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PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVINCES

The Council met at 14:02.

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

The CHAIRPERSON OF THE NCOP: Hon members, before we proceed to questions, I would like to take this opportunity to welcome the Ministers and Deputy Ministers who have joined us. These are Ministers from the social services cluster. So, the sitting today will focus on questions. However, before we proceed allow me to make the following remarks:

Just to remind members that the time allocated for a reply by the Minister to a question is five minutes, only four supplementary questions are allowed per question, a member who has asked the initial question will be the first to be afforded an opportunity to ask a supplementary question, the time for asking a supplementary

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question is two minutes, the time for a reply to a supplementary question is four minutes and also that the supplementary question must emanate from the initial question.

QUESTIONS TO MINISTERS

SOCIAL SERVICES

Cluster 2B

Question 79:

The MINISTER OF HEALTH: Chairperson of the NCOP, Question 79; whether the programme of training medical doctors in other countries assists South Africa in addressing the shortage of doctors in public health care facilities, especially in the rural areas; if not, what is the position in this regard; if so, what are the relevant details? Yes, the programme assists, but it only assist in the following ways:

Firstly, in the instances where South Africa has a bilateral agreement with other countries, for example in case of Cuba, through a government to government agreement, in this particular programme South Africa managed to address the shortage of doctors in the public health care facilities since the inception of the Nelson Mandela - Fidel Castro programme. To date, 732 doctors have

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qualified and they are working in the public sector. A further 709 students returned in July 2018, and they are completing their final sixth year of study in South African universities in December 2019. In July 2019, an additional 647 students have now commenced with their final sixth year studies in South African universities and it is envisaged that they will complete their studies during 2020.

Secondly, it is also in the instances where the Health Professions Council of South Africa has validated the foreign qualifications and the training programme of the foreign medical training institution.

Thirdly, in the cases where medical students come back fully qualified ready to practice as confirmed by Health Professions Council of South Africa, HPCSA. Those that come back having qualified from outside other than those that were trained in Cuba have to be taken through an examination and it is only on the basis of that examination that they can be allowed to practice. In some instances, the challenge becomes the universities where they trained they would not be a confirmation as to whether the curriculum that they were trained under is actually suitable for practising in South Africa.

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If you look at the figures from Cuba, the hon members should also realise that every year we probably produce 1 200 and of lately about 1 400 doctors out of these institutions. So, this training into Cuba actually has assisted to increase the numbers that are now very helpful to close the gap and the shortage that we had. Thank you very much.

Ms A D MALEKA: Minister, I want to check if the training that the students receive in countries like Cuba is more based on prevention whilst our healthcare is more on the curative. Does this training assist new doctors in getting ready for their work as South African doctors?

The MINISTER OF HEALTH: Hon Chairperson, indeed the approach in Cuba is very much focused on strong community healthcare services, strengthening of primary healthcare and with a strong emphasis on the public health. What then gets done is that, as soon as the students have gone up to the fifth year of study, they then are brought back to South Africa and they are integrated into the training programme of South Africa. So, when they are qualified, they qualify in a manner that is suitable for a flexible deployment in both the regional and tertiary hospitals on the curative side as well as on the community health services side, primary healthcare.

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In future we actually hope that as we rebuild and strengthen primary healthcare, there will be more of general practitioners including those who would have been trained in the country and those who would have come from Cuba who will actually strengthen that aspect. We will be deploying a number of them at that level.

I think we should be aware of that the training also is suitable for those doctors who want to actually take post graduate studies. Last time when I was in this House I did announce one student who had actually qualified as a specialist thoracic surgeon, a female in Durban who had actually come from Cuba. In fact, they are few who have pursued some of those. There is no misfit in the way that the training is happening but in terms of our own situation, we are able to deploy them on the primary healthcare as much as we can. They are also capable of being taken through the various levels of training through tertiary institutions for post graduate training. So, there is no problem with that. Thank you.

The Chairperson of the NCOP: EFF.

Ms B T MATHEVULA: I am not EFF, I am hon Mathevula from the EFF.

[Laughter.]

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Xitsonga:

Ndza khensa Mutshamaxitulu. Holobye, eka tiklilini ta le makaya ku hava madokodela. Dokodela I ta fika kanw'e endzhaku ka vhiki kumbe mambirhi. Exikarhi ka nkarhi wolowo ku va na vavabyi lava yisiwaka eswibedlhele va lava ku pfuniwa, kambe ku kumeka leswaku ku hava dokodela. Mi ta endla yini ku anstswisa xiyimo xo fana na lexi ku endlela leswaku ku va na madokodela lawa ya kumekaka etiklilini vusiku na nhlikanhi leswaku vaakatiko va ta kota ku pfuneka? ndza khensa.

The MINISTER OF HEALTH: I am sorry, I got lost in the translation there. I need the question repeated so that I can get the translation.

The CHAIRPERSON OF THE NCOP: Why don't you repeat the question, hon member? Let's hope that the translation will be operational.

Ms B T MATHEVULA: Are they ready now?

Xitsonga:

Va tilulamiserile sweswi? Va tilulamiserile sweswi Holobye ku va ndzi nga sungula nakambe?

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The MINISTER OF HEALTH: Yes, number 2, thank you. Okay.

Ms B T MATHEVULA: Right.

Xitsonga:

A ndzi vula leswaku eka titklilini ta le makaya ku hava madokodela. Dokodela ri ta fika kan'we endzhaku ka mavhiki mambirhi. Kwalahaya xikarhi ku va na vavabyi lava va yisiwaka exibedlhele kambe ku ri hava dokodela. Vavabyi va boheka ku yimela dokodela mavhiki mambirhi hinkwawo va nga se pfuneka. A ndzi lava ku tiva leswaku mi ta va rhumela rini vadokodela etiklilini ku va va ya tirha vusiku na nhlekanhi ngopfu emakaya? Ndza khensa.

The MINISTER OF HEALTH: Chairperson, it is just a matter of arrangement. For most of the hospitals, they will then be sending their doctors on outreach on specified days. This helps in instances where we have what we call either chronic problems or instances where you would say that the problem really requires elective surgery, which means that it is not as urgent as for that particular day. So, there is nothing wrong in waiting for a week or what would then say is that, the doctor could see them or if they are referred and they have an appointment in a week's time, it is not to the disadvantage of the patient. However, where there is urgency and we

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believe that there is a need for the person to be seen immediately, you can actually refer the patient straight to the hospital. They don't need a doctor who may not ... he might have been there that day but then later the patient get sick. Therefore, the patient can't wait to say, okay, till tomorrow unless they feel that the condition is such that it can wait for that.

Someone can be sick today; it can take a day, a week or even a month to see a doctor without something going wrong with the patient. That is where we have patients who have a kind of cold conditions that will require either investigation over a period or cold surgery or elective surgery. That means that within the specified period there is nothing that will go wrong with the patient but ultimately they must be seen by the doctor. Then, there are those that have acute or hot conditions which require the person to be seen that if there is no doctor then you even call an ambulance or you refer on the same day. So, in a way there is a safety precaution that is associated with the fact that we don't have as many doctors.

In the future, we are hoping to have more doctors but we are also hoping to get even general practitioners from the private institutions and some of the areas to overlap and cover in those kinds of instances. However, we always make an allowance that if

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someone is sick and they need to be attended to on that particular day, then, they don't have to wait because the doctor is not there. They have to go to the hospital.

Ms M L MOSHODI: Chairperson, thank you hon Minister for your response. My follow-up question is; what is the progress in addressing the placement of doctors in the areas where they are needed the most, especially, in removing the red tape in their placement? Thank you, hon Chairperson.

