

WEDNESDAY, 17 JULY 2019

***PROCEEDINGS OF THE MINI PLENARY SESSION - NATIONAL COUNCIL OF
PROVINCES***

The Council met at 14:03.

The Chairperson of the NCOP, Mr A Masondo, took the Chair and requested members to observe a moment of silence for prayers or meditation.

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS - see col 000.

NO NOTICES OF MOTION OR MOTIONS WITHOUT NOTICE

(Announcement)

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

Before we proceed, hon members, I would like to take this opportunity to welcome the Minister, Deputy Minister, special delegates, SA Local Government Association, Salga, representatives;

and I'm told that there are some Gauteng delegates who are seated somewhere up there; you are welcome.

APPROPRIATION BILL

(Policy debate)

Vote No 14 - Basic Education:

The MINISTER OF BASIC EDUCATION: Hon Chair, the Deputy Minister, MECs from the different provinces, hon members of the NCOP, special delegates, distinguished guests, ladies and gentlemen, I'm told that we have special guests from my province in Gauteng in the gallery and so, let me acknowledge them.

Thank you very much for the 2019-20 debate on Vote 14 of Basic Education, which is delivered and debated 15 days after the launch of the results of the 2018 Teaching and Learning International Survey, Talis report. This is a flagship project of the Organisation for Economic Cooperation and Development, OECD, which in a five-year period, aims to provide valid, timely and comparable information to help participating countries to review and define policies for developing a high-quality teaching profession. The survey provides an opportunity for teachers and school leaders to make input into educational policy, analysis and development in key areas. I

encourage the members to visit our website for the full details of the Talis report.

At the outset, Chairperson, I must state that South Africa participated in this study for the first time. We are the only African country to participate and we wish to stress that our participation in continental and international studies and surveys is not just an irrational attachment but an effort on our part to benchmark ourselves against the best systems in the world.

The National Development Plan, NDP, states that the performance of South African learners in international standardised tests should be comparable to the performance of learners from countries at a similar level of development and with similar levels of access.

It cannot be coincidental that all continental and international standardised assessment tests, namely the Fourth Southern and East African Consortium in Monitoring Educational Quality, Seacmeq IV, the Trends in International Mathematics and Science Study, Timss, 2015, and the Progress in International Reading Literacy Study, Pirls, are unanimous in reporting that the South African basic education system is firmly on the rise. What is significant in the observation is that the largest gains were evident within the historically disadvantaged sections of the schooling system, namely, quintiles 1-3.

Even Talis itself confirms that our system is on an upward trajectory. What is also importance to note is that these continental and international standardised tests confirm the importance of the early acquisition of the foundational skills and competencies of reading and numeracy are very critical.

When these continental and international studies and surveys - which are independent and scientifically sound - are based severely on collectivity, they all feed into the emerging narrative that we are definitely a system on the rise.

As we are building the future, yes, the new dawn for South Africa, we do recommit to building a solid foundation for a quality and efficient basic education system, from Early Childhood Development, ECD, to the Further Education and Training, FET, and to contributing to the seven cardinal principles of the sixth administration, especially in relation to consolidating development. The President has enjoined us, and I quote:

To reimagining and build the South Africa we yearn, a South Africa of our dreams. There is no doubt in our minds that our country has indeed ushered in the new dawn, a period characterised by selfless public service, hope and renewal.

We are fully aware that basic education system is an emotive system. As leaders in the sector, we understand the enormity of the task

placed upon us. We are aware that there are numerous concerns in the sector. Most of these concerns are valid, but some are largely driven by negative sentiments. Today, I am going to boldly say, South Africans, give yourselves a pat on the back. Our basic education system is slowly and surely reclaiming its rightful place among the countries and economies of similar size.

Let me quickly get to the Budget Vote itself. Budget Vote 14 of 2019 increased by 3,4% and as the Department of Basic Education, DBE, we have been allocated R24,5 billion. The overall grant that we allocate to provinces is R18,6 billion which is an increment of 4,9%.

We also have to report that, for the first time, we have been allocated R59,5 million for this Medium-Term Expenditure Framework MTEF to work on systematic improvement of language and numeracy in the foundation phase.

We are also grateful that Treasury has allocated us a new fund for technology for grade 7-9. We will be transferring R2,8 billion of the amount that we have been given to different agencies like Umalusi, SA Council for Educators, Sace, and other agencies that work under basic education and they have been given an increment of 3,7%

The sector budget for all nine provinces including the national departments stands at R256,7 billion, which is an increase of 6,9%. The Eastern Cape has been allocated R36,3 billion; the Free State has been allocated R14,7 billion, which is an increase of 8,1%; Gauteng department has been given R49,8 billion which is an increase of 9%; KwaZulu-Natal has been allocated R54,02 billion, an increase of 6%; Limpopo has been allocated R32,3 billion, an increase of 4,7%; Mpumalanga received R21,9 billion, an increase of 3,7%; Northern Cape received R6,9 billion, an increase of 7,3%; North West gets R17,1 billion, an increase of 5,2%; and Western Cape Department of Education is allocated R23,7 billion, an increase of 6,9%. Therefore, the total budget allocation for the sector stands at R281,2 billion. A big thank you to the ANC-led government.

[Applause.]

We wish to remind the NCOP that such allocations are indeed by design. In allocating funds to state departments, the Financial and Fiscal Commission considers a variety of factors, including the size of the system. For instance, KwaZulu-Natal is the largest provincial education system in the sector. Hence, they received the highest allocation from the government fiscus, followed by Gauteng, Eastern Cape and Limpopo, respectively.

It is therefore imperative that we must tighten and strengthen financial controls and compliance with legal prescripts and standard operating procedures, as well as enhancing fiduciary

responsibilities and accountability at all levels of the system from the DBE to the various schools in our country. We must own the concept of value for money. The 54th National Conference of the ANC - the ruling party - and the NDP have pronounced on the importance of strengthening and enhancing accountability systems from the top to the lower rungs of the system.

We are stressing the importance of compliance with legal prescripts and standard operation procedures, accountability, and consequence management because these are the areas where serious lapses were prevalent in a number of provinces. The common denominator was the management and administration lapses related to compliance with legal prescripts, their failure to hold transgressors accountable, and the failure to apply appropriate remedial and consequence management practices to transgressors.

We are in the process, as a sector, of realigning and repositioning the entire basic education sector to effectively and speedily respond to the demands of the new dawn. The sector must be able to implement with speed and effect the priorities identified for the sector, and address the challenges and weaknesses identified within the sector and by the Auditor-General of SA. We are cooperating with the Department of Public Service and Administration and the National Treasury in this critical work. We are not far as a sector from playing a meaningful role in ensuring that the DBE and the nine

provincial education departments are active parts of a capable, ethical and developmental state that we all yearn for.

I want to remind this Council that South Africa is a unitary state under the world-renowned democratic Constitution. The laws and policies we have developed for the sector, and the monitoring and evaluation practices we constantly embark upon, enable us to have a pulse of the system the across country. We have noted remarkable progress in a variety of indicators among our provinces, and as I stated earlier, we are a system on the rise. An impression should therefore not be created that there are provinces that are outperforming others because indeed every child in every province is a national asset and we care about them equally wherever they are. Provinces have different strengths in a variety of indicators.

The one indicator that we must work hard to improve on is that of transformation and social cohesion in the system. We must work very hard to rid the system of the regressive habits, such as racism, sexism, and the likes. All learners currently in our system must enjoy the fruits of the hard labour their forebears had to endure. No child under our constitutional democracy should be subjected to the yoke of oppression and segregation of the apartheid era.

We have noted in our recent National Senior Certificate, NSC, results that the performance of no-fee schools is constantly improving. No-fee schools produce the highest number of distinctions

even in gateway subjects such as mathematics, science and accounting; they produce the highest number of passes in gateway subjects. We can assure this Council that we will intensify our monitoring and evaluation mandate, as we are enjoined to do so by the National Education Policy Act.

I want to run through the different priorities that we have set ourselves as government and these include: Improving the foundational skills of literacy and numeracy, especially reading with meaning, straddling the Early Childhood Development, ECD, to end of the intermediate phase at Grade 6, which should be underpinned by a reading revolution and we can give more details about the work that we have done in that area. We have embarked on a reading campaign and also worked hard to develop what we call a mathematics program or a new strategy in mathematics to ensure that indeed we are able to reach the targets that have been set by the President.

The President has said, and I quote: "Every child should learn to read with meaning by the age of ten". The coordination of our reading intervention is currently being strengthened and we are paying particular attention to the teaching of reading with meaning. The time has come for us to work together to achieve this.

We have different programmes like the Primary School Reading Improvement programme, PSRIP, and we also have Early Grade Reading

Study. We are collaborating with the National Education Collaboration Trust, NECT, and we have put together Read-to-Lead Campaign which was launched early this year. We are also supplementing the technical work we are doing to support and improve instructions and learning through curriculum.

A lot of work will also be done to support the teaching and learning of mathematics in the early grades. Last year, we launched a new framework. This year we will indeed institutionalise the National Institute for Curriculum and Professional Development, to strengthen teacher development in the sector, and improve teachers' capacity.

Our other priorities are around the information, communication and technologies, ICTs, and I am delighted to report that we have progressed quite well in the implementation of the Three-Stream Curriculum and again in time we will be explaining fully what we are doing in that area. We can also report that we have done lots of work around ICTs and there has been connectivity. We have done the curriculum and we are very comfortable that indeed we'll be able to realise our objectives.

Our next priority is around systemic evaluation. Work on the introduction of the General Education Certificate, GEC, is underway and will be accelerated. We have a programme that is called Second Chance Matric programme where we assist learners or young people who have not been able to acquire their matric certificate. We have

worked with the ministerial team on history curriculums being revised and we are starting to write up. There are also coherent and concrete programmes around the teaching of African languages which we are working hard with other countries like Tanzania and Kenya on introduction of Swahili in our schools including incremental introduction of African languages in our schools.

The last project which has been a major concern to us is around the infrastructure and I think my colleague will be able to give more details on that. As I have half a minute to conclude, let me thank the Deputy Minister of Education, my former colleague, Enver Surty and the members of the committee who have really engaged us and you, as you look at me that my time is up. Thank you very much.

Ke a leboha, le lona hle. Ke leboha batho kaofela. (*Translation of Sesotho sentence follows.*)

[Thank you, and you too. I thank you all.]

Mr M E NCHABELENG: Hon Chairperson, hon Minister and the Deputy Minister, hon MEC Bushielo from my province, Limpopo, hon Members of Parliament, distinguished guests, ladies and gentlemen, according to the Bill of Rights of South Africa's Constitution, all South Africans have the right to basic education, including adult basic education and access to higher education. The former President of the ANC and the Republic of SA, Dr Nelson Mandela was lucid when he

penned these words in his autobiography, *Long Walk to Freedom* and I quote:

Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor, that the son of a mine worker can become the head of the mine, that a child of farm workers can become the president of a great nation. It is what we have, not what we are given, that separates one person from another.

Taking from the quote of the former President Mandela, as the ANC, we inherited a fragmented education system that had 19 education departments and we had to make it one education system. We needed to transform the system altogether to be a single, nonracial, nonsexist and a democratic one. Although over the past 25 years we have tried to make the system work, there have been challenges in the system as a whole.

We then came up with the National Development Plan, NDP, a blueprint that serves as our compass. The NDP's vision for 2030 is that South Africans should have access to education and training of the highest quality, characterised by significantly improved learning outcomes.

In order to realise this, we have invested hugely in education and I will elaborate later on this. In order to open doors of learning to our youth, as the ANC, we came up with the policy of no-fee school.

The NDP states that all children between the ages of 7 and 15 should be in school and 65% of learners should be in class groups appropriate to their age by 2019. We are achieving this target of the NDP.

The no-fee school policy has been very effective as currently we have 99,9% learners in compulsory schooling in our basic education system. What an achievement. Some of these learners would not have been able to access education if they were forced to pay school fees.

Ninety percent of public schools have become the no-fee paying schools and learners are benefiting from school feeding schemes and subsidised public transport. This has contributed to the increase in school attendance from 51% in 1994 to 99% today. This is a great achievement, Minister. We thank you. [Applause.]

Learners cannot learn on empty stomachs. [Applause.] As a caring government, we responded by having a National School Nutrition programme. We will elaborate further on this one.

In most cases, language is a barrier for accessing education and this is more applicable in South Africa because of our history. We went through colonisation and apartheid and the cold dirty hand of apartheid is still clutching our people. As a result, we have areas where there are no schools. So, children have to travel long

distances to get education and by the time they get to school, they are so tired. They have been walking about 6 to 8 kilometres. In some instances, pupils walk close to 10 kilometres.

As a kid, I used to move from my village which is Apel Ga-Nchabeleng to Mothopong which is around 11 kilometres. I would do that trip in the morning and then walk back again in the afternoon. I wasn't the only one. There were lots of boys and girls who were doing that trip. There was no transport.

Yes, language is a barrier and because of that, as a governing party, we have listened to the cries of our children about language as a barrier to them in accessing education. Responding to that, we have decided to train all Foundation Phase teachers to teach reading in English and other African languages. South Africa is blessed with a plethora of African languages and we want our children to be able to read and write them with meaning.

Introduction of African languages in all our public schools will support social cohesion. In this financial year, we will monitor 20 schools on the implementation of the Incremental Introduction of African Languages policy nationally. Although this may seem a small number, it is a start and as time goes by, we will gather momentum. We don't want to chew more than we can swallow.

Due to spatial planning of the old dispensation, some communities do not have schools - I have said that earlier. So, learners have to travel long distances to schools. Learners would arrive at school tired - as I said. As a caring government, we developed a scholar transport policy, which has come to the rescue of multitudes of learners. The number of learners who are benefiting in the system have increased over the years, such that the department transported 363 529 learners in the 2014-15 financial year, and the number was increased to 465 977 in the 2016-17 financial year.

In the 2017-18 financial year, the number of learners identified was 574 058 and 469 941 of those were targeted to be transported. The number of learners being transported was greater than the number targeted and this is indicative of the need.

However, there was a 13% gap in the percentage of learners being transported against the need. The province with the biggest challenge is KwaZulu-Natal, which was transporting only 53% of the learners that were supposed to be transported. Other provinces facing similar challenges of transporting less than the need were the Eastern Cape and the Free State. However, North West and Western Cape were transporting 3% more than the number of learners identified at the beginning of the year.

While there had been an increase in the number of learners transported from 2014 to the current financial year, there were

still some learners not being transported because of financial constraints.

We want to develop learners holistically and thus, we are finalising training material which is a guide for schools to provide psychosocial support. With this guide, we want to improve standards of practice on psychosocial support at school level.

The ANC-led government will support the provision of school health services to 200 000 learners in Grade R, 1, 4, 8 and 10, including HPV in Grade 5. We will print and distribute 571 752 Educator Guides and Learner Books on Sexuality Education Scripted Lesson Plans for Grades 4 to 6 and 10 to 12 in 537 primary schools and 435 secondary schools, respectively.

We will further host a workshop on the restorative conferencing and physical assault response jointly with School Safety programme towards violence prevention to improve competence of violence prevention in the sector.

We have built a number of world-class schools over the years using the Accelerated Schools Infrastructure Delivery Initiative programme. In this financial year, the ANC-led government will build 40 state-of-the-art schools nationally. We will also replace schools that were built using inappropriate materials like mud and others to improve the conditions under which our learners are taught. We have

had unfortunate incidents where learners fell and drowned in pit latrines. Thus, we will provide 717 sanitation facilities through this programme.

We will also provide 225 schools with electricity. This shows that we are a caring government. We will provide basic infrastructure services like water, sanitation and electricity; and replace schools built with inappropriate materials on an annual basis in order to improve the conditions under which learners are taught.

[Interjections.]

The CHAIRPERSON OF NCOP: Hon Nchabeleng!

Mr C F B SMIT: Hon Chair. I would like to hear if the hon member from my province could take a question related to my province.

Mr M E NCHABELENG: I take very smart questions. But you can do it in writing. I can answer it later. [Applause.] This committee will monitor the priorities made by the department for this financial year as we do our oversight visit across the country.

I remember talking to the former MEC of Education in Limpopo, Dr Aaron Motsoaledi, some years ago about problems facing the Departments of Health and Basic Education with regard to shortage of teachers and nurses. This is what he had to say, the problems facing the Department of Health can only be solved by the Department of

Basic Education because that is where you start producing your doctors, nurses and others. So, giving more money to Basic Education would help us solve our problems, going forward. We don't have to take our children to other countries to learn. We will produce our doctors here. Thank you very much. [Applause.]

Ms D C CHRISTIANS: Hon Chairperson, hon members, fellow South Africans and Minister, according to the Bill of Rights, all South Africans have the right to education, including access to basic as well as tertiary education. The Constitution also declares that the state has an obligation, through reasonable measures to progressively make education available and accessible to all South Africans. However, 25 years after the dawn of democracy in South Africa, the government still has not ensured that education is enshrined as a fundamental human right.

Government's contribution to education remains one of the single largest allocations of the 2019 budget, with the Department of Basic Education - as the Minister previously alluded to - allocated R24,5 billion. It is unfortunate that despite yearly increases allocated to this department, no significant improvements have been seen over the years.

It is important to understand the teacher, learner, institution crises currently facing South African schools. I would like to put it into perspective for you.

Firstly, is the current educator crisis and coming from a teaching background myself, I understand the fundamental issues experienced by both educators and learners. Many teachers are unhappy in their current teaching profession, specifically because of the current status of education in South Africa. There are various reasons for this, namely, safety of learners and teachers, promotion prospects due to political interference and unions, learner-teacher ratios in classrooms, teacher training, remuneration of teachers that is not in line with their professional counterparts and - as the previous speaker alluded to - the deteriorating school infrastructure.

As a result of the above-mentioned problems, 10% of the country's teachers is absent from school every day. Research has shown that because of the lack of teacher training, 79% of South African Grade 6 teachers were classified as having content knowledge below the level at which they were teaching, making teacher quality one of the biggest factors determining the learning outcomes of learners. The question is, what will it take to improve teacher quality and professionalism in the country?

The country is also facing a crisis in terms of teacher shortages in many of our schools. The problem is particularly severe in the Eastern Cape where maths and science teachers are not appointed. Simzamile Senior Secondary School is an example where there was only one maths teacher. At Mzuvukile High School in Soto there were no

Grade 8 maths teachers, and not a single maths teacher at Dalubuhle High School at the start of the school term last year.

Education should be a desirable career choice for our top graduates. It should allow for competitive entry requirements for teacher education programmes. This will produce teachers of high quality who in turn will improve learner outcomes. Teaching in our country should be a prestigious and attractive profession which recruits the brightest graduates. There are many excellent teachers in South Africa who are eager for opportunities to develop. However, teacher development programmes leave much to be desired.

The DA has a solution for the country. We aim to provide an education stream which will be geared towards providing under reserved schools with teacher assistants to provide services such as administration work, sports coaching, cultural initiatives, and extra supervision. Participants of this course will also take part in basic educator skills courses such as early childhood development programmes. This stream will produce several successful candidates who could undergo bridging courses to study further teaching degrees and diplomas and thus, filling a much-needed gap in our country.

Secondly, school safety and security, which is a much-alluded-to subject, for teachers, learners and other staff members on our school terrain. Programme 5 of your annual performance plan is dedicated to educational enrichment services, specifically learner

wellbeing. Your National School Safety Framework, NSSF, programme will monitor only 48 hotspot schools in order to attain a safe, violence-free school environment. I can assure you, Minister, that there is not nearly enough emphasis being placed on school safety in your annual performance plan.

Learners and teachers are being slaughtered daily by gangsters and there seems to be no immediate solution to this problem. The integration of the SA Police Service into the education system is imperative. Our teachers and learners need support and social workers and nurses have a supporting role to play in our schools. A partnered solution needs to be found to this enormous problem compromising education every single day.

Our children deserve to learn in an environment that is safe so that they can realise their full potential and live a full and happy life contributing to the growth and development of South Africa. Yet, daily reports of learners falling prey to crime, drugs, gangsterism and unsafe schools, as well as pit latrines, continue to claim young lives. It does not have to be this way.

The CHAIRPERSON OF THE NCOP: A minute, hon member. Yes, hon Dangor.

Mr M DANGOR: Can the member comment that the gangsterism in the Cape Flats at the moment is a failure of the governance in the Western Cape?

The CHAIRPERSON OF THE NCOP: Let's find out first, whether the member would like to take your question but it seems like you're making a statement, hon Dangor. So, given that, we will go ahead and allow the member to proceed. Please, proceed.

