based model to close the disconnect between government at a national and local level, and to remove silo planning, budgeting and implementation.

Afrikaans:

Die regering se respons op die chaos in plaaslike owerhede is nog ’n plan en nog ’n eksperiment.

English:

Her party is excellent in the drafting of plans, but fails with implantation. The department has a revised vision, mission, objectives, priorities, focus and required outcomes. This is a good thing, but these new things are not going stop the sewage running in Jan Kempdorp or the water crisis in Musina or the inability to spend cent of the MIG funds in Kgama Kgama and the Richtersveld in the Northern Cape or the Jagersfontein water crisis or the sewage solution in many municipalities across the country.

The extend and duration of substandard municipal service delivery in South Africa is intense and hurting the poorest of the poor. People are starting to understand that nothing will effect change. We have just heard this morning that petrol is

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rising, leaving us not using our cars, because the state of the economy is terrible and we have to walk to work.

Unemployment is rising by the day. The ability to buy services is declining due to a lack of funds and services. Access to free and decent services is busy collapsing. If one considers the levels of unemployment, the lack of government funds, the implosion of infrastructure, and failed municipal governance, we are heading towards the perfect storm. I want the Deputy Minister and her department to convey the message that the people had enough

Afrikaans:

Hulle het genoeg gehad.

English:

As recent as April this year, four civil society organisations took the Minister to court about the failed intervention by the Eastern Cape provincial government in struggling Sakhisizwe Local Municipality. I am not surprised that the MEC from Eastern Cape, who were supposed to speak before me, is not here, because they are failing to fulfill their responsibility.

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We have seen this happening in the past and we will see it happen on a daily basis, if this government fails to capacitate municipalities.

This government needs to streamline intervention in struggling municipalities. It is very frustrating that there not urgency to table the Intergovernmental Monitoring, Support and Intervention Bill. This Minister highlighted this as a remedy for her challenges experienced in the invoking of section 139 of the Constitution. The Bill is urgent, especially in light of the Cabinet decision to intervene in 64 dysfunctional municipalities, with possible desolation of some municipalities, and guess what? The majority of those municipalities are under the leadership of the ANC, who will be losing power in 2024.

I warned them that, if they don’t start focusing on the development of municipal service delivery and the building of effective and sustainable municipal abilities, capabilities and capacities, the storm would be ... [Inaudible.]. I warned them if they continue to steal the little resources that is left, ... [Interjections.] ... employment, they will be in a ... [Interjections.] ... in South Africa.

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I want them to start taking municipalities and service delivery serious. It they don't, people will take action. They are already doing this in several local governments. Civil rights entities received court approval for them to intervene and restore municipalities.

The year 2024 is around the corner.

Afrikaans:

The ANC moet terugstaan, sodat ons bietjie regeer. Baie dankie.

IsiXhosa:

Ndiyabulela. (Thank you.)

Mr M A DUKWANA (Free State): Hon Deputy Chairperson of the NCOP, Sylvia Lucas, hon Chief Whip, Seiso Mohai, may I also take this opportunity to wish our Minister, Dr Nkosazana Dlamini-Zuma a speedy recovery, ladies and gentleman, today marks a very important occasion when we have to appear before you and indeed the people of our country to debate Budget Votes no 3, considering the central role played by Co-operative Governance and Traditional Affairs, CoGTA,.

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We engage in this process confident that the noble work we have started of strengthening local government shall continue unscathed. We join this debate cognisant of the many problems and challenges that beset local government in our country and in our province to be specific. The bulk of which could have honestly been avoided.

We affirm the progressive policy interventions of our government, particularly in relation to what needs to be done at the local sphere of government. However, we appreciate that the challenges we face require a lot more than strategic sessions, progressive policy decisions and political posturing. In this regard, the former President Thabo Mbeki had the following to say and I quote:

> The policies might be there but are people benefiting from the policies? You do find that in many instances, though the policies exist, they are not having the necessary impact. That is a particular challenge in local government, because that is where all the services get delivered.

We restate these words to illustrate our belief that policies must be championed through local government as a machinery

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located closest to our communities in order to make manifest all developmental targets of our democratic government. It is a travesty for local government, on the one hand, to expect communities to comply with regulations and pay for services, when, on the other hand, we are failing to implement our policies and deliver services.

The fact that our people are beginning to demand answers from municipalities, - What's the plan? What is local government doing for us? Is a perfect indication that municipalities represent the closest reference point of government in the imagination of our people.

As more and more people raise their voices and become active in the affairs of local government, it is our expectation that municipalities will take decisive action to improve their overall service delivery performance. It is precisely for this reasons that we need to be intentional about the role of local government, with particular focus on the resourcing of municipalities.

We need a collective effort and unity of purpose and partnership with all leaders in municipalities in provinces and the national government. We are committed to improve the

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political management of municipalities that are responsive to the needs and aspirations of our communities. We are equally aware of the fact that for us in the province to change things around, we need desperately leadership with a vision to change and the leadership with the calibre to drive the change process.

The people in the province in our local municipalities are ready for inspiration from the common purpose that is driven by a leadership that is committed to serve. Our actions need to move from intent to generating impact on the ground. To get all the municipalities out of these dysfunctional state, we need to enforce current policies and legislation and enforcement of the system for managing consequences. And these are equally very important, plus good governance. Which means among other things, holding of council meetings as legislated, the functionality of oversight structures, section 79 audit committees, and district Inter-governmental Relations, IGR, forums.

We must also assess the existence and efficiency of anti-corruption measures and that is what we intend doing in the province. To make sure that we've got anti-corruption measures

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that will ensure that the money that is used in our municipalities is used for the purpose intended.

The extent to which there is compliance with legislation and enforcement of bylaws, the rate of service delivery protests and approaches to address them is very important for us if we are to deal with good governance. But we also need to ensure public participation does happen and for us to be able to measure whether this happens, we need to look into the existence of the required number of functional ward committees and also of the grants that is spent in those ward committees. To ensure that you are able to measure what we are doing and what is happening in the municipalities.

There is also a very important element of financial management and we need as the province to deal with the disclaimers in the last financial three to five years. We need to deal with these things and make sure that we ... [Interjections.] ... there is some disturbance.

THE DEPUTY CHAIRPERSON OF THE NCOP: Hon Dodovu, can you mute please? Apologies MEC and you may continue.

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Mr M A DUKWANA (Free State): ... Let me see you may continue. We need also to look into the efficiency and functionality of the supply chain management in the province. Hon Deputy Chairperson, these are issues that I think we need to focus on to turn things around in the province and to make sure that we've got the proper leadership that will drive all this process.

One of the biggest challenges in our municipality is shortage of skills. And one of the primary reason for our poor service delivery records is this issue. In the past, people used to be appointed on the strength of political convenience and private social relationships. The performance of municipalities in delivering quality services to the people while the furthest consideration during that period. This accounts for many challenges that face our municipalities up until today.

Furthermore, there are inadequacies in the procurement processes across all our municipalities. There appears to exist an appetite for malicious compliance. For instance, procurement processes are used to simply tick procedural boxes, but not necessarily to extract value for our communities. A bottle of water which you buy for R10, at a

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store is sold R100 to government. This is a battle which we have committed ourselves to fight and win.

As CoGTA in the Free State, we have no quarrel in joining hands with all our municipalities to address service delivery challenges that have plagued our province for over a decade now. We have committed ourselves to combating the collapse of ethics, malfeasance and corruption. Good governance should be the only ethic that is deeply embedded in the Deoxyribonucleic acid, DNA, of our municipalities.

In future, these challenges will be avoided provided we acquire the support of all stakeholders in the local sphere of government. Thus, we have started to activate engagements with municipalities, South African Local Government Association, SALGA, communities and civil society organisations with a view to establishing a common programme to deal with the challenges we are facing.

Going forward, we will prioritise greater co-operation between the provincial government and municipalities. Our government cannot afford to be immersed in silo operations which generally impede the overall progress in government effort.

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Mr A W BREDELL (Western Cape): Hon Chairperson, hon Deputy Minister, hon members, thank you for the opportunity to participate in this important policy debate. Local governments in South Africa are on fire. We are seeing on a daily basis that municipalities are unable to provide the most basic services to our people. We are seeing municipalities that are bankrupt. This is the real South Africa's crisis. As it is, the interface between people and us as government representatives, it does not have to be this way. The good news is that the changes that needs to be made to turn the ... [Inaudible.] ... where our local government of health are well within our reach. The good news is that we do not need the services of expensive international consultancy forms or a huge budget to turn local governments around.

Allow me to make a few realistic and within reach suggestions to fix the current challenges we all across the country and within all our provinces are experiencing. We all love our democracy and nobody in this House will argue that democracy is not working, but democracy also brings a measure of instability and uncertainty to the people. Imbalance is a good thing, unfortunately we are going through a phase in our democratic journey where the instability in democracy is phased out. The place where this is most evident is in our

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local government. Democracy is currently giving a bewildering number of coalition arrangement in our municipalities and we are not prepared to deal with.

In theory, coalitions are good for democracy but in our case, it is creating instability to an extent that service delivery is suffering or in some instances not happening at all. Counsellors are spending all their energies fighting for positions and have forgotten the public they have to serve. At the disruption of regular by-elections, one can understand the chaos on the ground. Surely, this was not the outcome our democratic fathers and mothers had fought for us.

We need a revised legal framework that will allow for stability in local government service delivery in this new context of coalitions. The story of Nelson Mandela by local municipality is not the 10-party coalition which is refusing to work with the ANC council. The real story is that a large metro in South Africa is running out of water and people tasked to deal with it are occupied in political coalition infighting. We need a legal framework to prevent this from happening.

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On infrastructure, before we blame all the misfortunes on political instability and coalition, we must be honest and admit that underspending on infrastructure in local governments have been with us longer than the coalitions on the last elections. If we do not spend our capital budgets, with care and long-term planning, we are going to face more and more serious service delivery disasters. We are a country with a positive population growth. More people mean more infrastructure needs. We simply must plan better and develop long -term visions that transcend political terms.

Budgets such as the Clanwilliam Dam on new electricity generation sometimes takes decades or longer from conception to completion, but we have to start and then we need to have discipline to keep to the plan. The right people for the right job and the right salary. We need to attract the right calibre of professionals to work in our municipalities as engineers, financial managers and municipal managers. Good and qualified people are not willing to enter the ... [Inaudible.] ... currently dominating our local governments.

Minister, we need to change this. We need young people to study and qualify themselves in these fields, and we need them to take up positions in our municipalities. We need to create

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an environment for stable and rewarding employment opportunities in our local governments. A simple action in this regard will immediately make work of the revisions needed to the prescribed offer bands for salary structures of senior officials.

Deputy Minister, revise these prescripts so that we can attract and retain the needed skills in our municipalities - The power to act when needed. Minister, I think I speak for MECs of all the provinces when I ask for the following. As MECs for local government, our hands are tied when we desperately need to intervene in municipalities where things are not going in the right direction. Currently, section 139 prescripts are unclear and confusing, and we end up in courts and when interventions are finally approved, it is almost always too late. Surely, we do not have to allow a town to be destroyed before we can admit that outside interventions is needed. Please, revisit the legal framework to support us in this regard.

On fraud and corruption, another easy intervention that will immediately show results in local government is a national fraud and corruption unit in the national department of Co-operative Governance and Traditional Affairs. Minister,

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establish such a unit that can be able to support local units where they exist or fill the void where needed. Corruption and fraud are cancers and they are killing our towns. Please help us to administer the correct treatment in this regard.

On disaster management, the recent and tragic floods in KwaZulu-Natal has shown us how important disaster management is. Please strengthen the National Disaster Management Centre and let us train and plan frequently together with provinces to be better prepared come any future disaster. We need to work together as provinces. Provincial borders are our creation. Mother nature does not recognise or care about them. We owe this to the people of South Africa and we can do it as a gesture of respect to our loved ones who were lost in the previous disaster. This is a leading national Department of Co-operative Governance. It is said that a fish rot from its head, and we as politicians have often rightly so and sometimes unfairly been at the receiving end of these insults. Let me say this that if we are to have stability in local governments, we first need stability in the national Department of Co-operative Governance.

Minister, through your leadership and wisdom, please support us with a more stable and well-capacitated department as it

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will provide a positive example to our provinces, districts, and local municipalities to follow. Local governments can flourish if they realise that co-operation and collaboration with other entities are the keys to success. In a complex and fast-changing world, nobody can prosper in isolation. We are seeing it play off at Eskom and private sector New Engineering Contract, NEC, companies. We are seeing it in large infrastructure projects where government alone does not have the budget or skills to deliver on its own, that is why we have developed an initiative, the Joint District and Metro Approach, JDMA, in the Western Cape. This is an approach that encourage and facilitate collaboration between stakeholders irrespective of the department, spheres of government or public or private sector status. The JDMA allows team work without threatening mandates or muddling responsibilities.

I conclude, local government does not have to be in the midst it is currently in our beloved country. There are serious financial constraints and again, we are faced with unprecedented political instability, but through careful planning and with the right people in the right positions, and together with some revisions of current legislation, we can turn the ship around. We should not despair. Let us take small

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steps in the right direction, and let focus on the future and not only on the next by-election. I thank you.

Mr S ZANDAMELA: Thank you Deputy Chairperson, the EFF rejects Budget Vote 3 on Co-operative Governance and Traditional Affairs. We reject the Budget of this department which has 64 municipalities which are considered high risk and dysfunctional, with 111 municipalities considered medium risk, but also highly dysfunctional, with only 16 municipalities considered stable in the whole country.

There is lack of political leadership at the Department of Co-operative Governance and Traditional Affairs, which has led to the dysfunctional state of municipalities in the country, as municipalities continue to fail to uphold their constitutional mandates of providing services to their communities in a sustainable manner.

The financial state of municipalities continues to worsen as a lack of accountability and poor governance continues to reign over the country at local government level.

Under the leadership of this department, municipalities are characterized by aging infrastructure, poor maintenance,

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potholes, corruption, water leaks and electricity shutdowns, which are the order of the day.

The state of municipalities is dire. Municipal finances are handled in a hazardous way, with 46% of recoverable revenue and equitable share used for salaries and council remuneration, while only 2% was spent on maintenance.

Property owners, who pay rates and taxes, hardly see any services delivered in an adequate manner.

The municipalities fail to uphold their constitutional mandates of providing services to their communities in a suitable way to promote a safe and healthy environment for communities to thrive.

The dysfunctional state of municipalities has been public knowledge for a while, and yet there seems to be no appetite for fixing the mess that is in these municipalities. Year in, year out, the Auditor-General reports the failed state of municipalities, but there exists little appetite in government for relooking the structure of municipal funding, which favours more urban municipalities where residents are able to

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pay their rates and self-finance the operations at these municipalities.

The department has failed to provide decisive leadership on the dysfunctional municipalities which is a great concern. The high level of poverty, unemployment, poor and lack of basic services is the order of the day in most municipalities.

The state of local government has a direct impact on businesses and livelihoods of communities. Municipalities therefore contribute to the worsening of the country's already constrained fiscal situation. Supervision and monitoring are not taking place and there must be better accountability for these failures.

Municipalities continue to drown in corruption and that Illustrates the lack of improvement or solution of the hostility between mayors and municipal managers while communities are the ones that are suffering.

The most disgraceful of these municipal failures is the lack of urgency in which the disaster of Kwazulu-Natal has been handled by both the department and the Ad hoc committee. Both

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the committee and the department have deserted people the people of KwaZulu-Natal.

This department, like many others, needs to be properly capacitated and free from any political interference. The department is preoccupied with cadre deployment within its programmes.

The Department of Co-operative Governance and Traditional Affairs is overshadowed by factional politics of the ruling party whereas the people continue to suffer the consequences of an incompetent leadership in the department.

All section 139 interventions of the Constitution have proven fruitless without monitoring, because like every incompetent department, oversight of all programmes is to ensure that interventions are effective and efficient. For more than two decades the interventions by provincial governments in municipalities have not worked. The overall intervention system in local government needs a complete overhaul.

Oversight was recently conducted in the Free State province, and the state of municipalities in that province is shameful. In all 23 municipalities of the Free State, mayors are

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fighting with municipal managers for the control of tender opportunities. This happens while our people are crying out for services.

The Community Works Programme has been used as a tool for looting, and has not had the intended outcomes of empowering people and alleviating poverty.

People of South Africa must do as the people of ward 3 in Phokwane in Northern Cape did, and the people of ward 5 in Mafikeng did in the recent by-elections by voting for the EFF and reject this corrupt ANC. The EFF rejects the Budget of the Department of Co-operative Governance and Traditional Affairs.

Ms B M BARTLETT: Hon Deputy Chairperson, hon members and colleagues, good afternoon. The vision of a developmental state that is outlined in the National Development Plan, NDP, is rooted in the broader context of a mixed economy. The state is envisaged to be playing a role of directing public investment into productive sectors of the economy whilst also providing incentives for the private sector.

The Economic Reconstruction and Recovery Plan that was outlined by the President following the devastation of the

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COVID-19 pandemic on our economy demonstrated that the ANC remains committed to the perspective of the developmental state. The Economic Reconstruction and Recovery Plan was outlined to have three phases.

The firstly is to engage and preserve, secondly, recovery and reform, thirdly, reconstruct and transform.

The Plan also identified the following key priorities as part of the interventions to be made: Firstly, aggressive infrastructure investment, employment orientated strategic localization, energy security, support for tourism recovery and growth, gender equality and economic inclusion of women and youth, green economy interventions, mass public employment interventions and strengthening food security.

Hon Deputy Chairperson, as we strengthen the capabilities, professionalism, and ethics in the local state, to harness its developmental energies we must also locate the role it should play in the context of the Economic Reconstruction and Recovery Plan. The local state that has a responsibility to provide services to our local communities and ensure champion local economic development must come up with programmes that

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ensure that the economic reconstruction and recovery plan becomes a reality in our local communities.

With regard to infrastructure development, hon Chairperson and hon members, investment in the building and maintenance of infrastructure is not only critical for service delivery and dignifying the lives of our people in their communities, but we view it as a necessary to attract investment into our local communities. Private capital will invest in areas where basic services such as water and sanitation, electricity, and roads and transport infrastructure is provided, the task of local government is to ensure that these are provided for in a reliable and consistent manner.

It is totally unacceptable that in areas such as Hammanskraal in Tshwane Metropolitan, Ditshobotla Local Municipality, and Maluti-A-Phofung Local Municipality, small-medium enterprises which should be the engine of job creation have to from time to time shutdown operations because of the lack of the water in those areas. The state should direct public investment into such areas to ensure the building of bulk water projects and maintenance of raw water infrastructure. We would like to see strategic localisation in these infrastructure projects as

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outlined in the Economic Reconstruction and Recovery Plan, hon Deputy Chairperson.

We are also impatient with the slow progress in the resolution of the energy challenges confronting the nation, whilst there are numerous ongoing interventions from national government to ensure that Eskom is more efficient and allow independent power producers to make their contribution in stabilising the grid, but equally important is that we should locate the role of the local state in providing permanent solutions.

The newly amended electricity regulations allow municipalities in good financial standing to develop or procure their own electricity, our interventions in this regard should be first aimed at addressing the municipal debt crisis. Secondly, building the necessary capacity in our municipalities to play a role in the production of energy. This can be done in ensuring that municipal integrated development plans, IDPs, are aligned to what is articulated in the Integrated Resource Plan, IRP.

Hon Deputy Chairperson with regards to the District Development Model, DDM, we remain convinced that the District Development Model will go a long way in addressing the

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identified challenges, this approach is intended to foster practical intergovernmental relations to plan, budget, and implement jointly to provide coherent "One Plans" for almost all of the 44 Districts and seven metropolitan municipalities have been developed and we are steaming ahead.

During the pilot stages of the DDM we have been able to see success in the three municipalities, draw lessons, and also identify challenges that should be addressed going forward.

In the Waterberg District for example, in order to address youth unemployment focusing on driving a skills revolution, the Development Bank of Southern Africa, DBSA, has approved R52 million for the establishment of DBSA Developmental Laboratories, D-Labs, which are aimed at creating spaces which result in a community-based economic ecosystem.

Hon Deputy Chairperson the One stop facilities that have been introduced as a critical part of South Africa's antirape strategy aiming at reducing secondary victimisation and to build a case ready for successful prosecution.

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In OR Tambo 50 Small Micro Medium Enterprises, SMMEs, and co-operatives have already received support from the district and partners in the form of financial support.