The MINISTER OF HEALTH: Chairperson, we have given a directive for all the posts to be filled where there were vacancies particularly the doctors, the nurses, community health workers, etc. What we are then doing is that we have prioritised the budget and gone to particular provinces that we will be assisting in addition to what they have in getting them additional resources to pay for those doctors that will need to be placed. We are reprioritising our budget in view of the fact that staffing is our major priority, we are moving funds from other areas. I don't have the exact figures now in relation to that. In some of the issues that relates to the nurses, when the question was asked earlier with specifics we can give you a better sense when there is another question that's coming.

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In terms of the doctors we can check what the progress is at this point. We are assisting and supporting those particular hospitals and clinics where there is a need. However, in terms of how far this could have gone, I would need to check.

Mr S ZANDAMELA: Minister, there is about more than 50 students in Mpumalanga who were sent to Astrakhan State University. My question would be - because I know that recently they came back for their practical and they were refused by eMalahleni Hospital and Rob Ferreira Hospital stating that, that institution is not accredited by HPCSA - I want to know from the Minister if he is aware of that? The second one, I know recently that there are about 80 students that must also go to the very same university. My question is - because they are using the agency, I do not know whether it is a middleman or an agency called Racus - is the Minister aware of that? That Racus is being employed by the Department of Health in Mpumalanga. Thank you.

The MINISTER OF HEALTH: Chairperson, it sounds like a very specific question and probably different to the others. So, if I must answer it has specifics which I think the member must write to me so that I can go and check. As we speak now, I don't have any knowledge of it. I would need to check with the specifics when the member does send

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me such a written ... [Inaudible.] In fact, it is not one, they are two questions.

The DEPUTY CHAIRPERSON OF THE NCOP: I guess that is what you should do. Just to remind members again that, please, make sure that your supplementary question relates to the original question. We will move on to the next question, which is Question 67 by hon M R Bara, to the Minister of Health.

Question 67:

The MINISTER OF HEALTH: Thank you very much, hon Chairperson. The response to Question 67 is as follows, provincial departments of health will continue to have powers to manage health care services in their provinces. These powers are either directly prescribed from the Constitution or through the National Health Act.

The primary assigned powers are, firstly, the SA Constitution allocates provinces the responsibility of emergency services. Secondly, the proposed amendments to the National Health Act allocate the following direct powers to the province, this is to provides specialised hospital services infectious diseases mental health and participating inter provincial and in a sectoral co-ordination in collaboration, co-ordinate the funding and financial

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management of the district health councils and provide technical and logistical support to district health councils, co-ordinate health and medical services during provincial disasters, provide and co-ordinate emergency and medical services and forensic pathology, forensic clinical medicines and related services, including the provision of medico-legal mortuaries and medico-legal services, provide and maintain equipment, vehicles and health care facilities for these functions, consult with communities regarding health matters, provide occupational health services, promote health and health's lifestyle, promote community participation in the planning, provision and evaluation of health services, provide environmental pollution control services, ensure health systems, research and programmes and public health services, provides services for the management prevention and the control of communicable and noncommunicable diseases.

National powers may also be delegated to the provinces to manage provincial, tertiary and regional hospitals, manage district health services, including district health hospitals.

The MEC will remain the executing authority. The HOD will remain the accounting officers for all primary functions and all functions delegated to the provincial government in terms of the applicable

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laws. That's Public Finance Management Act, PFMA, etc, and service level agreement. MECs remain statutory members of the national health council, which is the body that takes decision together with the Minister.

With regard to question two, yes; the provincial equitable share will decrease in relation to the functions that are shifted from the provincial to national government. Treasury follows the principle that funds are allocated based on where the function resides. Once the functions to be shifted had been identified and quantified then only will the budget adjustment be implemented. But when that happens, it depends on where the function will ultimately be, there will have to be a mechanism to get the funds to go to the site where it is supposed to be managed, which is, if it is in the province or at a lower level, that's what will happen.

Identification of the functions to be shifted primary assigned are being documented in a collaborative forum of HOD with National Department of Health, a forum which reports to the national health council, will actually as we talk now, all the heads of departments, the director-general and senior officials in national department of health are sitting to discuss this very question. So, once they are done with it, they will be able to give a guide as to how the powers

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must be arranged but there will still be a space for the provinces to play their roles.

With regard to the third question, yes, the the National Health Insurance, NHI, will be successful. The pilot projects were not to determine whether we implement NHI or not, but they were doing it to strengthen the health system so that in the areas where we should be implementing NHI, the lessons from the pilot sites would actually be helpful. The NHI policy was finalised after a widespread research and consultation with local and international experts prior to its finalisation. We therefore, believe that the NHI will certainly be successful. We have had the benefit and experience of several countries before us that have had a positive and negative lessons relating to the universal health coverage implementation experiences.

Two weeks ago, we actually had the elders, who have experienced this in their own countries and they have actually been urging South Africa to move ahead with the implementation of the National Health Insurance. Therefore, we believe that as South Africa, we need to move on with the implementation of the National Health Insurance. Whatever challenges we might face, we should be able to resolve them as South Africa. But nothing stands on the way of us moving towards

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ensuring equitable access for all and universal health coverage for all through the National Health Insurance. Thank you.

Mr M R BARA: The DA wholeheartedly support and we will fight for quality universal healthcare for all our citizens. Our concern is that the NHI in its current form will have the opposite effect. A major difference between the 2018 draft and current NHI Bill is that, now you have centralised power under the Minister and the department far more. This is concerning because there are no external checks and balances. The former Prime Minister of Norway and director-general of the World Health Organisation, Gro Harlem Brundtland, told Parliament last week that corruption can't be a reason not to make NHI work, it's for everyone to overcome by using the legal system and other accountability mechanisms. However, what we have noticed is that the centralisation of everything into the Minister and the department itself has now disregarded the powers and the authorities of the auditor-general and Parliament in terms of Treasury in terms of oversight. Minister, what we would like to know is how are you going to make sure that NHI does not become another cash cow and a pull of corruption to strive to the detriment of the people who are supposed to be serviced by the National Health Insurance? Thank you, Chair.

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The MINISTER OF HEALTH: Thank you very much. Hon Chairperson, we disagree that the way that the NHI is structured will actually have the opposite effect of making an efficient delivery system. We have benchmarked it against other countries. The fact that South Africa is experiencing corruptions, state capture, etc, does not mean that the system or the model cannot work. It basically means that we need to redouble all our efforts to fight corruption. What we have indicated in the previous hearing in this House or in the portfolio committee and National Assembly was that the entity that will be the NHI fund is a schedule 3 body entity that hasn't got the possibility or speculative transactions and taking so much of risk like what is happening with the state-owned enterprises. So, we seat as very different entities because some of those that we are talking about haven't really had the same problems. The Medical Students Representative Council, MSRC, and the Health Research Council, HRC, have not had the same type of problem of complaints of corruption. The question in relation to National Treasury, we have had continuous engagement with National Treasury. They have not raised a problem on this matter. They only issue they talked about is the mechanics of moving the Bill forward in the light of the fact that the current structures and the current legislation are structured in a particular way. So, we need to renegotiate the way the powers are allocated, the functions are run so that when we have to allocate

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the funds ultimately, there is no conflict of legislation. It's a bureaucratic or technical way of managing the issue.

With regard to the issue of corruption, we have taken it very seriously. We will be very concerned that everything needs to be done to make sure that corruption does not set in on the NHI Fund. It's a very serious problem for us to just disregard. Therefore, we have actually a structure that a propose will be set around which will involve not only civil society but also the Special Investigation Unit, the Hawks and all the bodies that are in charge with the responsibility of oversight to be very close to the NHI.

We would like to just make sure that when it's set up, it does not create the space for weaknesses where there will be easy abuse of funds and technology needs to be used to ensure that we can actually detect fraud as is taking place. I think some of us have seen how the banks do it where, for example, if there is a transaction that is going on then there is a feedback mechanism that creates checks and balances for someone to check whether in fact they are agreeing with the transaction or not. So, we need to involve all those kinds of technologies to make sure that we actually combat corruption in the NHI.