Ms D C CHRISTIANS: I would like to add one in which your government has failed to date to bring in the army. It does not have to be this way. The DA has a safe schools plan. The campaign aims to raise awareness of school safety with regard to the following: drugs, gangs and crime in and around schools; school violence; teacher misconduct and abuse of learners by staff; the SA Council for Educators, Sace, and the vetting of school staff; the maintenance of the child protection registers and sexual offenders register for the purpose of vetting; unsafe school infrastructure such as pit latrines and reporting channels, especially the need for school safety call centre in every province.

Thirdly, the President's failure to address early childhood development in his state of the nation address, Sona, and the department's inability to implement the Early Childhood Development programme is especially concerning. Given the infrastructural challenges experienced in schools across South Africa, any decision to bring very young children on to unsuitable school premises would open unconstitutional challenges and create several reputational and management problems. The failure to implement is mainly caused by a lack of coordinated provision of services to our children.

School nutrition, early language development and inclusive education should be a concerted effort by the department of education working in collaboration with the Department of Social Development.

The training of 25 000 additional teachers to accommodate an additional year of preschool should be accelerated and budgeted for. Research indicates that provision should be made for at least 300 000 additional learners which will include infrastructure challenges on an already-strained school infrastructure system.

Should the department fail to successfully implement the Early Childhood Development programme, they will not only fail themselves but also South Africa, parents, their children and the future of our country.

We cannot say that we are truly free if we do not have access to quality education, teachers are not adequately capacitated, teachers and children are not safe at schools, a child is deprived of a daily nutritious meal and of course, the Early Childhood Development program is not successfully and timeously implemented.

The Department of Basic Education has received the largest chunk of the Budget for several years now and yet, it has failed South Africans in providing the basic needs to our children. Nutrition, safety and access to education are basic needs. The country needs

you and your department to step up and stop failing the people of our country. Thank you. [Applause.]

Nksz N NDONGENI: Lungu elihloniphekileyo uKoni, uze undiphathe kakuhle kuba le yintetho yam yokuqala. (*Translation of isiXhosa sentence follows.*)

[Mrs N NDONGENI: Hon Koni, please be patient with me because this is my maiden speech.]

Hon Chairperson of the NCOP, hon Deputy Chairperson of the NCOP, hon Ministers, hon MECs, hon Chief Whip, members of the NCOP, distinguished guests, comrades and friends, ladies and gentlemen ...
... molweni. (*Translation of isiXhosa word follows.*)

[... greetings.]

I would like to extend my warmest greetings to all of you on this important day. I feel very honoured today to be afforded the opportunity to address you on the Budget Vote for Basic Education.

Chairperson, education is the only hope for redress and total elimination of inequality, unemployment and poverty as outlined in the National Development Plan, NDP, and other guiding documents. The National Development Plan provides that the National School

Nutrition programme is essential for elimination of poverty and supports food security.

Both the 54th ANC National Conference resolution and his Excellency, President Ramaphosa's state of the nation address still reaffirmed that education remains an apex priority. In June 2019 state of the nation address, President Cyril Ramaphosa pronounced that 90% of public schools have become no-fee paying schools and learners are benefiting from the feeding scheme and subsidised public transport.

As a result, school attendance rate increased from 51% in 1994 to above 90% today. Taking cues from this important prescript, the Department of Basic Education contributes towards the attainment of poverty alleviation as targeted in the National Development Plan by 2030.

The introduction of the National School Nutrition programme, NSNP, has been a great achievement for the government as NSNP is implemented effectively; and hence, the learning capacity of learners through the provision of healthy meals at schools. This then has a positive contribution to improving the attendance. Learners' general wellbeing and concentration levels are high.

The nutrition programme benefited approximately 9,6 million learners nationally in 2018-19 financial year. The greatest number of the beneficiaries which equates to 2 million was in poor KwaZulu-Natal;

followed by 1,6 million in Limpopo; 1,5 million in the Eastern Cape; 1,4 million in Gauteng; and the least number equated to 242 000 beneficiaries in Northern Cape. With the increasing demand of learners from the disadvantaged communities, the allocation for the National School Nutrition programme Conditional Grant is expected to increase from 6,8 million in 2018-19 to 7,1 million in 2019-20 financial year.

Over the Medium-Term Expenditure Framework, MTEF, 23 billion was allocated in the Education Enrichment Services programme for the NSNP grant. According to Statistics SA, approximately 3,1% of people in South Africa have no access to sanitation or are still using the bucket system. Schools are not immune to this view as we have all experienced a misfortune in the past years where children fell in the pit latrine toilets in both the rural Eastern Cape and Limpopo provinces.

Sanitation infrastructure still remains a challenge in our schools especially in the rural provinces. As a result, ablution facilities pose a challenge for the learners more especially the young ones. Due to the urgency of attending to the matters of sanitation and protecting learners at schools, President Ramaphosa made an announcement in August 2018 of an intended roll-out of a plan called the Sanitation Appropriate for Education to eradicate pit latrines across all schools in the country lacking proper sanitation within the next two years. More recently, in his state of the nation

address, the President reaffirmed the commitment but increased the period for implementation by a year. Given the nature of the constitutional responsibility, the need to provide access to adequate sanitation remains urgent.

Violence in schools is not just a South African case but a global phenomenon. According to Unesco 2017 yearly estimates, 246 million children are affected by school violence. In the South African context, school violence contravenes the learners' constitutional right to freedom, security and the right to be free from all forms of violence - which is the Constitution of the Republic of SA, Act 108 of 1996.

Furthermore, school violence violates the right to basic education. Violence in the schools is everybody's responsibility and requires concerted efforts. Government, through the Department of Basic Education, established policies. However, those policies are not sufficient in a society. We don't take responsibility.

The Western Cape is reported as the province with the highest cases of school violence. As a result, learners are out of school in the Cape Flats. It is clear that policies are not enough on their own.

We encourage the department in each police station to adopt the school for safety, and encourage the children to participate in extracurricular activities, sports, music, etc. There must be

outreach between the Department of Basic Education, SAPS, and Department of Social Development because of the effect of violence.

The electoral mandate given to us by the people of South Africa specifically for the province that we are representing, serve as an obligation for us to understand and address their genuine concerns with regard to equality education; accelerating improvement of school infrastructure; ensuring access to higher quality learners' and teachers' support material; monitoring performance; providing opportunities to learners, more especially those with severe intellectual disability; and providing nutritional meals, etc. It is for this reason that I confirm that the resolution of the ANC with regard to our vision of basic education is well-represented, and I believe that, as members, we need to ensure adherence as we monitor and support both the national and provincial Departments of Basic Education.

In conclusion, as the ANC we prepared and support Vote 14. The budget of approximately R24,5 billion of which R18,5 billion transferred to provinces and municipalities is a reflection of government's commitment. As members of the NCOP, we need to monitor its expenditure in the province where implementation takes place. This budget reflects an increase of R570,9 million or 2,5% in real terms from 2018 to 2019 when the inflation is taken into consideration. I thank you. The ANC supports the budget. [Applause.]

The DEPUTY MINISTER OF BASIC EDUCATION: Chairperson and Deputy Chair, Minister of Basic Education, hon members of the NCOP, MECs and other representatives from other provinces, distinguished guests, ladies and gentlemen, yesterday we learnt with sadness of the passing of a legendary performer, singer, songwriter and anthropologist, Mr Johnny Clegg.

He was world-renowned for his crossover music and love for this democratic South Africa. We send our deepest condolences to his family, friends and fans. Hon members, tomorrow the whole world, including members of this House will be commemorating our legend, the father of democracy, uBaba Nelson Rolihlahla Mandela under the theme of intensifying education delivery to emancipate the people of South Africa from poverty, unemployment and inequality.

Our efforts as members in this House is to collectively craft a future of this country by working together, province by province, to shape an educational system which will enable the learners of our country compete with the best in the world. A number of us in this House belong to the brave generation that dared to dream of a South Africa that will be democratic and have all its policies equal.

We stand on the very platform where the inhumane policies and laws were opposed and passed. However, today we stand here as free and progressive agents of that generation, reimagining an education system of the Fourth Industrial Revolution and the Fifth Industrial

Revolution. Hon Chairperson, all the speakers, starting from the commencement of the debates, have all in one way or another responded to the President's call to reimagine the South Africa we want.

Chair, the Minister indicated that the Teaching and Learning International Survey, Talis, report, concluded that about 81% of our teachers confirmed that during their initial education and training, they were instructed at an internationally comparable basis on subject content, pedagogy and classroom practice. The department will intensify efforts working closely with the provinces to improve the quality of teaching and the status of the teaching profession.

The department will empower and equip teachers with skills, knowledge and techniques for a changing world as well as focusing on the foundational skills because we believe that the stronger the foundation, the better because the building will be intact. Hon members, we have greatly improved the quality of our teachers. If you can go back to 1994, very few of the African teachers in South Africa were qualified but now, of the more than 410 000 teachers, only a statistically insignificant number is not qualified.

Interestingly, nationally, the supply of newly qualified teachers has almost tripled over the five years, growing from 5 939 in 2008 to 25 877 in 2017. This is of course, as a result of growing our own timber through Funza Lushaka Bursary Scheme. Some optimistic experts

now expect South Africa to have a surplus of 81 725 teachers by 2020.

So, it is sometimes surprising if people say that there is a shortage of teachers because it depends upon the leadership of the school. We train our principals and the school governing bodies, SGBs, so that they know that when they appoint teachers, they must appoint teachers who are relevant to the stream and the curriculum of the department. The department is implementing the Professional Development Framework for Digital Learning.

Since the framework has been adopted, the Department of Basic Education has set up a provincial core training team in six provinces. The remaining three provinces are to be covered in this financial year. These training teams are responsible for the roll-out in their provinces and are also provided with resources to distribute to all teachers. The full implementation of the framework will commence in the new financial year.

Chair, the Department of Social Development and the Department of Basic Education are in support of a systematic and phased-in relocation of the responsibility of the early childhood development, ECD, from the Department of Social Development to the Department of Basic Education in response to President Ramaphosa's injunction during the February and June state of the nation addresses.

The main purpose of the ECD relocation is to expand access and improve the quality of early childhood development programmes in support of two years of compulsory early childhood development for all children. Before they enter Grade 1, they must complete the two years and a Grade R. The department, in collaboration with the provincial education departments, is hard at work to ensure effective learning in the children's early years in South Africa.

This will be done by developing appropriate assessment tools for early learning. The purpose of all assessments in the ECD programme is to support growth, learning and the development of a child. Chair, one of the things that keep us awake at night is the safety and security of teachers, learners and the school infrastructure. We are alive to the fact that our schools are a microcosm of the society. What is happening in our school is exactly what is happening in the society.

Therefore, we do not have a school safety crisis, but a broader problem of a broken society ravaged by violence, crime, social ills and lack of respect for the sanctity of life. That thing is carried from the society into the school. So, this means that when we fight this scourge we must join hands together as community leaders, religious leaders and everybody, and fight this other than pointing fingers at the Minister that she alone can keep our teachers and children safe in our schools.

Of course, we cannot have our schools turned into crime scenes. Stakeholders, the communities, the SA Police Service, SAPS, and nongovernmental organisations at all levels are really our last line of defence and the National School Safety Framework serves as the anchor of the department. Chair, on the issues of infrastructure, I hear some speakers indicating that there is nothing.

Our schools and the communities are growing every day. People are moving from other communities into communities where economic activity is vibrant. So, there are programmes from provinces of building school sanitation and providing electricity and water. But what is happening in provinces cannot make schools to be isolated from what is happening. If the community does not have water, the school will also not have water. So, all of us must work together.

On the issues of infrastructure, the provision and maintenance of infrastructure remains one of our key priorities. As a sector, to improve the delivery of infrastructure, we will be revisiting the delivery model for school infrastructure project to save on the cost of providing education infrastructure and to improve contract management processes with our implementing agents and service providers.

We will also be researching alternative funding modalities for the provision of school infrastructure and to ramp up our maintenance programme. We will also revamp the National Education Infrastructure

Management System with the cooperation of the Council of Scientific and Industrial research, and review the designs of school build. Designs must be appropriate for learning and teaching and for the provision of digital infrastructure. Chairperson, I want to thank you and the members. Thank you very much. [Applause.]

Manana B T MATHEVHULA: Mutshamaxitulu, xosungula ndzi rhandza ku xeweta Maafrika-Dzonga hinkwavo lava va hi yingiseke eka siku ra namuntlha. (*Translation of Xitsonga paragraph follows.*)

[Ms B T MATHEVHULA: Chairperson, firstly, I would like to greet all South Africans who are listening to us today.]

Minister, the entire system of Basic Education does not focus on properly educating black children in this country. We have continuously raised in Parliament our concern that our basic education system has not changed course since 1994. We still have two education systems in one. One is white, well-resourced and prosperous, and the other is black, under-resourced, and forever in crisis. Lack of school infrastructure, nondelivery of textbooks, unqualified teachers and shortage of qualified teachers, poor mathematics and physics teaching and violence inside classrooms, all these are problems exclusively faced by schools that cater for black children.

Schools in rural areas - like those where I am coming from in Limpopo - townships and farms, which cater primarily for black and poor learners, are littered with problems of underperformance and poorly trained teachers. Because of this, we have high levels of drop-out rates and despite our continued warning to the department about this issue, nothing has been done. It is for this reason that only half of those who enter Grade 1 will write their Grade 12 exams, if nothing changes.

This means that white children will continue getting access to good quality education while our black children continue to be subjected to poor quality education, 25 years since the fall of apartheid.

While apartheid may have fallen politically, it is very much alive in the manner we provide education to our children. There are many causes of this and it can be solved if the department can get its house in order. They are as follows: increasing poverty which makes it difficult even for the most capable of learners to focus productively on their school work; undue influence of the SA Democratic Teachers Union, Sadtu, over the functioning of schools, to an extent that they have practically taken over powers to even appoint teachers; and poor planning and execution of existing plans. This leads to terrible deeds such as nondelivery of textbooks in provinces like Limpopo and the Eastern Cape.

Corruption and incompetence have resulted in the employment of unqualified teachers teaching learners in rural provinces. There is lack of content knowledge by the teachers of the very subjects they are meant to teach. These problems require comprehensive solutions that won't be implemented by the Department of Basic Education alone, but must be led by it. This is what needs to happen to solve basic education crisis in this country.

The department must lead a process to restore back the dignity of teaching. This must entail reviewing the salaries of teachers to ensure that they are properly paid. It will also entail freeing the teaching profession from the corruption of Sadtu. Secondly, there must be universal standards for quality basic education for all. This means that there must be the same norms and standards for school infrastructure, learning and teacher support materials and provisioning for pupils with disabilities across all schools, be they rural or urban.

There must be a comprehensive review of the funding model for schools. The current funding model promotes inequality. Well-to-do public schools are allowed to charge school fees to make up for the inadequacy of government funding, while poor schools are made to be no-fee schools. Quality of education must never be directly proportional to wealth, but it must be universal.

Addressing the problems properly will ensure that we tackle the problems of basic education in a comprehensive manner, and not only concentrate on the matric pass rate, but on the quality of the education system as a whole. As the EFF, we reject this Budget Vote. Thank you.

Ms P BOSHILO (Limpopo): Hon Chairperson, Ministers and Deputy Ministers present here, hon members ...

... rena ba Limpopo re wele ka mahlong. (*Translation of Sepedi sentence follows.*)

[... the Limpopo people are hit hard.]

One of our own is no more. Bra Ike Maphotho is no more; may his soul rest in peace. Let me take this opportunity to humbly thank you for inviting us to this debate.

Our people have been sending strong messages demanding improved education and we want to say that the right to basic education is enshrined in our Constitution; and it imposes on us an obligation to ensure that components of basic education are adhered to in our delivery of quality service.

There are areas that need urgent attention if we are to make sustainable inroads and impact on the delivery of quality education

to our people. These include weak foundation that does not sustain learning performance, suboptimal learner performance, poor assessment practices, limited impact of teacher development, minimal impact of inclusive education and positioning our schools and learners for theFourth Industrial Revolution.

The department will continue to provide access to Grade R learners in all public schools offering Grade R to ease the burden of parents having to pay fees in community early childhood development, ECD, centres We are also recognizing the poverty burden carried by the schooling system in our province and the department will continue with the implementation of the no-fee school policy and the implementation of the scholar transport which has benefited over 129 000 learners since 2014, with 37 357 being transported in this financial year.

National School Nutrition programme to learners in Quintile 1-3 schools has increased and is feeding over 6,5 million learners in the past five years, thus ensuring that no learner is forced to learn on an empty stomach and already 1 647 million are being fed in this financial year.

Efforts are going to be doubled to reduce the number of under-performing schools, circuits and districts. The improvement in classroom practice will require more attention in the next five years and steps that will be taken include, protecting teaching and

learning time, improving pedagogy in the classroom, strengthening and expanding enrichment interventions to support learners and identifying learners' needs early in the system to, over time, reduce the progressed learners in the schooling system.

We will build on the experience of the last two years and strengthen the increase of average hours spent by teachers on professional development activities. This will provide opportunities for more educators to improve their knowledge, skills, values and attributes. Training of teachers in the following subjects on content knowledge and methodology will be strengthened, commercial subjects:

literacy, languages and numeracy, maths, technical and technology subjects. Since 2014, we have trained over 9 400 educators in maths, science and technology and we will train about 2 540 educators in this financial year.

Another key priority is the delivery of efficient and effective inclusive education across the province in our 34 schools. We will continue to broaden access to quality education of learners with special education needs. We will also continue to improve the infrastructure across the province as well as the norms and standards for school infrastructure.

The budget allocated remains inadequate to address all of these challenges at once, but we are encouraged that, as a department, we have been able to spend what we were allocated to address

infrastructure challenges. Since 2014, we have built 15 new schools and upgraded 258 schools; built 1 203 classrooms, built 4 080 toilets in 1 020 schools and eradicated 170 pit toilets. We will in this financial year continue to eradicate the pit toilets and upgrade schools and classrooms.

Chairperson, a school, as we know it, is a microscopic reflection of the broader society. Challenges facing societies manifest themselves at all times in our schools. To fight most of the social ills confronting our schools, we need prepared and organized Representative Councils of Learners, RCLs, organized communities that are sensitive, are informed about the importance of education and have the interest of their own children at heart. Communities that will say, no with our children's education when there are service delivery protests.

Recently in our province, learners from seven schools in the Zebediela area were prevented from attending schools for four months because the community wanted a tarred road. The learners did not even write the half-yearly examinations. During the protests, a library was burned at Mmammati Primary Schools and the learners were traumatized. Please tell me, who really in his or her right mind burn books meant for Grade R learners? What kind of parents and community do we have that deny five-year-olds reading materials? Aowa bathong! [Oh no!] This is very shocking and barbaric.

When we visited the area with MEC for Transport and Community Safety and MEC for Public Works, Roads and Infrastructure to meet with the community, they again changed the goal posts and demanded that the leaders arrested be released before schooling can resume. As the Limpopo Department of Education, we quickly invoked the provisions of Compulsory Attendance in terms of the SA Schools Act and approached the courts to force the parents and the community to allow the learners to go back to school.

We also engaged the Limpopo Human Rights Commission and the Office of the Public Protector which assisted with mediation until an agreement was reached. I am happy to announce that all the seven schools are reopened and teaching and learning is taking place in earnest. We have also started with catch-up lessons in all the grades in all the schools on Tuesday, 16 July 2019.

These are ills which cannot be promoted and normalized in our schools and communities as they pose a serious barrier to learning and also a potential of depriving our learners of their inherent Constitutional rights to life, education equality and dignity. It is important that as various stakeholders we rise up against normalizing and glorifying these ills wherever they happen, be it in communities before it reaches our schools, with dire consequences. We have to rise up and speak with one voice in order to shape and protect the destiny of our learners.

The recent incidents of school violence are a serious concern and must be a concern to all of us. Our sector faces a unique set of challenges and obstacles such as learning and working conditions which are not ideal for both learners and educators. There are children who are affected by child-headed families, and we are forced to look at these issues and assist them.

Recently when I was interacting with Representative Councils of Learners, RCLs, one learner, Kgothatso Sathekge from Mokonenkwenoko Secondary School in Lephalale addressed me as follows, and I quote:

Mama, today I stand here for children who are fathered by Depression. Mama, I stand here for the children who were denied therapy session because "umuntu omunyama uyaqina" [a black person is supposed to be strong.] I stand here as a hammer to break the saying that, "Sa motho yo moso ke tshokolo" [a black man is meant to suffer.] Mama, I stand here as a voice of the voiceless. I stand here seeking justice for the learners who killed themselves because they couldn't watch their siblings suffer. Mama, your children are dropping out of school because of poverty. These children should be viewed as heroes and heroines because they go an extra mile to provide for their siblings. Mama, we need you. I, Sathekge Kgothatso, am calling for your help. Mama, education is not a luxury but the necessity of life.