A Youth Incubation Programme is being implemented in the district focusing on a number of sectors including furniture manufacturing and is undertaken in partnership with Furntech and provides incubation support to 30 entrepreneurs.

We have also drawn lessons from these three pilots, one of them is that although there is a shared agreement and understanding among the stakeholders on the importance of periodic monitoring of development outcomes at a district level, there is also a need to develop an Integrated Monitoring and Evaluation Framework. This framework supports the institutionalization of the DDM by further advancing an outcomes-based approach.

Hon members, we are aware that the DA-governed Western Cape is opposed to the DDM, this is why they have not produced their One Plan for development like other metros and districts. There is no mystery in this position taken by the party because the DA opposes anything that has a chance of reversing the colonial apartheid legacy such as the racially skewed

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spatial development. Recently the Godmother of the party, the racist Halen Zille, said that it is better to be poor in Cape Town than any other place. This statement should demonstrate that this party has no interest in shared growth and prosperity that integrates the development we see in white suburbs with the township areas such as Khayelitsha, Nyanga, and Langa.

The District Development Model enables government and social partners to locate each district's competitive advantage and utilise it for shared growth and prosperity. By purposefully linking local economies with our district and national economies we can massify, optimize and transform the structure of the economy. This will require that we also pay particular attention to the inclusion of women and youth, by reskilling them and facilitating greater access to financing and credit for ventures in a sustainable way.

The DDM hubs must serve as a functional network of support and a facilitation system for intergovernmental planning in relation to a specific district space. This must be guided by the national government's transformative policy objectives. The economic development potential of rural regions such as OR Tambo in the Eastern Cape, where only 15% of the people are

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employed and 65% live in poverty, will be unleashed through the DDM.

As I conclude hon Deputy Chairperson, let me state that we remain unapologetic in our quest to change the patterns of distribution and the structure of the economy which is still racially skewed in favour of the minority of this country, to ensure that blacks in general and Africans in particular, participate and are liberated from the shackles of poverty and unemployment. In the process of the democratisation of South Africa we have managed to create access in the economy to allow for the participation of the historically disadvantaged and this has unleashed a black middle class which is one of the significant drivers of the economy. The ANC shall deepen the program of radical socioeconomic transformation. The ANC supports this Budget Vote. I thank you, hon Deputy Chairperson.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Hon members, we will now call on the hon Boshoff. After the hon Boshoff, the hon House Chairperson Ngwenya, will continue with the presiding duties. Thank you very much.

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Ms H S BOSHOFF: Hon Deputy Chair, municipalities throughout the country, similar to everything that is under ANC rule bar those that are ruled by the DA, are under a new threat. That threat is that municipalities which fail to honour their Eskom debt are in all likelihood staring down the barrel of a total shutdown by Eskom, as it can no longer continue to maintain its infrastructure and continue supplying electricity for free. On top of this, ANC-run municipalities are so dysfunctional and stripped of skills and expertise that residents are subjected to rotational load shedding due to the lack of maintenance of the infrastructure and also because of the Notified Maximum Demand agreements being exceeded. We see residents and businesses in many towns sitting without electricity for 10 hours or more per day. This is leading to many businesses having to close their doors as they cannot function without the supply of electricity, especially now in light of the increased fuel prices.

The impact on families with babies, hospitals and old age homes is catastrophic. They cannot survive this. Power cuts have caused sewerage plants to pack up, fouling the water supply and causing untreated sewage to wash down roads and through dwellings, and of course into rivers and streams. Think of the health implications this brings about. The

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potable water supply also becomes insufficient and unsafe, which means that schools and hospitals alike are unable to maintain a standard of hygiene.

Representing Mpumalanga in the NCOP, I wish to concentrate on municipalities in this province that are in arrears with their electricity accounts. Emalahleni owes more than R5 billion, Govan Mbeki R2 billion, Lekwa R1,5 billion and Thaba Chweu currently stands at R1,046 billion. There are seven more municipalities that are nearing the R1 billion mark and together with them the total amount owed to Eskom as of 31 March 2022 stood at more than R13 billion. This is shocking as neither the provincial nor national departments of Co-operative Governance and Traditional Affairs have spoken out on this issue. I would drop my head in shame if I were the custodian of Co-operative Governance and Traditional Affairs. Unfortunately, the Minister is not here today, so shame on you, Deputy Minister!

Hon Deputy Minister, this behaviour of not honouring account payments should not be tolerated, as it threatens the security of supply to citizens residing in these supply areas. Why should these citizens who diligently pay their monthly accounts, mostly via prepaid meters, be held hostage? What

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should be done is that the money generated from the citizens for electricity should be ring-fenced so as to prohibit municipalities from utilising it for their operational budget spending, like the purchasing of new vehicles, paying of salaries, lavish lekgotlas, imbizos and many more senseless expenditures.

You, like I, Deputy Minister, know that these municipalities have a constitutional responsibility and duty, not only to Eskom but to their customers, to fulfil their financial obligations for the bulk supply of electricity, to afford Eskom the opportunity to meet its obligations.

Deputy Minister, let me take this a step further and speak on the illegal connections which is another factor that is hampering the supply of electricity to paying customers. Thaba Chweu, the municipality that I reside in, has seen and experienced many protest actions with reference to these illegal connections. In the town of Sabie, 92% of residents are not contributing to the fiscus for the use of electricity.

However, hon Deputy Minister, at times I can understand the frustrations of the people of municipalities, as they are not afforded the opportunity to be able to connect to the bulk

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supply as no new infrastructure is provided by the relevant municipality. The questions that remain unanswered are the following. Where does the money disappear to? What do they use the grants for? This is what we need answers on.

Deputy Minister, together with the communities in the areas mentioned, I call upon you to urgently address this matter to ensure that these people are not left in the dark. Your intervention through interaction with the Mpumalanga provincial MEC to seek and implement solutions would go a long way to secure peace and stability. I thank you.

Afrikaans:

Mnr S F DU TOIT: Agb Voorsitter, ek het aanvanklik oorweeg om slegs op plaaslike regering te fokus, maar die Minister het tydens haar begrotingsdebat in die Nasionale Vergadering tot ’n redelike mate op die onlangse oorstromings in Natal gefokus.

English:

It is always interesting to observe some politicians when they deliver speeches. Some speechwriters have the ability to spin a situation and to play with words to create the illusion that something is being done about a problem, by only acknowledging

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and identifying the issue. This is exactly what Minister Dlamini-Zuma's speechwriter managed to do.

Afrikaans:

Voorsitter, daar is erkenning aan die 448 persone wat tydens die oorstromings gesterf het gegee, maar ... nie gesê dat die hoeveelheid afgestorwenes minder sou gewees het as ontwikkeling volgens munisipale regulasies plaasgevind het.

English:

Mention was made of more than 6 500 houses that were destroyed and 10 000 houses that ... partially destroyed, but nothing was said about the fact that in one of the districts — almost two months after the disaster — out of the 88 houses that were destroyed ... where temporary housing units were supposed to be built, only four slabs have been cast up to now.

The Minister sincerely thanked and has been, "warmed by the empathy and solidarity displayed by millions of South Africans who have, individually and collectively, contributed to the 129 000 affected residents". What the Minister neglected to mention was that none of the Solidarity Fund's ... has been paid over to affected municipalities to assist the 129 000 affected residents.

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Afrikaans:

Die Minister het in haar toespraak genoem dat die ramp die werklikheid in toename van honger, armoede, werkloosheid en ongelykheid vererger. Dit is korrek. Wat die Minister nalaat om te noem is dat haar regiede, onmenslike inperkingsregulasies daartoe bygedra het dat tuseen twee en 2,2 miljoen persone hul werke en inkomste sedert 2020 verloor het; dat haar regulasies veroorsaak het dat skuldvlakke verhoog het; dat kinderhonger toegeneem het; dat geweld teen vroue en kinders toegeneem het; dat miljoene kinders se onderwys en geletterdheidsvlakke negatief geraak is; dat onwettige handel in sigarette, wat belasting vordering negatief raak, deur die dak geskiet het; en dat ongelykheid weens haar regulasies vergroot het.

English:

The Minister mentioned that, despite the extent of these challenges, that the effect of the disasters ... they had implemented in their programmes ... which seek to build safe, nonsexist, sustainable, prosperous, cohesive, connected and climate-smart communities, and that they must reconstruct and build back better.

Afrikaans:

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Voorsitter, deur u aan die Minister in haar afwesigheid, indien u en u departement so ernstig was om ’n beter lewe vir almal te verseker, hoekom sou beide die Burgemeester en onderburgemeester van die eThekwini-munisipaliteit, een van die areas wat die ergste deur die oorstromings geraak is, opsetlik die besoek van die adhoc-komitee oor rampe vermy? Minister, hoekom gee u voor asof die regering die belange van ramp-slagoffers vooropstel terwyl u van reeds sukkelende munisipaliteite verwag om hul eie, uitgeputte en soms verwronge begrotings aan te pas; begrotings wat reeds tot ’n groot mate tot medium en langtermyn projekte verbind is, te herprioritiseer om vloedskade aan te spreek?

English:

Minister, how can you say that your programmes seek to build safe and prosperous communities when the government promised R1 billion towards disaster relief; funds that have not been availed yet; funds that will not seem to be new money ... be reprioritised funds that might or might not be available only after September this year? This, whilst individuals, no communities, will have to stand in queues for drinking water, whilst mothers and children are reliant on hand outs in shelters, expecting a better tomorrow with winter knocking on

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the door and their dignity hanging in the balance? How can you sleep at night? In closing, Chair ...

Afrikaans:

... Voorsitter, plaaslike regering se toestand is die spieëlbeeld van die ANC se nalatenskap. Hulle hoef nie 'n R22 miljoen vlagmonument op te rig nie. Die vervalle munisipaliteite, monumente van hartseer, nagelate infrastruktuur, riool en waterbesoedeling, donker strate en ewig-teenwoordige slaggate ... dit is u nalatenskap.

English:

The only cohesion that your department managed to establish is protest actions, in and around municipal areas. Thank you, Chair.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon members, the next speaker is the hon L Miga MEC of the Department of Co-operative Governance, Human Settlements and Traditional Affairs in the North West province. The hon L Miga.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Hon House Chairperson, hon Miga did indicate that she has serious connectivity problems. So, I do not know whether she is back

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in. If not, let us continue. We might come back to her. I am sorry I did not indicate upfront.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Thank you very much hon Deputy Chairperson. The next Speaker is the hon T Nkadimeng, the Deputy Minister of Co-operative Governance and Traditional Affairs. The hon Nkadimeng.

The DEPUTY MINISTER OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS (Ms T Nkadimeng): Good afternoon hon House Chairperson. Let me also take the opportunity to greet the Chairperson of the NCOP, the Chairperson and members of the Select Committee on Co-operative Governance and Traditional Affairs, our hon Minister Nkosazana Dlamini-Zuma in absentia and we wish speedy recovery to her, the Deputy Minister, Bapela and members of the provincial legislature, executives and delegates from provinces, representatives from the SA Local Government Association, Salga, our labour business and civil society, good afternoon. Thank you very much for affording us hon House Chairperson, this opportunity to present to this august House the Budget Votes for both Co-operative Governance and Traditional Affairs.

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Hon House Chairperson, the NCOP constitute an integral part of our democratic dispensation especially as it pertains to local government sector which is charged among other things the responsibility to be at the forefront of integrated service delivery and transformation economically of our municipalities.

Rightfully, we can never downplay the role that the NCOP is playing in terms of enriching the law-making process and the quality of the laws, particularly in ensuring provincial interest are considered at the national sphere of government, but also in keeping with the injunctions of co-operative governance. These injunctions nicely neat in and enjoins with our local mandate as the Department of Co-operative Governance and Traditional Affairs, of facilitating co-operative governance through strengthening legislation and integrated planning for inclusive development.

Hon House Chairperson, our budget presentation this afternoon comes at a time when our country is still reeling from the devastation of the floods that wreaked havoc in the parts of KwaZulu-Natal, Eastern Cape and the North West provinces, just over a month ago. We extend jointly, our heartfelt condolences to all those who lost their lives as a result of the floods.

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We are working together to protect the gains of our democracy by ensuring that the democratic and a participatory local government sphere is vibrant.

The hon Bapela did on behalf of the Minister, touched on that prior to the 2021 Local Government Elections, 32 municipalities across the country were subjected to various types of interventions in terms of section 139 of the Constitution. I will focus post the 2021 Local Government Elections. All provinces retained the interventions that were existing prior to the elections, except for the North West province which terminated four discretionary interventions postelections, but invoked mandatory interventions on all the four municipalities, plus an additional other four that means a total of eight under mandatory intervention.

So, to this effect, the department has worked together with the National Treasury and Salga and we have issued a circular on the management of interventions post the local government elections which sought to provide guidance and regulate amongst other things the management of interventions as it is articulated after the local government elections.

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Of course hon Bredell dealt with two issues which took too long to be resolved, but also, I will articulate the issues of the legislature.

So, nine of the 30 municipalities that is Emfuleni, Lekwa, Goven Mbeki, The West Rand, Inkosi Langalibalele, Mtubatuba, Msunduzi, Abaqulusi and Beaufort West Local Municipalities are hung councils. All these municipalities are experiencing extreme number of challenges that range from being dysfunctional to a total collapse of financial governance and administration.

However, support is unfolding in all these nine municipalities, including the Mangaung and Enoch Mgijima Metros are both being placed under section 139(7) which is a national intervention and this happened in Mangaung in March 2022 and subsequently Enoch Mgijima Metro in 2022.

Hon House Chairperson, the Financial Recovery Plans are attached to all these nine municipalities, including the two metros. An indication has been made with regard to services that are short or are not adequate with regard to the Nelson Mandela Bay Metro. The Minister has signed together with the National Treasury a concurrence agreement with regard to

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assistance by the Department of Water and Sanitation with regard to water provision in Nelson Mandela Bay Metro.

So, several engagements in line with our Municipal Support and Intervention Plans have been made together with the National Treasury, but to take home today is that an Intervention Framework has been developed and finalized. It does indicate now key processes, roles and responsibilities of what the national Department of Co-operative Governance and Traditional Affairs is supposed to do? What provincial Department of Co-operative Governance and Traditional Affairs is supposed to do? What other sector, departments and municipalities within the intervention support plan framework are supposed to do?

We further clarify that the primary responsibility of the implementation of this Municipal Support and Intervention Plan, MSIP, will remain with the municipalities themselves. Therefore, council need to make sure that they make it their responsibility to institutionalise and incrementally increase these plans into their five-year Integrated Development Plans, IDPs, post the local government elections.

So, this approach is intended to ensure that all challenges are identified in the state of local government report, but

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are also implemented by council, but over the IDP circle. So the department is also equally supporting municipalities with regard to technical assistance and data management as identified as a weakness by the Auditor-General. Records management identified by the Auditor-General, water and electricity distributions.

This is in line with the spirit of support which is encompassed in the District Development Plan, DDP, which is our operational model which was adopted by the department after the pronouncement by the President.

To date, 46 One Plans have also been subjected to rigorous quality assurance. They have been made and standardized with the framework that I spoke about which also encompass support with regard to section 154.

So, to this effect, hon House Chairperson, this afternoon, this Budget Vote aims to strategically enable a conducive condition to collectively harness all the resources that are in a municipality coming from all the three spheres of government.

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This neat closely with the proposals which we have made with regard to the Amendment of the Intergovernmental Relations Framework Bill and Municipal Structures Act that are both section 84 and 85 to ensure that we collate all the intense consultations that have been made to look into the technical and political intergovernmental platforms to support the spirit of the District Development Model, DDM, using the relations framework.

Now, I will come to what the hon Dodovu and the hon Bridell did raise with regard to interventions, but also the inputs with regard to Intergovernmental, Monitoring, Support and Intervention Bill, which is currently undergoing changes because there is no national legislation regulating interventions in provinces in terms of section 100 of the Constitution and section 139 with regard to municipalities. However, Chapter 13 of the Local Government Municipal Finance Act of 2003, regulates that there should be where there are calls for interventions of financial nature.

On the other hand, we need to find the legislation which regulates interventions arising from other forces besides the financials. So, we are currently, with the amendment of that Bill. We submitted in October 2021 to the State Law Advisor

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and we obtained a compulsory certificate for Cabinet which was submitted on 2 December 2021. We are currently busy with the engagement within the Service Level Agreement which has been undertaken and comprehensive aural and written submissions which will then have to be put into process.

The Bill will be revised accordingly and a preliminary constitutional compliance certificate was obtained on the Bill which is providing a greenlight for the department to start the process of tabulating the Bill into Cabinet. We envisaged that Cabinet during or before the end of this financial year will allow us to do public consultation with an intention of filling the void of interventions in both section 100 and 139.

We also are looking in terms of the authorization of the Municipal Structures Act and the Municipal Systems Act and work has also occurred.

Some of you might recall that the Municipal Structures Amendment Act came into operation on 1 November 2021 and it is indeed a game changer. For example, it provides or it allows an MEC to remove a councilor from office for A Bridge of the Code of Conduct for Councilors which should have been adopted by council. The previous practice was councilors can be

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removed from office and can only be able to stand immediately after removal. That has been done away with. The Bill provides that in no less than two years that member is not illegible to stand.

So, the amendment for example also introduced a new section 79(a) of the Municipal Structures Act which prohibits municipal office bearers such as mayors and deputy mayors, Chief Whips, executive committee, Exco, or members of the mayoral committee, as we know them to become Members of the Public Accounts Committee, MPAC. It is envisaged that this will ensure transparency which members have been complaining about, effective oversight and accountability.

Also, an inclusion or an insertion of a new task - it talks to MPAC. Hon House Chairperson, I will include with the support that you are giving to 25 municipalities with regard to Municipal Infrastructure Grant which now allows them to do that. Hon House Chairperson, let me say we request this House to adopt and support this budget which allocates R358 billion and R554 million, respectively over the Medium-Term Expenditure Framework, MTEF, period for Budget Vote No 3 and 15. Thank you very much, hon House Chairperson.

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Mr M P NDLOVU (Mpumalanga): Hon Ngwenya, thank for your time and greetings to the Deputy Chairperson of the NCOP, hon Chief Whip of the Majority Party, hon Deputy Minister, Mr Obed Bapela, hon Deputy Minister, Ms Thembi Nkadimeng, part time and full time members of this august House, the SA Local Government Association, Salga, representatives from provinces, our esteem traditional leaders present here and senior officials, we thank this opportunity provided to the province to contribute on this lovely debate on the two votes presented by the Deputy Minister Bapela on behalf of the intelligent soft spoken principled, our mother, the hon Minister Dr Nkosazana Dlamini-Zuma known by some of us as Minister NDZ. I wish her a speedy recovery.

Chairperson, we are an amassing country most of the writers and the researchers agreed that in South Africa the governing party does not manipulate elections but Independent Electoral Commission, IEC, is managing and running elections without the interference of the governing party. In this country of President OR Tambo, Deputy President Walter Sisulu, President Mandela and others, elections are always credible, including the recent 2021 local government elections all parties as usual accepted the outcome of the election. We have once more establish a government that is not only closer to the people

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but is with the people. Together, we are building better communities.

I don’t want to sound arrogant, hon Seleki, but through the will of the people we will renew our social contract with our people in 2024. We are not even having for a coalition government. Zonkeys are unproductive. Right from the beginning, let me indicate that after accessing, evaluating and reflecting the responsibilities entrusted to the two departments, I can proudly say that they have delivered.

The Department of Co-operative Governance identified 64 dysfunctional municipalities in the country and six are from Mpumalanga. The department give support to all these municipalities and they were assisted to develop their municipal support an intervention plan. The plans were aimed on responding to specific challenges in each of the municipalities. The plan responds to the specific challenges identified in municipalities. The province has also established a committee comprised of Treasury, the SA Municipal Local Government Association, Salga, Municipal Infrastructure Support Agent, the affected municipality and the district municipality.

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As we speak, these municipalities are in transit – from the state of dysfunctionality to a healthy state where they will be able to discharge their mandate. Thanks to the support of the National Department of Co-operative Governance. The department also welcome the view of the national department that in future we should deploy teams not just only one technocrat to assist dysfunctional municipality.

All our municipalities passed credible funded budget except three, Lekwa, Thaba Chweu and Govan Mbeki. They are affected more by Eskom and water board. We insisted that they should regard their unfunded budget for 2021-22 financial year as a turning point to start to zero rate the unfunded budget.