The question of powers is a method of how we want to ensure that there is accountability. So, the functions will still be done by the various levels. But then if you want to ensure that there is both the question of accountability and also standardisation of the packages of health services to be rendered and to ensure that we can generally offered the kind of service that has a similar standard and norms, we have to actually rearrange the way we are doing it. But it is not to weaken oversight in cases of corruption. It's not to reduce the powers of the province. It's a way of running the same health services but ensure that we are more accountable whereby in some instances, the question has been whether many different provinces are running as different health systems on their own. We just need to make sure that it's aligned so that we deliver the services that have proper quality control. So, that is really what this is all about.

Mr A B CLOETE: Thank you, hon Minister. Let's have a look at the two similar healthcare models. Let us look at the NHI as in Britain and as it is in Italy, highly developed countries which are facing serious issues. In Italy, doctors feel underpaid and overworked. Doctors have threaten potentially paralysed and strike over two years now while health spending in rich countries are covered from the financial crisis in Europe. It has declined in Italy for several

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years. In England, patience waits an average of 15 days to see a general practitioner. This is an increase of two days over the last two years. That's even worse than two weeks for South Africa.

In the meantime, the British healthcare service lost almost 900 full time doctors in the last two years. That's owing to the NHS. These are highly developed countries. Minister, my question to you is what or whether you will implement measures to make sure that crucial doctors do not leave South Africa as a result of the implementation of the NHI?

The MINISTER OF HEALTH: Thank you very much, hon member. Last week, we had some members raising these concerns to people who are actually advisers around the NHI in the UK. They gave me a sense that there is a huge misinterpretation of what is going on. Depending on what is happening, I cannot answer for Britain. But depending on what is happening, waiting for 15 days is a matter of what is it that really makes them to wait that much long. As far as we are aware, the system has been working over the years. With regard to the issue of 15 days in Britain, it will be difficult for me to answer for Britain. Again, if in Italy doctors are underpaid, I think Italy has gone through its own economic problems over the

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period. So, what exactly we are talking about and comparing in terms of being underpaid, it's difficult to be able to say that.

However, there have been labour actions in various areas because of dissatisfaction with the condition of service. So, if it happened in Italy, again, we cannot translate that into this is what will happen in South Africa. I don't think we must take all the problems that are happening in different countries and then bring them with the hope that is something to discourage us from actually going on. What we need to do is to look at our own conditions and see what is that which is best for South Africa.

The issue of doctors that have been lost in the UK - I could imagine that in South Africa, we have also been losing a very large number of doctors at different times. That happens because of various conditions. As a rule, skills professional tend to be very mobile. So, even in South Africa, before the NHI, we have been losing some of the doctors. In this case, we really want to work closely with the doctors and go through the issues of their concerns to be able to see what is it that we can do to resolve the challenges that they are concern about. What we are picking up just now is that there is quite a lot of lack of information that's making many people to be very nervous because they are not sure what it means. We are really

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going out to meet professionals to explain to them what NHI is all about so that we can be able to clarify on all their concerns so that there is no need for them to leave just out of the fear of the unknown. We still want to plead with the doctors in South Africa and other professionals, nurses, pharmacists, etc, not to leave the country but to work together to build National Health Insurance, a system for our own country based on our own conditions. We are also trying to make sure that everybody participates because it is for the greater good of South Africans. For that reasons therefore, we have made an appeal. We have had meetings with some of the representatives of the private specialists. We have said to them that we need to sit down and go through a discussion. Once we have clarified each other, it may well be possible that on some of the issues, it's a matter of misunderstanding between us. In some instances, it may be areas where we need to engage and until we get somewhere where there is meeting of the minds so that there is no need for anyone to leave the country.

On this bases therefore, I still like to say that, it would be good to understand what is going on in the other countries but I think we must face our own conditions and try to resolve our own problems. As South Africans, we will be going out to engage more of the

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professionals, the doctors and the nurses and so on. Thank you very much.

Mr D R RYDER: Thank you, Chairperson. Minister, it's common course that the NHI is going to cost a lot. We only have 13% of the population registered as taxpayers and they are already feeling overburdened and are struggling. Single parents are struggling to put food on the table. Now, the NHI is proposing to tax them more. Then there is the additional money that we are going to be requesting from the rest of the national budget with the fiscus which is already contracting in real terms.

The Treasury was particularly concerned that funds meant to strengthen health systems for the NHI rollout are not being used as planned. You spoke now on your last answer about lack of information. We are told that there is also been a Treasury report on NHI which unfavourable but it is also been withheld. So, Minister, what has been the consultation process between Treasury and the Department of Health to date? Has there been a meeting or meetings? What was discussed? How can we as a House be satisfied that there has been an adequate consultation process? Can you talk with us and give us some information about when that report is going to come to light?

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The MINISTER OF HEALTH: Thank you very much. Let me attempt to deal with this question from two parts. The first one relates to the cost of the NHI. Firstly, let me say that in most of the countries that we have been able to benchmark with, that we have spoken to, they have said that they have started. They instituted NHI when they were in the worst economic situation than South Africa is today. Therefore, they have said that there is no need to wait until there is economic recovery because investing in the health of our people is actually a major investment in building the economy of the country. It helps to build human capital. It also helps to give you healthier population.

We have a study that has been done in the continent that has shown how ill health mobility and mortality has had a negative impact on the GDP; particularly 50% of the problems are five major countries, South Africa, Nigeria and DRC, etc. This means that we need to actually act on the matter.

With regard to the second aspect, we will actually have to implement NHI that will help us in the long term to rebuild our economy. In the issue of the consultation with the Treasury, there are ongoing discussions with the Treasury. I have quoted an instance where we had several meetings with the Treasury. Last week, we have a meeting

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with the Minister and the officials in both Treasury and National Health. About four weeks ago, I had a meeting with the officials in Treasury and national health and the war room in the Presidency. We went through all these issues. Lot of issues are issues that are work in progress that need to be worked upon amongst us.

What Treasury has been raising is a question of what the projections need to be today with the lower growth rate as opposed to what would have been the assumption 10 years ago. So, those are the issues that we are discussing, the question of how do we work on the packaging and how do we rollout NHI. There is no paper from the Treasury that says that NHI must be abandoned and it not implemented. There is general acceptance from everyone that NHI is actually the best way to solve the problem. What we are all dealing with are the mechanics of how we go about with the implementation. Thank you.

Ms S A LUTHULI: Thank you. I am happy Minister that we are not going to wait for the recovery of our economy. With the level of corruption in this country this might never happen. The most problem we have with the NHI is that we are outsourcing the training of nurses to the private sectors. This is not assisting, especially in our government hospitals.

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My question to you, Minister, is how far are you in reopening the training colleges for nurses? The private nursing colleges are not assisting government hospitals. They are more focus on private hospitals. Thank you.

The MINISTER OF HEALTH: Hon Chairperson, I don't agree with the first statement that the member is making that our economy won't recover because there is corruption. We must fight corruption. That's something that we do whether economy is growing or is not growing. So, we must separate the two. There is a need for us to fight corruption to ensure that we strengthen the confidence of business and investors on our system. That on its own cannot be something that can stop the NHI from being implemented.

With due respect, the second question is a new one. Now, I will need to go through the system to check exactly what the member is asking. Let me just say that we will be training nurses as government. We will start from 2021. But because there is a specific question on that, I will probably go a little bit more into details. What I think the hon member might have seen is that there has been private training colleges that have been licensed. That's within the law. So, there is no problem there. The issue is that whiles we are sorting out the alignment between the Department of Higher Education

and Health so that we can accredit all our hospitals as training centres, the private hospitals, particularly private hospitals have already been given authority to go ahead. So, it's not because it's only private that we are supporting. It's more because the other process is a bit slower but most of the nurses are going to be trained from the government sector. The way that we used to know in the past, that's the way we are going to be doing it again.