Our children need us! Let's reach out to them and not only see them as being difficult and naughty! Let's integrate our psychological, social and economic factors in our school systems to reach out to these vulnerable learners. I am raising my hands to take these children as their Deputy Mother! Please also raise yours.

As I conclude, let us not forget that all successful nations invest in education and we want young South Africans to have a strong solid foundation to compete with the best in the world. We therefore emphasize that an investment in education is a prerequisite for building a country that works and most importantly, advances the ideals of our Constitution.

We remain on track and resilient in our mission to educate the nation by promoting access to and equity in the provision of education. In the words of Nelson Mandela, we must know that:

To deny people their human rights is to challenge their very humanity. To impose them a wretched life of hunger and deprivation is to dehumanise them.

Let us grow South Africa together! Thank you very much. [Applause.]

Mnu T APLENI: Uxolo Sekela Sihlalo, ndicinga ukuba lo matshini upholisa umoya ubaxekile. Noko ndiyacela kuba ngoku siyachachatheka,

singekade sigule ngumkhuhlane. (*Translation of isiXhosa paragraph follows.*)

[Mr T APLENI: Excuse me, hon Deputy Chair, I think the air conditioner is too cold. May I request that it be cranked up a bit, we are freezing here. Some of us may catch a cold.]

The DEPUTY CHAIRPERSON OF THE NCOP: No, we agree. It is cold here. Can something be done about the air-condition? Thank you. We will now allow hon Hlophe, the Chairperson of Mpumalanga Education Committee.

Ms N HLOPHE (Mpumalanga): Hon Chairperson, hon Minister of Basic Education, hon Deputy Minister of Basic Education, hon Members of Parliament and colleagues from other legislatures, distinguished guests, good afternoon.

It is indeed a great honour to be invited to participate in this budget speech as presented by the Minister of Basic Education. Hon Chair, as we were criss-crossing the length and breadth of the country during our campaign, we listened attentively to the ordinary masses of our people, who called on the ANC to improve the education of our people in the villages, townships and even the urban areas; indicating that we need to further improve the quality of education for all, irrespective of their social orientation. Taking from the call of the people, the ANC has inscribed education as a priority to

radically improve access and quality, and this is indicated in the broad statement in the manifesto of the ANC.

Hon Chair, the President of the Republic in his Sona, indicated, amongst others, the following: early reading is the basic foundation that determines a child's educational progress, through school, higher education and into the workplace. To respond to the clarion call of the President, as Mpumalanga Department of Education, we have operationalized an Early Childhood Development Institute as a mechanism to train and capacitate Grade R practitioners, so as to be migrated to professionally qualified NQF Level 6 teachers.

The Mpumalanga Department of Education has further ensured that 30 technical high schools and agricultural schools' focus is designated, and a further new 36 secondary schools are designated for technical subjects. Indeed ...

... siyakhawulezisa ukuzisa utshintsho kwezemfundo. (*Translation of isiXhosa sentence follows.*)

[... we are making swift improvements in education.]

The advent of democracy introduced participatory involvement by all people in education of our children. It introduced democratic governance where parents of learners attending the school can be elected as leaders, school governing body, SGB in steering the

schools in leadership and governance. As indicated by hon Ndongeni and the hon Deputy Minister, the issue of school safety is a challenge. We are therefore calling on the hon Minister to capacitate the SGBs so that they are able to develop policies and good code of conduct and monitor that it is implemented without failure.

The ANC is committed to quality basic education where children could read with comprehension from the earlier grades. This was evident when we listened and interview Grade 4 learners of Ramanchaane Primary School at Seabe village in Dr J S Moroka Local Municipality.

The department has brought happy faces to these children. They read, comprehend and give meaning to what they are reading about. It is true that the ANC has changed the educational landscape in collaboration with the people of the country.

The document of our glorious movement, the ANC's Ready to Govern postulated the following:

It is critical, however, that we honestly face up to the extent of the problems confronting our country. They are not going to be solved overnight and there are no easy or quick solutions.

The problems run deep and resources are limited. Accordingly, the policies proposed here represent our broad vision. These policies

highlight our ultimate goals, which will need to be transformed into effective and realisable programmes in the short-term.

To this end, we are striving to change the trajectory of our schools through the eradication of unsafe toilets and ensuring that there is water and electricity. Many schools received proper toilets and a number of schools' unsafe toilets were demolished. One such example is Mhlume secondary school whose learners benefitted new toilets which are safe and even clean, although there are budgetary challenges.

Of importance to further note, are the beautiful schools which were constructed and some that are under construction, which conform to all the expected norms and standards for schools infrastructure. Schools such as Emakhazeni Boarding School in Nkangala District of Education, Thaba Chweu Boarding School at Ehlanzeni, and Mugidi Primary School at Acornhoek, which the department constructed whilst some are still in construction. These are indeed good stories to share. [Interjections.] We are constructing such infrastructure although there are constraints of resources as indicated by the document of the ANC, Ready to Govern.

Hon Chair, one of the greatest leaders, Nkwame Nkrumah, once said:

Countrymen, the task ahead is great indeed, and heavy is the responsibility; and yet it is a noble and glorious challenge - a

challenge which calls for the courage to dream, the courage to believe, the courage to dare, the courage to do, the courage to envision, the courage to fight, the courage to work, the courage to achieve - to achieve the highest excellences and the fullest greatness of man. Dare we ask for more in life?

These words echo very well as we envision a new education order - the education that will migrate from a pen and paper to evolve to the Fourth Industrial Revolution. Given the solid foundation which our education system has introduced, our children in Mbuzini are eagerly waiting to join in the education of innovation, technology, coding and robotics. This is one of the greatest dreams of a leader. It takes a visionary to think, create and recreate.

Hon Chair, we are one day closer towards celebrating the iconic moment of Tata Madiba's birthday. So, allow me to borrow our former icon's words when he said:

Without education, your children can never really meet the challenges they will face. So, it's very important to give children education and explain that they should play a role for their country.

It is against this background, that we need to remind each other that education is a societal problem. We cannot condone the number of learners who drop out before they finish Grade 12 because,

without education, these children can never meet the challenges they will face in life. Indeed, the lives of the children of the working class have been improved under the leadership of the ANC. Thank you.

[Applause.]

Mr S E MFAYELA: Hon Chairperson, I cannot stress enough the importance of the Department of Basic Education. The importance of ensuring that all our learners receive a good quality, dignified and life-ready education is fundamental. What is even more fundamental is the fact that this department is responsible for ensuring that we level the playing field across the board in all our public schools.

This department and this budget must address the issue of unequal education. It is very difficult to grasp the fact that inequalities within our education system still haunt us today.

We will only have reached equal education when a learner from Durban North or Umhlanga takes a bus to a school in Ndwedwe or KwaMashu. As it is now, we only see the opposite. We need to get to a point where any school in our public system is good enough for any learner from any background and circumstances. It is the duty of this department to ensure that the rural child has the same opportunities as the urban child. It is also the duty of this department to ensure that the rural child has access to the same facilities, laboratories, e-classrooms, libraries, ablution facilities and all culture and sporting codes like the urban child. Furthermore, it is the duty of

this department to address our unequal education system and not fail our rural children. Chairperson, The IFP is confident that the Minister will address this over the medium term. In the interest of cooperative governance and in building an equal education system for the many not the few, the IFP supports this budget. [Applause.]

Mr S F DU TOIT: Hon Chair, Minister, Deputy Minister, members, Benjamin Franklin, one of the founding fathers of the United States of America once stated that an investment in knowledge pays the best interest. The total budget of basic education is R24,5 billion. The total budget for correctional services is R25,4 billion. What a tragedy, that the education of our children and the future of this beautiful country is valued at R1,1 billion less that making provision for housing, correction and possibly rehabilitation of criminals. We can certainly all agree that, if there was a proper education system in South Africa, where all individuals had equal opportunities to get proper education, this would have had a significant impact on the crime statistics which may also have had an impact on the budget necessary for correctional services and social services.

Chapter 2 of the Constitution of the Republic of SA provides for the right of every child to have basic education. It further provides for the right to receive education in an official language of their choice.

Onderwys en opleiding moet die jeug vir die arbeidsmark voorberei. Navorsing het bevind dat 80% van skoliere wat tans skool verlaat, nie vir die werksplek opgelei of voorberei is nie. Wat kan tog die rede hiervoor wees? Ons doen aan die hand dat verskeie faktore hiertoe bydra: die kurrikulumontwerpbenadering is nie opvoedkundig en maatskaplik verantwoordbaar nie; die kurrikulum bied nie genoegsame geleentheid om die vaardighede wat 'n moderne samelewing vereis te ontwikkel nie; skoolkurrikula is nie polities neutraal nie en weerspieël bepaalde politieke ideologieë; die Suid-Afrikaanse onderwysowerhede het tydens die demokratisering van Suid-Afrika radikale en revolusionêre onderwysveranderinge, eerder as geleidelike evolusionêre veranderinge voorgestaan en as gevolg hiervan is generasies van skoliere benadeel; en die afskeep van moedertaalonderrig dra by tot swak prestasie en die hoë uitvalsyfer.

Die feit dat Afrikaans- en Engelssprekende leerders in hul moedertaal onderrig ontvang, verklaar waarskynlik waarom 'n groter persentasie van hierdie leerders, vanaf Graad 1 tot Graad 12 op skool bly. Selfs op tersiêre vlak hou moedertaalonderrig meetbare voordele in. Hierdie beginsel is ook bevestig deur verskeie onderwysdeskundiges. (*Translation of Afrikaans paragraphs follows.*)

[Education and training must prepare the youth for the labour market. Research has found that 80% of scholars who are currently leaving school have not been trained or prepared for the workplace.]

What could be the reason for this? We suggest that several factors contribute to this: the curriculum design approach is not educationally and socially justified; the curriculum does not provide sufficient opportunities to develop the skills that a modern society requires; school curricula are not politically neutral and reflect particular political ideologies; the South African education authorities, during the democratization of South Africa, advocated for radical and revolutionary educational changes rather than gradual evolutionary changes, and as a result generations of scholars were disadvantaged; and the neglect of mother-tongue education contributes to poor performance and the high drop-out rate.

The fact that Afrikaans- and English-speaking learners receive instruction in their mother tongue probably explains why a larger percentage of these learners, from Grade 1 to Grade 12, remain in school. Even at tertiary level mother tongue education has measurable benefits. This principle has also been confirmed by several education experts.]

Early childhood development is of utmost importance and must be the responsibility of the Department of Education and not the Department of Social Development. Eight out of 10 children in South Africa cannot read properly. According to the Progress in International Reading Literacy Study, an international comparative reading assessment concluded that 78% of Grade 4 learners in South Africa

cannot read for meaning. This is much worse for children tested in African languages.

South Africa is unique among upper and middle-income groups compared to other countries, in that less than half of primary school children learn to read for meaning in any language in the lower primary school. Out of the 50 countries surveyed, South Africa came last. This is an absolute crisis. It is commendable that Minister Angie Motshekga confirmed that the number one priority would be to improve the fundamental skills of literacy and numeracy by starting with early childhood development. We, however, need to recognise that school classes are overcrowded and teachers do not have the necessary support to perform their duties.

Discipline in schools is at an all-time low. Minister, you mentioned in your speech yesterday, that by the end of the financial year, another 40 schools will be completed. This is excellent news, seeing that according to the SA Human Rights Commission's report into the impact of protest action related to the right of basic education in South Africa, the following was found: Up to 2016, in Limpopo 26 schools had been torched, which affected 10 233 learners, and 102 schools were disrupted, which affected 52 827 learners. The majority of the problems cited by protestors were not related to education or the school sector, but to service delivery.

According to regulation 4(f) of the SA Schools Act, Act 84 of 1996, which deals with safety measures at schools, any form of violence or disruptions which can negatively impact on public school activities is prohibited.

Die VF Plus het daarom 'n Privaatwetsontwerp ingedien wat ten doel het om optogte in 'n radius van 500m vanaf skole en ander areas waar minderjariges teenwoordig is te verbied.

Kom ons let op 'n aanhaling deur C J Langenhoven en gun dit vir ons kinders: "Maak in die somer hout bymekaar om in die winter by die vuur te kan sit". [Tyd verstreke.] (*Translation of Afrikaans paragraphs follows.*)

[The FF Plus has therefore submitted a Private Bill which aims to prohibit marches within a radius of 500 m from schools and other areas where minors are present.

Let us note a quote by C J Langenhoven and grant it to our children, "Gather wood in summer to be able to sit by the fire in winter".

[Time expired.]

Let's make it possible for our children to obtain knowledge and education in their youth to enable them to reap the benefits later.

Die ADJUNKVOORSITTER VAN DIE NASIONALE RAAD VAN PROVINSIES: As jy ter afsluiting sê, dan kan ons jou daardie ekstra sekondes toelaat, maar moet dit tog asseblief nie weer doen nie. Ek soek nie orde by daardie een nie. *(Translation of Afrikaans paragraph follows.)*

[The DEPUTY CHAIRPERSON OF THE NATIONAL COUNCIL OF PROVINCES: If you say, "in closing", then we can allow you those extra seconds, but please don't do it again. I'm not looking for order by that one.]

Ms D SCHÄFER (Western Cape): Minister, Deputy Minister, fellow MEC members, members of the NCOP, Director-General, DG, of Basic Education and other officials. Firstly, allow me to congratulate Minister Motshega, on being appointed to a third term in office as Basic Education Minister, and Deputy Minister Mhaule, on her appointment. We look forward to an ongoing constructive relationship.

Yesterday, the Minister presented her budget speech in the National Assembly, NA. We are very pleased with almost everything that she said, but there are some serious gaps. We welcome the fact that the current government has reverted to speaking only about the National Development Plan, NDP, instead of confused messages of the previous administration. But we all know that a goal without a plan is a wish, and I would venture further to say that a goal without a plan and a budget is a dream.

Now, dreams are important to set a vision, but if we don't have a detailed plan and a budget to go with them, they simply are not going to happen. Take for instance, the announcement of the early childhood development, ECD. This is in the NDP, but no detailed plan of how we are going to achieve it. I share the concerns raised by my colleague, hon Christians, in this regard.

We have had as an initial target the universalisation of Grade R by 2019, that is, this year, just to remind ourselves. Whilst we have made much progress in that regard, in the Western Cape we still have not, and I believe elsewhere either, managed to attain that in five years.

Now, the Minister has referred to the urgent implementation of two years of ECD before Grade 1 and migration of one- to four-year-olds from Social Development to Education. Minister, if we have not managed to attain universal Grade R in five years, how exactly are we going to urgently implement Grade RR?

If two years of pre-Grade 1 become part of the school system, we will need teachers we don't have; we will need classrooms and other infrastructure, which will then be subjected to norms and standard regulations for infrastructure, which we are already battling to implement as it is.

As regards 0 to 4 ECD, we all know that ECD is predominantly being run by non-governmental organisations, NGOs, which are quite understandably wondering where they fit in future. I have been asked to address an NGO grouping on our plans to incorporate ECD into our department, but I simply can't because I don't know.

I was listening very carefully yesterday to the Minister, waiting for her announcement of the budget to implement this. But there was nothing, zilch, zero, "nada".

Iphi imali, Mphathiswa? (*Translation of isiXhosa sentence follows.*)

[Where is the money, hon Minister?]

And we understand that more budget cuts are likely to come in the following years.

Chairperson, we support the principle of ECD being the responsibility of Education, but there needs to be a detailed plan and a proper budget or it is going to be chaos and a subject of a whole lot more court cases.

The budget that the ECD has for this will not be adequate for us to implement it properly and we owe it to the NGOs to properly communicate what exactly the plan will be, over what time period, with what budget and how they will fit into it.

This brings me once again to my favourite subject, which is the inadequate budget allocation for our existing priorities. If there is one record I have had on repeat for the last five years, it is the record on inadequate funding within the system for our province.

Every year, I mention this, as well as the way in which the quintile system, a national policy, is failing our children. Whilst there has been a little movement by the National Treasury in responding to the changing numbers in population, it is inadequate and too slow. It also does not address the historical shortfalls that we have been carrying for many years. As a result we are increasingly seeing more and more school protests complaining about overcrowding and a need for additional teachers.

What is particularly frustrating is that while our department and schools bend over backwards to try and find innovative and creative ways to push towards our vision of a quality education for every learner in every school in the province despite limited funding, we watch with disgust how failed state enterprises are continually bailed out after years of mismanagement and corruption, and attempts to restructure them into functioning sovereign entities are abandoned as soon as the self-serving unions make a noise. Must we run down our department like Eskom in order to get adequate funding?

Chairperson, the iniquitous national quintile policy is having a severe impact on our poor schools, affecting both our conditional

grants for school feeding and norms and standards allocation. Over 40% of Western Cape learners are supposed to be allocated into no-fee schools, according to the 2017 national poverty distribution table.

The Western Cape Education Department, WCED, has complied with this policy, and where possible, have out of our own allocation, supported over 220 quintile four schools by making them no-fee schools, given the dire circumstances they are facing. But then, they do not form part of National School Nutrition programme, NSNP.

Then, in provinces such as my friend's, Limpopo, which is supposed to allocate 77% to quintiles 1 to 3, they are reporting as high as 96% of learners in these schools. Similarly, the national average of quintile 1 to 3 schools is 76,8%, far exceeding the prescribed 60%.

The Department of Basic Education, DBE, is seemingly not concerned about this, and we would like the Minister to clarify today whether this increased percentage of learners is receiving funding for the NSNP. We understand they are; and whilst we comply with the policy, we are being penalised by having to fund feeding out of our own resources.

Then I received a letter from the Minister, asking me to address the quintile allocation in the provinces. So, I am taking that as permission from the Minister to deviate from her policy in order to

do that, and that we will then receive the additional funding for norms and standards and the NSNP.

The Western Cape welcomes DBE's drive to eliminate the digital divide by ensuring that all schools and education offices have access to internet and free data. It is a necessary initiative, but I want to warn of the many challenges involved.

I am pleased that we are involved in the process nationally, and very willingly so, but having successfully connected over 1200 schools with internet and 412 schools with wireless broadband over the past four years or so, we have and continue to face challenges.

Detailed planning and budgeting are crucial, as well as ongoing engagements with Sector Education Training Authority, Seta. Handing out tablets should be the last priority. What use is a tablet if there is no connectivity and there is no data? That's going to take years and years to get in place, and then of course, they get stolen very often.

But the move towards coding is greatly welcomed and is crucial for our economy as these skills are what will equip our learners to play a productive role in the economy. To this end, the Western Cape Education Department has adopted science, technology, engineering, mathematics, arts and culture, Stemac, as our strategy; including

the arts, agriculture and coding, in addition to the usual science, technology, engineering, mathematics, Stem, subjects.

Technical and vocational education is also crucial. It is a pity that DBE did not have the vocational curriculum finalised in time for implementation this year, and I trust that this will not happen with the coding curriculum next year.

Chairperson, in a serious financial environment, especially, it is crucial that everything we do must be done with maximum efficiency. And given that the vast majority of our money goes towards schools and cost of employment, schools must function well and teaching and learning in the classroom must take place, first of all, and then take place effectively.

The Western Cape contribution in this regard is the establishment of the Schools Evaluation Authority in our Education Amendment Act of 2018. The purpose is the improvement of the assessment of teaching and learning in the classroom and school functioning as whole.

I was very pleased to hear the Minister yesterday referring to provinces' current competency, but unfortunately she was doing it in order to avoid answering a particular question.

The response to our innovation is to declare an intergovernmental dispute, and whilst there is no national body that does what this

authority is going to do, and the one that must closely resemble it, which is Nidu, is operating without even a mandate of an Act because their national Act is not being passed.

So, if you want to improve teaching and learning in our schools and strengthen accountability in our system, then we must take bold decisions that may not find favour with unions. A child has one opportunity to be in school and it is our duty to make sure that that opportunity is the best that it can be.

We reiterate our concerns about the introduction of History until matric. We agree that curriculum has not adequately responded to and reflected our entire history, but that can be changed in the curriculum up to Grade 9. And why do we want to limit the choices that our children have in their subjects at school to matric?

There is little scope, if you have two languages as compulsory subjects, plus Maths or Maths Literacy, then History, what choices do I have to choose subjects that are going to prepare them adequately for the careers they wish to take in life?

If it truly is a new dawn, the national government needs to make bold and decisive decisions that will assist the future development of this country. The Minister quoted the President saying:

We must proclaim an ambitious goal, a unifying purpose to which we dedicate our resources and energies.