As a public representative from the ANC we were taught after the first administration that we should not talk about plans and programmes that are not budgeted for. We also discourage our municipalities to fund their capital programme from their ambitious projected revenue collection. On this financial year 2021-22, by the end of April our Municipal Infrastructure Grant, MIG, spending was at 80%. Since that period, our capital expenditure has exponential improve. The province and the application for rollover do not mix, we always exhaust our

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R1,8 billion allocations. Thanks always to the support of the Department of Co-operative Governance and Traditional Affairs.

In this province access to water has risen to 87,9%. We are always working towards 100%, access to flushing of chemical toilets is at 64,4% and electricity stand at 92%.

In Mpumalanga when the sun rises, we work hard to improve access to basic services. I did not say that our people have 100% access to service delivery. I was just tiredt by the DA in the last debate that I was not representing the people of the province but I am representing my party. I don't understand how they want to exclude the main public from the public. So, it was a problem to me. They also said that there are still communities in Mpumalanga that are without water. Yes, that is true. They are part of the 12,5% that we are prioritising for the next financial year. I think the opposition is not fair. Maybe one should accept that fair is foul and foul is fair. We are not elected to this important institution to come and critisise only but we must also develop possible solution to the challenges that are affecting our people.

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As public representative from the ANC, we don't surprise to the view that we should support whatever the enemy opposes and we should oppose whatever the enemy support. We don't support the view of Mauzido. We have been taught by our forebears to support the view of Maimonides that: 'You must accept the truth from whatever source it comes.' So, we want to request that instead of criticism always they must come to a party and assist us to come with solution. We thank the guidance provided to us during the difficult times of Covid-19 pandemic.

Municipalities were given extra grant to pay special attention on Covid-19. The grant enables most of our municipalities to fight against Covid-19 pandemic. Through the provision of clean safe water, replacement of mechanical parts in the waste treatment plant.

Since 1994, we develop so many programmes to create jobs. But the exponential population grow outwards the risk of job creation. We will also assist to create jobs by prioritising the revival of our township economy, remove various or red tape to do business with our municipalities rolled down red carpet for investment. We will continue with Community Work Programme, CWP, which is regarded as an intervention aimed for

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the poorest of the poor to have a bread on the table. In the province, more than 27 000 people were contracted on an annual basis.

All the concerns raised which include minimisation of consultancy and channel resources towards real labour contribution to create more jobs opportunities are receiving our attention in the province. All these programmes, Mpumalanga province is serving as a pilot for the whole country.

Ward committees are established in the province. We are just left with only eight wards out of the total of 500. We have developed plans to assist municipalities to improve their audit outcome. We have also adopted Financial Recovery Plan. We will monitor the implementation of this plan.

Chairperson of the House, we welcome the staff regulation that have been promulgated by the department which comes into effect on with effect from 1 July 2021. We know that the regulation will pay special attention on the bloated and unfordable municipal administration. We must pay special attention also in the province. We will deal with incoherence HR practices, irregular and inappropriate appointments toward

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skill development programmes, ineffective performance management, lack of accountability, poor planning, under expenditure by municipalities on capital budget, ineffective revenue collection strategies, incoherent disciplinary and grievance procedures.

As a province, we will be monitoring all our municipalities to ensure that these regulations are fully implemented by all our municipalities.

Hon Chairperson, I must indicate that the five-year term of current Provincial and Local House of Traditional and Khoi-San leaders in Mpumalanga is coming to an end. Local houses are being set up afresh through election of members and we have set the date for 7 June 2022 for the elections of the provincial house. We will soon be embarking on the reconstitute of traditional councils.

In conclusion, let me indicate that as Mpumalanga we continue to work hard and better the lives of our people. We know fully Deputy President of the ANC, Comrade Water Sisulu said: "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead." Mpumalanga

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province support the approval of the Budget Votes 3 and 15 for the Department of Co-operative Governance and Traditional Affairs. Thanks.

Mr N M HADEBE: Thank you, hon Chairperson. Hon Minister in absentia, hon Deputy Minister, whilst we have established a strong institutional mechanism by virtue of our Constitution, and its framework legislation, the evils of corruption continue to be spread by some individuals working within government, who have the sole purpose of lining their pockets with ill-gotten gains at the expense of the South African citizens.

This has been going on for so long without criminal sanction, that one can only conclude that such theft is either state sponsored by a captured state, and that there is no political will by this government to prosecute corrupt officials. We are facing a crisis.

It is undeniable that our beloved country is confronted by political and social turmoil. And now more than ever before the Cultural, Religious and Language Rights Commission, CRLRC, 's mandate to promote unity within cultural, religious in linguistic communities is essential. The commission must

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function optimally. And the question must be asked whether the commission is honestly serving the people of South Africa. Although the IFP fully endorses the portfolio committee's view that the funding of the CRLRC must be on par with the scale of duties the commission has to fulfil, we cannot accept that 65% of the commission's budget is allocated towards internal administration at the expense and opportunity cost of service. This fact cannot and should not be accepted

Chairperson, the IFP has consistently called for the strengthening of co-operation between traditional leaders and formal governance structures. Traditional leaders speak on behalf of millions of South Africans, and they cannot play a distant second fiddle in the development agenda.

Our Constitution is being undermined by government not giving due and proper effect to the prescriptive that national legislation should provide for a greater role for traditional leadership as an institution at local level on matters affecting local communities. Traditional leadership can and does play a critical role in governance and must be included in local governance structures.

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Finally, the IFP is greatly concerned about the Community Work Programme, which despite the fact that 85% of the department's fund for the programmes are allocated to this programme is not serving its critical purpose, namely, to create employment opportunities in our rural communities. The people of South Africa deserve answers and deserve an accountable, transparent and responsible governance.

Hon Chairperson, with the above being said, the IFP wishes to accept the Budget Vote and wishes the hon Minister a speedy recover. Thank you, hon Chair.

Ms C VISSER: Thank you, hon House Chair. Hon members and hon Deputy Minister, members of the executive committee, MECs of all the provinces and all protocols observed, for 28-years, Co-operative Governance and Traditional Affairs, Cogta, and the ANC must acknowledge the regression of municipalities in South Africa and the failure to enforce the implementation of any of its initial initiated paper plans over this period. Local Government has collapsed beyond disaster levels, destroying every municipality where the ANC governs to a point of no return.

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Despite the indicators of collapse, red lights splashed with every Auditor-General's report widely published in the media for all to see. Hon members, if you do not recognize and identify the elephant in the room, that local government will forever be present in a landscape of disaster. Should it continue like it is at the moment, subjecting South Africans to the ongoing infringement of human rights and the suffering of the most vulnerable people. So wake up and smell the coffee.

For 28-years, the Annual Performance Plans, APP, of Cogta reflects measures and objectives to increase employment, eradicate poverty and reduce inequality. The stark reality is that Parliament in its executive oversight could not ensure that government delivers on these plans in its roles and responsibilities.

Government must make use of its limited resources and mitigate the risks of economic and political turbulence in every one of the municipalities in South Africa. But sadly, despite the given imperatives, the governing party struggled to change the organization's behaviour within the deeply divided factions, cadre deployment, looting of municipal coffers and the failure to comply with their constitutional obligations, the Batho

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pele principles and the functional delivery of services expected from the communities they are supposed to service. The ANC leadership in all these municipalities under the watchful eye of Cogta, national and provincial, failed to drive progress within every initiative, for the past 28-years towards the most important policy outcomes.

Hon Deputy Minister, you presented Cogta's APP to this House, with the exception to receive approval and the standing ovation with Cogta completely failed in its functions for 28-years, leaving South Africans, not one of the formal plans were successfully implemented ever.

The District Development Model further caused confusion of inter government relations, and the delegations of power and service level agreements, because the function of democracy is designed to protect communities against the singularity of a central government. You know that for sure because the District Development Model of which was a pilot project at OR Tambo District Municipality, was the first one where covid funding corruption and fraud involved in.

Cogta turned a blind eye in the concurrence, capacity and integrity of appointments of municipal managers and chief

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financial officers, CFOs, in the areas where they govern. Knowing the background with every one of these officials that are recycled within the redeployment because of their commitment to public service, their hands-on approach, their dealing with local challenges, the people-centred approach, their professionalism and goal-orientated commitment, their excellence accountability and outstanding performance, their integrity and dedication to fight fraud and corruption. Nothing of that is any more important, but the level of which this municipal manager or accounting officer is in the level of his branch outside of the of the municipality.

Adherence to these values will contribute to the expected required state of local government. We want to see people with the values that will improve municipalities where they govern. Sound financial management must be restored. At this stage, Chairperson South Africa’s faith in its municipalities has collapsed. Municipal rot amounts R289 billion and growing. The Auditor-General, Tsakane Maluleke explicitly confirmed the deterioration of local government and the downward trend in municipal health in well documented media reports of financial mismanagement and maladministration.

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Hon Dodovu, the consumer debt, I agree, is outstandingly not understandable. But you are aware that for the past two to three-years, about two or three municipal accounts went out to consumers. Why is this thing then that consumers have to take the flak because municipalities cannot do the work?

The Eskom prepaid electricity is also understandable. There is a huge debt as hon Bosshof have said of the outstanding Eskom accounts. How can you receive prepaid electricity money for electricity that wasn't even used yet? But you cannot pay the accounts. So what is wrong with the whole Eskom prepaid electricity bill, as well as the way the prepaid meters was installed? It should be investigated and I have discussed that with you previously.

The civil society group Corruption Watch has published in its report of 2021, highlighting the types of corruption causing a devastating effect on South Africa. They found that most corruption occurred within the office of the municipal manager. Representing 34% of all reports received which have a direct link to service delivery. The report also points to nepotism, bribery and disregard for policies and laws with implicated officials that are rarely being held accountable. The report says and I quote:

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They are these cocktail-like structures operating within municipalities. These are companies that have and continue to receive tenders provided for by the managers. But what we found is that people are still not receiving the services that are said to be done by these companies.

But no, no accountability, and or subsequent consequences happens to these accounting officers guilty of financial misconduct. The easy way out for provincial administration is to select one of the section 139 constitutional interventions with an appointed administrator and the endemic corruption continues unabated.

The ANC factional fights intensify paralysing municipalities, into the chaos of dysfunctional governance allowed by the ill-discipline of the ANC on the members and the councillors. South Africans consequently lost faith in the eroded and corrupt local government system.

South Africans deserve the better live Madiba promised us all, to effectively turn this around. Best governance is required and that only the DA can deliver it. We need leaders who will lead and then the citizens will follow. Thank you very much.

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The HOUSE CHAIRPERSON (Ms W Ngwenya): Before I call hon Mkiva, I would like to check if hon L Michalakis is back? Then I am continuing. I will now call hon Z Mkiva from the ANC?

Mr Z MKIVA: Hon House Chairperson, good afternoon and also to the House at large. Allow me to express my sincere greetings to the hon Deputy Minister, Mr M O Bapela who presented earlier on behalf of the hon Minister Dr Nkosazana Dlamini-Zuma. I also want to acknowledge the Deputy Minister responsible for the Department of Co-operative Governance and Traditional Affairs, hon Ms T Simelane-Nkadimeng and the MECs that come from all the provinces of our country. Hon Chair and hon members, the ANC remains committed to the vision of a capable, ethical and developmental state that was articulated in the National Developmental Plan, NDP Vision 2030.

This was defined as a state with the capacity to mobilise all sections of the society including market forces behind the developmental agenda aimed at the resolutions of the challenges of poverty, unemployment and inequalities. We have always emphasised the central role of the state in the transformation of South Africa from the ruins of the colonial apartheid towards the non-racial and non-sexist and truly democratic and prosperous society.

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Whilst we have made significant progress in the democratization of the state and building its capabilities, we recognize that this task has been difficult at the local sphere. We are still to attain the vision we laid out in the 1998 White Paper on Local Government where it was expressed that the constitutional mandate of local government included creating sustainable, integrated, equitable, and viable cities and towns within the framework of co-operative governance. This perspective does not leave out the rural communities of our country as we know that we are also predominantly a rural society.

This requires the fundamental transformation and redesign of this sphere of government so that it is adequately equipped to provide services and play a developmental mandate within the paradigm of democratic, inclusive growth, and development. Our perspective remains that we need to bring new capabilities, attitudes, and approaches which strengthens relations between municipal councils and administrators, management and the workforce, and municipalities and service users in our communities.

Last year our young democracy attained another milestone in its maturity when we successfully held the sixth local

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government elections since the democratic dispensation. Once again, the people of South Africa who conducted themselves in a peaceful and democratic manner affirmed the ANC as a capable instrument at the hands of the people to transform society and deliver a better life for all. The challenges we face at local government were vividly highlighted in the State of Local Government Report which the Cabinet released ahead of the elections.

This report cited challenges in the political-administrative interface, governance, financial management systems, and service delivery. The report revealed that 166 municipalities out of 257 were experiencing one or more of these challenges, out of these 64 had reached a state of dysfunctionality and service delivery had collapsed completely. The report further told us that at the time, 30 municipalities were under section 139(7) intervention of the Constitution. I am sorry about that interruption, hon Chair, it is the network problems.

The ANC is off the view that government must propagate policies and programs aimed at supporting and intervening in municipalities to ensure that we attend to the identified challenges and turn around the situation at local government. One of the most critical aspects in building a developmental

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state is the aspect of human resources. It is important that we ensure that local government is ran by a qualified, ethical, and professional public service.

The lack of proper human resources is one of the factors which contribute to the degeneration of service delivery and the mismanagement of resources, this is what was emphasized by the Auditor General in the 2019/20 in the report titled: *Not enough to go around, yet not the right hands at the till.* The report revealed that almost a billion rand was spent on consultants by municipalities to put together financial statements yet there are people hired in finance and audit departments.

The report of the Public Protector on Ditsobotla Local Municipality in the North West revealed that the blurring of the lines in the political and administrative interface also leads to poor human resource capacity in municipalities. This report revealed that family, friends of relatives of councillors were hired and given responsibilities in the municipality despite only having matric and grade 11 as their highest qualifications.

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Even worse it revealed that the Audit Manager in the Municipality only has a matric certificate as their highest qualification, this explains the absence of financial management control systems in the municipality.

Mr I M SILEKU: Who is governing in those municipalities?

The HOUSE CHAIRPERSON (Ms W Ngwenya): Order, hon member. Continue hon Mkiva.

Mr Z MKIVA: This tendency is epitomized by what we see in the City of Tshwane, where the DA-led coalition appointed a Municipal Manager whose qualifications stand disputed by SA Qualifications Authority, Saqa which they claimed were obtained from some university in the United Kingdom. We have also seen the re-emergence of apartheid job reservations for whites in the DA-led municipalities. It is in this context that we welcome the newly amended Municipal Systems Amendment Bill which has been sent to the President for assent. Once it has been signed into law it will deepen our agenda for the professionalization OF local government and foster a healthy political-administrative interface in municipalities. Furthermore, these amendments will allow for the de-politicization of the municipal staff appointments.

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Mr I M SILEKU: Deploy better councillors next time. Deploy better councillors.

Mr Z MKIVA: Can you please stop your disruptive and distracting conduct. What you are doing is totally unacceptable ...

Mr J J LONDT: It is heckling. [Interjection.]

Mr Z MKIVA: ... because it points to the municipalities that are run by the DA. Now you want to stand out and defend when we are outlining the facts of what is actually happening on the ground.

In the 2020 Local Government week of the NCOP we identified the lack of financial control systems as one of the challenges that characterize local government, this was subsequently confirmed by the State of Local Government Report. The Auditor-General in the 2019/20 Municipal Finance Management Act Report highlights that as a result of the lack proper financial management systems in municipalities, fruitless and wasteful expenditure stands at R14,61 billion. It has also been highlighted that 30% of our municipalities ended the year with a deficit.

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This challenge has become more vivid in the advent of the Covid-19 pandemic where municipalities and government had to procure personal protective equipment, PPEs and other services on an emergency basis. In the Special Reports on Covid-19 the Auditor-General confirms that there was a flouting of supply chain processes and some of the services were procured at a price above what was set by Treasury. The ANC will support the Auditor-General in utilizing the new powers granted by the amended Public Audit Act of 2019 to issue notice for material irregularities and ensure the recovery of funds.

Another challenge cited by the Auditor-General is that municipalities are not responsive to audit opinion and every year we are subjected to repeat findings. The Department of Co-operative Governance and Traditional Affairs, Treasury, and Municipal Budget Councils must come with sound proposals to ensure that municipalities put in place and action audit plans. The ANC in line with its heightened oversight approach will ensure that this is results driven and the key barometer of this will be the reduction of irregular and fruitless expenditure.

The 2019 General Household Survey showed that while there has been a general improvement in service delivery between 2002

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and 2019, in particular access to drinking water, but this has been dampened by that access to drinkable water had declined in about five provinces. The largest decline was in Mpumalanga, Limpopo, and the Free-State provinces. Our interventions at the local state will not mean much if they do not address the unequal patterns of distribution of water.

We must be deliberate about resolving the challenges of water in Maluti-A-Phofung Local Municipality in the Free-State, in Polokwane in Limpopo, and Dr J S Moroka Local Municipality in Mpumalanga. These challenges lead to uneven economic development as these have a negative impact in not only the social lives of communities but also small and medium enterprises. The ANC-led government should invest more in the building, maintenance, and upgrade of existing infrastructure in these struggling regions. It is that we are focused on doing and as the Deputy Minister was speaking here, clearly outlining what the President outlined in the state of the nation address about the interventions that we are going to be making in ensuring that we invest more in the struggling regions.

Mr I M SILEKU: Do not forget to invest in councillors as well.

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Mr Z MKIVA: No, shut up man.

Investment in the infrastructure would not only improve the quality of life and bring dignity to the people of these communities but it would also have some developmental spin offs and contribute towards turning these municipalities viable economic spaces.

Mr C F B SMIT: Hon House Chairperson, on a point of Order: I believe it is unparliamentary for the hon member to tell another member to shut up. So, can you please ask the hon member to refrain from saying and withdraw that?

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon member, can you withdraw?

Mr Z MKIVA: Hon Chairperson, I meant to say ...

IsiXhosa:

... thula ufe ...

English:

... but I will withdraw that one. We must also ensure that local government plays its role in the resolution of energy

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challenges we are currently facing. This is dependent upon resolving the municipal debt crisis. We must inculcate a culture of paying for municipal services by those who afford ...

Mr E M MTHETHWA: Hon House Chairperson, on a point of order: I have got a problem with the way the DA is trying to interrupt the speaker on the podium. He was disturbed more than three times while he was presenting his speech. Please note that there is nothing that they are raising as a point of order except to disturb the speaker. This is not even heckling to the point but they are just disturbing the speaker.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Thank you very much hon member, hon members, please. I think the Chief Whip and the Deputy Chair, did talk to all of you when we started the meeting. Let us respect each other and avoid to provoke each other. Please hon members. Thank you.

Mr Z MKIVA: Thank you very much hon House Chairperson for that protection and not allowing minorities to bully us in a democratic state. We must inculcate a culture of paying for municipal services by those who afford and ensure that municipalities also meet their obligations to water boards and

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Eskom. The view of the ANC on energy is captured in the Integrated Resource Plan, IRP, which, amongst other things, called for the decentralization of energy. President Ramaphosa in the 2020 state of the nation address announced that municipalities who were in a good financial standing would be allowed to develop or procure their own power generation projects. Our role is to ensure that municipalities become financially sustainable and are in a position to take advantage of the newly amended electricity regulations.

In conclusion, we would like to emphasize that building a capable, ethical, and developmental state at a local sphere will allow us to unleash and harness the comparative and competitive advantage of our districts and local economies which is crucial for our development. The ANC will continue to build upon the democratic gains which we have registered since 1994 and deepen the implementation of our program for radical socioeconomic transformation. The ANC is very clear that it supports this budget vote for one reason and only reason that it pursues what we have always said that it is about the betterment of the people.

IsiXhosa:

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Siyafuna ukuyicacisa into yokuba kulungile ukuba abantu xa begxeka kufuneka bagxeke ngenkathalo. Abantu bayayazi ukuba amehlo karhulumente we-ANC ajoliswe ngqo ekukhupheni abantu bakuthi kwiimbandezelo zentlupheko nentswela-ngqesho ezithe tshitshilili kulo lonke eli limiweyo. Yiyo loo nto singathingazi xa sisithi, urhulumente we-ANC makaqhubeke esebenzela abantu kuba wonyulelwe loo nto kakade. Kufuneka angavumi nakancinci ukuphazanyiswa ngoofunz'eweni abasoloko bekhetha iphela emasini. Ngaloo manqaku sithi, siyi-ANC, mayiye phambili levoti iqinisekise ukuba abantu bakuthi bayaphuma endlaleni. Enkosi.