Question 83:

The MINISTER OF HEALTH: The question is about the benefits of the NHI and I will not read the question, I will just go to the reply. The first reply is that in its preamble, the NHI Bill recognises the socioeconomic injustices, imbalances and inequities of the past. The need to heal the division of the past and to establish a society based on democratic values, social justice and fundamental human rights, the need to improve the quality of life of all citizens and to free the potential of each person.

The Bill is aimed at achieving the progressive realisation of the right of access to quality personal health care services and to make progress towards achieving universal health coverage. The implementation of the NHI is in line with section 27 of the Bill of

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Rights in the Constitution of the Republic that considers health care as a fundamental human right. It says:

Everyone has a right to have access to health care services. The state must make reasonable legislative and other measures within its available resources to achieve progressive realisation of each of these rights.

This is section 27 of the Constitution.

The benefits of the NHI to the poor and unemployed people are as follows. The NHI will ensure that all the population will have access to comprehensive quality health care services based on their health needs and free of charge at the point of use. Universal access will not be determined by race, gender or creed. The NHI services will be delivered closest to where the poor and unemployed people reside or work; thus mitigating expensive transport costs.

The NHI aims to ensure that the population benefits from social solidarity, meaning that South Africans will look after each other during our moments of most needs. This is in line with the principle of justice, fairness and equity. These principles are universally applied in health systems that perform well and have reached near

universal health coverage, such as that of the British National Health Service.

The NHI will be based on the principle of equity and social solidarity, which seeks to entrench income and risk cross-subsidisation mechanisms to ensure that all citizens are provided with adequate financial risk protection and an opportunity to equitably benefit from the health system. Right now, if you go to the private site and you have got too many conditions showing ill health, they actually turn to load more on your premium.

The NHI will ensure that we look after each other as society, so that those that have the means will cross-subsidise those that are less fortunate. The NHI will ensure that those that are healthier share health care resources with those that are not as healthy. Young people will share health resources with older persons who turn to be poorer but have greater health needs.

This will contribute to a caring society and a social cohesion by having positive impact on social development through a reduction in inequities to access quality of health services. This significantly benefits the poor and the unemployed people.

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Funding for NHI will not be linked to individual's ability to pay. The benefits from NHI will be in line with an individual's need for health care. This will significantly benefit the poor and/or the unemployed people. The NHI will pull health care funds and use these to actively purchase health care services for the entire population for the universal access to quality affordable health care services for all South Africans, irrespective of their socioeconomic status and not their ability to pay.

The NHI will be provided free at the point of care to eliminate out-of-pocket payment, such as copayment in the private sector and current user fees in the public health services. The decrease in out-of-pocket spending will increase disposable income and savings for the retirement and stimulate economic activity. This will benefit those that are labelled as 'employed but poor'.

As a single purchaser and a single payer for the health care services, the Bill aims to ensure that the equitable and fair distribution and the use of health care services for the entire population and those with the greatest health need, especially the poor and unemployed people and those in the rural settings and in densified urban informal settings.

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The NHI will benefit the poor and unemployed people by contributing to the reduction in health care costs that are currently making the health sector unaffordable and unsustainable. It will also contribute to the creation of an efficient sustainable accessible fair health care system that delivers health care services affordably.

Poor households and those that are unemployed will have financial protection against catastrophic health care cost. The NHI will also contribute to improve health outcomes at individual and community level, labour productivity and inclusive economic growth. The NHI is not merely consumption expenditure but it is a basis for sustainable and inclusive growth for our economies through healthy workforce. This will contribute to poverty reduction to the benefit of the poor and unemployed people.

It will also contribute to an increase in the tax base of the country and fiscal sustainability. The implementation of the NHI will not affect the standards of health care in adverse manner. The NHI requires that health care providers and health facilities that are to be contracted to deliver comprehensive quality health care services as determined by NHI benefits advisory committee, in both private and public sectors must comply with the standards of health

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care to be certified by the office of health standard and compliance and accreditation by the NHI Fund.

Ms N NDONGENI: Chair, Minister, health facilities are more skewed to affluent urban areas. What benefit will the National Health Insurance Bill bring to the rural areas, especially in the establishment of high quality health facilities? Thank you.

The MINISTER OF HEALTH: Amongst the issues we raised during the budget speech, was a need for us to fix a number of weaknesses of our system. We mentioned the issue of staffing, the issue of security of supply of medicine, the issue of quality of care, the quality of management and the issue of infrastructure. Currently we have a team that is working.

It is National Treasury and the national Department of Health, working together to fast-track the delivery of health facilities and infrastructure built programme that we have determined should take five to seven years, in which case we should have replacement or upgrade of facilities and refurbishment that will make the facilities in the public sector to be as good as new and comparable to those in the private sector.

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Therefore, as part of the whole health reform must deliver, it must deliver to us facilities that are in good condition, so that anyone whoever chooses public health will be choosing on the basis of a competitive advantage that it has in comparison to the other facilities in the private sector, where the quality is not compromised in the public sector, where the quality of the facilities, the technology, the equipment, the staff, the attitudes of staff and everything is actually high quality and excellence returns to the public sector. From that point of view, we believe that we will be able to bridge the gap between the rural and urban setting, poor and richer and more affluent suburbs over a period of time.

Mr M NHANHA: Khabazela, in responding to a question by MPL Jack Bloom in Gauteng Legislature, MEC Masuku confirmed that every state hospital and clinic in Gauteng has failed its safety audit. These institutions were assessed and failed minimum standards in terms of the Occupational Health and Safety Act. Issues ranged from roof leaks, chained doors, psychiatric patients escaping through fire escape, overcrowding accidents and emergency services. Fire escape doors were blocked and so on.

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The NHI requires accredited infrastructure and improved health services. How do you plan to make the improvements as it seems like we are not ready for NHI in its current form? Thank you.

The MINISTER OF HEALTH: Chairperson, there is no weakness of the health system that will make us not to be ready to initiate the NHI. We have indicated that we want to simultaneously prepare for implementation of the NHI as we upgrade our health services, improve the infrastructure and resolve all the problems and its weaknesses.

On that basis, we will assume that all the hospitals that were found not to be compliant - I am not aware of the report that the hon member is talking about - I would assume that they will all be declared in the 10-year plan, which is about reviving all facilities so that they can all be given the necessary attention.

We have said that the NH should not only be used as a mode of health reform; it must also be a vision which we use to actually signal to all our staff and health professionals - that is the quality and the standard that we are aiming for. Therefore, if today we went and looked for quality assurance in various hospitals and we found that they were not suitable, there is a quality improvement plan which is being financed to actually go into all those hospitals to ensure

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that next time the Office of Health Standards and Compliance, OHSC, comes to investigate, they might find that there is an improvement.

We are going to work systematically to ensure that we upgrade the quality of all facilities, both in public and private sectors. So, it is a matter of work in progress. We will ultimately make sure that we deliver the health services in the kind of facilities that have got the quality that we believe South Africans deserve.

Mr M R BARA: Chairperson, Minister, in the Western Cape we have developed excellent best practices in our public hospitals, namely Worcester, George, Drakenstein, etc. These are brilliant state hospitals. If the entire country or the entire country's provinces ran their hospitals like these, everyone would have access to quality universal health care. It is not perfect, but we have a plan to which is improving all our hospitals.

The issue is that resources which are allocated are being squandered through maladministration and implementing NHI will not curb this. You are merely limiting people's freedom to choose what health care they wish to access. Will the NHI not merely limit people's choice to choose what health care they wish for in terms of access?

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The MINISTER OF HEALTH: Chairperson, let me say to the hon member that there are very good hospitals in the Western Cape, in Gauteng, in KwaZulu-Natal and other provinces. So there are good examples that we can learn from in different parts of the country. I think we must disabuse ourselves of any notion that Western Cape is running a different health system to the one which we are running in the rest of the country.