Where are the resources if we are to make some of these ambitious goals like the ECD a reality? We need bang for our buck, but first, we need the buck. Right now the only bang is the explosion of learners in our province without adequate funding to support them.

I just want to comment, Chair, on societal issues if I have a little extra time. One other thing we are doing in the province is that we are driving a values campaign and it really is showing very good promise.

Society is dysfunctional and there are many issues. Our children are not being thought values at home, and we have introduced that now as part of our strategy in the Western Cape; which I highly recommend to other provinces because schools are really taking it on board and are using those values in teaching and learning throughout the entire schools. Thank you very much. [Applause.]

Ms S A LUTHULI: Commissars, Fighters, House Chair and fighters at home ...

... ngiyanibingelela. (*Translation of isiZulu sentence follows.*)

[... I greet you all.]

Minister, perhaps the greatest crime of the ANC-led government is how it has failed the children of this country for 25 years. We live in a world that is changing, where information and the ability to think critically is becoming more and more important. But in this country, we cannot even focus on the education our children will need for the jobs of the future because the majority of children in South Africa do not even have access to the basics.

Ngizokwenza umzekelo ngesifundazwe engiqhamuka kuso iKwaZulu-Natali. Lapho kuphuma khona izibalo zokuthi uMnyango ngonyaka wezi-2018 ...
(Translation of isiZulu paragraph follows.)

[I will make an example about the province I come from, KwaZulu-Natal, where the statistics show that in 2018 the department ...]

... had over 1 300 schools with pit toilets. Must we really wait for ...

... enye ingane ukuthi ishone ukuze kube khona into elungiswayo ngalezindlu zangasese zomgodi? *(Translation of isiZulu paragraph follows.)*

[... another child to die in order for something to be done about these pit toilets?]

There are 115 schools without electricity. There are thousands of teaching vacancies. There are still schools in my province that are built from inappropriate materials such as mud and asbestos.

Yonke le nto inomthelela ezimpilweni zezingane. (*Translation of isiZulu sentence follows.*)

[All these have a negative impact on the lives of the children.]

There are just under 3 000 schools without computers, and 4 000 schools without access to the internet. We have a backlog of 339 special schools, meaning thousands of children with special needs currently are not receiving any education. We have schoolgirls getting pregnant by their teachers and we have principals who abusing their powers over these young girls.

UMnyango unabantu abakhokhelwayo amantshontsho ukuze kukwazi ukutholakale izikhala zokufundisa. Akusikhona ukuthi uMnyango awuyazi lento, uyayazi kodwa uthule. (*Translation of isiZulu paragraph follows.*)

[There are people in the department who receive bribes for teaching jobs. It does not mean that the department is not aware of this practice, but it does not act on it.]

The chaos, corruption and mismanagement are collapsing this basic education system that is unable to educate our children. While the rich have the privilege to choose private schools, the rest of our children are condemned to what you choose to provide them with.

In both of his state of the nation addresses, President Cyril Ramaphosa spoke about the need to prepare our children for the Fourth Industrial Revolution. But this is all talk, and there will be no action.

Niyakwazi nani lokho. (*Translation of isiZulu sentence follows.*)

[You also know it.]

The Department of Basic Education set itself a target in 2013 of meeting all minimum norms and standards for basic education infrastructure by 2016. This target was not reached in 2016, and it has not been met now in 2019. So, how are we to believe your government when it makes claims that it will be able to provide children with tablets? How can you talk about tablets, when schools in the country do not even have electricity and the internet? Without these two things a tablet is absolutely useless and serves no educational purpose. This government has no idea of what it is doing and it is trying to build an education system without getting the basics right - it is not education.

I will now present you, Minister, with a number of solutions to the problems facing the education system. [Interjections.] Take notes.

Okokuqala, zonke izikole kumele ukuthi zibe nombani Ngqongqoshe. Zonke izikole kumele ukuthi zibe ne-inthanethi ukuze lama-thabulethi akwazi ukusebenza. Zonke izikole kumele ukuthi zibe nezindlu zangasese ezigudlayo ukuze sibalekele izingane eziphonseka emigodini zishone. *(Translation of isiZulu paragraph follows.)*

[Firstly, all schools should have electricity, hon Minister. All schools must have access to the internet so that they can use their tablets. All schools must have flushing toilets, so that we can avoid pupils dying from falling into the pit toilets.]

All children at school must receive two meals per day.

Ms N P KONI: Decent meals!

Nk S A LUTHULI: Makwakhiwe izikole ezintsha Ngqongqoshe, kuthi lezi ezindala ezingasekho esimweni esihle zilungiswe ukuze izingane zethui zikwazi ukufunda ezindaweni ezikulungele ukufunda futhi zikwazi ukuthola ukushisa zivikeleke ezimvuleni nasemakhazeni.

Kunezindawo Ngqongqoshe KwaZulu-Natali engizozisho nje ezimbalwa. Sikhuluma ngoMtubatuba, uBuhlebezwe, Ray Nkonyeni kanye noMsinga. *(Translation of isiZulu paragraph follows.)*

[Ms S A LUTHULI: New schools need to be built hon Minister, and the old ones that are not up to standard must be repaired to enable our children to learn in an environment conducive ... and be protected from the rain and the cold weather.]

There are a few areas in KwaZulu-Natal that I want to mention by name. I am talking about areas like Mtubatuba, uBuhlebezwe, Ray Nkonyeni and Msinga.]

New teachers need to be trained and employed so that we can reduce the sizes of our classes. Schoolchildren cannot be expected to learn and receive the necessary attention in overcrowded classes.

Izingane zethu emakilasini zingama-40 ukuya phezulu. Akekho noyedwa uthisha ongakwazi ukugxila ezinganeni eziningi kangaka ekilasini.

(Translation of isiZulu paragraph follows.)

[The number of children in our classrooms exceed 40. No teacher can pay attention to the needs of all these children if they have such a big class.]

Minister, something needs to be done and it needs to be done fast. If we want to avoid students not having learning materials on time, the government must also adopt the practise of delivering learner-teacher support materials for the new year in September ...

... ukugwema ukuthi kungabibikho izincwadi zokufunda uma uqala nyaka omusha. Siyazi ukuthi izikole ziyavulwa kodwa uthola ukuthi izinto zokufunda azikho ngenxa yokuthi uMnyango awuwenzi umsebenzi wawo.

(Translation of isiZulu paragraph follows.)

[... to avoid a shortage of textbooks at the beginning of the new year. Though it is known that schools are opening, one finds that study material is not available just because the department is not doing its work.]

We have incompetent staff because your officials are busy fighting over printing tenders and they lose focus in assisting our children. Once this foundation has been set, then government can begin to look to the future and the skills the children will need in the Fourth Industrial Revolution. In order for our children to gain these skills, Minister, we will also need to see certain changes in how teachers are trained.

High-technology teacher education and training colleges are needed. We cannot expect our teachers to train children in coding and software development, when they themselves do not know how to use this.

Kufana nokuthi sidlala ngezingane nje esikoleni. *(Translation of isiZulu sentence follows.)*

[It is like we are just playing games at school with the children.]

There needs to be a greater focus on maths and the pass mark must be increased, Minister.

Ngeke uze ulindele ukuthi sakha ikusasa lezingane ngamaphesenti angama-30 wamamaki. Kumele kungezwe amaphesenti aye ema-50 wamamaki.

(Translation of isiZulu paragraph follows.)

[You cannot expect to build our children's future on the pass mark of 30%. The pass mark needs to be increased to 50%.]

These are just some of the changes that need to take place if we are to have an effective basic education system, but your government, hon Minister, does not have a plan. Therefore, the EFF rejects the budget. [Time expired.]

Mr M R BARA: Hon Deputy Chairperson, hon members and hon Minister, firstly, probably I must join the Deputy Minister in passing our sincere condolences to Johnny Clegg's family and that of Mark Batchelor who was gunned down on Monday. Mark Batchelor used to play for Kaizer Chiefs, Orlando Pirates and Bafana Bafana. We wish the family well in this darkness.

Basic education lays a foundation for a brighter future for any nation. Fundamental to that objective is early childhood

development, ECD, for it is the essential step that children need in order to succeed in their schooling years. Incorporation of ECD into basic education with a defined curriculum will go a long way in preparing children for qualitative schooling. What remains to be a point of contention is the plan and the budget to do so. I think that is important as we roll out that particular process. That will then wake up President Ramaphosa from his dream ... [Laughter.] ... that only at 10 years of age will children read with understanding - because with the co-ordinated ECD we can achieve that even in earlier years of children's development.

Mphathiswa, xa beneminyaka elishumi abantwana, noko bafanele ukuba bayayiqonda into abayifundayo. (*Translation of isiXhosa sentence follows.*)

[Hon Minister, when they are 10 years old they should at least be able to read with understanding.]

We need to make sure that ECD practitioners are qualified for a set accredited standard. We can't compromise quality as the department undertakes this exercise. Migrating ECDs to basic education is a huge task, but it must be done.

The issue of violence in our schools cannot be over emphasised. Learners are killing one another and teachers are not safe to do their jobs. Gangs have taken over our schools because they see them

as a niche for selling drugs. The government must make resources available to create a safe environment for teaching and learning.

In Lusikisiki, just on Monday this week, a 10-year-old Asenathi Gani died when a tree fell on him and the other two learners - and those two learners are in a critical condition in hospital. This occurred when the principal had been making a plea all along for those trees to be cut because he could see that they were dried tree that needed to be cut off. I am sure that will happen now because someone died. Why should people die before our government acts?

The department committed to provide safe infrastructure like proper fencing, alarm systems and burglar-proofing, resilience building programmes for young people and the strengthening of partnerships with relevant stakeholders. However, we have not seen any positive results or implementation of these interventions. These are good plans on paper, but there is no implementation. The claim that there is a solid partnership with the SA Police Service, the SAPS, aimed at linking schools with police stations and the establishment of school safety committees is yet to be seen in real terms ...

... kuba ubundlobongela ezikolweni abunciphanga. (*Translation of isiXhosa sentence follows.*)

[... because violence in schools continues unabated.]

Basic Education must work with the Department of Health in order to fight HIV/Aids and tuberculosis. We can't afford to have government departments working in silos in dealing with the same issues and challenges. This unnecessarily overstretches resources.

We welcome the release of a handbook for learners on how to prevent sexual abuse in our schools. This should be further enhanced by availing services of a school counsellor or school psychologist. As the DA, we would like to see harsher actions taken against educators who sleep with learners, with some even impregnating them - I am talking about young girls and minors.

Minister, the schools for children with disabilities have been overlooked for a long time. It's about time that the government of the ANC prioritises and put a special focus in addressing this matter.

Ngokuphuhlisa ezi zikolo, sinciphisa uxanduva noxinzelelo kurhulumente, kwinto yokuba kubekho abantu abaninzi abaxhomekeke kurhulumente ukuziphilisa. Imfundo ezuzwa ngabantu abakhubazekileyo yenza ukuba bakwazi ukuziphilisa. (*Translation of isiXhosa paragraph follows.*)

[By improving the infrastructure in these schools, we will be relieving government from the pressure and burden of people who are

dependent on it for their livelihood. Providing education to children with disabilities makes them self-sustainable.]

Efata School for the Deaf and Blind, in Mthatha, needs government support. The help needed ranges from basic things that some of us will overlook like bed linen, toilets and school shoes. Currently, some of them relieve themselves behind school buildings. The hostels that house between four to 11-years-old children require cleaners for daily care. Minister, please do something about this dire situation.

Perhaps, instead of continuously bailing out failing state-owned enterprises such as SA Airways, SAA, and Eskom, government should direct that valuable funding to improve the quality of school infrastructure as well as the safety and security of schools in crime-ridden areas. Why are our children always suffering the brunt of government corruption and failure?

Whenever grants are made available to provinces, we must follow the money. Let's make sure that money that is allocated by national government is followed up in terms of monitoring through an appropriate mechanism that would ensure that no money is mismanaged or misappropriated. It is a sad reality that such a concept needs to be mentioned by the opposition considering the dismal track record of the national and provincial governments under the ANC.

Let the new dawn manifest itself in the lives of all South Africans. The better place to start is a basic education. That's the only way we could build a productive and prosperous nation that we all envisaged from 1994. I thank you. [Applause.]

Ms M N GILLION: Deputy Chairperson, my greetings to the Chairperson of the NCOP, the hon Chief Whip, hon Minister and Deputy Minister and the team led by the director-general, hon Members of Executive Council, MECs, of Education from the various provinces, SA Local Government Association, Salga, hon members, officials and guest, let me start by quoting this: "Education is the most powerful weapon which you can use to change the world".

Long live the spirit of Nelson Mandela, long live! "Each one teach one". The slogan "Each one teach one" has a lot of meaning for the ruling party when it comes to our children. The ANC and our government machinery led by the ruling party ensure that the five-year period from approximately 1998 to 2003 was characterised by massive redistribution in the public funding of schools away from historical white schools towards historical black schools. Sorry, my dear. [Interjections.]

AN HON MEMBER: Cosas!

Ms M N GILLION: Let me remind you, hon members from the opposition parties, if you have forgotten. By 2003, an almost equal

distribution of annual public funding per learner had been achieved compared to a pre-1998 situation where funding was still skewed in favour of white schools.

Per learner spending by the state under apartheid was highly unequal and differentiated by race and ethnicity, although this funding inequalities became slightly smaller towards the end of apartheid.

In 1994, spending on every white learner was still about 4,5 times as high as for every African learner. It was only around the year 2000 that public spending per learner became close to being equal and the apartheid spending legacy, at least in a recurrent expenditure sense, could be said to have ended.

In 2009, the majority of the conditional grant funding flowing through the Department of Basic Education was earmarked for school nutrition, meaning that this funding couldn't be used for any other purpose.

Now, the DA has a plan for education, as it was said by the hon member of the DA today. If the DA has a plan, let me ask the DA in the Western Cape, Why did you legalise shebeens at schools if you have a plan? What about our safety in schools?

Hon member Du Toit from the FF Plus, maybe you also missed this one. Let me enlighten you. President Cyril Ramaphosa in Jansens in

February 2019 also indicated the following priorities in education and skills development through the sector and the Department of Basic Education: The prioritisation of the curriculum and learning materials, development for new technology subject and specialisations including technical maths and technical sciences, maritime sciences, aviation studies, mining science, and the commitment to transform several ordinary public schools into technical high schools in an effort to expand participation in the technical streams, etc.

The vision of the National Development Plan is to achieve a headcount enrolment of 2,5 million in Technical and Vocational Education and Training, TVET, colleges and one million enrolments in the city colleges by the year 2030. This vision emphasise the importance of TVET and said colleges and is a source of skilled required by our economy.

The college sector is central to the provision of post-school education and training and is the area targeted by the Department of Higher Education and Training for the greatest expansion and diversification. This sector shouldn't be viewed as an impediment but a progressive and integral component of broadening and strengthening knowledge as well as increasing the participation of our youth in the economy.

There is a need to strengthen partnerships with the employers, experts and individual colleges to ensure integrated and regular learning. This should be based on development of a common vision and strategies to equally meet the demands of the Fourth Industrial Revolution, my learned colleague from the EFF.

In its 2019-20 annual performance plan, the Department of Basic Education has made the following commitment to address issues of exclusion and social problems in schools. The hon Christians, member of the DA, your speech seems to suggest that you don't know this and let me provide you with the facts. With regard to psychosocial support service, the Department of Basic Education is in the process of finalising training and material including the guides for schools.

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Gillion, just a moment please. I don't have a problem if you interject but please, members, you can't speak so loudly that we don't hear what is being said here, please. [Interjections.]

Ms N P KONI: Chairperson, maybe I should propose a way forward, you know.

The DEPUTY CHAIRPERSON OF THE NCOP: You said you want to bring a point of order. If you don't have a point of order, you may sit down.

Ms N P KONI: Okay, no, I have. Let me continue with the point of order. The point of order is that the member on the podium is actually answering to the debate. She is not debating. So, she is actually doing the job that must be done by the hon Minister, Mama Angie.

The DEPUTY CHAIRPERSON OF THE NCOP: Is it the real point of order?

Ms N P KONI: So, maybe she could just do justice by either rejecting or supporting the budget and then go to her seat.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you, hon Koni. You may sit down. You may continue, hon Gillion.

Ms M N GILLION: Under psychosocial support services, the Department of Basic Education is in the process of finalising training and material including the guide for schools and providing this support to learners to improve standards of practice under psychosocial support at school level.

In terms of health and safety in schools, the department will support the provision of school health services to 200 000 learners in Grades R, one, four, five, eight and 10. The department has further committed to print and distribute 571 752 educator guides and learner books, and sexuality education scripted lesson plans for

Grade 4 to 6 and Grade 10 to 12 in 537 primary schools and 435 secondary schools respectively.

It hosts workshops under restorative conferencing and physical assault response jointly with school safety towards violence prevention to improve competence of violence prevention in the sector. Ninety per cent of public schools had become no-fee paying schools and learners are benefiting from school feeding schemes and subsidised public transport. This has contributed to the increase in school attendance from 51% in 1994 to 99% today.

The country achieved near universal access to basic education for young children aged seven to 14 years of age. The number of learners who passed matric increased from 50% before 1994 to around 78% today, with the major shift in the balance of high performers from schools with learners from poor background.

The government continue to build this solid foundation for quality teaching and learning well before Grade 12. All foundation phase teachers are to be trained to teach reading in English and other African languages.

There's a broader effort to strengthen the basic education system by empowering school leader subteams, supporting teacher development and improving training of future teachers under Funza Lushaka Bursary Scheme.

Assurance that 95% of learners will have access to the required textbook in every learning area and grade. Most schools in need are provided with decent sanitation infrastructure and electricity. Safety in schools is ensured on an ongoing basis.

In an effort to address issues of school safety, the department together with teachers and other social partners are desperately looking for effective forms of classroom management and the ways to instil discipline at schools.

In the past, teachers used to cane people until the corporal punishment system was banned and made illegal in 1996 when the SA Schools Act, Act 84 of 1996 was enacted. According to Imenda, more than 600 educators in Mpumalanga and KwaZulu-Natal were asked to list the top 10 challenges they faced in classrooms and having to deal with ill-disciplined pupils was the main challenge most teachers expressed.

Teachers want to be assisted with ways of containing learner ill-discipline and finding effective ways that can be applied, which will not violate the law but will be quite effective in ensuring that there is discipline in schools.

The ANC urges parents to play their role by teaching their children about values that will instil a sense of self-respect and respect for others. The ANC hereby supports Budget Vote 14. [Applause.]

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you, hon Gillion. We will now invite the hon the Minister to continue and complete the budget. Just note that the Minister will have 10 minutes because she only used 15 minutes at the beginning of the budget.

LETONA LA THUTO YA MOTHEO: Bana ba a tshwenya. [Ditsheho.]

(Translation of Sesotho sentence follows.)

[The MINISTER OF BASIC EDUCATION: Children are problematic.

[Laughter.]]

Chair, let me start off by thanking members of the NCOP for the engagement as well as the contributions especially when we were engaging with the committee. I really want to take an opportunity to thank them for all the advice that they gave.

Before I start, I was going to say to Mr Bara, that you forgot that in sending condolences, you should have started with Mr Ike Maphotho. For you and me, to be here today, he gave his all and his life. In case you don't know Maphotho, he was one of the first recruits of Umkhonto we Sizwe. He fought in the Wankie Sipolilo battle, was captured by the enemy, sentenced to death and was able to come out when Zimbabwe got its independence.

Laba abanye nje ... mina nawe silapha ngaye. *(Translation of isiZulu paragraph follows.)*

[These others are just ... you and I are here because of him.]

So, I thought ...

... ke o fetisetse matshediso. [Mahofi.] (*Translation of Sesotho sentence follows.*)

[... I should pass your condolences. [Applause.]]

Chair, I also want to thank the NCOP because for us as a government or department's concurrent functions, the NCOP is very helpful and useful to us as a partner because both of us have provinces as priorities. So, indeed the counsel and the advice that we get from the NCOP is always very valuable and we take it quite seriously.

As a sector that is focusing on children, for me as a Minister, it does not matter where the child is. It remains a national asset a South African child. We have the interest of all our children wherever they are. I also want to take this opportunity to thank the different provincial departments that help us in provinces, our teachers in particular who are at the coalface of our work, our parents and learners. We greatly value the work that is done by provincial legislatures in supporting and monitoring the work of the provinces.

I also want to take this opportunity to thank the director-general, DG. We are a very fortunate department that we have lots of academics who work with us and support our work. There are nongovernmental organisations, NGOs, that support us because on our own we would not be able to manage this titanic that we have to deal with.