The DEPUTY MINISTER OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS (Mr K O Bapela): Chairperson, I give thanks to all members who have contributed to the debate. Quite a number of members acknowledged the challenges that are faced in local government, but also provided some ideas and tentative solutions that we could begin to embark on to turn the situation around so that people can live a better life and they can get better services. We will definitely take those points into a plan and a programme that will then begin to say ... since the release of this report on the challenges of local government, which many members had also quoted, we will then be able to go to the era that we have diagnosed and then

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some suggestions ... [Inaudible.] ... merged in that report. However, I think some of the ideas that are emerging from this debate will also be included, so that we can now embark on a journey of turning the situation in local government ... I will also pass on the get well messages, as expressed by quite a number of members during the debate, to the Minister.

Service delivery is everybody's business and I think we should all be concerned that, if municipalities do not perform to that particular function and task, it is our duty as hon members in our oversight function to begin to expose such municipalities and indicate those elements, so that across the country, whether it's an ANC-led municipality or a DA-led municipality ... there are challenges and these challenges know no borders and know no political affiliation. They just beset themselves in the municipalities. Therefore, let's all of us work together collectively to really make sure that service delivery is improved.

With regard to the unfunded budgets, I just wanted to say, yes, the unfunded budgets are a worrying matter. They accrue as a result of many factors. Amongst them is the inward migration that imposes itself on the big towns and small cities and metros, and in other situations it is as a result

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of the unco-ordinated planning between national, provincial ... and the municipalities, where schools just get built without engaging the municipalities around their integrated development planning, IDP, processes in terms of whether water will be accessed by the school institutions and so forth. However, with the District Development Model, we hope it will then be a matter of the past so that these unfunded budgets do not accrue. Disasters are another factor that comes in, which we also need to look ...

I agree that we need to build smartly, and adapt and mitigate against climate change issues. Skills is another area that was mentioned. We need the best skills ... be produced but on a continuous basis the recruitment of young people ... so that we can then begin to see the right people in the right jobs. The Minister ... release an article sometime this week, saying ... in local government what we need is nothing else but the skills that are needed there to come and help in the situation.

We fully agree with fighting corruption ... Definitely ... [Inaudible.] ... corruption ... it's people's money and we must therefore really begin to work very hard to ensure that we are able to defeat ... including the new capture of

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municipalities by external forces that are business orientated. Some are personal in ... capturing all our municipalities for this particular issue.

The issue of Eskom and the water boards ... [Inaudible.] ... is under the care ... as we are engaging with the SA Local Government Association, Salga, other departments, Eskom and the water boards themselves, in mitigating on some of the issues that are leading municipalities to continuously not pay for those particular services, whilst at the same time taking cognisance that with the high level of unemployment, the revenue of municipalities is also shrinking. Therefore, we then have to work very hard to ensure that we turn the situation around.

So, with that, we really just want to welcome all the comments and proposals that are there, which will help us in strengthening the plan to really now begin turning local government ... to be a functional sphere of government, supported by provinces, supported by departments and supported by everybody across all political parties. With that, we just want to thank you for the support of the Budget Vote. Thank you.

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Debate concluded.

APPROPRIATION BILL

(Policy debate)

Vote No 18 – Health:

The MINISTER OF HEALTH: Thank you very much, hon Chairperson of the National Council of Provinces, let me pass my greetings to my colleague, Deputy Minister hon Dr Dhlomo, the MECs who are here, members of the NCOP present and all other honoured guests on this platform. We thank you, hon Chair and hon members of the House for this opportunity for us to present the Budget Vote for the Department of Health for 2022-23 financial year.

We present this Budget to you, cognisant of the fact that the last two years have been challenging to all of us both in the country and the world, but even more, for those of us in the portfolio of Health and in the health sector overall. The pandemic has had devastating effects, with many of us losing loved ones, friends and colleagues, including both in the NCOP and the National Assembly. We also honour our heroic health workers who saved many lives while risking their own lives and

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the lives of their families and friends. Regrettably, some of them lost their lives in line of duty.

We want to say that we feel indebted to them and to their families especially for those who paid their dearest price of life itself. We want to take this opportunity also to thank the leadership of our country under President Ramaphosa, members of the Cabinet, and also provincial and local leaders for providing leadership under this very difficult circumstances. We also want to thank leaders of various formations amongst our political parties both in Parliament and outside - religious, traditional leaders, business and labour movements – for working with government in the process of mitigating against the effects of the pandemic and protecting our society.

When we instituted a number of public health measures, most of the leaders of the country supported these measures and worked with us. We know that as people started to get tired of some of the measures, some of them started not to give 100% support. We welcome the support. It is normal that with time people start to see faults even where there is none. We welcome the support over the long period especially during the hard lockdown and the various waves as we know that we went through four major waves

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and the last big wave being in December of last year, 2021, going up to February.

We have just gone through what looks like a possibly milder wave of what was considered a fifth wave, which came and never went high, not much devastation and less admissions to hospitals. We hope that this is possibly how the COVID-19 is going to become endemic rather than more of a pandemic or epidemic.

Currently, we know that we still have a few measures in place and we urge the country for more patience as we try to navigate a proper exit so that we don't have a resurgence of this pandemic and don't regret having invested a lot in the safety measures.

We are very optimistic that what remains now will be just for a short period. We once again, wants to thank the leadership of our President for going out of his way to help us acquire lifesaving vaccines, not only for our people here in South Africa but also for the whole continent working together with the leaders of the continent.

Today, we are able to report that as of last night, we have administered just over 36 150 million doses of vaccines to just under 20 million individuals – we are standing at

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19 930 million – about 17 000 short of full 20 million adult South Africans who have been vaccinated. This constitutes 50% of all adult members of the population having at least one dose of the vaccine.

The 60 plus age group are very exemplary, they responded very well. We have just passed 70% of coverage of the 60 plus. The 50-59 plus age group, just under 60% at 55,8%, and the 35 to 49 just under 54%, that is at 53,8%.

Where we have major uphill battle is with the young people of between 18 and 34 years, we are struggling at just over 37%. We believe that this is largely due to the influence of social media which spreads a lot of antivaccination messages. The COVID-19 pandemic is not yet over. We continue to make a call to all South Africans, 12 years and over to come forward to be vaccinated because we want to defeat this pandemic once and for all. We also encourage adults over 18, especially the 50 years and over to come forward for boosters as they are already available through variants regimes, whether you have had the Johnson & Johnson or the Pfizer vaccine. I am sure hon members and members of the public are now familiar. We are now going into further boosters. All adults are eligible for the third dose of Johnson & Johnson and the third dose of Pfizer

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as we also navigate the winter and hope to be exiting the pandemic.

We appreciate the effort of some of our young health professionals who launched a campaign called *KeReady* to encourage young people to come forward and be vaccinated.

On Friday, this week, we will be launching the Global Vax campaign in partnership with the US Embassy in UMgungudlovu, Pietermaritzburg in KwaZulu-Natal, which emanates from the commitment of the President Joe Biden of the US, to donate more than 1,2 billion vaccine doses globally to contribute to the vaccination of over 70% of the world population.

The pandemic did derail some of our major programmes as we diverted a number of resources including human resources into containment and management of its impact. In the process, we also learned some positive lessons such as learning to work together as all of government from local, provincial and national governments but also including some of our entities.

We also learned to work with the private sector, starting with the procurement of personal protective equipments, PPEs, to diagnostics, therapeutics and even more to the acquisition of

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vaccines. The administration of 36 150 million vaccines, which I alluded to earlier on could not be done by government alone. The private sector also came to the party. We also thank the many health scientists and researchers who came forward to be part of our ministerial advisory committees and also providing cutting-edge research in viral genome sequencing surveillance which enabled us to be recognized the world over in sharing advanced information. I can report to this House that just a week ago, we were in Geneva, at the World Health Assembly, all members of the World Health Organization assemble yearly to share a number of information experiences and policies. During this assembly, South Africa was in demand for bilateral by a lot of countries wanting to, amongst others, congratulate us with regard to our cutting-edge scientific research but also wanting to work with us.

In this financial year, our major focus is in recovery and also in comprehensive health services programmes, which as I have mentioned, we lost some of the pace as we focused on the pandemic. We have agreed with the colleagues and MECs - some of whom I can see on this platform - and we will be speaking that going forward, we will be integrating the COVID-19 mitigation measures into a comprehensive basket of services at the primary health care level upwards, in terms of our chain

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of services including the vaccination programme that must now be integrated into our daily services. It will also include the catching up on delayed surgical procedures. We know that there were many people who were due for a number of surgical procedures who were delayed for weeks and months, and some even for years as a result of the pandemic occupying most of our focus in the health facilities.

There is evidence from the WHO that there are a number of infectious diseases and noncommunicable diseases, NCDs, which contribute to almost 70% of the mortality of our population. From the infectious diseases, we know that major killers on the communicable side is Tuberculosis, TB, especially where it occurs in combination with HIV and Aids. In the last two years, COVID-19 has added to this. While on the NCDs, we know that high blood pressure leading to strokes, heart diseases, diabetes mellitus, cancers, and chronic lung diseases contribute to this 70% of the mortality in our population.

With the advent of COVID-19, we lost some ground in finding people with HIV and TB to be put on treatment. We have lost some of our targets in terms of the 1990 agreement as agreed with the United Nations programme on HIV/Aids, UNAIDS. We are making sure that we can catch up. We have even lost ground in

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so far as the promotion family planning, which has seen an explosion of teenage pregnancies. A few months ago, on the NCOP platform, we held a debate to discuss teenage pregnancy problem. These are areas in terms of reproductive health and rights which we are also catching up to ensure that family planning can also get into the platform and be promoted.

With NCDs, we know very well that they are driven by certain lifestyles key to which are lack of physical exercise, smoking of tobacco products, unhealthy diets and harmful use of alcohol. We welcome the fact that during the lockdown time, we saved a number of people from smoking due to the ban on sale of tobacco even though government became unpopular in some quarters but we did save some smoking habits.

Yesterday, our department led by Deputy Minister Dhlomo and the MEC for Health in the Eastern Cape, led in the launch of our National Strategic Plan on Prevention and Control of Noncommunicable Diseases 2022-27 in Somerset East in the Eastern Cape. This was also the World No Tobacco Day. The National Strategic Plan provides a platform to mobilize communities for awareness, know-how and active action for healthy living to defeat noncommunicable diseases.

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As we breathe a sigh of relief from the acute pressure of COVID-19, we want to turn our attention to the improvement of the quality of services in our health facilities in line with the aspirations and the targets of the National Development Plan, NDP, the Presidential Health Summit decisions of 2018, and the Health Compact signed in 2019 by various stakeholders. In doing so, we want to deal with long queues and waiting times at our clinics and hospitals, congestions sometimes leading to patients sleeping on the floors, and shortages of commodities such as medication, even linen and food stuffs. These are matters of the essential services improvement which we are now able to focus on as the COVID-19 pressure gets less.

Our allocated Budget for 2022-23 is an amount of R64,5 billion, of which 86% or just around R55 billion would be transferred to provinces as Conditional grants to support a number of programmes various such as the fight against TB, HIV and Aids, sexually transmitted infections, STIs, and NCDs. The funds will also support human resources, especially training for scarce skills such as medical specialists and also statutory training functions such as medical interns and community service doctors. A significant amount will go towards infrastructure which means procurement of new

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facilities, replacement or refurbishment and maintenance of health facilities because we can't talk of improvement of quality without addressing infrastructure and equipments at our health facilities.

Just to give some examples without going into a lot of details, the National Tertiary services grant will receive an amount of R14,3 billion. In terms of this service, it will, amongst others, go towards oncology services, radiation therapy for cancer, chemotherapy, renal dialysis and also acquiring some of the specialist skills. The Health Professions and Training grant, which will also augment human resources including the training of in-training specialists, what in medical terms we call registrars. These are some of the funds. Also, R5,5 billion will go into the Training grant. The fight against HIV and TB will get R24 billion. As we mentioned, a significant allocation will go towards infrastructure, maintenance and revitalization. In this case, an amount of R6,79 billion is allocated directly to provinces as part of the National Health Insurance, NHI, grant. This will cover the construction, upgrading and rehabilitation of various facilities.

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Over and above this, a further amount of R1,5 billion will be spent in various provinces from the national department to support provinces as part of the upgrade of various facilities, just as an example, some of those who will benefit in the Limpopo province is Siloam hospital, in the Eastern Cape is Zithulele district hospital and Bambisanani hospital in the OR Tambo district. The long-awaited Limpopo Academic hospital will be covered with an amount of R500 million, which will allow the start of the construction.

In addition, we are working with Gauteng Department of Health to speed up the rehabilitation of Charlotte Maxeke Academic Hospital, following the fire last year. The Accident and Emergency Unit has already been commissioned for service and is fully functional, covering services such as trauma, medical and surgical emergency, obstetrics, Pediatrics, mental health and also COVID-19 emergencies. The CT scan which has unfortunately been vandalized is already fully functional, that’s why they are also able to deal with accidents and emergencies. The rest of the hospital is expected to be fully functional by the end of next year, 2023.

As a government of the ANC, we are fully committed to the implementation of the Universal Health Coverage. We appreciate

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the fact that the National Assembly portfolio committee is at the end stage of finalizing the NHI Bill. We are looking forward and hope that the members of the Assembly will adopt this into an Act and forward it to yourselves, as the NCOP. We urge you to support this Bill when it comes to the House. This Bill will help us to close the gap between the rich and the poor. It would create a platform for a game changer of equalization of opportunities irrespective of the income of individual South Africans. It will lay the foundation for an integrated health services.

We have learned a lot from the COVID-19 to also try and lay the foundation for closer co-operation between public and private health sector in terms of sharing hospital beds. We are able to report daily on how many COVID-19 beds are occupied. Laboratory tests were able to update the nation daily and use a common platform on the vaccination, which is wholly-owned by the state in terms of the Electronic Vaccination Data System, EVDS.

With regard to further strengthening and creating conditions for the NHI, some of the funds will be allocated directly to start the preparation with regard to making sure that the infrastructure is prepared and that we lay the ground for

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contracting of private service providers also in support of digital health platform through which health information systems can also be ready to implement the National Health Insurance scheme.

The Health Patient Registration system is already well advanced with more than 57 million people already registered in our public health facilities. We are very advanced in the creation of a single portable patient record system which will help us to create a good foundation for the National Health Insurance and its information system.

The quality of care is very key, and to achieve this, human resources for health are key. We are very grateful that as part of the fight against COVID-19 there were some stimulus funds which were allocated to the department, and through this, we were able to hire an additional 73 000 health workers; nurses, community health workers and other professionals. Unfortunately, as this was a temporary solution. It has supported us for two years and we are now reducing as other functions must also be funded and we know that this has put pressure on many of our provinces because they will not be able to continue with some of the short-term contracts and this is creating a gap in various services

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because it is not only because of COVID-19 - we knew that we already have a gap in staffing in almost all the provinces.

We also appreciate the fact that a major issue, which has been a chronic problem, which is the funding for the internship of medical interns and community services were able to receive additional funding from our National Treasury for an amount of R2,1 billion.

A major issue which is also a drain to our fiscus in the health system is the Medico-Legal claims. We want to assure the House that we are working with all our provinces to make sure that we can reduce this drain on our fiscus or our very scarce resources being financial resources of health. We are working together on a common system through which case management can be improved to make sure that when there is such litigation, we can respond speedily. With regard to specialists' services for forensic investigation because many of them are fraudulent, they have no basis. If you don't investigate, you may end up been taken to court and part with very key resources for health.

As I go to the end, I want to assure the House that from the health side on the KwaZulu-Natal floods disaster, we have been

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working with the province to identify areas where there is a need for intervention. We are very fortunate that the damage to health facilities was not very severe, but where there has been such damage, our infrastructure team is working very well with the province to make sure that the repairs can be attended to and facilities can be returned to full functionality.

We are happy to see that in major hospitals such as Prince Mshiyeni Memorial hospital in Umlazi water has been restored and the hospital is able to function fully because there was a major difficult where water had to be transported by tankers into Jojo tanks to run the hospital services which was not really possible. We welcome the progress in this regard.

I want to say again to us that the National Health Insurance is our future. It is the future platform through which if this legislation can be passed and becomes the legal framework, we can be able to have an equalizing framework to make sure that the rich and the poor can all benefit. We can all stop spending so much of scarce money which we earn towards additional spending on health services. We will all contribute into one kit and this will be able to cater for us whether we

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utilize public or private services. We again want to urge members to support the Bill when it comes to the NCOP.

We want to remind all South Africans at this time and say COVID-19 is not yet over. We are in a very promising situation. The indications are that the severity part is probably passing and we are probably going to endemic but we still have to be vigilant and therefore more vaccinations are required. Now and then we update the public health measures which we need to still adhere to protect ourselves.

As I conclude, let me say I want to thank the Deputy Minister Dhlomo for his support in this portfolio, the director-general and all senior managers and my colleagues - the MECs of all provinces for their full co-operation in tackling all these difficult tasks - Without their support, we will not be where we are. Thank you very much, hon Chairperson.

Ms M N GILLION: Thank you, hon House Chairperson. Greetings to the Chairperson, Deputy Chairperson, the Chief Whip of the NCOP, Minister and Deputy Minister, all members of the executive council, MECs, present, all special delegates and members of the NCOP, allow me Chairperson to give an input as the chairperson of this Budget Vote.

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The global capitalist system has led to the commodification of various basic services which ought to be accessible to all as a basic need. Due to the market supply and demand of private healthcare services, this has concentrated health financial and technical resources within the private sector resulting in an unequal distribution of quality healthcare. The unequal distribution has also been shaped by the legacy of apartheid which distributes resources unevenly for urban and white communities while townships and rural areas are inhabited by the black and African majority.

Hon members, despite the challenges in our healthcare system we should note that the 2021 General Household Survey by Statistics SA reported that 72% of households said they would go to public clinics, hospitals or other public institutions while 27% would first consult private healthcare services. Above 9 million South Africans are on medical aid whilst 50 million are covered by the government. This demonstrates the significance of this Budget Vote as it supports the overall majority needs of all South Africans.

The lack of development of adequate health facilities to serve communities in an accessible manner is a major backlog in public healthcare. This is the spatial inequality development.

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The department of health has been earnestly working to address the backlog challenges. It is for this reason that universal healthcare coverage is imperative to guarantee all South Africans quality healthcare services and not based on class.

Through the phased implementation of the National Health Insurance, NHI to address the infrastructure gap and the maintenance of current healthcare infrastructure, over the Medium-Term Expenditure Framework R8,8 billion has been allocated through the National Health Insurance indirect grant. This is a significant allocation and it demonstrates the policy orientation of the department in preparing our healthcare system to meet the required National Health Insurance, NHI, norms and standards.

Chairperson, this allocation is important in improving the service provided by our healthcare system. For the current Budget Vote 40, public healthcare facilities will be constructed or revitalised, whilst 21 hospitals will be constructed or revitalised and 120 public healthcare facilities such as clinics, emergency base stations, and hospitals will be maintained. The intervention will not close the infrastructure backlog, but it will go a long way in

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improving and expanding healthcare services in areas with great health needs.

House Chairperson, the backbone which determines the strength of a healthcare system is its human capacity. Health professionals such as nurses, doctors and other specialties play a major role in the provision of healthcare. We must applaud and pay respect to our healthcare workers who have been on the frontline in the fight against the coronavirus pandemic. They stood by their oath in the most uncertain period in this 21st Century. Our health capabilities were not only through our healthcare workers but health scientists who are an integral part of the healthcare system.

The World Health Organisation has commended South Africa in its health response to the pandemic which was based on cutting-edge research from our scientists and global research. Science and innovation in health is a critical area in which the department needs to strengthen its policy approach to be embedded with the optimal use of research in responding to the nation’s disease burden.

South Africa is also impacted by the migration of healthcare practitioners who move to developed countries for work

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opportunities. This is a risk that will continue to exist. What is critical is how the department implements its human resources strategy. We need to continue learning from the health systems around the world such as Cuba and also begin developing our indigenous medicines such as herbs and others medicines like the Chinese do. To arrive at this level of mainstreaming indigenous medicines requires investment in their development.