The weaknesses are not the same. Yesterday, I went to Pholosong Hospital and I was actually extremely inspired when I found that they have a whole programme which they call, I Serve with a Smile. They actually go around encouraging everyone to be more courteous, warm and caring to patients. So, the colleagues would actually go out and say this one has gone an extra mile to serve patients. In that process, they have actually reduced complaints from patients.

Now, the disparities that we have are that Western Cape has got good hospitals. For some of them, this due to proper management; while others had historic investment which has gone into some of the central hospitals. All of that we accept, that there would not be evenness in our hospitals. However, with all of that, we want to say that the NHI is not going to disturb any of that. What the NHI is

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going to be doing is to pull the resources to help, for everyone to have quality health care.

There is no interference with the choice of patients. In all systems, there has to be a referral pattern of some sort and in all systems we have to be able to deal with the situation where sometimes the demand for health services is more than what is professionally advised. So, someone will go into a doctor and say I would like to go and do an MRI scan because I feel there is a bit of a headache, when in fact they don't necessarily require that.

We need a situation where someone should not say I can't have an MRI scan because I don't have money. That is a balance that we are trying to create. So, we would like to assure the hon members that we need to work together to make sure that we have the best system for South Africa.

This idea of thinking that one province can run a different system from others doesn't really work. What will actually be happening is that within the way the concurrency of the functions of the different spheres of government, there is flexibility for different provinces to be able to input based on their priorities and based on

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the situation to improve health services. If they do that, we have got no problem. [Applause.]

Mr E J NJANDU: Hon Chairperson, hon Minister, this is my second follow-up question. Some of the opponents of the National Health Insurance, especially the opponents here in the Western Cape to the Bill are saying that the implementation of the Bill will negatively affect private health care and will also negatively affect medical schemes. Are these concerns valid and true?

The MINISTER OF HEALTH: The hon member has put it nicely by saying the opponents of the NHI. I have seen in the past couple of week a statement coming from Discovery and the CEO thereof in their health care side, saying that they support the NHI. They are the biggest medical aid scheme in the country.

However, I deal with the issue of those who oppose the NHI in two categories: There are those who are so oppose, it is ideological and you can't oppose it; and there are those who have no problem with the issue but are trying to look at various mechanics of how to make it work.

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Two weeks ago, I had an engagement with the business leadership, Business Unity of South Africa. They have raised a number of issues. We have actually agreed to continue engaging. Today, Nedlac is meeting. They are going through the discussion. We cannot agree on everything, on the first day, at the same time, all of us. There are going to be areas where we are going to differ; there are going to be areas where we will agree to disagree; and there are going to be areas where we will actually engage and find some ways of meeting.

In the Bill, we have not said that there medical aids will be disestablished or will be burnished. There is no such a thing in the Bill. What we have indicated is that based on the health market inquiry and based on the advancement of the NHI, there will obviously have to be redetermination of the roles of medical aids and the packages that they will be offering. All of that, we are not there yet.

We will find more details as we get closer to the time when such information is available. Therefore, those who are opposing the NHI, I think they must come forward so that we can engage because at the end of the day, the NHI is going to be implemented. What we need to discuss is in what are the areas where people would like to make

inputs, where we might need to change or adjust certain areas. Those for me are the issues.

We are going to be having further engagement with some of those in private sector, and we are going to continue to have those engagements until the matter is ultimately settled. In every country, what you start off with on day one is not what you are going to end up with in year-ten. So, changes are going to be part of a continuous engagement and negotiation. Thank you

Question 78:

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much. The next question is number 78 from hon M R Bara, to the Minister of Health.

The MINISTER OF HEALTH: Question 78 was asked by a different member. I am not sure if I got it wrong. Yes, its shortage of nurses and it was asked by Mr JJ Londt. Okay, our response is as follows ...

Mr M R BARA: Chair, my question is 78 and it makes reference to shortage of nurses and medicines.

The MINISTER OF HEALTH: There may be some mistake but I will check on that. The question is; how is the department currently dealing

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with shortages of nurses and medications in public hospitals, in provinces? Is that the one? I think there is some mistake here so it's fine.

The response is that chronic shortages of nurses will be addressed by prioritising unemployed professional nurses. At the moment, we are targeting 1779 nurses who completed their community service training in January 2019, but are still unemployed due to lack of funded posts. So, these nurses will be employed and deployed to the maternity ward, mental health facilities and other areas of need.

A total of 312 million has been allocated to address this particular shortage. Members would recall that earlier I said; we are reprioritising the budget so that from within the existing resources in the department, we want to fund the issue of vacancies and deal with the shortages of staff. So, we have allocated it as follows: that 40 of the posts will be for nurse specialists, 405 posts will be for professional nurses, 321 posts will be for nursing assistants, 375 posts will be for enrolled nurses.

The second part is that the national Department of Health has supported provinces to ensure sustainable availability of medicine. The support was in a form an electronic management system that was

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implemented in the hospitals such as RX Solutions. The national department has also procured the necessary hardware on behalf of the provinces to support the automation of the medicine supply chain that's enabling better stock management. Thus far, we have procured over 1297 computers and 1500 labelling and multifunctional printers. This support is continuing during this financial year in order to reach more facilities.

Furthermore, the National Department of Health has established the National Surveillance Centre, NSC, which receives data from facility based system such as stock visibility system which was developed to monitor the stock on hand at primary healthcare level, data from electronic management system such as RX Solutions, mostly from hospitals and large community healthcare centres and depot systems.

More recently, data is received from Central Chronic Medicine Dispensing and Distribution, CCMDD, service providers and automatic dispensing unit. There is thus visibility of medicine availability along the entire medicine supply chain within the provinces. The information enables provinces to implement corrective measures to promote effective medicine, supply management and continuous improvement.

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In fact, two weeks ago, the MECs requested that this CCMD must be loaded into their phones so that they can directly track the movement of stock in their own hospitals and provinces. In addition, the National Department of Health has embarked on an initiative to develop supply chain management capacity at national and provincial level to perform planning functions and demand supply in collaboration with the University of Witwatersrand. Thank you.

Mr M R BARA: Minister, what I am battling to understand is how do we get to a shortage of medication in different health facilities? My assumption is that prevalence of certain diseases in specific areas requires more medication than others. Secondly, supply verses demand in terms of medication should be a priority in terms of the procurement of medication in specific hospitals.

So, how do we get to this shortage? Is it incompetence on part of the officials? Is it due to maladministration where there is no affordability and/or consequences where these matters are not really addressed because these are to the detriment of people who queue from early hours of the morning until sunset? Yet, when they get to consultation, they are told that there is no medication. So, what causes these shortages, if I may ask? Thank you, Chairperson.

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The MINISTER OF HEALTH: Well, hon Chairperson, there are many reasons for the shortages for medicines. They start from administrative issues; that is the question of the late placement and poor monitoring. One issue that we had a strong debate with the members of the National Health Council, NHI, I have been advocating for budget of medicine to be ring fenced so that there should be no reason why there is shortage of medication.

Of course, there is a whole lot of argument about that and they have argued that they are managing their funds and so on. But the point that we made very clear is that there would never be an acceptable explanation for any shortage of medicine based on any problems relating to finance. They should make sure of that and they should take care of the medication, put the money aside and whatever else goes wrong, that money must be spent on medication.

Of course there are challenges sometimes were we run out of stock because of mismatch in the manufacturing, delivery and the distribution. Those are the issues that the stock visibility system is supposed to track and a few other issues that we have to deal with together with the pharmaceutical industry to make sure that they prioritise medicine that are of use in the country. All of that are some of the issues that we have to deal with.