We have privileges of having the private sector as well contributing to the work that we have and the international community. But there are also individuals who - as you'll see tomorrow during the Mandela Day - are South Africans coming to our schools again to help us and for that, we remain grateful.

I want to say that I'll be wasting my time by commenting and responding to others because people who have ears would have heard what the ANC-led government has done. People who have eyes would have seen what the ANC has done.

Ba se nang ditsebe ... *(Translation of Sesotho sentence follows.)*

[Those who don't have ears ...]

... there is nothing that I can do. Those who cannot see, there is nothing I can do. They'll go about and say they have not seen anything.

Ha ba na mahlo, jwale nna ke tla ba fa ke a nka kae? (*Translation of Sesotho sentence follows.*)

[They don't have eyes, so where should I get eyes from to give to them?]

Because, in my lifetime, I have not died as yet. Professions like engineer, accounting and actuarial ... When I was at university I didn't even know that there was a course called actuarial studies because those were greener pastures that were left for non-whites. And to say you've not seen an actuarial scientist under ANC-led government, then you don't have eyes. You have not heard about the fame of the ANC, so there is very little we can do to help you.

I want to say to members who quote the Constitution that they should also read the basic principles that govern the Constitution, of nonracialism, nonsexism and unity.

It will do us a great favour if we can honestly say, wherever in our little spaces, we haven't been able to help with transformation. I leave that to you because I will find it difficult as a Minister to use this platform to address educational issues with the MEC of the Western Cape whereas I have a platform with her where we engage on issues.

So, to repeat as if we don't we have a platform, we will meet next week and help each other in case ...

... asizwani kahle. *(Translation of isiZulu sentence follows.)*

[... we do not get along well.]

We will have each other. We are meeting next week. Maybe ...

... re tla thibolla leloko le hlomphehileng ditsebe ... *(Translation of Sesotho sentence follows.)*

[... we will open the ears of the hon member ...]

... and also help her because it would be disingenuous of me to engage on educational matters as a Minister with an MEC on matters that I assumed we both understood.

I also want to appeal to members because I really do value the NCOP as a House to help us work with provinces but it is also a problem when members come and tell the obvious. It does not add value to the fact that you have been sent by constituencies to guide us as the governing party because the fact of the matter is that, for the next five years, whilst you are waiting on the wings, we'll be governing this country. So, the best you can do is advice and guide us because you have no choice. There is no way you're going to do anything. So,

for the sake of the country and to be of value to the people who sent you here, don't tell us the obvious, but give us value. Multiparty democracy is very important because you have people who've got different perspectives. So, we want those perspectives and not complaints and the obvious. [Interjections.] You must, but constructively.

We can't have a situation where we say to people 78% of our children have challenges with reading. They come back and 78% of your children ... They got it from us. They're giving it to us and are not helping us in any way. So, add value and don't repeat the obvious.

We are giving it to you because we want you to participate.

Ee, ba phetapheta ntho eo ba e tsebang. (*Translation of Sesotho sentence follows.*)

[Yes, they repeat something that they know.]

We will not say we want to have a programme on electricity if our schools are electrified, you're telling us the obvious. We say to you we have a budget for electricity and you say electrify schools as if we don't know that schools don't have electricity. So, you're not helping us in any way.

On information, communications and technology, ICTs, we are not going to stand here and pretend that our children are not equally valuable. What is good for the goose is good for the gander. There are provinces that are managing especially urban dominant provinces like Gauteng and the Western Cape. They have a wall-to-wall ICT programme. We are not going to stand here and not assist rural provinces to do that. All our children nationally are equally important and we are going to do something about it.

So, what I would really appeal to you is for us to have integrity because, as I said, you are stuck with us. The best you can do is to have constructive engagements to ensure that we can advance and develop this country. But, if you're going to stand at the front and blame us for falling trees - I mean it's a natural disaster. A tree falls and then they say the ANC was not there when the tree fell. It is a natural disaster. Are you then going to blame us for the rain and all kinds of weather?

Give us constructive engagements and I can assure we take you very seriously. But at times you don't seem to take yourselves very seriously by the way you engage. You just say all things that don't add value to us and it's depressing because as I say, I take members very seriously.

I take into consideration the fact that we have a multiparty democracy and there are going to be different perspectives. But I

can't come here and have all stories of hopelessness, of parties that have not ... All parties have bad news and hopelessness, and it's clearly parties that have not had an opportunity to develop policies.

And, I am saying to the DA, welcome. We've led you; we've shown you what progressive policies are and you have been good in some instances of implementing them. Don't scream as if there is anything you can put on the table. Let's build a country together.

Of all the things, to say it won't happen, we used to sing as the ANC party to say ...

... ngehora lesi-4 siyokhulula uMandela. Samkhulula. (*Translation of isiZulu paragraph follows.*)

[... at 4 o'clock we are going to release Mandela. And we did release him.]

We are going!

The things that we are saying we are going to do to develop our children, we are going to do them. No one told us that we could release Mandela at 4 o'clock, but we did it.

Samkhulula ngeqiniso. (*Translation of isiZulu sentence follows.*)

[We truly released him.]

So, I really do hope for the next five years you're going to give us reasons to take your views seriously. You should not be mr find a mistake ... finder, finder. That's a children's game. There is nothing we are getting from you. Stop playing finder, finder here. We are old and serious, and this is about the country; add value.

Everything that you see, smell coffee because, as I say, at least be valuable citizens and guide the ruling party, the ANC to lead the country for the sake of our children. We are not saying, vote for us because we have been voted for by the people who voted for us. We are saying, work with us to develop this country and stop playing finder, finder. Thank you very much. [Applause.]

Debate concluded.

APPROPRIATION BILL

(Policy debate)

Vote No 16 - Health:

The HOUSE CHAIRPERSON (Mr A J Nyambi): The hon Khabazela, you are given the opportunity to open the Budget Vote 16 debate - Health.

The MINISTER OF HEALTH: Hon House Chairperson, members of the National Council of Provinces, the leadership in the Department of Health and other departments present, hon members, ladies and gentleman, thank you for the opportunity. I am grateful that I am here to present the budget of R51,46 billion, which is the Vote for the Department of Health for the year 2019-20.

Let me start by expressing condolences to the family and friends of Johnny Clegg. Appropriately so, South Africans have reacted with shock and sadness on the news that our icon has lost the battle against cancer. There have been lots of details about it. And so, we want to convey our condolences. Similarly, like my colleague, we also want to convey our condolences to the family, friends and comrades of General Ike Maphoto, the commander of uMkhonto weSizwe under the commander-in-chief, Nelson Mandela.

He was part of what was called the Luthuli Detachment that crossed into Rhodesia those days to fight and engage the army of Ian Smith. They were therefore in battle at the time in what was called the Wankie and Sipolilo campaign. He was kept on death row for about 11 years at Chikurubi Maximum Security Prison in Zimbabwe and was released during the days of freedom of Zimbabwe.

He remained a dedicated and loyal cadre of our struggle for freedom and democracy until his last day. He served under President Nelson Mandela at the time and thereafter.

Tomorrow, the world will pause to celebrate the birth of this global icon, President Nelson Mandela - our beloved Madiba, who would have been 101 years were he alive. We, in the health sector will always remember Madiba's counsel and I quote: "Health cannot be the question of income; it is a fundamental human right". So, when we approach the issues today, we do so with that understanding.

President Ramaphosa stated in the state of the nation address that we must attend to the capacity of our hospitals and clinics. To this end, we have a social compact which emanated from the deliberations of the Presidential Health Summit in October, last year. What people have raised during the Summit is in line with the National Development Plan, NDP, objectives as well as those of the Sustainable Development Goals, SDGs. These will become our guide as we deal with the issues of health.

The Presidential Health Summit will be signed by the President of the Republic next week, which will be sealing the partnership between government, the private sector, academia, professionals, civil society, organized labour, etc. This will be our determination to implement Universal Health Coverage.

The major challenge of the health system is increasing burden of disease and the twin epidemics of communicable and noncommunicable diseases. Guided by the outcomes of the Presidential Health Summit, we therefore, have a number of pillars which are guiding us as we go

into delivering this speech as well as looking at how to deal with health challenges.

There are some interventions which I will mention here, which will be about transforming the health system, correcting its weaknesses and also creating a platform for National Health Insurance, NHI, to be implemented immediately. The NHI is a way of providing good health care for all by sharing the money available for health care amongst all our people. The health benefits that you receive must depend on how sick you are and not on how wealthy you are.

Under the NHI, health facilities and health workers will also be available to provide services for all. It will be a service that we will be sharing as one nation.

I have the following areas which we believe needs to be given attention: Firstly, the issue of equitable funding for the public health sector. Here, there is an acknowledgement that the health sector is underfunded due to competing government priorities. We therefore, feel that over the years there has been pressure throughout the fiscus but, in particular, health has been affected.

In addition, it has been aggravated by twin epidemic of communicable and noncommunicable diseases rising at the same time, which is unusual because in most of the countries, it's been either one or the other but not both at the same time.

Many provinces are now experiencing major financial backlogs, which we call accruals and we plan to introduce several measures which will include seeking additional funding over the three-year period and again better planning, improving accountability with explicit consequent management to prevent the recurrence of some of the financial backlogs.

To this end, the national Department of Health is engaging with National Treasury to explore various modalities for adequate funding on the health services. We want to make sure that there is elimination of wastages and tightening on financial accountability.

Secondly, is the issue that we will focus on, which is the shortage of staff. Here, we believe that the shortage of frontline service delivery staff needs to be eliminated. We have identified shortage of various staff groupings that have to be looked at. Of major concern, is the shortfall of 4 143 of medical officers and we want to fill about 2 680 of those in this financial year.

We will also be attending to the various allied professions, community health workers, nurses, etc. Out of this, we will be absorbing 2 625 medical interns and 6 786 community health care professionals. This is the focus on how we begin to fix the health services. This will obviously deal with the absorption of a number of those students who would have been trained in the Nelson Mandela-

Fidel Castro collaboration programme and also from the other universities in the country.

Thirdly, is the supply of medication. In this area we believe that the budget for medicines must be ring-fenced to prevent stockouts. We are developing a mobile App to get the response from communities and the public in general to be able to indicate as soon as we come across such stockouts.

We believe it is also important to use this to help strengthen the management of our institutions where there are global shortages as we are currently experiencing them. We believe it is important to work together and identify alternatives quickly and address them.

In addition, we are also discussing with the SA Health Products Regulatory Authority, SAHPRA, to look at additional mechanisms such as fast-tracking registration of medicines and improving their capacity to clear the backlogs as well as ensuring that we can deal with other available possible activities such as parallel importation and licensing in generic productions; and also, to be able to access medication which is available in other countries for special cases.

We want to work with nongovernmental organisations, NGOs, particularly those that deal with people living with HIV/Aids and

those who are in cancer associations. They have been quite active in working with government on these particular issues.

We believe these steps are going to help us reduce the patient waiting time and also create less overcrowding. In Johannesburg and other parts of Gauteng we already have instances where we are able to get medications delivered on pilot basis to areas without people having to go to clinics. There are also NGOs that have piloted e-pharmacy and digital prescription and so on. All of these need to be widened so that we can reduce the need for people to just to go to hospital and wait for medication when there is no need for them to see doctors or health workers.

Fourthly, is the area of quality improvement. Here again, we believe that we need to reintroduce excellence in the public service and turn the public sector into a service of choice with regard to access, affordability and availability, appropriateness, technical competence and the skills that are available in the public sector.

We will implement quality improvement in our hospitals using standards set out in the Office of Health Standards. Within the first year, we want to ensure that no less 25% of our facilities undergo interventions that will take them to acceptable standards.

We also want to make sure that feedback is created through some Apps so that people can comment on the quality of the food, linen,

cleanliness in hospitals and the attitude of staff - all of these together. We believe that client satisfaction needs to be part of what guides us as we move on to improve the health service.

We want to strengthen the Office of the Ombudsman and also a combined strategy of strong administration, efficient clinical care as well as strong legal interventions to reduce lawsuits.

Fifthly, we want to look at improving management and governance. Again here, the national Department of Health has unqualified audits. Five provinces have maintained qualified audits opinion with two of those improving from a disclaimer and four provinces have maintained an unqualified audit. We want to ensure that we move all provinces towards unqualified audits so that governance is strengthened.

We also want to look at placing patient care at the centre of the activities of the department throughout the country. Ensuring that we review organogram and all the delegations so that decisions are taken appropriately where they need to be taken. We are taking a strong stance on corruption, which we see as a cancer that is problematic in our system and we want to ensure that it is eliminated so that we can eliminate wastage and strengthen ethical leadership.

Part of strengthening governance is also to build strong clinic committees as well as hospital boards. We will put resources to ensure that these can hold the local institutions to account and are also assisted in order to play the oversight role that we expect.

Clinical governance, specialists and heads of departments including medical aids and leaders of the academic institutions will work with us to ensure that we strengthen the clinical guidelines that will guide the conduct of the health service across the entire country.

Sixthly, is the infrastructure build. Here we are looking at improvement and maintenance of key infrastructure. In this Medium-Term Strategic Framework, MTEF, we will build four new hospitals and 34 clinics at R6 billion, revitalise 85 hospitals and 120 clinics at R5,2 billion and also maintain 485 clinics and community health centres at R8,9 billion.

A team of experts in finance and health infrastructure from National Treasury and Health has been established to look at creative ways to find financing mechanisms and alternative models of service delivery to deliver the entire health infrastructure. We have given them a directive to look at this being done within a horizon of five to seven years. Some work has been done. We believe this is possible. This is the platform on which the NHI will be based.

Seventhly, is the strengthening of the primary health care and reorganisation of the district health system. The move towards universal health coverage through the implementation of the NHI will be based on a primary health care, which is largely around the issues of prevention of diseases with immunisation, health information, health promotion, the technology in early detection of diseases, early treatment and screening as well as the use of expansive network of community health workers and community caregivers on rehabilitation, palliative care and so on, working with NGOs.

Referral pattern must be strengthened to clinic facilities with the medical officers who are going to supervise those clinics and community work through outreach programmes, where they move from hospitals to the community and reduce the number of people who have to visit the hospitals just to see the doctor. At the same time, work together with the district hospital for that purpose as well.

We will be reviewing the operating hours of many primary health care centres and clinics with the view to ensure that services are more accessible. We will also bring in general practitioners in private or family practitioners to work with us. On this, we are already working with SA Medical Association, Unity Forum of Family Practitioners and Progressive Health Forum, amongst others. All of them understand and agree to the whole principle of capitation, which is how this has been worked on in all the countries.

We are also working very closely with the statutory institutions - Pharmacy Council, Health Professions Council of SA and Traditional Health Practitioners so that we can look at how we can incorporate some of these allied professions in the primary health care structure.

We are also looking at strengthening safety in the hospitals, especially after the nasty experiences - Pelonomi comes to mind. Mpumalanga and Limpopo had serious problems of safety of staff and patients. This must be eliminated. The National Health Council will be meeting in the next few weeks to discuss a plan of working together with the police in this regard.

In the area of stakeholder management, particularly the need for us to work in co-operation with the private sector, civil society, academics, researchers and labour, etc in transforming the health system, this is well-established and we will move on. That's why we will be signing this social compact led by the President.

Of course, the major issue is going to be the implementation of the NHI. Cabinet has approved the NHI Bill. This Bill will be coming through to Parliament for further consultations. This is about which structures we need to reorganise, the models to use, calculations in terms of purchasing of the services and the ordering of services at the district health level so that we can implement the NHI. This is what we will adopt as a country as it is a global trend now.

The G20 meeting we attended two weeks ago was very strong on the fact that public sector must fund the rollout of NHI, and that it is only fair to consider the expenditure on health not as wasteful but as an investment into the economy of the country. This unit will also help us to finalise the Health Patient Registration System, wherein we want all South Africans on a common database as members of the NHI and in addition, rollout the patients' records. Right now we have 42 million users recorded. We only need to verify and finalise that before the end of this year.

The other areas of NHI will be dealt with. We are also sending about 30 managers out of the country from various levels to go and learn about NHI. They will leave the country before the end of the month. We are using all the bilateral agreements that we have in this particular area.

We are going to look at a lot of programmes to load here - HIV/Aids with a particular focus on finding additional two million people who must be put on the treatment programme and to ensure that no patients are lost as regards Tuberculosis, TB, follow-ups. We have had very good examples of showing how the 90/90 target has been reached. We will be strengthening all of this.

Other programmes include maternal and child health, neonatal health services, sexual health, adolescent health, rehabilitative care, noncommunicable diseases and communicable diseases such as the ones

I have indicated. Some of the problems of noncommunicable diseases like hypertension and cancer as well as rehabilitation of the disabled and mental health in particular, are being worked upon.

We believe that we are on course to initiate the NHI and that for us, as a start, is how we want to deal with it. We are combining both the solving of the problems that are challenges facing the system and at the same time, starting the introduction of the NHI.

Thank you very much, Mr Chairperson. [Applause.]

Ms M N GILLION: House Chairperson, Chairperson of the Council, hon Chief Whip, hon Minister and Deputy Minister of Health, hon MECs for Health from the various provinces, SA Local Government Association, Salga, hon members, officials and guests.

South Africa's health system has its roots in a setup of apartheid policies that were racially bias and skewed in favour of the minority population. The transformation of the health system in South Africa has been and remains an urgent priority for the ANC-led government since 1994.

A healthy nation equals to a healthy workforce that can serve as the vehicle to the realisation of radical socioeconomic transformation and make meaningful contributions to the growth and prosperity of this economy. ANC policy has always been bias to the working class and has placed the marginalised and poor at its centre.

The 52nd National Conference of the ANC resolved that health should be one of the two key priorities of government and it envisages this second phase of transition to be characterised by swift action to effect economic transformation and democratic consolidation critical both to improve the quality of life of all South Africans and to promote nation-building and social cohesion.

In executing its mandate, the Department of Health is guided by the National Development Plan, NDP, which forms an integral part of policy plans within all government departments to chart a path to prosperity and improve the lives of all South Africans within various sectors.

Since 1994 the ANC-led government has made great strides in delivering quality health care services to its citizens. A range of pro-equity policies and programmes have been implemented. Most of them were elements of the Reconstruction and Development Programme, RDP. Through RDP, primary health care was revitalised and free maternal and child health care was introduced which has proven to be successful in addressing mortality figures.

Over the past 25 years, major transformation has taken place in South African health legislation, policy and the delivery of services to all South Africans.

In recent years the ANC has introduced a universal health coverage known in South Africa as a National Health Insurance, NHI. This initiative seeks to ensure that all South Africans have access to good quality health care irrespective of their financial status. NHI will address the country's health burden and ensure that South Africans become a healthy productive nation.

In addition, the department has established the Office of the Health Standards Compliance. This is a massive win for the patients and the health system as a whole. This, in a long term, will assist our government to provide quality health care for all South African citizens.

Due to ANC interventions, health outcomes of our population have improved drastically. More South Africans are living longer with average life expectancy increasing to 64 years in 2018 from a low of 53 years in 2005. Progress in life expectancy reflects improvements in the quality and the availability of health care; our massive campaign to turn the tide against HIV and Aids; and our efforts to meet basic needs like access to clean water, electricity and adequate housing.

More than 4,5 million South Africans living with HIV received Antiretroviral, ARV, treatment up from 2,5 million in 2014 making it the biggest ARV treatment programme in the world.

We have made dramatic progress in the prevention of mother-to-child transmissions of HIV. In 2004, over 70 000 of babies born to HIV-positive mothers became infected. By 2018, this figure had plummeted to 4 500, saving tens of thousands of newborn babies per year. New HIV infections have decreased but our collective fight continues for an Aids-free generation.

In 2009, there were 69 000 TB-related deaths and by 2016, the number had dropped to 29 000. Access to free primary health care has been expanded from pregnant women and children under six years of age in 1994, to free primary health care for all today.

Thousands more medical doctors including those from poor families have been produced by our public medical schools. More needs to be done to improve the production of more health professionals.

We have begun the process of establishing the NHI by rolling out various pilot sites across the country and drafting the enabling legislation for the countrywide introduction of the NHI. The South African public health needs simple and effective intervention. It is the fact that South Africa is in need of doctors and nurses. It is worth noting that R2,8 billion has been reprioritise to a new human resources grant and R1 billion for medical interns. We also take note of the R1 billion provided to pay community health workers.

The money will raise the wages of these workers to R3 500 per month. However, we are sad that this will only take place in the 2021-22 budget. The community health workers continue to be a pillar of the primary health care and deserve to be rewarded as such.