We need to ensure that our higher education institutions should expand their health faculties to produce more doctors and other health specialised health skills. We acknowledge and commend the strategic international co-operation such as the Nelson Mandela-Fidel Castro initiative. This medical programme which was established in 1996 by President Mandela and President Fidel Castro of Cuba has benefited South Africa increasing our health and human capacity. We commend the 8 provinces which support this programme except for the Western Cape government. We should expand and improve the quality of training of nurses.

We shun the Western Cape government for not prioritising the training of students as part of a program established by former President Mandela. Though the DA tries to use the image

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of the former President of the ANC, they do not support one of his major programmes. The Democratic Alliance of narrow, right-wing and liberalism are resulting in disadvantaging new students who would love to study medicine in Cuba.

Hon members, to increase healthcare practitioners we need to also increase our health facilities and health colleges to increase the number of healthcare workers. One of the major challenges affecting public health expenditure is the increasing expenditure on medical cases due to acts of negligence. It is also of concern that there are also allegations of collusion of medical staff and lawyers. These unethical and fraudulent practices require closer scrutiny by law enforcement agencies. The Eastern Cape in the previous year had an abnormal increase of medical cases and we implore the department to strengthen accountability systems to ensure quality assurance of the healthcare provided to patients to curb medical cases.

House Chairperson, Tuberculosis, TB, human immunodeficiency virus, HIV, acquired immunodeficiency syndrome, AIDS, and cancer remain a major cause of death in our country. It is also important that we consistently monitor our health through testing. We welcome the support provided to the tracking and

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tracing of patients lost to follow up for Tuberculosis, TB, and human immunodeficiency virus, HIV, treatment traced by community health workers at 350 000 for the current year and the department targets to start having 221 900 on Tuberculosis, TB, treatment. We also welcome the introduction of the human immunodeficiency virus, HIV, self-screening to 200 facilities will assist with efforts to monitor infections and to provide support to the infected persons on time.

Community health workers are a critical arsenal in promoting preventative measures and providing support for the needy in the communities. Fighting the coronavirus pandemic also requires tracking and tracing to stop the spread of the virus through testing to ensure that people take precautionary measures all the time. We need to have a more preventative system that promotes a lifestyle that enhances the health of the population. Testing and taking health precautionary measures should be part of a normal routine to ensure treatment is provided before severity.

To build a capable developmental state, the state needs to be agile and be a learning organisation that adapts its policies and practices based on its experience. The experience of managing the coronavirus pandemic has surely built new

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capabilities in our health system. It has also demonstrated the capacity of the healthcare system which despite the strain relatively responded to this crisis. Some of the developed countries experienced major challenges as their health system struggled to contain the pressure induced by the coronavirus pandemic.

The department should infuse the lessons to improve practice and enhance the agility of the department. The African National Congress supports the Budget Vote and calls on the department to continue to improve our healthcare system to ensure quality services. Challenges will always exist in a course of social transformation. However, what matters most is our determination to ensure we create a better life for all through protecting the wellbeing of all particularly the poor and marginalised. I thank you, House Chair.

Mr M BARA: Hon Deputy Chairperson, hon members and hon Minister, the plight of COVID-19 has made government turn a blind eye on other societal health issues and challenges such as TB, HIV, sexually transmitted infections, STIs, teenage pregnancy, substance abuse and mental health. In the ... Sorry Chairperson, just a little bit. Thank you. Yes, Deputy Chairperson. This can be done and concluded ... No, no, no! I

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am not ... I am struggling, Deputy Chairperson. I'll be ... I am struggling with my device, if you can just give me a minute.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Will a minute be enough? Are you ready now?

Mr M BARA: Let me just see, Deputy Chairperson. [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): He was born during the technology age. He cannot be saying like us that he was born before technology.

Mr J J LONDT: Load shedding, Deputy Chair. Load shedding!

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): It's a problem. You may continue. Hon Bara, are you ready?

Mr M BARA: Almost there, Deputy Chair.

Afrikaans:

Mnr J J LONDT: Voorsitter, hy lyk net jonk, maar hy is ook maar ouer. So, gee hom net 'n oomblik, asseblief.

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Die ADJUNKVOORSITTER VAN DIE NRVP: Dit is nie volgens sy geboortesertifikaat nie.

English:

Mr M BARA: Deputy Chair, I am ready. Thank you so much. the plight of COVID-19 has made government turn a blind eye on other societal health issues and challenges such as TB, HIV, STIs, teenage pregnancy, substance abuse and mental health. In the face of COVID-19 we saw the government moving swiftly putting things in motion under the corrupt hand of those that fed themselves without a shame, whereas people were in agony of losing their loved ones who were dying - and yes I am referring to your predecessor Minister.

More people died due to poor health care services, lack of hospitals and staff not properly trained to handle pressure. Not only did COVID-19 kill people, but mere ignorance and arrogance of our government turning a blind eye while panicking. Tuberculosis killed more people than COVID-19 did. People were chased away from the facilities because of government incompetence. Don’t think we forgot about you banning grilled chicken! Teenage pregnancy went sky high, mental health took a toll and HIV management collapsed. The same zeal and commitment that the department demonstrated to

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handle COVID-19 should be used to holistically deal with other chronic ailments.

The Special Investigating Unit, SIU, has investigated 5 467 contracts awarded to 3 066 service providers with a total value of R14,3 billion. Investigations into 4 549 contracts that has been finalised of which 2 803 were found to be irregular. In essence, this means that 61,2% of all procurement was irregular. We therefore want to urge that this be done and concluded with utmost urgency so that people can see that the government does no favours for those caught of wrong doing.

The Health department has to act on recruitment of doctors and nurses. For instance, the budget for nursing services has only increased by 1,3% and this can't be enough given the fact that health care professionals were working under unimaginable stressful conditions and continue to do so in the face of COVID-19.

I cannot speak on health issues and not mention the province I come from, Gauteng. The province's department of health failed to spend R2,6 billion of its budget despite unfilled posts and hospitals that require urgent attention. On top of all that,

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there's also R658 million unauthorized expenditure. The good thing to note is the appointment of a head of department and a chief financial officer, which might make things better than they have been in the past.

COVID-19 continues to be a thorn in the flesh to the greater society of South Africa and yet the department doesn't seem to be winning the battle due to a lack of commitment. There is a need for a more aggressive vaccine literacy program to educate the masses of the benefits of the vaccine to dispel the myths, but we all know how Digital Vibes ruined that. A clear and visible leadership should lead in undertaking these campaigns to give communities a vote of confidence. Although we have lost Members of Parliament due to COVID-19, there are some members who feel strongly that they are not going to be vaccinated. If members of Parliament are not in support of the initiative how is the government going to win that with people outside of Parliament.

There is a need for a strong collaboration with the civil society organisations to ensure that no one is left behind in accessing health services that are integrated with primary health care, noncommunicable and communicable diseases. These services should go to the people through mobile clinics and

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the use of home-based carers should not be underestimated since they are people from these communities and therefore are familiar with them. Government should empower and invest in our own people before they seek to look elsewhere. There's been a huge increase in budget allocation to health as a result of the pandemic but has it been used effectively to build the system for future responses? The answer is no. It is important to utilise the resources available to avoid the situation we just witnessed with COVID-19.

The repeated fires in hospitals and health centres are a big issue. Either it is a breakdown of the system or a sign of no maintenance. It could be sabotage that shows dissatisfaction of the people in the system. [Interjections.] These are the same people that the system depends on to make it work. If they are dissatisfied, this points out to a lack of maintenance of relationship with frontline workers. It is therefore important to undertake thorough investigations so that we know what the causes of the fires are.

Queueing time at clinics has become a problem as people get back to normal. Clearly clinics are not back up to full capacity to provide services, meanwhile these are the closest health institutions to people in our communities. The

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department needs to urgently deal with that as a matter of urgency. The catch up of operations and procedures that were postponed due to COVID-19 is not happening adequately. There is still a huge backlogs and waiting times are too long. Minister, this needs urgent attention in trying to get things back to normal. In addition, there is a problem with mobile clinics as they seem to be unreliable. For instance, in Midvaal there is a thought of doing a petition to address this growing discomfort. This also requires a speedy response Minister.

These are but some of the observations and proposals to address regarding the issues pertaining to health in South Africa. Urgent attention to these could go a long way in trying to bring better health services to the people. I thank you, Deputy Chairperson. Thank you very much for indulging with me.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): Thank you very much, hon Bara. We will continue with the debate and we will call on hon Tsiu, the MEC of the Free State. Hon Tsiu?

Ms M TSIU (Free State): Deputy Chair of the NCOP, The Chairperson of the Select Committee on Health, Minister of

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Health, hon Joe Phaahla, the Deputy Minister, hon Sibongiseni Dhlomo, leaders of the political parties, members of the media, ladies and gentlemen.

The 2021-22 was a year that preceded the most ever challenging period in the history of the Department of Health. Where we were confronted with the COVID-19 pandemic. However, during the year under the review, we experienced reduced number of infections, because of the intervention. The implementation of the vaccination and also more people being now educated on the issue of using the non pharmaceutical interventions.

We saw that there was reduction in the number of people that were infected, even the admissions in the hospitals got reduced.

Although the department was faced with such a challenge, we had to refocused implementation on the catch up to improve performance on the other priorities, especially on the issues of other communicable diseases and the non communicable diseases.

As we saw that during the COVID-19 pandemic at its height, when the hospitals were really battling under pressure, many

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of the people that are on treatment, especially on the chronic treatment. Many of them did not get their treatment, so we really trying as much as we can to make show that we catch up on those...So make sure that our community care workers, as they visit the families they now do not only concentrate on COVID-19, but also concentrate on other communicable diseases including the non communicable diseases.

Indeed, we said COVID-19 affected the services at all levels care, although infections we say they were lower in this financial year. This can be attributed to the vigorous department which we employed in dissemination information of the COVID-19 to our people.

Primary health care re-engineering continues to be a cornerstone of health care services. And the department intensified implementation of the ... [Inaudible.] ... programmes such as: Integrated School Health Programme and Ward Based Outreach Team.

With the issue of the problem of us experiencing the high teenage pregnancy, our primary health care facilities have been urged to implement the adolescent corners in their clinics so that all the adolescents can visit the facilities

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without being afraid that they will judged, where they will have the nurses that will be talking to them. Giving them skills on how to deal with the issue of an adolescence. The development that happens within the adolescence.

And also making sure that those that are already sexually active get the contraceptive without mixing with the elderly in the ... [Inaudible.] ... will to come for the clinic, where they have to be attended by a special nurse that would be attending to the adolescents.

To date we have been able to appoint 2423 as Free State, community care workers as part of the Ward Based Outreach Team. Because, we wanted at least to reach more of our communities and have been able to achieve that. We are now covering 50% of the population of Free State. We are now at 154 wards, covered by the Ward Based Outreach Teams. When we have 309 wards within the Free State Province.

The households' visits conducted by the war boards increased from 77 822 in 2020-21 financial year, they increased to 116 023 in 2021-22 financial year.

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With the child health immunization coverage, this year, under review, it improved from 77,4% at the of 2020-21 financial to year 91,3% as at the end of 31 March 2022. This was a result of full implementation of immunization catch up drive at all districts. And also making sure that we combine the work of COVID-19 together with the vaccination of the young ones.

The mental health, the total number of 320 000 people were screened for mental disorders and referred after they have been assessed by the mental health care and were referred to the clinic for interventions.

The department is implementing the strategy to achieve universal mental health assess, which includes; the contracting of mental health practioners. In the previous financial year, two clinical psychologists were contracted at the primary health care, to manage and provide psychosocial services at 514 mental health care users.

To reduce the backlog that we are experiencing of forensic mental evaluation and treatment of state patients in correctional facilities, additional clinical psychologist, occupational therapist and social workers will be contracted. This is what we are planning to do in this financial year. To

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strengthen institutional capacity on mental health, we have appointed two fully functional mental health with ... [Inaudible.] ... boards to uphold the rights of the mental health care users and institutions in the Mental Health Care Act no 17 of 2002.

On HIV, human immunodeficiency virus and AIDS, acquired immunodeficiency syndrome we know that at the time of the COVID-19, this too also suffered a lot as the main programmes we had to look at. The department remain committed to achieving 1990 strategy. Though our performance during the COVID-19 like I say was affected and it went down.

But the District of Thabo Mofutsanyana remained in the top five districts that achieved the 1990 strategy and we trying to copy from what Mofutsanyana did, all other districts so that we achieve the 1990 strategy in all our districts. We are also working with our community health workers to make sure that we achieve the 1990 strategy in all other districts.

The other intervention that we are doing is that we have increased the number of patients that we have enrolled on Central Chronic Medicines Dispensing and Distribution, CCMDD,

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as we are trying to ... [Inaudible.] ...and also trying to deal with the issues of patient's waiting time at the clinic, when they come to get their medicines. So we have enrolled more patients on the CCMDD [Interjection.]

Deputy Chair, the department would never have been where it is, if it were not for health care workers, who relentlessly remain at the forefront of the pandemic despite the difficulties that we are facing and we are committed to ensuring that we catch up on all the programmes suffered during the hype of COVID-19.

And we are also really glad that the community of Free State, they were able to respond very well, when we were working on the COVID-19 vaccination and we are at this point in time above 50% of the total target population, that have been vaccinated. And above 70% on the very vulnerable age of above 60. So we are really doing very well but we are still not there at the 70% and we are encouraging our people to visit our vaccination programmes and we are going to continue with visiting all the communities at their places, where they stay so that we are able to increase the number of vaccinated people in the province. I thank you Deputy Chair.

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Dr N MOKGETHI (Gauteng): Hon Deputy Chairperson of the ... [Interjections.]

The DEPUTY CHAIRPERSON: Mute hon MEC Free State. Mute, please. You may continue, hon MEC Mokgethi.

Dr N MOKGETHI (Gauteng): Thank you very much, hon Deputy Chairperson for the opportunity. Greetings to the hon Chairperson of the NCOP, hon Minister and Deputy Minister of Health, members of the provincial executive, hon members of the NCOP, hon Chief Whip of the Majority Party, delegates from various provinces, ladies and gentlemen.

This National Council of Provinces House Sitting takes place during Youth Month, where we commemorate the historical selfless struggle championed by young people during the dark days of colonial apartheid government. During the month of June, the Gauteng Department of Health will be focusing on different programmes promoting healthy behavioural change, including themes on economic empowerment and career opportunities to uplift young people in our province.

Hon Chairperson, the overall thrust of this Budget Vote is anchored around the objectives of strengthening our Gauteng

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health system to be more responsive to patients' needs. We will demonstrate how we are looking to carry out the department's Annual Performance Plans and the prudent deployment of the allocated budget, thus providing a comprehensive rationale of our considered decisions.

Hon members, for the 2022-23 financial year our Department received a total of R59,4 billion and further R178,2 billion over the 2022 Medium Term Expenditure Framework, MTEF. With this allocation, the department intends to transform the health system and improve the quality, safety and overall coverage of health services it provides to the citizens of Gauteng. Furthermore, a total amount of R1,5 billion is allocated for the Comprehensive Health Response to the COVID-19 pandemic. This is assigned for administering the vaccination rollout programme, amongst others. Included in this amount is the R1,1 billion, which is designated to sustain filled posts created for the COVID-19 response programme.

On the critical positions, I am happy that hon Bara did acknowledge that we did appoint the head of department and the CFO. The recent appointments of the CFO and the head of the department, including the deputy director general for

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corporate services, Ms Basani Baloyi, with effect from 1 March 2022, marks an important milestone in our transformation journey, and it sets the strategic tone for the department.

In addition, the department has set aside an amount of R35,2 billion in the 2022-23 financial year and, to sustain the current staff compliment and fast track the filling of critical posts in all our institutions. This is part of the concerted efforts to strengthen leadership and administration capabilities in the department, and to improve the quality of healthcare in the province.

The department continue to run one of the biggest HIV preventive and treatment programme in the country. In light of this immense workload, we remain committed towards the priority of reducing the burden of HIV and AIDS and Tuberculosis, TB, as outlined in the UNAIDS 90-90-90 strategy for HIV, TB and non-communicable diseases. To achieve this objective, a total of R6,2 billion in 2022-23 financial is set aside for HIV and TB programme. The foremost focus in these areas will be on the revitalisation of the HIV Counselling and Testing campaign, and the intensification of interventions on the highest risk populations for HIV infections and transmissions. The department will also intensify

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antiretroviral, ARV, rollout to initiate more people on ARV treatment, implement strategies aimed at improving viral loads, an adherence strategy and improve the source and quality of data management to prevent the loss of clients by conducting follow-ups.

The department has managed to conduct over 5 million HIV tests in the 2021-22 financial year, with 151 771 people testing positive for HIV. We have also managed to place and retain 1 178 819 clients on the ART treatment. The viral load suppression amongst adults has been attained, and more still needs to be done for the children on treatment with only 64,7% on treatment virally suppressed. We also intend to continue to integrate the HIV and TB services into the COVID-19 screening, testing and contact tracing. We have a responsibility to ensure that COVID-19 pandemic does not threaten the gains we have made in the fight against both diseases. In addition, we are directing our focus on the health screening of learners in schools to address health barriers to learning and educating through the Integrated School Health programme. This programme has received R349,7 million in the 2022-23 financial year.

On mental health, hon Chairperson, another area of priority the we have identified is the mental health programme. Mental

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health disorders are extremely prevalent in our society, and are responsible for poor quality of life, increased mortality and have direct attributes towards economic and social costs. Therefore, mental health care services are allocated R474,6 million in the 2022-23 financial year. With this allocation, the department will improve the mental health services through prioritising district health institutions and regional hospitals, linking it with adoption of a multi-disciplinary team and inter-sectoral approach, such that we achieve a people-centred mental healthcare services.

On emergency services, hon Deputy Chairperson, our emergency medical services will receive R1,6 billion for the 2022-23 financial year to improve emergency response times in urban and rural areas. It is equally important to note that, emergency medical services will be equipped to deal with neo-natal cases through dedicated vehicles to attend to obstetric emergencies within facilities and from the communities. In order to reduce and improve patient waiting times during referrals between health facilities, we are currently piloting what is called Gauteng the Scheduled Emergency Transport, G-SET, across all districts. This is the new innovative way of responding to patient needs and will see a shuttle service

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transporting patients through predetermined routes within a cluster of health facilities at scheduled times.

Hon members, our country is facing a challenge of shortage of healthcare professionals, and this phenomenon is affecting many countries across the globe. As a department we have set aside an amount of R321,1 million in the 2021-22 financial year, allocated to bursaries and training opportunities. The provision of quality health service is highly reliant on functioning healthcare infrastructure for patient care. Appropriate health infrastructure is a significant pillar to support the fundamental objectives of promoting improved standards of care and wellbeing of patients. To meet this expectation, a total amount of R2,3 billion in the 2022-23 financial year is allocated to implement health infrastructure projects. These projects are directed at construction of new facilities and the rehabilitation, upgrade and maintenance of existing facilities.

With regards to further expansion of service platforms, the following clinics, Phillip Moyo in Ekurhuleni, Mandisa Shiceka in Tshwane and Sebokeng Zone 17 in Sedibeng are earmarked for handover and opening during this financial year. Furthermore, we have prioritised the Primary Health Care re-engineering

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programme which will receive R1,3 billion in the 2022-23 financial year. The provision of 24hour x-ray services in the community health centres will continue, which will ensure to avoid the transfer of patients to hospitals for simple x-rays that can be done at primary health care level.

Hon members, the National Health Insurance, NHI, remains one of the key priority we are determine to advance. We have dedicated an amount of R271,4 million, towards the implementation of the NHI over the 2022 MTEF to prepare our healthcare system. This budget is earmarked for improving patient care, clinical outcomes, achieving the Ideal Clinic Status and Ideal Hospital Status.

As I conclude, hon Deputy Chair, we pride ourselves having been identified as a province that is leading in this priority. We are fully determined to deliver this essential programme, for the majority of the people in Gauteng.

Our priorities are in line with Growing Gauteng Together 2030 vision which is our provincial blueprint, mandating us to ensure that 90% of our clinics, community healthcare centres and regional hospitals meet the ideal clinic standards. To further ensure that our health service centres open on time,

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with adequate medicines and equipment, providing safe and patient-cantered services. I thank you, hon Deputy Chair.

The CHAIRPERSON OF THE NCOP (Ms S E Lucas): Order, hon member. Thank you very much, hon MEC Mokgethi. We will now call on hon Luthuli, and in the same vein handover back to hon Nyambi who will proceed presiding over the programme. Over to you. I see hon Lehihi standing in for hon Luthuli. It is what I can take from the fact that you show me your beautiful face. You may continue.