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One point that we insisted on is that, where there is problem of shortage of medication we want to see accountability and we want to get an explanation as to why that happened. I can speculate here but that doesn't help. What matters most is when there is shortage, we must hold somebody accountable. Consequence management, yes I agree, would be necessary so that everyone should know that no patient needs to walk in and out of hospital and be told that the facility has run out of medication when it's available in others.

At the moment, we have asked that there must either be a call centre or an app that the patients must directly report shortages of medicine. A lot of people would come to the hospital just to queue for medicine. They don't need to be in the clinic, they don't need to be in the hospital. Those people should be able to get medicine somewhere else without having to come to the hospital where there is no need to see a doctor. Of course some of them are sensitive, you need to make sure that they are seen by a doctor regularly so that they keep on checking the dosage whether it's still appropriate. But the question of how we end up with this is multifaceted and my point is whatever the issue is, it should never be because of shortage of funds because funds are allocated at the beginning of the year in a budget and that must be protected and ring fenced.

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Mr M NHANHA: Chair, there seems to be love in this House. I see members are sharing chocolate here. I am getting jealous.

[Laughter.] [Interjections.] I have confessed that I am getting jealous, Chair.

IsiXhosa:

Khabazela, iyinyaniso ukuba oomongikazi baseMzantsi Afrika bayahamba kweli lizwe besiya kukhangela imisebenzi namarhewu aluhlaza kumazwe angaphesheya. Ungazibala ke izizathu zaloo nto. Izizathu ezimbalwa zezokuba baziva bekhusilekile kula mazwe angaphandle; berhola imivuzo engcono kwaye baziva bekhathelelekile kubaqeshi babo. Sinabo nathi oomongikazi abaphume izandla abasuka kumanye amazwe kodwa bafika apha babe ngoonogada beemoto abanye basebenze kwiindawo ezihlamba iimoto. Isebe lakho lenza ntoni ukuqinisekisa ukuba aba mongikazi banezakhono ezingabileyo, kuba abethu bamkile baya kula mazwe, bayamkelwa kumaziko ezempilo aseMzantsi Afrika ukuze babe nako ukusebenzisa izakhono zabo nathi sixhamle kuzo? Wenza ntoni urhulumente ukuqinisekisa ukuba aba mongikazi bayamkelwa luluntu lwaseMzantsi Afrika?

English:

The MINISTER OF HEALTH: One of many reasons why many nurses moved abroad is because it was a new democratic dispensation, they could

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do that. It's something that was not that easy in the past because in the case of other professionals, they had been doing so for a long time. When they get to the other countries, you could have been a theatre nurse, you don't necessarily go and work in theatre but obviously because of the different levels of the economies and exchange rates, at some point that was the attraction to get people to go out and not only to Europe but to the Middle East and so on.

So, there will always be a challenge of competing with better economies for your own professional expertise. There will always be people moving. When we sit here, a number of countries in the continent complain about how many of their specialists, how many of their professionals come to South Africa because they are attracted there. It is an issue that is not easy to resolve.

However, your question about nurses who become car washers, I don't have such information. My approach would be that, in general terms, professionals tend to apply for posts and when they get appointed they will come over and serve in such a situation. We have many people who come from different parts of the continent and have applied for posts and they have been placed appropriately. The skills that are needed such that the organisations appreciate them.

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It is not quite correct that people only leave because they are not appreciated in South Africa. It is because South Africa has a particular economy that may not be able to compete with a dollar economy or a pound economy. And, on that basis, it is not because there is any ill-treatment on anybody. I think we must be very clear that when people do so they are exercising their rights and you can't stop them.

However, those who may be needing employment, they have to fit in terms of the right qualifications, availability of posts and that their qualifications must be recognised in South Africa. There are instances where people will move from here to another countries and come back and say; now I am qualified. If it is not recognised then we have a challenge there. So, I can't answer for those that you are referring to hon member.

However, I want to suggest that only when there are posts available then people will be considered and I think we must say that we have appreciated the skills from lot of them, there are senior professors and people in various positions who come from different part of the continent and they have placed appropriately.

And, there are many people who went abroad and came back because they prefer to work there and others have stayed there and others have come back. It just depends on the various circumstances. We must get used to the fact that the movement of professionals is something that is going to be part of lives.

Ms B T MATHEVULA: You can put the earphone, Minister. I am still waiting for him to them. Are you fine now? Okay. Minister ...

Xitsonga:

Holobye, etitlililini ta le makaya vanhu va fa hikuva ku hava mirhi. Xikombiso, ku na titlililini ta ntlhanu eka Xifundzatsongo xa Vembe na yin'we eka xa Giyani leti nga hava mirhi. Mavambe Clinic, Malamulele Clinic, Tswinga Clinic, Muledani Clinic, Xingwezi Clinic na Mkhomi Clinic, ku katsa na Dzumeri Clinic ya le Giyani, hinkwato ti hava mirhi. Holobye, hi kombela leswaku loko mi huma laha mi tiyisisa leswaku titlililini leti ti na mirhi. Ndza khensa.

English:

The MINISTER OF HEALTH: Hon Chairperson, I would love it if the hon member would send me a complaint in writing about those clinics and that I can check them so that we know what we are talking about. Sometimes there would be issues that need attention in that

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particular area. I know if I had the list now then we would start the process of checking what has happened there. So, I can undertake that and follow-up if you can just send them to me in writing then I will be able to deal with those. Where there are shortages of medicine we have said that we want to make sure that we resolve those. And then people complained that there are shortfalls on the drug stock out and we want action to be taken immediately on those. So, in this case, you will send me the details hon member, and then let's follow the matter up.

Mr S F DU TOIT: Minister, I agree, you mentioned earlier that you want more funds but all the departments need more funds and can do with that. Is it not true that a large portion of the budget that was allocated to the Department of Health was not spent in previous year due to labour issues in the department? You also mentioned that there should be consequence management and it seems as if it is something that might happen in the future.

My question is, were any of the perpetrators or culprits which instigated the fact that labour issue actually happened ever brought to book? Because it is as a result of their conduct that so many people were not able to receive the medical attention that they are entitled to.

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The MINISTER OF HEALTH: Hon Chairperson, if you were to ask a question in the way that the member has asked, it helps if there are specifics because there are a number of labour activities in different parts of the country. So, if there is one that the hon member is talking about, it would be useful to know which specific ones he is talking about.

Generally, there is labour relation process that we follow and if someone has transgressed, then of course there are processes that get followed in that way. When it comes to labour actions, there is no law that outlaws the labour action. But, what we have to look at is whether the correct procedures have been followed and of course what were the consequences of that activity so see whether there was a need for us to take a stand.

Quite often, we normally say when they are instances of that nature, you have a no-work no-pay situation but were there have been further transgressions then people must face disciplinary charges. So, I would only assume that when you are talking about instances were things would have gone wrong, that we must be having specifics so that I can specifically check which ones we are talking about.

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There were other areas that were labour actions in the head office in the Civitas Building. It is a matter that has been very problematic because the argument has been about whether the building is suitable for working in it or not. And then we had a report that came about that was not helpful because in one instance, the allegations on the other side needed a lot of forensic work to be done to test that. So, it created a stand off which has gone on for a long time.

On my arrival, with the assistance of the former Minister, we called all the labour leaders and we indicated to them that we wanted to bring normality on the matter. Therefore, amongst the issue that had to looked at was how we resolve the deadlock of the suitability or the safety of the building because those who said they feared for their lives then it actually becomes an issue that would have to be involved in a long protracted law battles about it.

So, we ultimately agreed that an alternative facility has to be found so that people can be moved to it. In the mean time, those who had a problem with being placed in the current building had to be placed somewhere else and that was resolved. That matter was an issue I found in motion but we tried to resolve it. But that is a separate matter from the issues relating with under spending, I

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think there we are dealing with a much broader kind of problems of the availability of the specific programme on which the funds were supposed to have been allocated.