NHI aims to achieve universal health coverage for all South Africans. This specifically refers to financial health coverage. It aims to provide equity and social solidarity through pooling of risks and funds. It will create one public health fund with adequate resources to effectively plan for health needs of the entire population and not just a selected few.

Paragraph 400 of the White Paper and NHI stated that: "With the implementation of NHI, the role of medical aid schemes in the health system must change."

This matter is still being debated by various stakeholders but what can be said is that state medical schemes will gradually cease to exist because there will be NHI. NHI is also going to be a mandatory prepayment of health. It is your health care paid for before you are sick, and it is mandatory because, once passed into law, every South African has to belong to it.

This is unlike medical aid schemes which are voluntary prepayment. The debate here is whether you could be allowed to keep another private medical aid scheme while you mandatorily belong to NHI.

Critics of the NHI say government wants to disrupt a private health care system that is working well and the government should leave the private health care alone, as this reduce the burden of providing health care from the state. This is definitely not true that the private health care is a system that is working well. This assertion is a dangerous simplification of facts for starters. A system of health cannot be said to be working well when it serves only a tiny minority in the population - only 16% of South Africans and it excludes the overwhelming majority 84% of South Africans.

Secondly, the cost of private health care is spiralling out of control with the result that the medical aid contributions are increasing more than CPIX, while the benefits to patients are reducing at a very fast pace. This is the only sector in the socioeconomic arena that is behaving so.

Most members of medical aid schemes run out of benefits and are no longer covered from as early as June until the end of the year. You cannot, therefore, claim that the system is working well, when that system can take you out of the Intensive Care Unit, ICU, while you are still very sick simply because your benefits have been exhausted.

Lastly, medical aid schemes are actually collapsing under the weight of the high medical costs. In 2002, there were 141 medical aid schemes but today we are left with 83 and still counting down. GPs

are systematically taken out of practice because they are simply not paid or are paid very little by medical aid schemes compared to private hospital. That is not a system that can be left alone.

The NDP states that if you need to fix the health system, we need to deal with two problems: One, exorbitant cost of private health care; and two, the quality of the public health system. Both systems ultimately need to be fixed not only the public health system. It is for this reason that paragraph two of the NHI policy document states:

NHI represent a substantial policy shift that will necessitate a massive re-organisation of the current health system, both public and private and also derive its mandate from the NDP of the country.

In conclusion, Chairperson, in echoing the systems of our Ready to Govern document, the ANC was founded on the need to overcome the legacy of inequality and injustice created by colonialism and apartheid in a swift, progressive and principled way.

In the spirit of Thuma Mina, we urge the department to heed the calls made by the President and for each and every one of us to "khawuleza" and say, send me. The ANC supports this Budget Vote. I thank you. [Applause.]

Mr M R BARA: Hon House Chair, I am certain that at some point we'll deal with hooliganism in this House. There are people who have licences to call each other names with impunity. Hon Chairperson, hon members and fellow South Africans, if we were to consider the amount of money budgeted for health over the years, South Africa should be amongst the best countries in the world in the provision of health care. However, the opposite is true. The 2019-20 budget aims to improve on the shortcomings of the 2018-19. However, there are no clearly identified reasons for the shortcomings and how to remedy those.

Uzilungisa kanjani iimposiso xa ungakhange uqale ukhangele isizathu esibangele umonakalo lowo. Loo nto ifana nokuba unyanga isifo ungakhange ujonge isizekabani. *(Translation of isiXhosa paragraph follows.)*

[How do you remedy the shortcomings if you have not identified the reasons for those shortcomings? That is like rushing to treat a disease without making a proper diagnosis first.]

This year the national department aims to disburse an amount of R47 billion to provinces in the form of grants. In the same vein, it hopes to increase the number of provinces which would have a clean audit. However, there are three provinces namely: Mpumalanga, KwaZulu-Natal and Northern Cape that have consistently obtained qualified audit for five consecutive years.

Ndiza kuphendula, musa ukungxama. [Kwahlekwa.] (*Translation of isiXhosa sentence follows.*)

[I will answer you, do not rush me. [Laughter.]]

What consequence management steps have been taken? Are investigations undertaken and if so, what are the findings thereof? It is quite ironic that money is disbursed to provinces and yet when it is unaccounted for, there are no consequences except to state that the department would like to increase the number of provinces with budgetary discipline. Money spent by provinces does not translate to better health services provided to the poor South Africans.

Abantu bavuka ekuseni bafole kwimigca emide kude kutshone ilanga. Baphinde bagoduke bengakhange badibane noogqirha. Okwesibini, ukuba badibene noogqirha abafumani mayeza kuba awakho. Ngelo xesha imali iphumile ukuya kumaphondo esebe lezempilo. (*Translation of isiXhosa paragraph follows.*)

[Our people wake up early to go and spend the whole day in queues and then be turned back without even getting an opportunity to consult with medical practitioners. Secondly, even when they manage to get an opportunity to consult a doctor, in some instances they will not get the prescribed medication due stock shortages. All this while funds are allocated to provincial departments of health.]

In Stanza Bopape Clinic in Mamelodi, Elina Maseko who was about to go into labour was allegedly turned away by nurses who told her that she was too old to be pregnant and therefore was high risk. Where could she have gone to, when she required emergency assistance? Is that the kind of health care we want to provide to ordinary South Africans? Nurses take a pledge to serve humanity and shall endeavour to practice their profession with conscience and dignity. Where was this pledge in the case of Elina? What about her dignity when she had to give birth outside a health facility? We know for a fact that this case will be investigated to no end. There will never be justice for Elina and her infant.

This department has spent large sums of money for claims and damages for negligence yet, there are no consequences for culprits or lessons learned by the department. Life Esidimeni Health Care Centre is one huge case of negligence that cost the department millions of rand in Gauteng. And again, let us not forget those innocent lives lost due to completely inexcusable disregard by the Gauteng provincial department. These were human beings deserving of protection by the government, but were treated inhumanely. I am not surprised. This very same department underspent their budget for critical equipment by R504 million.

It is quite disturbing that this country, with all these resources, it still experiences high neonatal and infant mortality rate. When I

raised a question on reasons for this during the presentation by the department, I did not get an answer.

Ingaba esinye sezizathu kungabikho kwenkathalo kumaziko ezempilo?

(Translation of isiXhosa sentence follows.)

[Can one of the reasons for this be negligence in our health centres?]

The state of health care in South Africa is nothing worthy of celebration. This basic human right has been trampled on by the ANC. Now, realizing their disastrous failures, the governing party have rushed to start implementing a policy that lacks substance and shies away from providing solutions on how it will solve the health-care problem while not compromising our incredibly fragile economy.

This brings me to the approval of the National Health Insurance Bill, NHI, by Cabinet to be brought before Parliament. The DA does not support this Bill in its current form. NHI pilot projects have failed dismally across the country. The intention of having a pilot project is to test whether the system or the policy will work or not. You then examine the pilot project which can then tell you that you can roll out because it is working. That being the case, how can it be rolled out on a national scale when pilot projects have failed?

The NHI is not the answer or solution to the current failing health system. The ANC-led government continues to gamble with people's lives by enforcing this Bill. In whose interest is the NHI being pushed to the extent of implementing it at all costs? The NHI will only create another state-owned enterprise that will put more economic pressure on the tax payers of South Africa. Another SOE, judging by the ANC's history of governance, will most likely be used as another piggy bank for corruption, self-enrichment and cadre deployment.

Minister, you should first aim to fix the mismanagement of public health-care facilities and address the shortage of doctors and other health-care professionals. Over the medium term, there has already been a R9 billion reduction in investment of clinics and day hospitals. These are the institutions that provide the most basic health services to communities across the country.

South Africans, the DA does not have to wait for billions of rand that we do not have in order to have access to a good health system. The DA would roll out a universal health care in five to eight years. We would remove the medical aid tax benefit afforded to medical aid clients, availing R17 billion to invest in: Improving primary health care; investing in maternal and child health and improving the provision of emergency services. In this way, we would assign every South African with a subsidy that would afford them a standard health package. This way there will be no insiders and

outsiders. Our health system proposal is an all-inclusive model that would benefit all South Africans.

Health care is a right, as guaranteed in the Constitution. The DA takes that right very seriously and will always provide solutions that are practical and result in the betterment of the people of South Africa. I thank you. [Applause.]

Moh S B LEHIHI: Ke rata go dumedisa maloko le balatedi ba EFF Aforikaborwa ka bophara. (*Translation of Setswana sentence follows.*)

[Ms S B LEHIHI: I would like to greet members and supporters of the EFF in all of South Africa.]

The Bill of Rights in our Constitutions states that:

Everybody has the right to have access to health care services, including reproductive healthcare.

Minister, this government department is violating our Constitution because it is denying our people access to health-care services. The services our people receive in the health-care facilities of this country are a disgrace, and are not what our Constitution refers to when it speaks to health-care services.

It is nearly impossible for our public health-care system to provide consistent services because it is a system in distress, suffering from many years of neglect, incompetence and general lack of leadership. The state of health care in our provinces is proof of this failure, and there is no better example of this than my own province of the North West.

In my home province, 30% of ambulances are dysfunctional. There are 4 148 health professional vacancies in the North West. How does this department expected to provide services to the people of the North West, when there are so many vacancies that still need to be filled? And it is the people who are suffering.

In Kgakala location near Leeudoringstad, the clinic opens during the week from eight to four and during the weekend it is closed. How can an entire community be denied basic health care for the entire weekend? People don't only get sick during the week and during office hours. We cannot have a situation where clinics are closed before time. All clinics need to be open 24/7. At hospitals in the province, people can wait for days for treatment and while they are the hospital, they don't even have access to beds.

Last year, the situation in the North West was so bad that the army had to be brought in to provide services to the people. What does this mean for the army to do this department's job? This means the department has failed.

Go setse go nale maokelo a a agilweng ka asebesetose, go go amang pholo ya balwetsi le badiri. (*Translation of Setswana paragraph follows.*)

[There are hospitals that are built with asbestos and it has a negative effect on the recovery of patients and workers.]

There are over 600 hospitals with asbestos ceilings; over 570 hospitals with asbestos roofs and over 116 hospitals with asbestos internal walls. Nationally, your department has reported a shortage of 18 000 nurses, 2 200 doctors and 154 dentists. This shortage of human resources and mismanagement has staff in hospitals and clinics being overworked, underpaid and unable to provide the best possible services.

The people who are suffering because of this department's failure are poor black people. While others can go to private hospitals and clinics for health care, masses of our people rely on government for health services. It is these people that you are failing. One final issue I want to speak about Minister is the issue of sanitary pads.

Jaaka re bua gompieno, o fitlhela dikgotlhopho mo dintlwaneng boithusetso bongwe le bongwe mme dipads tsona ga o kitla o di bona gope. Se se utlwisang botlhoko ke gore thobalano ke boikgethelo go le gantsi. Go nna mo matsatsing a bomme, ke tlhago. (*Translation of Setswana paragraph follows.*)

[As we are speaking today, you will find condoms in every toilet but you will never find pads. What is painful is that having sex is mostly a choice. For women, it is natural to have periods.]

I will allow my fellow fighter to educate you on some of the solutions to the challenges facing the health-care system in South Africa.

Re le EFF, ga re dumalane le Thebolotekanyetsokabo e. Ke a leboga.
[Legofi.] (*Translation of Setswana sentence follows.*)

[As the EFF, we reject this Budget Vote. Thank you. [Applause.]]

AN HON MEMBER: Yes!

Ms A D MALEKA: Hon Chairperson and Deputy Chairperson of the NCOP, hon Chief Whip of the NCOP, hon Chair of the House, hon Minister and the Deputy Minister, hon members, esteemed guests, ladies and gentlemen, we are aware of the vital role played by women in the liberation of our country. Women remain the pillar of strength in our struggles.

Mama Winnie is a perfect depiction of the struggles women went through. She channelled her pain and suffering to fight for the vulnerable and liberate our people. She once said in an interview:

"I am the product of the masses of my country and the product of my enemies." Mama Maya Angelou makes a similar point and says:

Defeat is a part of life. We may encounter many defeats but we must not be defeated.

The struggle must always be to soldier on and not be defeated. In essence, we must never give up until we succeed; instead, we must rise like a phoenix from the ashes. We must not mourn but change the scars into stars.

Hon Chairperson, it is for this reason that the health of women is paramount to the growth of the nation and I am sure no one will dare contest when I say women are power.

Hon Chair, the Manifesto of the ANC provides clear, bold and decisive answers to the question of women and the Department of Health. It has to prioritise women health care and the interventions are evidence that women now live longer than men. Based on Stats SA 2018 mid-term, population estimates indicate that life expectancy at birth has been improving from average 56,1 years for males and 60,3 years for females in 2011, to 61,1 years for males and 67,3 years for females. This increase is in line with our National Development Plan Vision's 2030, NDP, target of 70 years.

Hon Chair, the National Health Act, Act 61 of 2003, ensures access to free primary health care, and in particular free health care to pregnant women and children younger than six years. As a result, the Department of Health under the ANC-led government has achieved the following improved health outcomes for women: Significant reduction on maternal mortality to 102 per 100 000 live births. This is in line with the NDP, 2030 and the sustainable development goals of reducing maternal deaths to 70 per 100 000 live births. Access to antenatal care services is at 79,8% in 2018-19. However, we encourage all childbearing ... to present themselves within the first trimester after pregnancy.

The provision of Antiretroviral treatment has significantly reduced mother-to-child HIV transmission and the department was able to protect 99,05% of babies born from HIV-positive mothers from contracting the virus at birth and during breast-feeding.

Hon Chairperson, The MomConnect programme that was launched in August 2014 to improve access to early antenatal services with an aim to empower pregnant women with relevant health knowledge is yielding positive results in improving women's health. This is where pregnant women register via their mobile phones to receive weekly messages appropriate to their stage of pregnancy. The number of pregnant women and mothers registered on MomConnect doubled from 919 053 in the 2016-17 financial year, to 1 888 918 in the 2017-18

financial year. At the end of March 2018, a total of 818 688 pregnant women and mothers were receiving health-promotion messages.

Siyakhawuleza, Sihlalo ohloniphekileyo. (*Translation of isiXhosa sentence follows.*)

[These figures are impressive, hon Chair.]

Teenage pregnancy is a growing concern as our health facilities continue to administer deliveries between 10 to 19 years. This is a societal issue and calls upon all of us to work together in addressing this scourge and join the department's campaigns which are conducted in collaboration with Higher Education and Training HIV and AIDS, HEAIDS, programme in higher learning institutions to motivate young people to use the long-acting reversible contraceptives, practise safe sex and abstain where possible. The Departments of Health, Education and Social Development must work together to find long-lasting solutions. We must work together with the opposition and not challenge each other. We can win the game.

Hon Chairperson, the ANC-led government will continue to care and protect women by providing quality health-care services and encouraging women to always screen for diseases, prevent and get treated. Women screened for cancer is 65% and the department is intensifying its campaign and also establishing oncology services in

provinces. The Mpumalanga province is launching an oncology chemotherapy service at Rob Ferreira hospital in August 2019.

Siyaqhuba, Sihlalo ohloniphekileyo. *(Translation of isiXhosa sentence follows.)*

[We are making good progress, hon Chair.]

Hon chairperson, the department collaborates with different stakeholders to promote healthy lifestyle and improve women's health, such as the collaboration with Soul City to support the department in the implementation of HIV youth-prevention interventions and contribute to the She Conquers campaign. Soul City's main focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women.

Hon Chairperson, on the Nelson Mandela-Fidel Castro Medical Collaboration programme, we congratulate the 87 South African medical doctors who were trained in Cuba, who recently graduated at the Walter Sisulu University in Mthatha, Eastern Cape. This is the largest group to graduate under the South African-Cuban doctors programme since its inception in 1996 after ...

... le nhlango ingene embusweni. *(Translation of isiZulu sentence follows.)*

[... this organisation came into power.]

This brings the total of the medical doctors who have graduated from the programme and currently employed in various public hospitals around the country to 731. This is a major boost not only for increasing the output of medical employees and strengthening primary health care, but also for the success of National Health Insurance, NHI, the flagship programme to change the quality, efficiency and effectiveness of the health-care system by ensuring that the right to access is not determined by the socioeconomic conditions of an individual. Cuba was a country of choice for medical training due to their successful implementation of the primary health-care model, which supports universal health coverage and remains the key strategic objective of the NHI in South Africa.

The Deputy Minister of Health, Dr Joe Phaahla and Premier of the Eastern Cape, Lubabalo Oscar Mabuyane, presided over this graduation ceremony. In his keynote address, Dr Phaahla said:

Many doctors who have qualified through this programme have progressed to become specialists in various medical fields. One notable achievement is that of a doctor from the Eastern Cape who has just made history when she became the first African female cardiothoracic surgeon in the country.

[Applause.]

We urge the department to ensure that these graduates are adequately placed in facilities where their skills will be used optimally towards servicing the health interests of our people. I would like to reassure the House as an ANC ...

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon A D, as you conclude ...

Ms A D MALEKA: I would like to reassure the House that, as the ANC-led government, we will indeed ensure that the Department of Health absorbs the qualifying 2 625 medical interns, and 6 786 community services health professionals, including anticipated 700 additional ... which is what has been raised by the Minister, Dr Zwelini Mkhize during the budget and policy address.

The HOUSE CHAIRPERSON (Mr A J Nyambi): Hon A D, your time has expired.

Ms A D MALEKA: As the ANC, we do support the budget. Thank you.

[Applause.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): The next speaker is the hon MEC of Health from Limpopo the hon Ramathuba. [Applause.] I would like also to remind the hon members that are coming to this podium for the first time that there is a watch on the right hand on the podium. So, hon members can also check it and check their speeches. The hon MEC.

Dr P RAMATHUBA (Limpopo): Hon Chairperson, hon Minister, Dr Mkhize and hon Deputy Ministers, colleagues from different departments, esteemed members of the NCOP, distinguished guests, ladies and gentlemen, it is quite an honour and a great privilege for us people from the north to participate in debates in this august House. Chairperson, allow me to welcome the speech by our Minister Dr Mkhize. This budget speech serves to us as a great honour to our first democratically elected President Nelson Mandela who would have turned 101 this year.

President Nelson Mandela, at the United Nations, long before the world could even think about the Millennium Developmental Goals, and declaring a reduction in maternal and under-five mortality by 2015, and long before the Sustainable Developmental Goals, SDGs, were declared, had during his first year as elected President declared free access to health care for women who are pregnant or breastfeeding and to children under six years of age. This, President Mandela did as a vision to make sure that no woman dies while giving birth due to failure to access health care nor any child dies due to any preventable disease that could have been curbed through immunisation.

President Nelson Mandela declared these services for free and not just for free, but he knew exactly what he wanted to achieve and this is what the Minister, in his budget speech today, is trying to live the dream of Nelson Mandela. He was doing it long before the

G20 Osaka Leaders' Declaration of a Universal Health Coverage to make sure that our people have access to basic human right which is health-care services.

So, those of us who are celebrating President Mandela's birthday tomorrow and are rejecting the National Health Insurance, NHI, which is the vehicle that Minister Mkhize has shown to be the only vehicle South Africans have identified to achieve the universal health-care coverage, must ask themselves whether, as citizens, they are celebrating the man whose vision and ambitions they are against, as well as what he wanted to see.

So, Minister Mkhize, as the people of Limpopo, we are fully behind you because indeed your speech succeeded to highlight the great milestone that we have traversed as a nation in the past 25 years of our freedom and democracy.

Through access to expanded quality primary health care, we have indeed given meaning to the concept of democracy and freedom. Yes, we will not appear or behave as if we are ignorant of the challenges that we faced within the health sector. However, we must at the same time celebrate and congratulate ourselves when we see that we are really improving.

Chairperson, the fact of the matter is that, as the Limpopo province, our maternal death which by 2014-15 financial year was at

182 per 100 000 deliveries has been reduced to 106 per 100 000 deliveries and that is a great achievement as we try to reach Madiba's goal. [Applause.]

We are still having challenges wherein we read stories of women delivering outside their facilities. That is why our concerted effort is to ensure that the clinics that we have built, which were not there before ... Before 1994 we were operating in four-roomed houses which served as clinics. Today, we have been able to build many state-of-the-art clinics. [Applause.]

What we are currently doing is to ensure that those clinics do not only operate 12 hours, but continue to operate 24 hours in order to reduce those maternal and under-five mortality.

Chairperson, we we must continue to educate our women because sometimes when a woman delivers at a clinic gate, it is not because we do not have a clinic, but because we still need to educate them so that when they miss their period, they must be able to visit their nearest clinic. Once they have been tested and their pregnancy confirmed, they must start attending antenatal classes. They will be told about what we call an estimated date of delivery, EDD. They must know that date and towards that date when they start feeling the pains, they must try to visit our facility. They must not wait for the pains to worsen even if the clinic is running 24 hours. They will deliver on their way to the clinic not because there were no

services to be rendered, but because they delayed to present themselves.