Ms S B LEHIHI: Thank you, Chairperson.

Setswana:

Ke a leboga, Modulasetilo.

English:

The EFF rejects the budget on Health. The delivery of quality healthcare is a constitutional obligation in South Africa, yet under this department, healthcare inequality is worse for poor, black South Africans than it was under apartheid, especially in the rural parts of this country, such as the Eastern Cape and North West Provinces. Challenges faced in healthcare have worsened over the years due to shortages of

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healthcare workers across all provinces. This is coupled by a shortage of hospital equipment and work backlog which cause extended delays for patients awaiting treatment.

Setswana:

Dikago tsa pholo jaaka maokelo le dikleniki ga di na ditirelo gotlhelele. Dikago ga di tlhokomelwe, gape ga go na tsela e e thibelang tshelano ya maletswe ka kamano. Balwetsi bae ma nako e telele ko bookelong gonne maokelo ga a mo seemong se se siameng go tlisa ditirelo tse di maleba mo baaging. Batho ba ba fetang 84% mo Aforekaborwa, ga ban a ditlamelwana tsa pholo kgotsa di sekema sa boitekanelo. Ba lebeletse thuso go tswa mo lefapheng, mme mo go lona go tshwana le hube, go go setlha fela. Batho ba tlhaolwa ka gore o mang, le gore maemo a o nang le one ke a feng mo setšhabeng?

English:

Chairperson, the North West Province healthcare e bodile [is rotten,] while Members of this House have access to proper health services, and specialists, while our people across the country do not have access to basic services. After a visit to Mafikeng, Mr Ramaphosa once commented that ...

Setswana:

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... Mafikeng e leswe.

English:

... which translates to, Mafikeng is dirty. As usual, he failed to properly categorise the root-causes of the dirt in the North West Province, but let us provide clarity to that effect.

Setswana:

Bokone Bophirima e leswe, ...

English:

... because Bophelong Provincial Hospital in Mafikeng is failing to provide basic hygiene. There, exists shortages of beds, pregnant women are subjected to inhumane condition in maternity wards, and the infrastructure is dilapidating and very soon it will become a hazardous area.

Setswana:

Ke lona leswe la Mafikeng leno. Bokone Bophirima e leswe ...

English:

... because Tshepong District Hospital in Klerksdorp is in its worst state, Minister. Our ailing parents, sisters, brothers

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and children are returned home almost every week due to shortages of medicine. There is shortage of nurses and doctors even though the hospital services the surrounding areas such as Maquassie Hills, Matlosana and Tlokwe.

Setswana:

Bokone Bophirima e leswe, ...

English:

... because clinics across the province close at 16h00. Our people in Boskuil cannot afford to pay more than R100 to access health services in Wolmarranstad, which is about 25km away. Minister what rational reasons lie behind closing healthcare facilities at 4pm while are people need services throughout the day and night?

Setswana:

Mafikeng le Bokone Bophirima di leswe, ...

English:

... because a girl child is deprived of her constitutional rights to be at school when she goes on her menstrual cycle, mainly because, your department is failing to provide free sanitary towels, yet it continues to provide condoms.

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Minister, sex is a choice, menstrual cycle is not. Health services, healthcare institutions and facilities across the country remain inaccessible and inconvenient to large numbers of our people. This department has failed to make available good health services which are within reach of those who need them.

This department has failed to extend opening hours in clinics and other healthcare facilities in our townships. The reality which our public healthcare system is faced with, along with other departments, is that this is a department which is plagued with the leadership of the ANC which refuses to account for the failings of this department. The SA Health Products Regulatory Authority, SAHPRA, is in a constant state of deception. Two years later, SAHPRA has still not done the work to save and protect our people from Johnson and Johnson surgical mesh debacle.

While they do this, SAHPRA is dead set against approving vaccines developed by companies from Russia and China. They are gambling with the health of our people in their pursuit of factional scientific preferences.

Setswana:

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Bokone Bophirima e leswe, Tona, mme e diriwa leswe ke boeteledipele jo bo leswe jwa mokgatlho o o busang. Porofense ya Bokone Bophirima e ikgatolositswe ke Lefapha la Pholo. Bana ba tlhoka go tsena sekolo ba sa kgorelediwe ke maemo a tlhago kgotsa goya bosading jwa bone.

English:

We need a budget that will ensure provision of sanitary towels for a girl child, in particular, and of urgency, to schools. This can be done in partnership with the Department of Education. We need to have ... [Interjections.] [Time expired.]

The DEPUTY MINISTER OF HEALTH: Chairperson, thank you very much for allowing us to be part of this debate. To the Chairperson of the select committee, the Chairperson of the NCOP and Deputy Chair, hon members of the select committee. My apology for our Minister who had to go to another pressing Cabinet meeting. Other Deputy Ministers who are here and Members of the Executive Council, MECs.

It’s always an honour and not something to be taken for granted to be invited by this House to debate on this important budget of health.

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Let me start by saying, we support this budget. And we want to say this debate takes place two years after the COVID-19 pandemic that began and changed our lives and the economy in our country. The battle is not over yet, as the Minister has indicated, covid is still with us.

But, indeed, we've come a long way. The lives of our people is beginning to normalize, then post-pandemic. Yet much still needs to be done to rebuild our economy, improve the uptake of health services, reduce morbidity and mortality which got worse during COVID-19.

The impact of COVID-19 will live with us for many years still to come. We need to mobilize communities and individuals to get back to healthy lifestyle activities, health promotion and preventative care. We need to deal with challenges of non-communicable diseases to ensure ... [Inaudible.] to rise, before the COVID-19 as well as its impact.

The escalating burden of non-communicable disease, including mental health, serious impact on health and development of our communities is estimated that 80% of commonly experienced non-communicable disease result from preventative risk behaviours, and this increasing burden is presently resulting in high

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mortality, morbidity and disability as great cost to patients, families, communities and to the health system and the economy at large.

During the COVID-19 pandemic we observed persons with known and unknown heartbeat [Inaudible.] getting worse because of what actually is the core comorbidities with these illnesses.

According to the United Nations Children's Fund, UNICEF, report of 2019, South Africa has the largest percentage of overweight children under age of five years and between 10 to 19 years of Eastern and Southern Africa.

The South African demographic and health survey of 2019 found that a significant percentage of men and women who perceive themselves to be either underweight or of normal weight were overweight.

The impact of determinants of health on the poor and vulnerable is very complex, not only do they have disproportionately access to care but poverty results in these communities being also less likely to afford healthy foods, are more likely to live in environments which fail to allow safe space for exercise and recreation and expose them to air

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pollutions; all of which leave them little or no flexibility on their choice that they make.

Perhaps more disturbing, the impact of the commercial determinants driven by the private whose marketing and availability of products such as tobacco and food and beverages with increased levels of salt, sugar and trans fats keep our people unhealthy in the interest of maintaining their profits.

Hon Chairperson, just yesterday, the 31st of May in the District of Sarah Baartman, we did a two-in-one. Firstly, it was recognition of a no tobacco day and also recently our approved strategic plan for the provision of controlling of non-communicable disease 2022-27.

Just on the note on no tobacco day, there was also a report that was tabled by the SA Medical Research Council, SAMRC, and that report said very concerning things, firstly, 93% of smokers in South Africa do understand that they are involved in a risky behaviour by smoking; secondly, 40% of smokers in our country are planning to quit and they wish to be supported if they could; thirdly, the report was actually telling us that there’s already smoking at the age 15 and above.

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So, when we were there we were then wondering, when do we actually start to see people smoking?

The Mayor of Sarah Baartman District, Cllr Deon de Vos, actually mentioned that he is aware of people as young as 9 years old, who have started to experience with smoking. That's a very worrying factor.

Whilst aligning its deliverables to existing legislation, policies and sureties including on the tobacco control, obesity, cancer and mental health conditions, a key focus of this plan is to ensure the early identification, diagnosis treatment and control of persons with or who are already having high risk of hypertension and diabetes.

The essential process to link persons to care and promote the control of their conditions will be achieved through the rollout of this strategy that we actually launched yesterday.

The aims and objectives of the strategy are to strengthen the district's community-based multisectoral response with the initial focus on hypertension, diabetes, obesity and mental health.

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The recent increases of disasters have, and especially in the province we have had, have already added to the strained mental health services needed. Of great concern is the long term and far-reaching human psychological, social and economic consequences of the pandemics, disasters and emergencies on the entire community that we serve.

We'll also like to indicate that we will continue to improve the decentralization and intervention of mental health services because this is what our people have shown that they do need.

We also are going to invest in primary care and community-based mental health services to improve access and efficiencies in services rendered to our people.

The regulations for the licensing of community day care and essential care facilities for people with mental illnesses and severe or profound intellectual disability will soon be published for our people to comment on.

South Africa remains committed to providing comprehensive, sexual and reproductive services with an equitable and rights based approach.

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Unsafe termination of pregnancy remains one of the major causes of maternal morbidity and mortality and needs to addressed to further reduce the South Africa's maternal mortality rates to the sustainable development goal of at least 70 maternal deaths per 100 000 live births by 2030.

Despite South Africa's liberal abortion law, the country continues to face problems with unsafe and self-induced abortions at a relatively high rate. The illegal abortionists are advertising themselves pasting their adverts on the municipal poles and encouraging young women, adolescent and youth to utilize their services. To address this problem, the department in collaboration with other government departments and different stakeholders started a campaign against illegal abortion, youth engagement and promoting healthy lifestyle.

The first province to host this campaign was North West in Bojanala District in February, followed by the Eastern Cape in two areas, one was in Buffalo City and the other was in the OR Tambo Districts in May this year.

We are targeting to go into the next province this month, June, in Ehlanzeni in Mpumalanga and the national department

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will continue to support and aim to cover all other provinces and let our leaders there continue with the process.

We are systematically addressing common issues that are raised by young and health managers during these campaigns: shortage of staff, overcrowding facilities and also there's a need to capacitate and mentor clinicians especially the on-long acting reversible contraceptives.

Young people are actually saying there are negative attitudes of our staff in some areas, young people always are judged as they access these sexual reproductive services, most facilities are not offering the comprehensive variety of contraceptives, there's little privacy and confidentiality as young people access these; of course these are young people, sometimes they don't want to be seen by the people in the villages that they are coming in to access.

However, we continue to strengthen our adolescent and youth-friendly services. Currently we have, to these challenges that young people are raising, the department, therefore, approved a National Adolescent and Youth Health Policy in 2017 whose main objective is to empower adolescent and young people to engage with the policy and programming on youth health. This

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has translated into what was called youth zones, to facilitate the implementations of the adolescent and youth-friendly services.

A comprehensive package of health interventions was delivered during dedicated ... [Inaudible.] for young people including adolescent, sexual reproductive ... [Inaudible.] to prevent teenage pregnancy.

The involvement of young people in designing such interventions to address their challenges align with the five objectives of the She Conquers campaign, which is very crucial to the success of this campaign is commendable.

The department is committed to the recommendations outlined in the National Youth Policy of 2030. Currently we do have 1 405 of our primary healthcare facilities that already are actually embracing ... [Inaudible.] use on approach. We aim to have much more by the end of this year ... by 2025 at least to have actually got 2 500 of our primary healthcare facilities.

A total of over 4,6 million of our adolescent and young people have accessed our health services that offered in these

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facilities that are already youth-user friendly; that is up to the 31st of March.

To demonstrate that indeed our facilities are accessible and available for young people, we want to continue to strengthen the quality of the service that give to them in collaboration with the social development and other programmes that we do have ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): As you conclude, Deputy Minister.

The DEPUTY MINISTER OF HEALTH: As we conclude, we want to continue to strengthen our support and work relationship on an integrated programme in the school health programmes that is championed by the Department of Basic Education. we want to say, we are champions, we are mandated to support the programmes that are focusing mainly on young people and we would want to continue doing that. Thank you very much, Chair, for allowing us to [Inaudible.] raise these issues. Thank you very much.

Ms D C CHRISTIANS: Hon Chairperson, hon members and hon Minister, fraud, corruption, cadre deployment and

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maladministration continues to destroy public health services in this country.

The ANC government has systemically destroyed every single public service entity in the country and citizens are left asking how long before nothing is left of this country as we continue to see cadre deployment and corruption wreak havoc.

Year after year we come to this platform to approve budgets of billions of rands, yet most hospitals, clinics and health systems in the country are in severe decline. Coffers continue to be raided by callous thieves as these same budgets we have to approve and debate year after year are systemically syphoned into corrupt officials' pockets.

Reports of infant deaths are on the rise, mothers are forced to give birth in hospitals on cold floors screaming for mercy as a shortage of beds, nurses and doctors are the order of the day.

Mass immigration of health care workers have seen a shortage in hospitals, the vacancy rate for nurses increasing by 21 453 and the patient/doctor ratio in hospitals are 0,31 per 1000 residents. This means a severe shortage of medical staff.

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The looting of the COVID-19 pandemic funds has shown just how little this government cares for the people of this country, as recently it was indicated that 61,2% of all procurement was irregular.

Chairperson, let us focus our attention on the health system in the Northern Cape for a minute, as it has been on a steady decline for the last decade and matters have now reached breaking point. There have been no improvements in audit outcomes for the past five years, with the department stuck on a qualified opinion and showing no will to try and recover. It has not even bothered to attempt to put together an audit action plan.

The department started the current financial year in a deficit, owing R590,186 million on the previous year's debt, while its bank overdraft was at more than R100 million, signifying financial unsustainability and once again casting doubt on the department's ability to function.

Ironically, this debt-laden department also managed to underspend by R78 million due to a combination of factors, including administrative delays in moving patients to the new mental hospital, which in effect sees state patients still

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being housed in prison despite this being a gross human violation of their rights.

Despite the almost R2 billion state-of-the-art mental health hospital in Kimberley, minors are being admitted to adult wards because the child and adolescent ward is not yet operationalised.

The department failed to spend earmarked for the procurement of emergency vehicles and the number of operational ambulances on our roads is declining with the latest figures suggesting that only 75 ambulances were operational, while 73 were waiting to be repaired.

Cancer patients can’t get from Springbok to Kimberley for treatment, while at the last known date, 28 Patient Transporters were operational and the other 28 were broken.

How can we accept that there is an increasing number of babies who contract Human Immune Virus, HIV, infection during the postnatal period or that the department is failing to achieve its target on the initiation of pregnant women on antiretroviral treatment?

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Out of a mortuary fleet of 31, only six mortuary vehicles are in a good working condition in the entire Northern Cape province.

The state of clinics is on a severe decline, with only 23 facilities out of 159 achieving Ideal Clinic status compared with 101 achieving the status in 2018-19.

Claims against the department stand at R1,890 billion and medico-legal cases accounting for R1,624 billion, indicating an ongoing increase in adverse events taking place in health facilities.

Most hospitals and clinics suffer dire personnel shortages. In fact, Robert Mangaliso Sobukwe Hospital in Kimberley can, on a good day, only operationalise four out of nine theatres because of a lack of nursing staff.

Sexual assault victims are not attended to due to the shortage of available trained practitioners in Clinical Forensics. Shockingly, for the previous year, 848 sexual assault cases were reported at health facilities in the Northern Cape but there was only DNA testing done on a single perpetrator, only one.

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The DA in the Northern Cape has in a letter appealed to the Minister of Health to take this department under its wing while there is still something left to save this dysfunctional and increasingly deadly department in the Northern Cape.

Yes, the previous government under the apartheid regime was horrendous but for how long will the ANC government continue to use this as an excuse for looting, corruption and maladministration?

The people of this country can no longer tolerate the incompetent and corrupt government by turning a blind eye to the rot and decay we see everywhere.

As I conclude, this budget clearly does not have the wellbeing of South Africans at heart but merely the personal bank accounts of corrupt ANC cadre officials. I thank you.

Ms N NDONGENI: Good evening Chair. Chair, - I don’t know whether ...hello Chair.

IsiXhosa:

ILUNGU ELIHLONIPHEKILEYO: Hayi siyakuva sisi, qhuba.

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Nksz N NDONGENI: Kulungile ndiyabulela.

ILUNGU ELIHLONIPHEKILEYO: Ndim usihlalo ngoku.

Nksz N NDONGENI: Hayi wena!

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon Ndongeni we can hear you but we can’t see you.

Ms N NDONGENI: If you can’t see me, I have got a problem. I don’t know what is going on with my gadgets.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Okay, continue with your speech.

Ms N NDONGENI: When I open my video, it is upside down. I am sorry Chair.

The HOUSE CHAIRPERSON (Mr A J Nyambi): No, continue with your speech.

Mr J J LONDT: Hon Chair, it is a user problem and not a gadget problem.

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IsiXhosa:

Nksz N NDONGENI: Yhooo! Uyanqonyoza ...[Uwele-wele.] Hayi uyanqonyoza lungu elihloniphekileyo uLondt, andiyazi ukuba kutheni ekubeni uyindoda.

English:

Thank you Chair. Greeting to you Chair and the Deputy Chair, Minister and Deputy Minister on the platform, permanent delegates, special delegates and all members of the society. We began this youth month with this critical debate which has a direct impact on the well-being of all South Africans and the healthcare system, which should support all South Africans. We will debate a critical policy position of the ANC which will also benefit the youth who are amongst the most marginalized as there are impacted by the highest levels of unemployment.

The democratic ANC government has been tasked to address a legacy of colonialism and apartheid. Apartheid as a crime against humanity created inhumane conditions for the black majority and Africans in particular. Over the past 27 years, the ANC has developed the health systems to respond to the need of all South Africans, despite the progress in advancing this transformational agenda, the structural constraints

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induced by apartheid and its capitalist accumulation resulted in a skewed distribution of resources.

Chair, it is for this reason that the ANC's health policy has been premised on the realization of a universal healthcare coverage. Universal healthcare coverage means that all people should have access to equal health services needed, without any financial hardships or class position. Subsequently, despite some progress in expanding access to health, at least half of the world's population still cannot obtain essential health services.

A joint study by the World Health Organization, World Bank, and the Tracking Universal Health Coverage Global Monitoring Report 2017 found that, close to 100 million people are being pushed into extreme poverty because of health expenses, and 800 million spent more than 10% of their household income on health care. Thus, achieving universal health coverage is not just about better health outcomes but also about economic development and equity.

According to section 27(1)(a) of the SA Constitution:
"Everyone has the right to have access to health services, including reproductive healthcare", Constitution of the

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Republic of South Africa of 1996. The SA government, through the National Department of Health, is committed to moving the country towards the goal of united health coverage, UHC, which is being pursued in South Africa through the implementation of the National Health Insurance, as articulated in the National Health Insurance, NHI Bill.

The socioeconomic impact assessment of the NHI Bill makes the point that although 43,6% of the population in South Africa live in rural areas, they are only served by a 12% of doctors and 19% of nurses in the public sector. Thus, residents of urban areas are the beneficiaries at the expense of those in rural areas. Similarly, it is reported that females 63,5% are more likely than males 57,6% to use the public health sector and therefore, suffer relatively more due to this limited access. The creation of the Nation Health Insurance Fund as a single purchaser is expected to be able to support the creation of an environment and incentives that will rectify this imbalance

Chair, the dual system of health should not be normalized and the NHI offers an opportunity to ensure equitable access to healthcare. The Nation Health Insurance Fund will function as a single pool fund that will pool resources for maximum

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impact. One of the critical lessons from the COVID-19 responses by the healthcare system, was the integrated approach and collaboration of the private sector and the public sector, working together united to address the health risk facing our nation.

The NHI will yield various benefits such as:

1. The establishment of the NHI Fund will augment public sector resources, because it will balance resource allocation between private and public healthcare sectors.

2. The NHI will address skewed resource allocation, currently, there are more resources in the private sector than in the public sector.

3. The NHI is a healthcare financing system that will ensure every member of the population can access health services.

4. The NHI will address equity issues about medical schemes' tax credits and subsidy which is currently only

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benefiting the medical schemes' members. The last but not least;

5. The medical schemes only benefit a few. According to Statistics SA, only 10,1% of blacks have access to medical aid, compared to more than 70% of whites.

With NHI, medical schemes won't be dumping to the state facilities private patients, whose medical aid benefits have been exhausted. Support the Bill because it will:

Change many things such as improvement of infrastructure, medicine, reduced queues, and improved quality.

Ensure financial protection from the costs of health care and provide access to quality health care services by pooling public revenue to actively and strategically purchase health care services based on the principles of universality and social solidarity.