When we came in we also indicated that in relation to, particularly on the NHI side, we are putting up the whole unit that is going to fast track the implementation of a number of steps that we have envisaged needs to be implemented towards the implementation of the NHI. So, I don't suppose that the problems of the past poor expenditure in some of those areas, is something that is going to be recurring. But if you want any specifics, I request that you get concrete specifics on those.

Question 91:

The MINISTER OF HEALTH: Hon Chairperson, the question refers to the shortage of hospital beds. The reply is that the shortage of beds in hospitals is mainly caused by infrastructural problems where the facility or ward has reached its full capacity and there is no bed that can be added due to lack of space.

Secondly, the unavailability is caused by other number of issues ranging from budgetary constraints and cost of production as some of the equipments are imported. Secondly, the shortage related to

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infrastructural challenge is being dealt with through the two infrastructural conditional grants, the direct and indirect grants. However, this will be addressed in the medium to long-term. Secondly, the shortage arising from the unavailability of beds is being dealt with. Initially, the Department of Health created the once-off conditional grant in 2018-19, for the purposes of procuring beds for all facilities in the country. An amount R150 million was allocated however the need on the ground far exceeded the available resources. So whilst we have put the money, but we couldn't buy as many beds as they were needed on the ground. More than 5 000 beds were procured for all facilities in the country and others are in the process of being delivered. There may be instances where the beds are already procured but they have not been delivered.

The national department is working with provincial health departments to source information to determine the actual gap by looking at the current allocation to address the need.

Currently, there is a contract that is working on beds for all provinces wherein different provinces participate in that procurement process as the need arise. It is an overarching bid that provinces can participate if they need to.

The contract has a number of suppliers responsible for various kinds of beds ranging from bee see nest beds, court beds, psychiatric beds, intensive care unit, ICU, beds and normal beds. Production of these specialised beds turn to take longer time as some parts are imported and considering the large quantities that are being ordered.

There is another process that is ongoing at the moment and we hope that somewhere along the line we will be able to get all of them resolved and delivered so that we can account for the amount that has been allocated to them. Thank you.

Xitsonga:

Manana B T MATHEVULA: Mutshamaxitulu, ndza khensa. Holobye, xiphiqo xa nkayivelo wa mibedo a xi le ka ndzawulo ya nwina ntsena, kambe na Ndzawulo ya swa le Makhotsweni yi na xiphiqo xa nkayivelo wa mibedo. Holobye, xana mi swi vona njhani leswaku hi sungula khamphani ya mfumo leyi nga ta endla mibedo leyi na ku va yi ta tlhela yi pfuna eka ku tumbuluxa mitirho? Ndza khensa.

The MINISTER OF HEALTH: Thank you very much, hon member. We should be aware that the different beds that are needed require quite a lot of technical expertise. Some of them are not necessarily manufactured

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by the same company. They are done by different companies that specialise in various types of beds. So it might not be an easy undertaking to get government to go and manufacture those hospital beds. I think what we need to do in the meantime is to ensure that there is efficiency in the way in which we procure these beds and try to ensure that we speedup the processing and delivery of these beds so that we can actually deal with it.

In the short to medium-term, we would not be able to create a company that can supply us and solve our problem. Maybe in the future when situations are different, that could be considered. But right now I think procuring them is much easier as we have fewer problems of logistics. In any case, you will have a bit of a challenge as to which government department will have to be the one that manufactures the beds because continuously we have a challenge. Those beds need special kind of attention and therefore, they need to have the understanding of the specifications which we do not have in Health.

The Treasury can have a problem if Health would be the one that will oversee such a facility and also be the one that determine the standards. It can be a little bit complicated.

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Mr D R RYDER: Chairperson, thank you Minister for the answer. I have some pictures which show someone who is lying on the floor at Bophelong Hospital in Mafikeng in the North West. Again, in Tembisa Hospital in Gauteng somebody is lying on the floor awaiting treatment. The fact is that, this is a common occurrence that people lie on the floor. An interesting photograph went viral in May this year. It was a photo of the 1 000 beds that were stacked outside Chris Hani Baragwanath Hospita in Gauteng after they have been replaced with better versions in a particular hospital. They have been sitting outside in the weather for over six months. Six hundred and seventy-five of those beds were still in a usable condition. We know this because after the media's attention the MEC was forced to do something by donating most of them to the nongovernment organisations, NGOs. The remaining 325 beds had deteriorated because they have been left in the elements.

The question therefore is, why is there no adequate disposal plan as it talks to the management of assets? When will you implement the asset disposal register so that the shocking level of wastage won't happen again? Thank you.

The MINISTER OF HEALTH: Thank you very much, hon member. I think it is quite unfortunate that you find instances where some patients lie

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on the floor because of the shortage of beds. That situation is something that we have to work on and ensure that it gets resolved. In the history of our hospitals the problem has always been that there are hospitals where you cannot do anything. If there are more people who are sick you have to take them in irrespective of the conditions in the hospital. This is something that professional nurses and professional doctors will tell you. It is one of the most difficult frustrations to manage where you have more people that need to be admitted and yet in the ward the others are so sick that you cannot discharge them. That turns to be one of the problems. However, in specific cases that is something that we will have to follow up and check what actually happened.

With regards to the beds that were disposed of - as you were saying that some of them were in usable condition - that is something that one will have to follow up and check what is happening. Earlier on when this matter arose, probably in the previous term, it seems the argument was that when they were moved from one hospital were they suitable for the other hospital. In other words if a hospital says we don't want these beds because of one, two and three reasons they are not suitable, is it fair to give it to another hospital when you have already condemned their functionality. I think that was one of the issues that were a debate.

I agree with you that whatever situation could be there, there has to be a clear disposal plan, and there has to be a way of ensuring that assets do not waste and deteriorate because of weather elements. It is something that we have to check what is it that made the process to take that long. It is something that we will follow up.

IsiXhosa:

Nks Z V NCITHA: Sihlalo, mandibulele le nkqubo iza norhulumente phantsi kweli Sebe lezeMpilo yokuqinisekisa ukuba abantu bafumana iinkonzo zempilo ngokulinganayo kungajongwanga bala lamntu okanye ukuba ubani unemali eninzi kangakanani kunabanye abantu. Ingaba isebe linalo kusini na uyilo lokuqinisekiseka ukuba lwenziwe ngokwaneleyo uhlahlo lwabiwo-mali lweenkonzo ezingundonqo ...

English:

... for hospitals in this coming Mid-Term Expenditure...

IsiXhosa:

... ukwenzela ukuba le nkqubo ingaphazamiseki? Enkosi.

IsiZulu:

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UNGQONGQOSHE WEZEMPILO: Ngiyabonga Sihlalo, ngiyafisa ukuzwakalisa ukuthokoza kakhulu ngokuthi ilungu lisixhase ngohlelo lokuletha izinkonzo kubantu ngokulingana kwabo. Kungabhekwa ukuthi abantu bayasebenza, bami kahle noma bahluphekile kodwa kube ngokuthi yisifo esishoyo ukuthi umuntu uzosiwa kusiphi isibhedlela futhi uzobonwa yimuphi udokotela nokuthi uzolashwa nhloboni.

Yebo, ngokohlelo lwesabelo sezimali esulwakhile sibhekelele zonke izinkonzo ikakhulukazi eziya emitholampilo, emakliniki nasezibhedlela ukwenza isiqiniseko sokuthi siqeda inkinga yokushoda kwamanesi, nokushoda kwemithi, nokuthi silungise ingqalasizinda ikakhulukazi ukwakhiwa kabusha kwezibhedlela, nokuzilungisa lezo esezibonakalisa ukuthi zinendawo ezonakele. Ngakho ke konke lokhu sikwenza ngoba sithi sifisa ukuthi abantu bakwazi ukuthola usizo olungangalawo mandla esinawo njengamanje kodwa siyaqinisekisa ukuthi uhlelo esiza nalo olokwenza ukuthi ngomuso kube khona indlela evulelekile yokuthi abantu bathole usizo lwezempilo olusezingeni eliphakame kunaleli elikhona namhlanje. Ngiyabonga.