That is the work of all of us as hon members in this House. It cannot be left to the Minister of Health to deal with, but as the leaders in this country, we were elected by the people of South Africa who expect leadership from us.

There is no doubt that our multifaceted health-care policy approach is beginning to pay dividends. As hon members would know, our health-care approach is anchored on health promotion, preventative health care, curative and rehabilitative services. It is this approach which has seen us gradually winning the war against the burden of diseases which undermines the full productive capacity of our people.

In Limpopo, not only the Capricorn District Municipality and Polokwane Municipality have declared war against obesity, but we have seen a number of municipalities like Vhembe, Collins Chabane and Waterberg declaring war against obesity which is one of the major causes of the noncommunicable diseases - diabetes, hypertension and cholesterol. We call upon hon members to also take leadership and support these municipalities and our mayors in order to ensure that we lose nothing by waking up in the morning and running on the streets. We lose nothing, but the weight and the fat that makes us sick. [Applause.]

Hon Minister, there can be no doubt that over R51 billion budget you presented in this House will go a long way in improving the functioning of the public health-care system. The budget will certainly complement our efforts to improve our health-care facilities; hire more qualified and experienced health-care professionals and medical specialists; and ensure that our facilities have a sufficient supply of medications for life-threatening illnesses.

Hon Minister, we want to take this opportunity to thank the leadership of this country for supporting the idea of the long-awaited Limpopo Academic Hospital. This hospital will serve to support the first and only medical school established post-1994 in the province of Limpopo where we come from. [Applause.]

As you know, this initiative will also help to create an important platform for research and training of medical students and other health professionals. It will also help to provide clinical services at the highest level.

Hon Chairperson, as a province, we want to reassure this House that we are ready. Already, since the beginning of this year, we have appointed more than 29 medical specialists who were not there in the province previously. We have seen on 18 April, making history in a rural hospital and not in the urban area, the first cardiothoracic operation of an open-heart surgery being done in Mankweng Hospital.

Hon Chairperson, 15 more cases have been done since 18 April.

[Applause.]

These are the cases that were on a waiting list to go to Gauteng which already has its own issues. Strengthening the health-care system and tertiary health care in the rural provinces is giving lives to those who never thought they would have lives. Those heart valves are pumping blood very well and our people are alive, and they have confidence in this government led by the ANC.

We are moving forward and we will continue to decentralise renal services so that we reduce the queue that we see in Polokwane for renal dialyses. However, the bottom line is that prevention is better than cure. If we exercise, we will reduce diabetes and hypertension, and we will therefore reduce renal failure.

Chairperson, Limpopo is a province with unique demographic and population dynamics. Our province is a gateway to the rest of Southern Africa. This dynamic comes with both opportunities and challenges. As a province, in most cases we find ourselves having to deal with diseases and outbreaks from our sister countries within the Southern African Development Community, SADC. Towns such as Musina, Makhado, Polokwane, Phalaborwa are truly cosmopolitan because they are the home to so many of our people from outside the borders of the country. This dynamic imposes a heavy burden on our

facilities and resources. This reality should inform our planning and resources.

The Minister correctly raised some of the issues we have as provinces relating to what is supposed to be equitable funding of the public sector. The improved funding methodology should also take into account differences of the burden of diseases. However, despite that, Chairperson, we are doing our outmost best with the limited resources. The recent cholera outbreak saw thousands and thousands of cases in Zimbabwe. In Limpopo, South Africa, we only managed to diagnose two cases who escaped our borders compared to what happened in 2008, where we saw thousands of people and cases entering the province. So, that is a clear achievement.

As we conclude, while we agree that the NHI is not necessarily the peña key to all our problems in the sector, Chairperson, we believe that the NHI will go a long way in addressing all these challenges of vacancies. We need to deal with the funding. We need to deal with the filling of posts.

Hon Minister, the UNAIDS Report released yesterday presented a positive picture we can all build upon. The report says that since 2010, new HIV infections have decreased by 49% and Aids-related deaths have decreased by 29%. So, as a country, we have a reason to celebrate. In Limpopo, mother-to-child transmission which was at

4,9% somewhere in 2014, is at 0,73% today. So, an HIV-free generation is just on the doorstep. [Applause.]

And it is on that note that we believe that the health-care machinery is now properly oiled and in good hands. We are moving forward to a destination of a healthy population and improved quality health care. On behalf of the people of Limpopo, we support this Budget Vote. [Time expired.] [Applause.]

The DEPUTY MINISTER OF HEALTH: Hon Chairperson of this House, my colleague, Minister Mkhize, MEC Ramathuba, thank you very much for supporting our Budget Vote in this House, hon chairperson of the select committee, hon Gillion, and members of the select committee, members of the House, distinguished guests, ladies and gentlemen, thank you very much. I want to join my other comrades and colleagues in dedicating this debate in honour and remembrance of the icon and founder of our democracy, President Nelson Mandela, our veteran stalwart who departed a few days ago, General Ike Maphoto from Limpopo province and Johnny Clegg, our music icon who departed just yesterday.

Hon House Chair, the founding father of our democracy, President Mandela, did not only establish the foundation of this democracy but also led us in making sure that we focus on the weak and vulnerable. He told us very clearly that any society which does not look after

its children - it's most vulnerable people - is not a society that can be respected. He led by example.

Amongst other programmes which he started is the establishment of the Nelson Mandela Children's Hospital through the Nelson Mandela Children's Fund. It remains a monument through which we will always remember him. We pay respect to President Mandela for having left such a magnificent legacy.

Another legacy which he has left, which I want to thank hon Maleka for adequately articulating, is the achievement of the Nelson Mandela-Fidel Castro programme. The only thing which I can add to that, is that it is a pity indeed that the Western Cape province, which is the host to this hon House, remains stubborn in not participating in this programme. It does not send children of poor families who want to go and study medicine in Cuba. They are not sending them and they are depriving children from poor families from being able to qualify like in all other eight provinces.

This programme has progressed to the extent that, as we speak now, more than 700 students are completing and will be sitting for their final year exams in November, ready to be admitted into internships come next year. At the same time, over the last few days, we have also initiated more than 650 young people from this programme into the final year programme in our local medical schools. So, indeed, siyaqhuba [we are moving forward.] [Applause.]

We are making sure that we provide the building blocks to ensure that the National Health Insurance, NHI, is well-staffed with adequate human resources with the focus on primary health care. These graduates are not only adding to the number of doctors but will also have correct training in the real foundation of the NHI, which is primary health care.

The other cornerstone of the success of the NHI is the nursing profession. In this regard, the process of ensuring that nursing education is transformed has gone a long way. All public colleges have been restructured to ensure that - as we declared in the ANC manifesto - we establish a centralised system of proper nursing training.

We have now reached a stage where the restructuring has progressed to the extent where we have restructured nursing colleges on a provincial basis with satellite training colleges in all nine provinces. We have a total of nine main nursing colleges and 76 satellite colleges in all nine provinces, which will be properly coordinated.

The curriculum for this has already been completed and it will focus on a three-year diploma and a one-year diploma in midwifery on bedside. Part of the problem is that when we came into government in 1994, we inherited a system which was working very well, that of training nurses on bedside, which was changed into universities.

Now, we are moving back to bedside training of nurses with a three-year diploma and the curriculum is already completed. [Applause.]

This will happen under the auspices of the Department of Higher Education. These nursing colleges will be registered under the Department of Higher Education. The regulations will also stipulate that, although the colleges will be under the Higher Education Act, they will have oversight and management by the Department of Health to ensure that there is proper training. We are looking forward to a very successful transformation of the nursing colleges.

The hon members and the Minister have touched on the fact that part of the burden of diseases on our health services is the fact that on the one hand we are doing very well on infectious diseases such as the HIV and Aids - the Minister mentioned the programme at Eshowe where UNAIDS has welcomed the progress in South Africa - but at the same time we face a burden of communicable diseases as indicated by Statistics SA. Leading in these is cardiovascular diseases, diabetes and cancer is also rising.

Even heads of state have come to terms with this and as a result, late last year the UN General Assembly called all heads of state to come and discuss this problem. Our own President, Ramaphosa, was amongst the heads of state who participated there. They committed themselves as heads of state that they will do everything to mobilise, not only health departments - which is why they called

heads of state - but all of society to make sure that we can deal with noncommunicable diseases.

In this regard, a lot of steps have been taken within South Africa to deal with issues of obesity, as already mentioned by the MEC, poor lifestyle, smoking, abuse of alcohol and drugs and lack of exercise. From a regulatory point of view, we have also gone a long way. Ultimately, what we need to do is mobilise the whole of society to ensure that young people and us here, as hon members, are challenged by this declaration by heads of state to live a healthy lifestyle and exercise in the morning, and possibly in the evening when we finish our work.

As I conclude, I can also just mention that another area of challenge in the continent is malaria. As South Africa, we have long advanced; we are now targeting 2023 for the elimination of malaria and we are confident that we will be able to arrive at this target.

Hon Chair and hon members, indeed we are committed to putting in place the building blocks of achieving universal health coverage. In our President's motto - we are ready to be sent to ensure that our people live a long and healthy life. I thank you. [Applause.]

Mr S E MFAYELA: Hon Chairperson, the health sector derives its mandate from multiple policies that, among other things, outline its plan to tackle the broad and specific challenges engulfing the

system. Ultimately, health must seek to improve our national state of health.

A combination of these policies and financial inputs must result in concrete and fundamental change in this sector. The changes, amongst other things, must seek to improve the country's current health issues such as HIV/Aids and Tuberculosis but also develop measures to safeguard against unexpected outbreaks such as the outbreak of Listeriosis towards the end of 2017.

The hallmark of a successful public health system is an individual patient lived and perceived experiences during their care within public health-care facilities. Patient experience is an integral part of quality health and is concerned with what the patient values when seeking or receiving services.

Lately, we have seen a decline in the professionalism of health professionals and the decline of proper facilities in hospitals. We see surgeons having to operate with cell phone torches in the R K Khan Hospital in Durban to name one of many issues plaguing our health system.

A good and responsive public health system is one that can make services available when needed, instead of keeping patients on a long waiting list. Equally, patients need assurance that their prescribed medication will be available when needed, their wards,

bed linen and ablution facilities will be clean and safe from infections, and most importantly, health-care professionals will treat them with respect and dignity.

Together, we must take this opportunity and hold government accountable to prioritise investment in more professional, skilled and trained health professional. Furthermore, we must call for the upgrading of the facilities and ensure that all hospitals have a minimum standard operating facility to ensure that most vulnerable citizens do not end up passing on or in worse conditions after visiting any state-provided health facilities. [Interjections.]

The HOUSE CHAIRPERSON (Mr A J Nyambi): You are protected hon Mfayela. Order, hon member!

Mnu S E MFAYELA: Ngizokubamba wena! Ngizokubamba. (*Translation of isiZulu paragraph follows.*)

[Mr S E MFAYELA: I will get you! I will get you.]

Hospitals must be fully equipped with the adequate material and human resources that are needed to deal with the vast number of people needing health services. It is of no use to say that government provides health care, if people feel like they have the same chances of winning the lotto than receiving the needed health

care on time. In order for these issues to be addressed urgently, the IFP supports this budget. Thank you.

Mr A B CLOETE: Chairperson, I am not a doctor and I think very few members here are. But Minister, it is actually sad that you sit there in your corner because this is a debate we need to have, looking at each other eye to eye. To be a doctor and care for others remains one of the most honourable things to do.

As politicians, we work with ideas, policies and solutions, and how we should implement them. Minister, just as a good medicine, you will not like what I have to say today. Regard this as your much-needed second opinion.

Public health care remains poor with little provision and a lack of expertise. On the other hand, the private health-care sector maintains its world-class standards, but remains expensive and inaccessible. The FF Plus believes that the biggest challenge in public health care is not a lack of money but a lack of expertise.

Mismanagement and corruption have destroyed our health-care system and institutions. And the ruling party is well aware of this. But as a solution, the Secretary-General of the ANC has developed an infatuation with the Cuban health-care system.

And government sends students to Cuba and spends billions of rand in an attempt to address this shortage of doctors. Unfortunately, those doctors that were trained in Cuba have not been found fit to treat the health problems that are specific to South Africa.

Minister, do not be misled by Cuban health care. This is what Cubans do not wish to tell you when they visit. Contrary to belief, Cubans endure extreme inequality of health care. Minister, you mentioned equitable funding for health care but the next time you visit Cuba, ask them about their three tiers or levels of health care, one for foreigners who can pay with hard currency - this is called medical tourism; one for Cuban elites such as government officials and celebrities - that's us sitting here and one for ordinary people. Everyone is not treated equally regardless of class or ability to pay there.

The hon Gillion should take note of this as well because this is neither equality nor equity. Cuban doctors are also woefully underpaid. A young doctor would have to work for more than a week just to afford to buy milk twice a week. Medical care is free in Cuba, yes, but medication is costly and scarce. Yes, medication to hospitalised patients is free but all outpatient medications have to be paid for out of pocket. Even your aspirin, require a prescription.

Then there is the whole issue of low mortality rate. Yes, it is low in Cuba; that is true. But that is owing to high levels of abortion. Doctors are urged to monitor pregnancies and if there is any sign of abnormality, any reason for concern, the pregnancy is interrupted - which is just euphemism for abortion. The abortion rate in Cuba is sky high, perversely keeping the infant mortality rate down. Minister, you are administering the wrong treatment if you want to do it here.

Spandeer eerder geld daarop om ons eie model te ontwikkel - 'n Suid-Afrikaanse model wat tot voordeel van ons Suid-Afrikaners is.

(Translation of Afrikaans paragraph follows.)

[Rather spend money on developing our own model - a South African model that benefits our South Africans.]

I am not asking for an American or a British or Australian model especially not a Cuban model, I am advocating for a truly South African health-care system.

Ons blinde lojaliteit teenoor Kuba gaan ons gesondheidsorg benadeel. Dit is die verkeerde behandeling vir ons gesondheidsorg. Met die obsessie met transformasie, gaan kundigheid steeds vir Suid-Afrika verlore, soveel so dat duisende kundige gesondheidswerkers, wat hier opgelei is, in die buiteland werk.

Die VF Plus sê, verseker eerder samewerking tussen openbare en privaatgesondheidssektore sodat kundigheid en fasiliteite gekombineer kan word.

Die VF Plus veroordeel ook die oorregering van mediese fondsebedrywe. Fondse word oormatig belas en die nettobelastinglas op individue word vergroot. (*Translation of Afrikaans paragraphs follows.*)

[Our blind loyalty to Cuba is going to harm our health-care system. This is the wrong treatment for our health-care system. With the obsession with transformation, expertise is still being lost to South Africa, so much so that thousands of skilled health workers trained here, are working abroad.

The FF Plus says, rather ensure co-operation between public and private health sectors so that expertise and facilities can be combined.

The FF Plus also condemns the over-regulation of medical aid industries. Funds are overburdened by tax and the net tax burden on individuals is increased.]

Minister, establish a national partnership between private and public medical service. This will leave enough space for both these industries to function without any unnecessary restrictions. Public

health-care infrastructure must first be upgraded before the National health Insurance, NHI, is even considered.

Upgrade public medical health-care infrastructure and appoint skilled health-care workers. It is likely that many health-care providers, especially the crucial specialists, as well as private health-care companies will leave South Africa. Therefore, the FF Plus cannot support this budget as well as the NHI. I thank you.

Ms W PHILANDER (Western Cape): House Chairperson, hon members of this House, distinguished guests, ladies and gentlemen, people's health and wellbeing during this pressing time require improved accessibility to high-quality facilities and swift responses to every individual because a healthy individual can become economically active and thrive socially, and that's the cornerstone of a thriving society. In the Western Cape, over the last 10 years, we have prioritised our funds to the health sector and made significant strides.

Wat die Minister nog beoog om te doen, word reeds aan gemeenskappe in die Wes-Kaap gelewer. (*Translation of Afrikaans sentence follows.*)

[What the Minister still intends to achieve, is already being delivered to communities in the Western Cape.]

A significant 91% of citizens in the Western Cape live within 30 minutes of health-care facilities. We boast about the highest life expectancy in South Africa. Addressing health concerns adequately removes obstacles from the avenue of economic prosperity.

The R4 billion spent on capital infrastructure and the additional R2 billion on maintenance delivered new district hospitals in Khayelitsha and Mitchells Plain, availing over 700 beds. Ten emergency centres have been upgraded and 14 new primary health-care facilities have been completed.

In addition to our health facilities, 6 000 alternative pick-up sites are available. Chronic dispensing units and alternative distribution sites provide access to medication even closer to home. The pick-up service grants 150 000 opportunities to our rural communities. No community and no patient should be left behind.

We have outdone the basics in the Western Cape. It is the only province to have digitised patient records, which allows for efficient systematic functioning. Over and above, we have made these services available to the most vulnerable. We have achieved this through adapting policies to the actual needs of our people, ...

... waar kliniekkomitees en hospitaalrade geraadpleeg word en hul insette waarde toevoeg tot gehalte gesondheidsorg. (*Translation of Afrikaans sentence follows.*)

[... where committees of clinics as well as hospital boards are consulted, and their input adds value to quality health care.]

Our plans are tried and tested, and a testimony of what health care throughout this country can be.

Agb Minister, ons kan nie net inspring en implementeer, soos deur u verwys, nie. Ons moet gereed wees. U skep die verwagting van 'n diens waarvoor die nasionale regering nie gereed is nie en nie geld voor het nie.

Ons kan polities oor baie dinge verskil, maar hierdie is 'n saak van lewe en dood. Ons mag eenvoudig nooit politiek speel as dit by ons mense se lewens kom nie. U, wat veronderstel is om 'n verantwoordelike leier te wees, mag nie onrealistiese verwagtinge skep terwyl u weet dat befondsing, infrastruktuur en personeel 'n uitdaging is nie. U dink dan nog oor die saak. (*Translation of Afrikaans paragraphs follows.*)

[Hon Minister, we cannot just step in and implement, as you have indicated. We need to be ready. You are creating the expectation of a service for which the national government is not ready and for which it has no money.

We can differ on many things politically, but this is a matter of life and death. We simply cannot play politics when it comes to our

people's lives. You, who are supposed to be a responsible leader, cannot create unrealistic expectations while knowing that funding, infrastructure and staff are challenges. Then you are merely having thoughts about it.]

Although the DA supports universal health-care cover, the 2019 national health budget is aligned for structuring and implementing the National Health Insurance, NHI, and proposes an increased spending of 36% over three years, without a clear and proper plan.

This has alarming concerns with the introduction of the proposed NHI. This country has a budget deficit of over R200 billion and now the NHI aims to pool funds that this country simply does not have, thanks to corruption that knows no boundaries by this national government. It will tie up funds in cumbersome bureaucratic processes and compromise timely responses in a sector where every second counts. It will be like covering a life-threatening disease with a blanket, hoping it goes away.

Our community-orientated primary health care is driven by specialised-trained nursing practitioners and strengthened by NGO partners - home- and community-based workers. This model allows for localised health-care service delivery through strong community-based structures. But this would not be possible under the NHI because too much centralisation disempowers, not only services, but individuals as well. Furthermore, this compromises quality, as, even

though the fund aims to reach all South Africans, quantity cannot be mistaken for quality.

The NHI neglects the building blocks of the World Health Organisation and suggests finances as a quick fix. We need to find alternative innovative way to address the ailing health system in our country, instead of fixing what's not broken. We need to spend time on what really matters.

Die kern van die Suid-Afrikaanse gesondheidsuitdaging is wanbestuur, swak gebruik van skaars hulpbronne en 'n mislukking van politieke aanspreeklikheid. Dit is swak bestuur, wat oor tyd vererger het, wat die enorme ongelykhede in die gehalte van gesondheidsdienste in die land teweegbring. (*Translation of Afrikaans paragraph follows.*)

[At the heart of the South African health challenge is mismanagement, poor use of scarce resources and a failure of political accountability. It is poor governance, which has worsened over time, that causes the enormous inequalities in the quality of health services in the country.]

During a national government audit in 2012, it was revealed that if the Norms and Standard Bill was applied in the ANC-led Eastern Cape, most of the health facilities in the Eastern Cape would have to close down. A study further revealed massive infrastructure

backlogs. We cannot continue to spend billions on an ambiguous plan, whilst we cannot get basic health governance right.