Create a single framework throughout the Republic for the public funding and public purchasing of health care services, medicines, health goods, and health-related

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products, and to eliminate the fragmentation of healthcare funding in the Republic.

Promote sustainable, equitable, appropriate, efficient, and effective public funding for the purchasing of healthcare services and the procurement of medicines, health goods, and health related products from service providers within the context of the national health system; and

Sustaining the current dual system will reproduce the inequalities of access to healthcare. Citizens with medical aid will continue to be exploited by the exorbitant cost which has financialized a critical basic service.

Medical aid holders also face numerous challenges as exposed by the Competition Commission Health Market Inquiry which found that:

The SA private healthcare market it is characterised by high and rising costs of healthcare and medical scheme cover, and significant overutilization without

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stakeholders have been able to demonstrate associated improvements in health outcomes.

We have identified features that alone or in combination, prevent, restrict, or distort competition. The market is characterised by highly concentrated funders and facilities markets, disempowered and uninformed consumers, a general absence of value-based purchasing, practitioners who are subject to little regulation, and failures of accountability at many levels.

Chair, medical aid users still pay out of their pockets as their allocations get depleted. It is for these reasons amongst others that the ANC has prioritized the NHI Bill in the Sixth Administration, thus far the process of the Bill is at the clause by clause stage in the National Assembly. As we debate this Bill, the National Assembly is about to conclude the Bill before its submission to this House. This is major progress towards the attainment of national health insurance.

We are not fazed by the rejection of the Bill by the political extremes from the right to the ultra-left led by the FF Plus, the DA and the EFF. These hon members display the lack of commitment from these parties to creating a better life for

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all, wherein all South Africans receive equal opportunities and equal health services.

This unholy alliance of rejection of progressive policies of the ANC reflects the narrow philosophical and ideological orientation of these opposition parties, which the right wing aligned to protect the capitalist class and the retention of the status quo whiles on the ultra-left the EFF argues left but rejects progressive moves to the left. This is a clear sign of the level of populism in the ranks of the EFF.

These opposition parties claim to support universal health coverage, yet they reject the NHI, this is the highest level of hypocrisy, and the people of South Africa should know what these political parties stand for. They stand for stagnation and a narrow focus on derailing progress.

The National Council of Provinces will have its public participation process on the NHI Bill and as the ANC in this House, we await the Bill to ensure it is processed to effect the socioeconomic transformation required for an equitable healthcare system. It is also important to note that the majority of South Africans support the NHI, and as members of

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this House, we should orientate our approach to support the aspirations of our people.

The ANC supports this Budget Vote, and we urge the department to remain committed and steadfast for the progressive realization of universal health coverage in South Africa.

I thank you Chair and I am sorry about the video.

Ms N SIMELANE (KwaZulu-Natal): Good evening, Chair, good evening to the Minister Phaahla, the Deputy Minister Dr Dhlomo, Chairperson of the NCOP as well as the Deputy Chair, hon members, members of the media, distinguished guests, ladies and gentlemen, good evening, I wish to start by warmly welcoming the 2022-2023 budget speech as delivered by the hon Minister of Health, Dr Phaahla on 10 May and delivered in this meeting today. We also hereby express our gratitude as the province to the ANC-led government for its leadership, guidance and support during the various turbulent episodes that our province has had to endure over the past two years.

Here I am referring to the COVID-19 pandemic, which was first diagnosed in the suburb of Hilton near Pietermaritzburg. I am also referring to the looting, vandalism and cold-blooded

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massacre of fellow compatriots during the July 2021 unrest. As well as the two recent episodes of flooding, which occurred in April that caused extensive damage in our province and our hospital and health care facilities were not spared. Invariably, these disasters have had a negative impact on our budgets, which have already been shrinking since 2019 to date as the province of KwaZulu-Natal. The shrinkage over a nearly three-year period has set us back by at least R16 billion as a province, which is extremely concerning and has serious implications for us and the health care system. Be that as it may, we fully support the commitments that our hon Minister, Dr Phaahla has made in his budget speech, including the fact that the major during the financial year and beyond will be on regaining the ground lost due to the deadly COVID-19 pandemic through offering the public a stronger and more comprehensive package of health care services.

It is our firm belief that the integration of the COVID-19 vaccination programme into the comprehensive basket of services, from primary health upwards, is indeed a step in the right direction for the country. As the country’s second-biggest province, we welcome this integrated approach because any increase in the number of people who get vaccinated against COVID-19 in KwaZulu-Natal translates into a serious

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boost to the country's efforts to attain population immunity. Having said this, I must also be the first one to acknowledge that, as a province of KwaZulu-Natal, we are indeed struggling with getting our fellow compatriots to come forward and get vaccinated.

However, we are working on it. We have programmes that we have implemented and we are continuing to implement those programmes. And together, working with it the national Department of Health and the support that we have received there, we think we will be able to achieve our targets eventually. In the same breath, our strategic health programmes incorporating HIV and Aids, TB, medical male circumcision, condom distribution, and many others have taken a knock due to the disruptions in the normal order of life over the past two years. Again, the fact that we have been able to reach fewer people with our health education and health promotional messages, as well as through screening and testing people for diseases, does not bode well for the people of our province. And certainly not for the people of the country.

That is why we appreciate the fact that from the national Department of Health budget allocation of R64,5 billion,

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around R55 million will be transferred to the provinces as conditional grants.

IsiZulu:

Siyakubonga kakhulu lokho. Siyacabanga ukuthi kuzosisiza njengesifundazwe noma kuzosisiza, kusihlangabeze ukuze sikwazi ukuthi ukuzuza izidingo zokunakekelwa kwezempilo ezifanele esifundazweni.

English:

We are pleased that the conditional grants that we received over the past financial year were well-managed and fully spent in various areas of key service delivery. The list is endless, but I can indicate that grant of National Tertiary Services, HIV and Aids and TB, Malaria, HPV vaccination, and the COVID-19 response grant. These conditional grants always go a long way towards complementing various activities in all of these critical areas. We also appreciate the fact that some of these financial resources will cover infrastructure development. As a province, we are extremely pleased to announce that we were, once again, awarded an incentive grant by the National Treasury and the national Department of Health to the tune of R65 million.

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This was for our excellent management of the health facilities revitalisation grant, which is in line with the prescripts and various requirements of the Division of Revenue Act. We scored 92% in this regard, which was the second-highest. And of course, we aim to be first in future. We are committed to continuing to display such fiscal discipline as a testimony to the effect that this ANC-led government is serious about improving the manner in which it handles the public purse. We have also taken note of the reduction of the health budget by 1,7% each year, as indicated by the Minister and in the medium term. And that this does not take into consideration the harsh realities of inflation. As then province of KwaZulu-Natal, we have not been spared from these austerity measures which have a serious knock-on effect on our day to day running of the department. That is why we have called on the people of our province to enter into a social partnership with us. A social partnership that is rooted in disease prevention, regular health screening and testing, as well as early presentation to health care facilities. This will ensure better prospects for successful treatment, cure or management of diseases. Importantly, it will help us make a number of significant savings on our limited and shrinking resources.

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As indicated earlier, the COVID-19 pandemic and the severe floods that we have recently experienced, had a dire knock-on effect on our budget as well. With COVID-19, we are forced to put on hold many of our programmes and reprioritise our resources so that we will be able to respond adequately to the crisis. We were able to do that. However, we are still to recover from that disruption. The severe floods we have had caused extensive damage to our facilities, which will amount to nearly R300 million for repairs. We are still concluding the assessment. Another matter I want to bring to your attention is the disruptive nature of the budget cuts on the provision of health care at our different facilities as we are unable to fill the posts that were made vacant by the 426 health care workers who perished during the COVID-19 pandemic. This is in spite of the fact that these health workers who passed on were on posts that are funded. In the same way, we are unable to fill any posts that are made vacant by natural attrition. again because we are not able to indicate that we will be able to find those in the midterm space. But also of utmost importance and it is the biggest one, is the fact that we are now faced with a situation where we must ponder on the future of our COVID-19 contract staff as we have been advised they are no longer affordable to the system due to the fact that our grant has been cut from the national budget. Whilst

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we understand why the nation had to cut but is affecting us the hardest. And these COVID-19 contract staffers have become the backbone of the health care system.

We are worried about that and we hope the National Treasury, in particular, will assist the health sector when it comes to the fiscus and the funds that we are supposed to be utilising. We are fully behind the government's ongoing efforts to implement universal health coverage through the National Health Insurance, NHI. It is considered to view that the exclusion of people from accessing certain health care facilities on economic grounds, even when they have life-threatening health emergencies is unconstitutional. It is wrong. It is immoral and unjustifiable. And the continued subsidisation of the private health care sector by the government for the benefit of a privileged few, therefore, cannot be sustained. And it is for this reason that we echo the calls by the Minister, that all Members of Parliament must support the National Health Insurance Bill which is in front of the Health Portfolio Committee as we speak, as an instrument of universal health coverage as envisaged in the National Development Plan 2030.

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We also agree that the COVID-19 pandemic has brought the public and private health care sectors closer, reminding all of us that after all, no health care system should be exclusive or regarded as inferior or superior for that matter. We are confident that the budget allocations made under NHI will strengthen our public health service delivery platform. This should go a long way to enable infrastructure upgrades, the contracting of private primary health care doctors and the acquisition of specialised health technology services, including oncology services while boosting our capacity for the provision of mental health services.

We are also hopeful that as part of improving the quality of service, a significant amount of this budget allocation will be channelled towards our eHealth solution in the province. The hon Minister will remember the long queues of people that we found waiting for files at the Prince Mshiyeni Memorial hospital during his recent visit. And this is a challenge that our communities face on a daily basis. This daily occurrence at most of our facilities is a result ... [Interjections.] ... I just wanted to indicate that the Minister had indicated that they would provide support to the eHealth solution, which will assist us in removing the outdated paper-based filing system. And we think that is going to be a solution. As mentioned,

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Chair, we support the budget speech of the Minister. We appreciate very much the support that we have been given by the national government. Thank you very much, Chair.

Ms W F KAIZER-PHILANDER (Western Cape): Hon Chair, as South Africans and residents of the Western Cape, we've been through gruelling and difficult times. The reality of COVID-19 has taught us many lessons and one, in particular, stands out for me and that is, inter-connectedness.

We saw how our provincial government, how civil society and private partners ensured that during this pandemic, instead of pulling us apart, the common purpose of human dignity and wellbeing were on top of the agenda. We saw how the determination and resilience of healthcare workers instilled hope in us all.

The impact of more than two years of a global pandemic has without a doubt left its mark on not just residents' lives, but also that of public resources.

Prior to COVID-19 our country was already on a path of fiscal decline where our mandates still needed achieving despite the prevailing circumstances. And we can see the effects of this

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in respect to the Division of Revenue for this financial year, wherein: The equitable share has increased by R600 million to R21,1 billion in 2022-23, but then is expected to decrease slightly over the 2022 MTEF to R19,9 billion in 2024-25.

Our total conditional grant contributions increased by R431,345 million from R6,990 billion and that is the 2021-22 revised estimate to R7,421 billion in 2022-23. However, this allocation is expected to fall by R300 million in the next financial year.

Whilst these brief figures might provide some with the impression that despite of some decreases, the Western Cape would be in a better position thanks to this post-covid budget.

But this couldn’t be more untrue. Even though there were a number of budgetary increases, all of them are once again below the inflationary increases and we have experienced over the past few years. This means the Western Cape will have to continue doing more with fewer resources over time.

Clearly now, we all find ourselves at crossroads: either we blindly accept the scenario and allow the constrained fiscus

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to be a reason for a gradual decrease in the quality of health services, or we innovate and find ways to further continue to deliver quality healthcare for all our people.

In the Western Cape, we know we have chosen the latter path and will do everything in our power to make a difference to all communities. However, this decision doesn't seem to be the case with governments outside of the province.

By contrast, the Gauteng provincial government spent R1,2 billion on COVID-19 hospitals, of which many, as the Daily Maverick reported earlier this year, are laying to waste, weed riddled, abandoned and unfinished where no citizen can receive health services and which are currently the subject of Special Investigating Unit, SIU, investigations.

Compare this to the Western Cape Hospitals of Hope where world-class field hospitals with digital patient records, Wi-Fi for patients and good, quality care. This field hospital was later converted into a world-class mass vaccination centre. No ruined, dilapidated, derelict buildings in the Western Cape! This is an agile health department that cares for you, for the citizen by delivering quality services.

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Recently, former Health Minister Zweli Mkhize has again been implicated in corruption. Mkhize resigned last year after being linked to the irregular R150 million Digital Vibes communications tender. The tender was allegedly awarded to his close associates. Now, according to media reports, Mkhize is allegedly linked to corruption involving the Unemployment Insurance Fund, UIF.

In the Western Cape, we live in a different reality. Our doctors and nurses do not have to bring food for our patients as seen in some ANC provinces. The Chris Hani Baragwanath Academic Hospital in Johannesburg ran out of food two weeks. Things got so bad that nurses had to use their own money to buy patients bread for breakfast. Speaking to News24, one of the doctor's called this 'a humanitarian crisis'.

This signals a complete moral decay and a total national integrity compromise where sick and vulnerable patients cannot be provided with a basic of health care and nutrition in facilities where the ANC governs. The contrast between the delivery of services to citizens in the Western Cape and other provinces, is stark.

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Chairperson, it is for this reason why I would like to take this opportunity to show what can be done in difficult economic times. The budget for this year has been set to R29 billion, which is an increase of R900 million or 3,21% from the revised estimates of last year and speaks to a wide range of opportunities. R114 million has been reprioritised within the departmental baseline to fund projects linked to addressing surgery backlogs, mental health platform strengthening, addressing tech refresh backlogs, strengthening occupational health and capacity, central warehousing of non-pharmaceutical stock, obstetrics and neonatal improvements as well as establishing capacity and capability for providing palliative care services. And this is all already happening in the Western Cape.

After centralising the procurement of personal protective equipment, PPE, in 2020-21, it has resulted in a complete warehouse being set up with PPE valued at R80 million in total.

I want to highlight, Chairperson, this year, a significant focus is being placed on infrastructure, as spending on existing infrastructure assets increased by 10,91%, with upgrades and additions and refurbishment and rehabilitation

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spending increasing by 99,28% and 54,51% respectively. Moreover, new infrastructure spending is 110,11% more in comparison to 2021-22. This is how a Department ensures quality healthcare for you and all our citizens.

Infrastructure projects for this year in total equate to 107 in planning, in design, in tender or construction phase. In the Western Cape, it is clear that we are committed to serving our residents efficiently and safely.

Our communities can look forward to the following examples of good governance in action: the new Avian Park Clinic, upgrades and additions to the Gansbaai Clinic, a replacement clinic for the residents of Gouda and surrounds, a replacement clinic for Ladysmith, pharmacy compliance and general maintenance to Nyanga CDC, replacement clinic for Sandy Point Satellite Clinic, replacement clinic for Villiersdorp Clinic, a BMS upgrade for Groote Schuur Hospital, 11 kilovolt generator replacements at Tygerberg Hospital. And these are mere snippets of what is possible when a provincial government maximises its available resources in order to deliver quality healthcare to all its residents.

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Despite the prevailing pressures, the Western Cape remains the only health department in the country to have had three consecutive clean audits; let alone a clean audit to start with. Yet, that in itself is the very issue, why is it that we are forced to go above and beyond our mandates and means to deliver services when our money in real terms decreases from national?

It is for this reason that we do not support this Bill. I thank you.

Dr P RAMATHUBA (Limpopo): Thank you, hon House Chair. Hon Deputy Chair of the NCOP, the hon Minister of Health, the Deputy Minister, fellow members of the executive council, MECs, permanent delegates and hon members, let me appreciate and thank you for this opportunity to address this august House today. Hon House Chair, Limpopo supports the Budget Vote and we are fully behind all this progressive budget that is looking at making sure that the lives of our people change for the better. The centrality, House Chair, of the provision of quality of health care to citizens can never be negotiated in a progressive society like ours, notwithstanding all the challenges which characterises the service delivery environment. The ANC-led government has at all material times

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punched beyond its weight in order to ensure that it achieves the important baseline of quality health care because without the quality health care there can never be any characterisation of a better life for all.

As impressed by the hon Minister, Dr Joe Phaahla, earlier on in his speech before this august House, our focus should now be on major recovery of comprehensive health care. This we do as we count our cost from the devastation that accompanied the coronavirus disease 2019, Covid-19, pandemic. House Chair, those who wish to see this government fail have been hard at work trying to convince all of and soundry that emanating from Covid-19 pandemic our health outcomes will only paint a picture that is characterised by doom and gloom we have witnessed it even in this House. We are satisfied that that has not been so. We are fixed our focus towards the heath care recovery root. We are happy to note that our experiences during the pandemic were not only about bad things, but a mixed bag of challenges and successes. A successful health care service is evidence by the prevention of avoidable death, especially in pursuit of the Sustainable Development Goals.

We have all been witnesses of how this government has under the recent periods of unprecedented difficulty steadfastly

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stood to confront all form of disease, both communicable and noncommunicable. Government relentless fight against the ruthless communicable diseases such as tuberculosis, TB, is just one of many examples. TB has been in the top 10 causes of death and the leading cause of death from a single infectious agent ranking even above human immunodeficiency virus, HIV, and acquired immunodeficiency syndrome, Aids, for the past decade. More than 1,5 million people died last year as a result of TB infection globally making it number two after Covid-19. It is not true that we are not winning the battle against TB. Therefore, I would like to draw, hon members, to come and visit our province Limpopo where we are witnessing a decline on the incident rate from 203 per 100 000 populations in the financial year 1920, which in numbers we only detected 11 795 TB cases. It declined to 163 by 100 000 population in the year 2020-21, a decline in numerically to 5 973 which is far much below even more than 50% decline.

There are many dimensions to this House. However, we believe the key among them is the health care intervention mechanism implemented by government on the fight against this killer monster. We are also focusing on integrating the TB screening into comprehensive health care screening for both communicable which include whether it’s Covid-19, HIV, Sexually transmitted

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infection, STI, including the monkeypox, we've already started screening people in our border posts to make sure that our people are safe from any disease, because we believe even the budget that we are supporting today is a budget for health not for diseases which unfortunately many hon members even in their debate, it is very clear that they failed to appreciate that this is a Department of Health not the department of disease. Hence you only want to know about this department when people are sick.

When mother-to-child in Northern Cape, mother-to-child transmission of HIV, it should be the problem of all hon members, because it is us as hon members who must go out to the community and educate our people about the importance of knowing your HIV status, of attending the antenatal clinic, even before your 20-weeks so that we can test you if you are HIV positive we will put you on antiretroviral, ARVs. There are still mothers who are coming to deliver in our facilities when they have never visited any antenatal. Therefore, those are the ones who form the part of those who are transmitting the virus to their children. Therefore, health must be our problem all of us and even as hon members we should be running this campaign.

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We have seen our integrated programme also looking at noncommunicable disease. These are your hypertension, your diabetic, your cancer which we are all, when we do the screening now, we are not only doing one we give you under the Cheka Impilo campaign including your mental health where we just launched a programme of "Be kind to your mind" as this ANC-led government. And also despite all the constrains and barriers could be before us by Covid-19 pandemic, we had been able to register requisite progress in our route to eradicate death caused by malaria which for long time has been a challenge to our people. If we are to summarise we have during this previous year managed to reduce malaria cases from 3 169 to only 1 881. This is a signal of 59,6% reduction rate. Therefore, on the same period the death due to malaria was reduced by more than 56,25% from 16 cases in 2020-21 to nine cases in 2021-22. This for us it's a huge milestone considering if you go five years back you will realise that Limpopo registered 18 977 malaria cases and 160 deaths. This is made possible by the grants that we are supporting today which the Minister has already presented.

Hon members, the African National Congress is committed to achieve the universal health care coverage for all its citizens, and we must make sure that this happen in our

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lifetime. We have seen this during Covid-19 that the hospitals that you are praising, the private health care system that you are praising, we do have colleagues who died with medical aids that have got comprehensive coverage, but the private health care could not provide them with that health care system. Therefore, for me no one will come and tell me that there is a better health care system. Public health care system has its own challenges which the Minister has already outlined and put a plan on how we're going to deal with them. Whether it's infrastructure whether it's shortage of stuff and appreciating the fact that the current fiscus, the current economic challenges that face our country, but we must also remember that private health care is for the few, people can't even access it.

However, otherwise as a province I will not be surprised when listening to the DA, House Chair, the portfolio committee from Western Cape who is speaking on behalf of my colleague here and busy with Gauteng instead of talking about Western Cape. I will not be surprised because Gauteng province as we speak today treat patients from all over the provinces in the country. They have never returned any patient because that patient is not born and bred in Gauteng, they are treating even those who are coming from outside the county. We must

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expect their challenges to be more. The DA unfortunately, recently they even attacked some of us in Limpopo, why do we allow patients from Mpumalanga to be treated in Philadelphia Hospital. Why can't they go to their own province in Mpumalanga? That is why is not surprising that they even chased away patients from Eastern Cape that they must be seen in Eastern Cape. These are South Africans. These are our people who must be seen by any health care professional. That is why for us as professionals we will never refuse to see a patient, disease does not know your colour, your political affiliation, your skin, your province. A disease is a disease. They will attack you. So, yes, our provinces will have challenges of overcrowding in our hospitals because when we see a human being, black or white, irrespective of political affiliation we treat.

Hon House Chair, we want to congratulate because the support we had as a province from the national government made it possible that for the first time in the history since 1994, a medical school was established in 2016 at Limpopo with the support of the National Department of Health and the Higher Education, both provincial government and the University of Limpopo was able to see for the first time a black child graduating in a university which people never thought will

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produce medical doctors. The first group of those doctors are now doing internship amongst them the youngest doctor in the county who is just 21 years. What a day to celebrate. Therefore, this is a government that people are saying that we are not doing a lot. And we must indicate that as the ANC-led government, yes, we've learnt from Covid and we understand the backlog that is facing our people, and we understand and appreciate that rural health matters to us.

That is why as a province, Limpopo, we have come up with a project that is called Rural Health Matters. In this past week, we were vising hospitals in Capricorn which is the deep rural Helena Franz Hospital, for instance, Botlokwa Hospital. We take specialists from the cities and from the urban areas because we still appreciate the unfairness distribution of professionals. Hon Ndongeni put it clearly here that you will find that Western Cape ... let me give an example of Groote Schuur Hospital alone that has got more psychiatrists than Limpopo, Mpumalanga, North West and Northern Cape combined. This is the situation that people want the status quo to remain. We will continue to blame ...

As I conclude I'm saying that there must be the redistribution of professionals because rural health also matters. Our people

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in the rural areas continue to benefit from specialists in all areas who agree to visit the rural areas. Therefore, if South African people and if this House means business we must make sure that we do prioritise even the people in the rural areas. Thank you, hon House Chair. [Applause.]

Mr M A P De BRUYN: Hon Chair, I would like to start with a few quotes from the Minister's budget speech, I quote:

Our major focus will be on the recovery of our comprehensive health services. We want to refocus on improving the quality of services. Improvement of quality of service at public facilities will be a major focus. Staffing of health facilities is the key to the improvement of quality service.

There are more but let's stop here.

Hon Minister, you have admitted over and over again, in your own speech, that this department is not firing on all cylinders and has not been doing so for the past two decades.

At government hospitals in the Free State, especially the Pelonomi and national hospitals, the conditions are so poor that there are not even the necessary cleaning supplies to

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clean and disinfect operating theatres, not to mention ICUs and general areas. I was told that staff are mixing hand sanitiser that was donated to these hospitals with general chemicals and water, in an attempt to clean and disinfect these hospitals. Furthermore, doctors and nurses are mostly fighting a losing battle because the pharmacies at these hospitals are severely understocked and simply doesn't have the required medication needed to efficiently treat patients.

At the Free State psychiatric centre in Bloemfontein, patients have to use their bedsheets to block the cold from entering through the broken windows. I would like to add that this centre had a budget of more the R350 million for the last financial year.

The R380 million Albert Nzula district hospital in Trompsburg, where construction has started more than 10 years ago already, is still not fully operational and is seen only as a glorified clinic. This, whilst other hospitals in the area are overflowing.

These are but a few examples and one can't help but wonder where has all the money budgeted for these hospitals gone. The short answer would be, it landed in the pockets of the corrupt

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ANC and the tenderpreneurs. With a budget of R64,5 billion, our health care system in South Africa should be the best in the continent, but unfortunately, the poor in desperate need of quality healthcare, never benefits from these budgets. Those benefits are reserved only for the corrupt elite in South Africa.

Instead of building more hospitals and clinics or upgrading the current ones, this department rather allocates another R8 billion to the National Health Insurance programme. It is a programme that is a bottomless pit, with billions being poured into it, without a single person having benefitted from it so far.

Hon Minister, some first world countries have given up on the idea of a National Health Insurance, because it is simply not financially viable and I can promise you, with this departments track record of corruption, failure and incompetence, the NHI in South Africa will be another one of the countless ANC failures.

Every year, we hear the same promises of recovery, improvement of infrastructure, quality health care and staff and new hospitals and clinics, and so on. And every year, the

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disappointment is bigger than the previous one. The public and we, as opposition, have learned the hard way that we can't put any faith in this department and we will surely not put any faith in this budget. Thank you.

Mr N M HADEBE: Hon Chairperson, the health care in our country finds itself at a critical juncture. Even before the outbreak of Covid-19, our public health resources and infrastructure were not equal to the task of health provision in the country. Yet, our health care is a critical and essential service.

Over the past few years, it has become a custom that, if you want good service, you need to seek private health care. In addition to these pressures, our health care services must contend with several regional and global challenges, such as illegal foreign nationals, escalating humanitarian emergencies, climate change and environmental degradation.

Whilst we support the principle of the NHI being introduced in South Africa, we as the IFP, are concerned about how the funding would be administered, given the current track record by government.

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Health care is a vital and life-threatening sector in our society. There is simply no room for irregular expenditure, corruption and mismanagement for an NHI-driven health care sector to succeed. Unfortunately, our current experience with government departments in provinces paints a harrowing picture.

Audit outcomes of KwaZulu-Natal and the Northern Cape provinces require immediate intervention, as there has been little or no improvement over the past five years by these health departments, whose audits remain qualified. Unauthorised, fruitless and wasteful expenditure are the highest in the Eastern Cape and Gauteng. Why is this so?

Let me be constructive. It is because there is little to no consequence management. It is criminal that health infrastructure projects are delayed, due to mismanagement and poor oversight and project management, especially given the unequal distribution of health care infrastructure and even shortages of essential items in our rural areas. For example, the Nokuthela Ngwenya Community Health Centre suffers with a shortage of supplements, as needed by dieticians to sufficiently treat illnesses.

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This department needs to reprioritise its approach to how food can be a solution and prevention to many illnesses. A framework must be placed on top of government's agenda of ways it can incentivise healthy eating choices, in order to reduce the country's risk profile of combatting preventable illnesses. We must pay attention to the importance that dieticians play in reducing the overall cost of dependence on medication.

As we become more integrated with the Fourth Industrial Revolution and place greater reliance on their systems, we must start capacitating our clinics and hospitals with the same levels of equipment. This has the ability to professionalise our health care centres. Currently, there are basics that cannot be met, such as ensuring sufficient printer cartridges to print, script and other relevant materials.

We call on this department to reconfigure and improve on the way it makes use of technology, to ensure ease of access of government systems. After all, government must remain accountable and accessible to the public.

In conclusion, health care equity must be prioritised by this government and the digital transformation of the public health

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care system must be embraced in order to innovate, transform and build resilience into the sector. In concluding my debate, I wish to state that the IFP nevertheless supports the Budget Vote. I thank you.

Mr J J LONDT: Hon House Chair, hon Ministers, the MECs present, hon members, what a whirlwind it has been since March 2020, when Covid-19 landed on our shores in greater numbers and our then three-week lockdown started. This department started relatively well under the circumstances, in uncertain and unknown situations.

However, somewhere along the line, the plot was lost. The old health department came back with tenders going to family and friends of connected ANC cadres. It is a disease that is infecting this country. You are unable or is it unwilling to get rid of it?

Afrikaans:

'n Vis vrot van die kop af, met die vrot visreuk wat nog in die voormalig Minister Mkhize se kantoor hang. Dit hang en dit stink en dit gee 'n vrot reuk in elke ANC-beheerde departement, provinsie of plaaslike raad af. Hoe kan jy dan

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ontslae raak van die siekte, as daardie vrot stink reuk in julle geel, groen en swart kleure is?

English:

The sickly smell of the rotten fish, as mentioned above, is affecting all of South Africa and the sooner we get rid of it, the better.

Hon Gillion, I understand that you are embarrassed, as you are representing the only province where the ANC does not govern and you must therefore sing for your supper, but to make matters even worst, you don't even make any sense when you describe the best run province.

You used the word narrow, right wing and liberal in the same sentences to describe this province and the DA that runs this province. I have messaged you a definition of each, so you can go through it. I understand that you will struggle to comprehend it, but you basically say that Usain Bolt is fat and slow as well as super-fast. It does not make sense.

You must choose your criticism and stick to it. I guarantee you, if you continue to deliver such services to the residents of Gauteng, the Northern Cape and elsewhere in the country,

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you soon will be joining hon Gillion in the opposition benches.

Hon Ndongeni from the Eastern Cape, I was anxiously waiting for you to explain how much money your government is going to spend on servicing the voters of your province. In 2016, the South African Human Rights Commission found that you had a crippling shortage in ambulances. Your solution was to buy scooters with sidecars and then call that ambulances.

I found a fascinating quote delivered by the Eastern Cape MEC having been responsible for these scooters. I do agree with this quote up to a point and I am going to read it to you: "This department has its fair share of challenges that we must acknowledge." That is true, but I don't think you have finished that quote. I will finish it for you. I will start again: This department has its fair share of challenges that we must acknowledge, chief of which is the political party, the ANC, leading it.

It is time we remove you, we remove this rotten head and 2024 cannot come soon enough. I thank you.

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Ms A D MALEKA: Thank you Chairperson, can you allow me to switch off my video due to the unstable network?

The CHIEF WHIP OF THE NCOP: No problem hon Maleka. you may continue with your speech.

Ms A D MALEKA: Good evening Deputy Chairperson, Chief Whip, our Minister, Deputy Minister, MECs, permanent and special delegates.

Chairperson, to have a sustainable healthcare system that reduces the burden of disease in the country requires certain principles to be embedded in our healthcare philosophy which will, in turn, shape our health policy which in turn shapes the planning, budgeting programme, implementation, and orientation of health practitioners.

It is therefore critical that we draw from the experiences of other nations whiles at the same time we need to learn from our health systems and the indigenous systems if we are to truly provide healthcare for all.

The fact of the matter is that we have different types of health responses in the country, one which is largely a

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product of scientific development and one which is largely indigenous, though the majority of South Africans use the public healthcare system, many South Africans also rely on indigenous health responses. This, therefore, requires us to invest in researching indigenous health responses based on evidence like the Chinese, we should build our indigenous and traditional systems.

The Department of Health should learn from the Cuban health system which is a preventative health care model at the primary care level, the family doctors oversee the health of those who live around the clinic.

Key to the prevention model is the annual health assessment, a full health check-up that every single one of their 1,287 patients will undergo, often at their homes. Cubans no longer die of infectious diseases because of a hugely successful vaccination programme, so people live longer.

We need to build such a system in South Africa, the healthcare sector in South Africa has been assessed and evaluated and numerous reports such as the 2018 Presidential Health Compact have reflected the challenges in the sector and required interventions.

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The National Development Plan describes it as a problem of the performance of our health system despite a health expenditure of 9,1 % of Gross Domestic Product. This brings to the fore the quality of health expenditure and whether the health system is producing health outcomes that are equal to the spending.

Chairperson, Statistics South Africa indicates the main causes of death as tuberculosis 8,8% of total deaths, influenza and pneumonia 5,2%, HIV 5,1%, cerebrovascular diseases 4,9%, diabetes mellitus 4,8%, other forms of heart disease 4,6% and hypertension diseases 3,7%.

Tuberculosis, HIV, AIDS, and cancer remain major causes of death in our country. It is also important that we consistently monitor our health through testing.

With regards to the massive TB screening campaign, TB screenings are done every time a client presents at a health facility unless the client is already a TB patient. The MTSF, Medium-Term Strategic Framework, target was to have 2 million additional people screened for TB by 2020 and eligible people initiated treatment. The MTSF target is to have a TB treatment success rate of 90% by 2022 and 95% by 2024. The national

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average of all TB treatment success rates was 76,0% for the period ending September 2021.

We have also noted the fact that the National TB Programme will also need enablers to find missing TB people, and link and retain them in care. Advocacy, communication, and social mobilisation are very important. This is something we can help with. TB data systems must also be improved to capture all efforts and report so that the TB recovery plan can be monitored by all stakeholders. These are clear interventions to mitigate any lost focus on these diseases due to the focus of the coronavirus pandemic.

Chairperson, the lowest maternal mortality in facility ratio, MMFR, in 2020 was recorded in Western Cape with 43,6 deaths per 100 000 live births followed by Mpumalanga with 67,1 deaths per 100 000 live births. The Eastern Cape and Northern Cape provinces showed an increase in MMFR between 2019 and 2020. All other provinces showed decreasing patterns, which is also reflected in the national pattern.

These are some of the gains of a preventative approach which government should begin to expand its capacity if it is to improve the health outcomes.

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On the 90 by 90 by 90 programme, the department reported that it has reached the first 90 in all districts, with six districts four in KZN and one in FS; one in Mpumalanga that have reached all the three the 90s. This is an indication that the department and the sector are recovering from the effects of Covid-19 and are on a positive trail to meeting the targets.

The ANC supports the purchase of comfort kits for Gender-Based Violence, GBV, victims who are in most instances sexually assaulted victims, we, therefore, support the planned purchasing of over 500 000 comfort packs.

We need to zoom into the quality of healthcare support from provincial departments and the Eastern Cape and Northern Cape which saw an increase in maternal mortality in facility ratio.

Hon Minister, the coronavirus pandemic has demonstrated the need for increased health practitioners. We need to strengthen grassroots services such as clinics and use them as a nucleus of a preventative system as they are within our communities, and we need to ensure there are adequate facilities and staff. South Africa had 0.79 doctors per 1 000 people in 2019.

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Moreover, research reports have found that between 75% and 95% of people with mental disorders in low and middle-income countries cannot obtain mental health services due to financial constraints. This includes South Africa and we are far off from the World Health Organization, WHO, guidelines in providing adequate mental health care. There is a huge gap to fill to redress mental health illnesses to be accessible to all. We need to prioritise building capacity to respond to mental health challenges.

The health sector has a central place in SDG 3, Sustainable Development Goal, to ensure healthy lives and promote well-being for all at all ages, underpinned by 13 targets that cover a wide spectrum of World Health Organizations work. And almost all of the other 16 goals are related to health or their achievement will contribute to health indirectly.

Hon Chairperson, the universal health coverage then becomes of paramount importance. It seeks to provide a preventive health scheme that shall be run by the state; provision of free medical care and hospitalisation for all, with special care for mothers and young children, is what guides the ANC in the realization of the National Health Insurance, NHI.

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Our national life expectancy was 64.13 in 2019 which is higher than many developing counties and the Sub-Saharan Africa average of 61.62%.

Our healthcare system has demonstrated its capacity to be resilient through the coronavirus pandemic which is a security and health risk to the nation.

Health is a critical priority if we are to have a productive economy and enhance developmental outcomes you need a healthy nation.

We must combat crime and corruption which also undermines the health expenditure, we must transform the pharmaceutical industry by building and supporting our state-owned company Khetlaphela which should transform the health sector's consumables sector.

A critical priority for health in the current conjuncture is overcoming Covid-19. Vaccines have proven to be the best available defence against illness and death from Covid-19.

Though the government has already implemented the lowering of restrictions through ending the National Disaster as it

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relates to the health pandemic to resume economic activity toward optimality.

We should not lower the guard as a nation as the threat of the pandemic remains and different variants which can be deadly can emerge. It is therefore critical that we remain vigilant as people and our healthcare system.

We congratulate the Ministry and the Department of Health on the excellent work that they have done in the past two years in fighting Covid-19. We need to ensure that all other programmes that have been negatively affected by the Covid-19 pandemic will now receive the attention they require and be prioritised. We support efforts by the Department of Health to eliminate Malaria by 2030. We support the work done in Northern KZN in uMkhanyakude and all the districts in Mpumalanga and Vhembe and Capricorn Districts.

The African National Congress supports this budget vote and calls on the departments to continue strengthening its governance systems to sustain the required capability and capacity to address the health problems confronting our nation.

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The DEPUTY MINISTER OF HEALTH: Thank you very much, House Chair and to all the members who participated in this debate to note their issues that they have raised starting with hon Maleka who says can we also kick start other programmes that might still have been left unattended to. We really would like to also thank particularly those who have supported this budget, because they are indeed saying work must go on. Despite the challenges that we have, work must still go on.

Hon Ndongeni, we thank you so much for showing explicitly the amount of knowledge you have on the National Health Insurance. Indeed, today the portfolio committee in the National Assembly was dealing with it clause by clause ... which is almost towards the end of the processes and very soon the bill will be in this House and we are looking forward to hon Gillion who supported in leading the select committee in finalising that part.

The Minister alluded to the city scan now fully functional at the Charlotte Maxeke Hospital, which means that now we could get patients coming in with ambulances from the accident scene or from the medical emergency straight to the Charlotte Maxeke because now doctors can be able to assist going forward.

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Hon Bara, I would wish that maybe we agree that the issue of teenage pregnancy is not a departmental issue, but is a societal matter. All of us in the society must put our heads on the block. I note your comments hon Christians with regard to the shortage of rape victim kits, in some of the facilities that you mentioned. I would like to promise that I will follow up as you have always indicated some these in a very cordial manner.

Our President, President Cyril Ramaphosa when he addressed Members of Parliament on gender-based violence impressed upon us that we must commit to check that all our facilities do have these rape victim kits. We will correct that. I do not know what hon De Bryun is looking into when he talks about WHO. WHO is the one that is pioneering the Universal Health Coverage in the world, not just in South Africa, but all over the world.

Hon Hadebe your reservation on NHI, we need to talk about it and see how we can improve on that part. I would like to thank the MEC of Eastern Cape not here on the platform, working very hard with the MEC for health in the North West in pioneering the former miner worker’s plight in the country. I will be

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meeting the MEC of the Free State this Friday to deal with those issues going forward.

We probably need to remind hon Londt and hon Kaizer Philander that Tygerberg Hospital and Groote Schuur Hospital do not belong to the Western Cape. It belongs to South Africa, and all of us as citizens of this province and country should and must be accepted there. Probably, they would have known that the only province - but MEC Ramothuba mentioned that the only province that have over and above its own citizens is Gauteng - seizes other citizen from North West, Mpumalanga, Limpopo, including Sadec is Gauteng. May get a bigger ... and probably, it means if they were having a mentality like, we see in the Western Cape, they would chase them back and say go back to Eastern Cape you do not belong here. Now on average, Chris Hani Baragwanath Hospital per day has got 30 caesarean sections to do, half of those are not citizens of Gauteng they come from elsewhere, but they continue supporting them because it is important to do that.

I need Chair to mention this very last point that was actually developed by hon Gillion. I have visited Cuba last week, I found the history that, within 45 days in Cuba they had vaccinated 93% of their population, because they use their own

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vaccines. The have a health promotion behaviour. The health, education and prevention of diseases is very high and key in that country. We also benefit. Cuba has supported us by producing 2 556 doctors. For your information, they are not in Tygerberg Hospital or Chris Hani Baragwanath, they are in the most ever rural hospitals. These are children who would otherwise have not had a space to go to UCT or Wits. They are from Quintile 1 rural schools and when they qualify they go back to help people who reside around those Quintile 1 schools in most ever rural.

Children from Mbekweni, Gugulethu, Nyanga and Mitchells Plain do not benefit from this programme because of the decision of the Western Cape not to support children who come from the poorest communities to go and actually support the poorest communities of Western Cape. That is a fact. So, when you balance up issue you must also note that there are certain other things that are prioritised by these provinces because they are pro-poor. Pro-poor for the patients and pro-poor even in the selection of the students that must go and get trained to go and service our people in the communities. Thank you very much, hon Chair and thanks to the House.

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The HOUSE CHAIRPERSON (Mr A J Nyambi): Thank you, Dr Dlomo, and hon members. That concludes the debate. I wish to thank the Minister, Deputy Minister, all special and permanent delegates for availing themselves for this very important debate. Hon delegates, that concludes the business of the day. The House is adjourned. Thank you very much.

Debate concluded.

The Council adjourned at 19:47

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