'n Plan sonder 'n plan. Kom ons kry eers die basis reg. 'n Huis kan nie staan sonder 'n soliede fondament nie. (*Translation of Afrikaans sentence follows.*)

[A plan without a plan. Let us get the base right first. A house cannot stand without a solid foundation.]

We have the model in the Western Cape. Use the Western Cape model. It is tried and tested.

In response, we have explored private-public partnerships for competitiveness and increased productivity to identify best practices, for example, working with private health-care insurance companies to extend the insurance coverage range in a manner that would improve the affordability of options for the lower and middle class, with the aim of having more than 50% of citizens covered by private health-care providers. This means more South Africans will be able to afford private health care because new types of medical aid and medical insurance will be made available at lower prices. This initiative will give South Africans far greater choices when it comes to their health care.

Co-operation and consultation leads to discovering and implementing state-of-the art technologies and systems. The possibilities are endless.

Good health care outcomes require many actors to play the game together, including all departments of provincial governments, their national counterparts, hospitals of all sizes, clinics, municipalities, the private sector, education institutions and civil society. Partnerships are the key. The DA will set out to establish these using a consultative and not this current approach used with the NHI and proposed by the ANC-led government, which is entirely unfeasible and places the stability of the national fiscus at risk.

To achieve the goal of universal access to high-quality health care, we propose clearly defined roles for various levels of government, as we have done in the Western Cape over the past 10 years.

Die DA sê dat ons provinsiale gesondheidsdepartemente behoorlik moet werk. Soos na in die Nasionale Ontwikkelingsplan, NOP, verwys: waar ons kritieke veranderinge doen, sal ons aksies gegrond wees op wat suksesvol is en wat werk vir ons mense en hul behoeftes.

(Translation of Afrikaans paragraph follows.)

[The DA says that our provincial health departments need to operate properly. As referred to in the National Development Plan, NDP:

where we make critical changes, our actions will be based on what is successful and what works for our people and their needs.]

The DA remains committed and will continue to find feasible and innovative ways to provide quality health-care services for all that empowers individuals to advantageous socioeconomic lives.

Wanneer die aunty [lady] van Chicago in Paarl-Oos na haar plaaslike kliniek gaan ... *(Translation of Afrikaans sentence follows.)*

[When the lady from Chicago in Paarl East visits her local clinic ...]

... she must be served by highly skilled and trained professional staff. She must be in a state-of-the-art facility. She must receive her medication on time. That is what is happening in the Western Cape. I thank you. [Applause.]

Mr S ZANDAMELA: House Chairperson, Minister, Deputy Minister, hon members, especially the progressive members from the EFF, the Minister has just heard hon Lehihi's diagnosis of the challenges facing our health-care system. I therefore would like to use this opportunity to speak to you about some of the solutions the department needs to provide quality health care to our people. There is no better health-care system in the world than the Cuban health system. Despite the sanctions of the United States of America's

attempts in denying that island resources, it has managed to build a health care that is unmatched.

The Cuban approach to health care is summed up in this quote from Che Guevara:

The work that today is entrusted to the Ministry of Health and similar organisations is to provide public health services for the greatest possible number of persons, institute a programme of preventive medicine, and orient the public to the performance of hygienic practices.

The focus of this department must be prevention, promotion and education on health care and the creation of the public health-care system that can meet the needs of its entire people. Part of this problem is the unequal distribution of resources across the health-care sector. While only 16% of South Africans rely on private health care, private health-care spending accounts for 42 % of all spending and 58 % cannot be accounted for. This means that resources that should be going to our people are instead serving a small elite.

We thought government was going to address this serious problem through the National Health Insurance, but it keeps getting delayed, and from what we have seen and heard, private health-care insurers and the private sector in general had a great influence on how it was drafted. We need to restructure the health care in this country.

As the EFF, we have a number of suggestions for your government on how to do this. We have 11 things that we are going to advise the Minister on today: We must outlaw the dual nature of health provision in the country, where the rich can go to private care, while the poor are subjected to poor conditions in the public health system; we must develop one quality health-care system that provides the best possible health care to all our people. This must be done through legislating for universal health coverage, under comprehensive National Health Insurance framework, that will ensure each and every South African, regardless of state of wealth, has access to the best medical care in the country.

The roll-out of the NHI will be meaningless and will amount to nothing, if it is not preceded by a massive investment in public health infrastructure development, employment and retraining of medical practitioners, and procurement of medicine and machines for all public health facilities. There must be a clinic in every ward in South Africa that must be opened for 24 hours, with nurses and doctors.

One of the things we want to raise to the Minister is that our focus on clinics is informed by the belief that the country must focus on primary health with a commitment to attain universal health coverage, with the intention of decreasing infant mortality rates and increasing the life expectancy of all South Africans.

We must regularise and fully integrate community health-care workers as full employees of the state who will be responsible for provision of quality health care in each and every community. We must, as a matter of urgency, build 24-hour integrated post-sexual trauma centres in all district hospitals for urgent medical, forensic, psychological and social assistance, directly linked to policing and detective directorates.

The majority of South Africans believe in traditional healing methods and these must be integrated into the provision of public health services. Consequently, each hospital must be equipped with consulting rooms for traditional and indigenous health practitioners, traditional healers and traditional herbalists to use for free in all district hospitals.

Government must establish at least one health-care training facility per province and ensure that there is no province without a medical school. Now, one of the things that we want to advise the Minister on, which is in the EFF manifesto, is that: The state must build capacity and establish a state pharmaceutical company to ensure that there are no shortages of affordable medicine. Nursing colleges must be reopened and new ones established.

In addition to these issues Minister, you must re-employ the 332 students who were working for your department during the pilot phase of the NHI. As a country, we cannot afford to lose the skills those

students have. For the last 25 years your government has neglected the health care of our citizens. With that Minister, we would like to say that we reject this budget. Thank you.

Ms D C CHRISTIANS: Hon House Chairperson, hon members, fellow South Africans, Minister, as we have repeatedly heard this afternoon, the right to health is fundamental to the physical and mental well-being of all individuals and is a necessary condition for the exercise of other human rights, including the pursuit of an adequate standard of living.

During his state of the nation address, the President placed health care high on the agenda, naming it one of the seven key areas that the government would focus on during the next five years. Although the President has placed health care high on the agenda, our people in communities, still battle to obtain access to basic services. How is it possible that the department has an underspent amount of 2% or R900 million?

As you have reported in our select committee meeting last week, HIV and Aids, in young women are still on the increase. Maternal and infant mortality are still of huge concern to your department. You also mentioned in the same committee meeting that there was a drop in performance in managing TB infections. If this was of grave concern to you and your department, why was this underspent not redirected to these programmes?

In March 2018, the medical legal claims against the department of health were calculated at an astronomical amount of R80,4 billion. This is as a result of inadequate quality of care and weaknesses in your administration. What are the department's plans to address this concern and are there any consequent management plans in place?

Minister, even though you have allocated 87% of the budget to provinces and municipalities, it appears that provinces lack the skills and expertise to allocate and spend the budget appropriately. According to the budget and annual performance plan that was presented to the select committee on 5 July 2019, as per the Auditor-General of SA, the Western Cape appears to be the only provincial health department to receive unqualified audit opinions with findings, for the period covered.

I would like to bring your attention to one province, which is not isolated in its issues, but deserves to be mentioned due to the gross neglect and mismanagement of the Department of Health in the province. In the Northern Cape, the Kimberly Mental Health Hospital project that should have been completed in three years at a cost of R249 million has taken 13 years and an astronomical R2,1 billion. Although the hospital is 99% completed, there has already been a request to the department for funding for maintenance of the building.

Minister, please indicate to us when the hospital will be fully staffed, equipped with furniture and machinery and more importantly ready to service the people of the Northern Cape and the country. There are mentally-ill patients in correctional services in the Northern Cape, who are supposed to be admitted to the mental health hospital, and this is in direct violation of their constitutional rights.

Furthermore, Minister, in the same province, two state-of-the-art hospitals - one in Upington, Dr Harry Surtie and one in De Aar - are both currently underperforming due to the lack of professional staff such as doctors and nurses. The hospital in De Aar has never had hot water since it became operational a year ago and the TB unit has never been operational since it is not conducive for TB patients. Those TB patients are now in normal wards with other patients. The Dr Harry Surtie Hospital has very few specialists and so, very few operations can be performed. These patients are sent to the already overburdened Kimberley Hospital.

Minister, just today in the *Daily Dispatch*, it was reported that 26 patients, many with broken and dislocated bones were lying on the floor in Frede Hospital's corridors, in the Eastern Cape, and some of them have been waiting for six days to have broken bones repaired.

Minister, more money needs to be allocated to the Northern Cape and other provinces experiencing the same issues, but especially to the Northern Cape because of the vastness of the province. The distances ambulances need to travel to reach patients and transport them to hospitals and clinics takes time. Due to these distances and the current state of roads in the provinces, ambulances are not road worthy. An example of what impact this has on the community is the case of a young pregnant woman, which I know it was alluded to before. This young woman's water broke at seven one evening; her husband called the ambulance but the ambulance only arrived two and a half hours later. The mother gave birth with the assistance of a community member and when the ambulance eventually arrived, the baby had passed away on the way to hospital.

Had the ambulance have arrived on time, with the desired turnaround time of 30 minutes as stipulated by you, the baby would have been alive, seven months old and given the family the joy that they deserved. Minister, the underspending of R966 million on your budget is alarming given what I've mentioned above, as well as the dilapidated state of hospitals countrywide, the ever-increasing oncology crises - as mentioned by you, the increasing mental health crises - also as mentioned by you, and so much more. As the NCOP, we'll be keenly monitoring your progress and holding you accountable. I thank you.

Mr M E NCHABELENG: Hon Chairperson, hon Minister and the Deputy Minister, hon MEC Dr Ramathuba who has just left to catch a flight home as she has work to do tomorrow morning, hon Members of Parliament, distinguished guests, ladies and gentlemen, the constitutional precept guiding the vision and mission of Parliament states that:

Its strategic vision is to build an effective people's Parliament that is responsive to the needs of the people, and that is driven by the ideal of realising a better quality of life for all the people of South Africa and its mission is to represent and act as a voice of the people in fulfilling Parliament's constitutional functions of passing laws and overseeing executive action.

The Sixth Parliament committed to, "an activist and responsive people's Parliament that improves the quality of life of South Africans and ensures enduring equality in our society." as its new vision. I was perturbed by what was said by hon Cloete about this ... [Inaudible.] and Cuban doctors, and something came to mind that, if you lose a war, you need to live with the fact that you have lost and it is over. There is a new government in Angola. There will be no second bite of Cuito Cuanavale. Apartheid was defeated and buried there. Namibia was freed through the help of the Cubans as well as us here in South Africa; we owe our freedom to the contribution of Cubans who trained our people, gave us arms and education including health. Some of our doctors were trained in Cuba.

Even now, we still have that relationship with Cuba to train our doctors and health professionals including the technical ... even engineers. We have Cuban engineers who are working here in South Africa, helping to develop this country that apartheid tried to destroy. We are not going to abandon the Cubans because of people like you. Our relationship with Cuba will only get stronger and it will be stronger because of people who comment so badly about people. It is called biting the hand that ... anyway. [Applause.] I would like again to make a little comment to Ms Philander. If you are poor, black ...

... uhlala ematshotshombeni [emikhukhwini]... (*Translation of isiZulu paragraph follows.*)

[... and staying in squatter camps ...]

... in the Eastern Cape, your son and daughter will never realise the dream of Mandela that says, one day the daughter of a mineworker will be the head of the mine, one day the daughter or son of a farm worker will become President of a big nation. In the Western Cape, you will never be a doctor ...

... uma uphuma emikhukhwini ... (*Translation of isiZulu sentence follows.*)

[... when you are from the squatter camps ...]

... because the only chance of children of people who are from poor families becoming doctors is taking them through to Cuba where they will get free education and care. There was a young person - if maybe hon Philander will help because she seems to know a lot about what is happening in the Western Cape and health - who was in Cuba at the medical school. To feed the DA propaganda, that young person left the medical college in Cuba. He is in South Africa, possibly in the Western Cape. What is happening to him? What has happened to that young man? Has the DA - those who celebrated after he walked out of that medical school - helped that young man to complete his medical studies? I doubt. No wonder people in your party, Ms Philander, call poor people who are looking for jobs from the Eastern Cape "refugees" and that there's a problem of education in the Eastern Cape because we are dealing with refugees from the Eastern Cape here. The Western Cape is not an independent ... anyway, let me just leave that because it is not taking us anywhere and it can only make me very angry and I will end up saying things that I will regret after some time.

Our plan, as the ruling party, builds on the outcomes of the 2018 Presidential Health Summit, which highlighted the state of crisis in our health system. The summit called for a stronger social compact among key stakeholders and for the government to address immediate challenges in the public health sector. The partners will jointly address the challenges of human resources, infrastructure, financial management, community involvement and the health-information system.

As regards infrastructure development for health, many public health facilities in South Africa are in a dire state, in need of maintenance, refurbishment and, in some cases, replacement. The Department of Health's 10-year infrastructure plan had identified geographic areas where a few facilities are needed. Accordingly, the South African government planned to invest R23,5 billion over the Medium-Term Expenditure Framework, MTEF, in health infrastructure. Another key highlight of Budget Vote 16 is that the Health Facility Revitalisation Grant, transferred to provincial departments of health, has been allocated R19,2 billion over the MTEF to fund an estimated 1 500 infrastructure projects including new facilities, upgrades, refurbishments and maintenance. Provinces such as the Free State should be prioritised as they have huge infrastructure backlogs that were identified during the NCOP's Taking Parliament to the People conducted during the Fifth Parliament. We are building on what the Fifth Parliament created and ours is to make a follow-up on matters that were left hanging and to make sure that we finalise them.

Dr Ramathuba has talked about plans for a new academic hospital, except to say that the premier of Limpopo announced to our people in the province that National Treasury has put aside R3,9 billion for the building of that facility in Limpopo. Something worth celebrating and which shows the vision of the people in that province is what the municipality of Polokwane, did by donating land, and not selling it to government to build the facility. This means that the R3,9 billion

won't be going towards purchasing land for the building of the facility and that is a very big saving. That is the biggest announcement made by the premier towards the construction of that hospital. This is a major boost for the province as it would provide quality health care and draw the interest of the scarce-skilled professionals and doctors needed in the area. It will also improve the quality of health care for the people of Limpopo by providing a training platform for health professionals, which will increase the numbers and skills in the province.

The South African health system is plagued by endless challenges relating to inadequate funded posts; misdistribution of posts relative to need; poor service delivery planning; clinicians who are overworked; safety concerns for staff in facilities; lack of financial resources to absorb junior doctors in the public health sector and others. The NCOP's Taking Parliament to the People in the Free State report points to staff shortages in many health-care facilities around the Free State. In addition, the National Council of Provinces Taking Parliament to the People in Gauteng visit to Tembisa Hospital discovered that the hospital has about nearly 450 vacancies. The National Health Insurance, NHI, White Paper envisages that Primary Health Care, PHC, will be the heartbeat of the NHI. The PHC services will include health promotion, disease prevention, curative - acute and chronic clinical - services, rehabilitation and palliative services.

However, public health professionals are not currently trained to meet the needs of Primary Health Care and there are inadequate training posts. To address challenges relating to human resources, an HR roadmap is required and should include staff engagement; recognition and reward for personnel; talent management; attraction and incentivisation; retention, support and occupational health and safety. More so, the government must fast-track the implementation of policy on foreign-trained medical practitioners. The state should fulfil its obligation for statutory employment of interns and community service professionals including unfreezing and financing of critical posts.

During the pre-visit and the main event of the Taking Parliament to the People in 2017, the NCOP delegation observed a number of challenges regarding health-care services in the Free State. The challenges included infrastructural challenges in most clinics that they visited. Most clinics had serious maintenance backlogs with respect to the physical infrastructure of the facilities. A number of clinics did not have adequate and safe storage facilities, for amongst others, pharmaceutical products, consumables, medical waste and patient records. Staff shortages were a major challenge across all subdistricts due to positions that were frozen when they became vacant, resulting in high workloads of staff and long waiting times at health-care facilities for patients. Emergency Medical Services, EMS, and patient commuter transport were serious challenges in almost all the Free State health subdistricts. Mobile clinics operating in

the Bloemfontein subdistrict reported a number of challenges such as the shortage of staff, inadequate or poorly maintained vehicles, lack of cellular phones or allowances for staff operating the vehicles, and inadequate or poorly maintained medical equipment. The ANC supports this Budget Vote. [Time expired.] [Applause.]

The MINISTER OF HEALTH: Chairperson, I would like to thank all the members for their contributions. I also want to thank all the colleagues who assisted us in this process - my colleague the MEC who was here, Ramathuba - and others who worked with us, the Deputy Minister, Dr Paahla, the other members of the portfolio committee, particularly the chairs. I also want to congratulate you all on our appointments, particularly the chair of this committee, Maurencia Gillion and the other members, as well as Dr Dhlomo. I also want to thank the head of department, the director-general, together with the deputies and all the staff who assisted us. I think it has really been a very interesting discussion.

Let me firstly say upfront that all the weaknesses of the health system are acknowledged. We will not try to hide those. Secondly, we indicated that our focus is actually on resolving all those problems. So, when you raise them and you give us suggestions, we will note the suggestions that assist us. We thank those who acknowledged all the work and progress that has been made. Hon Maurencia Gillion, the MEC, Audrey Maleka, the Deputy Minister and others ... we acknowledge those.

We want to say to you that you will find government ready to be held accountable. Hon Mfayela, we thank you for that. We will be ready to engage.

The EFF, particularly hon Zandamela ... you like the NHI. But then, somewhere along the line, you don't want to support the budget that will assist ... [Interjections.] Don't be confused; just come with us. You can't have an alliance that will help you here. Work with us; we are going in the same direction on this one. [Applause.] You have clarified all the things that we are going to be doing.

Where I have serious problems ... You know, firstly ... Hon Bara in the DA, I think you will have a problem. The DA has come a long way. Where you started ... the DA didn't want to support anything about NHI, universal health coverage. They were not supportive. Of late, now, because you see it is unstoppable, you now want to create conditionalities. Now you are asking an interesting question. In whose interest is the NHI? This is in the interest of all South Africans. Let's ask you the questions. In whose interests is the DA opposing the NHI? Now you must answer that question, because, as far as we are concerned, there is a strong lobby of those who are trying to protect privileges. The DA must really define itself properly there.

But also, your problem ... you must also know you can't define yourself outside the South African health system. What you are

counting as your advances is an advantage that was because of the apartheid situation. The investment in the Western Cape was meant for the whole of the Cape colony, Northern Cape and Eastern Cape included. Now they were cut out. Now you are actually having an advantage and you think that you can only exclude the others and think that that must be counted on your side only. I don't believe that you are seeing it properly.

But, you must also understand that you are not different. I looked at the figures on HIV, particularly the diagnosis rate. It is 46% in the Western Cape. On treatment it is 59% and on cure it's 80%. That's far lower than what we want to see anywhere else. We are saying 90%, 90% 90% on all of them. You are the same as the rest of South Africa. So let's not have a sense of trying to behave as though you are a different country, as it were. When we get to the problems of the people in the informal settlements, you have the same problems like everywhere in South Africa.

Hon Cloete, look, I really pity you. I like the fact that you and I don't have to agree. But it must make sense. In this case, you are still like we are stuck on the old anti-Cuba propaganda of the apartheid days. You must get rid of that. Cuba has 7,5 doctors per 1 000 people. The USA has 2,6. That is half of what Cuba has. The UK has 2,8, which is less. South Africa has 0,8. That's what we got because we were excluded, anyway. So, we are trying to correct that.

But Cuba currently has 30 000 doctors across the whole world, in 67 countries, including France and Italy; Europe and Latin America.

[Applause.] So you can't really dismiss Cuba the way you are doing.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Please conclude, hon Minister; your time has expired.

The MINISTER OF HEALTH: Some of those students were taken to Cuba because a lot of the apartheid deans refused to increase their numbers. Now they are better. So, we are dealing with a correction over the period.

But, thank you very much on the suggestions. We will accept. When we need to correct, we will accept. But we are saying we are moving ahead with the National Health Insurance; we will not be stopped. Thank you. [Time expired.] [Applause.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon members, I would also like to thank the department, the Minister, the Deputy Minister and the MEC from Limpopo.

Debate concluded.

The Council adjourned at 18:40.

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

Please click on the following link to access the relevant Announcements, Tablings and Committee Reports for this day.

[https://www.parliament.gov.za/parliamentary-papers?sorts\[date\]=-1](https://www.parliament.gov.za/parliamentary-papers?sorts[date]=-1)