English:

Ms H S BOSHOFF: Chairperson, with regard to the reply given by the Minister on beds found lying outside, matured and reached their age of not being able to be used again, what about the sheltered

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employment factories? Every province, except Mpumalanga, has one, two or three of them. These beds could have been sent to the sheltered employment factories. The workers there could have recycled them and they could have been placed back at any other hospital that is in dire need of these beds. I would like to know from you Minister, is there nowhere where you can engage with the Department of Labour and Employment to discuss a way forward on getting these infrastructure losses that the department is making to the sheltered employment centres to have them fixed? Thank you.

The MINISTER OF HEALTH: Thank you, hon. Actually, it is an interesting proposal. I am not sure because we have not yet explored it. But we can meet with the Department of Labour and Employment and check what capacity they have. The one that I am aware of is that which relates to linen. The former Minister had a big issue about how we could actually stock the linen for various hospitals using the facility created by the Department of Labour and Employment at the sheltered employment facilities. Actually, it is a good idea on its own. It is just that I am not sure about the sophistication and the technology that will be needed to deal with the kind of beds that we are talking about - how to convert them and so on. That's why I was saying earlier to the hon member that my concern would be

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that that may take us a while. But to explore with the Department of Labour and Employment is something that we can do.

If we were dealing with just simple court and simple beds where it is just welding under good supervision, there may well be feasibility for that. But some of the beds that are in question in this case are those that have some kind of motor that need to be moved and tilted in a particular way using gadgets that really require special care to be designed.

The answer to the question that you are asking is, yes, we will talk to the Department of Labour and Employment, but I am not sure if they have such capacity. In linen, yes, but I am not aware in this one. For the hospital beds that we are referring to is something that one still has to investigate what is happening there.

Question 84:

The MINISTER OF HEALTH: Hon Chairperson, the question is about programmes to address overcrowded and understaffed health care facilities. The response is as follows, the department has visited about 50 hospitals. The process flows were identified as key witness within confined infrastructure that limits the capacity of casualty and waiting areas as well as admission to wards. In response to

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that, the department has developed the infrastructure plan to deal with the space required to address the capacity constraints in wards and casualties.

Secondly, the process flows have been improved in primary health care facilities through integrated clinical service management, for example, chronic patients now do not have to return to the clinic multiple times. Furthermore, acute cases are triaged at the reception and treated immediately and patients coming for maternal and child health care are also redirected to a specific designated area in the facility where these services are rendered. This has assisted to reduce overcrowding in reception areas. The issue of triaging is one that is very helpful and in some instances they actually use specific appointment system. If you come for antenatal care, for instance, you don't have to come on Monday and Tuesday, but on Wednesday. This helps to manage the queue.

We believe that a lot of work has to be done in reorganising even at a simple clinic level so that we can then be able to manage the queues of the patients that are coming through. A referral policy for different levels of care has also been developed, which has also helped to deal with overcrowding in public health faculties. Some of the hospitals already, particularly where there is a specialist

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referral system, they are now even making specific appointments. If you go to the urology clinic, you will realise that appointments are at different times, for example at 14:00 and another at 13:30 - so that people can come just in time for their doctor's appointment.

An additional staff totalling 3 133 has also been appointed through what the President announced as a stimulus package. This again is going to assist to reduce the queues because most of the time the waiting was due to staff shortages. Extra beds have been purchased as I have indicated before and I said that the total is about 8 760. These include different beds, for example for psychiatric patients, normal beds, beds for intensive care units, ICU, cot beds, basinetts, etc.

All of these are to try and close the gap where there is a long queue because of difficulties in admitting patients in the ward due to the shortage of beds. All of these are actually some of the ideas that we have put into practice to try and reduce the queues for patients. Thank you.

Ms M N GILLION: Thank you Chairperson and thank you Minister for the brief answer. Minister, in terms of the Constitution, provinces play the main role in the employment of staff in public health care

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facilities. Is there co-operation between the national department and provinces in trying to address this problem?

The MINISTER OF HEALTH: Thank you, hon member. In general terms, we do not have a huge problem with regard to co-operation from provinces. The power to employ has been delegated to the provincial governments and where we are focusing on right now is to have rigid terms of our conditional grants. - for example, where we said that there is a certain amount of money that we are reprioritising and therefore making savings to assist the provinces. On such instances, we are very rigorous in ensuring that if we send a certain amount of money, it does actually go to the categories of staff that we need. The numbers are to be commensurate with the amount that we have put in place, otherwise we would not be supporting the province if they take the money and redirect it to something else.

We have made it very clear that there is no way that when we say that staffing is a priority, we are going to have a province that might want to divert money and use it for something else. At the moment we have adequate co-operation, and I do believe that there is a lot of goodwill from my colleagues - the MECs, to make sure we deal with the issue of staffing.

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They have raised various issues in relation to the issue of staffing. Some of them, for example were raising the issues of bloated organograms, inappropriate appointment of staff where there are too many ... For example, you will find that in a small hospital, there are nine pharmacies when in fact it has about 50 beds. Those kinds of occurrences are some of the distortions that happen. We have said to the MECs that they need to bring their cases so that we can look at how we can intervene.

There is a team of heads of the department and senior managers from the Department of Health that are looking into the question of rightsizing of staff. We have said that with regard to some of the costs that has gone into personal costs, we need to go into each of those to see whether the structure that we are financing is appropriate and whether in fact the cost on personnel can be justifiable. We will be looking quite thoroughly on all of those issues. Thank you.

IsiXhosa:

Mnu M NHANHA: Khabazele, ayintshanga into yokushota kwabasebenzi kwakunye neebhedi kwaye nezibhedlele neekliniki zethu ziphuphume. Into ebonakalayo kukuba urhulumente lo akanalo icebo lokulwa nale ngxaki. Khawusichazele ke mfo kaMkhize okokuba ingaba eli sebe lakho

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liyathetha na namacandelo abucala ukufumana izimvo kulo mcimbi.

Ukuba kunjalo, zithini iziphumo zeengxoxo zakho namacandelo abucala?

Ukuba akunjalo, kutheni ungathethi nabo nje Khabazele. Enkosi.

IsiZulu:

UNGQONGQOSHE WEZEMPILO: Hhayi! Umfo kaMkhize uzophendula. [Uhleko.]

English:

Hon Chairperson, I don't agree with the fact that government has no plan to deal with the shortage of beds and staff. I have just explained to this House that we have prioritised staffing; that we have gone into our budget and started to make savings and redirected funds to deal with the issue of staffing. I have just given numbers of nurses that are going to be appointed. I have indicated that the same is going to happen with the doctors. I have also indicated that we are very meticulous in ensuring that the money that is allocated to deal with the shortage of staff is actually appropriately spent. So, it is not true that government has no plan.

I have also talked about the shortage of medicine, and I have indicated what the approach is. I have actually given you information on issues I spoke about. I spoke about CMD and SBS recruitments, as well as all of these systems, and I said that there

must be ring-fencing of budget for medication. I spoke about the issue about discussing with the private sector - to ask the private sector to assist with staff. It is not the physical shortage; it is mainly the financial shortage that is the issue. If you are not able to recruit your own staff and you take your patients to the private sector you will pay more than what it could have cost you to recruit your own staff. If you have a problem of shortage of beds, we should use private sector if there are emergencies. Let's say for example, the ICUs are full - in particular where there are life threatening sensitive conditions, then we can authorise that patients be taken into the private sector's ICU. But with regard to other ordinary situations, there is no need to be doing that.

In the future, when we deal with the issue of NHI, what we will be doing is to accredit various facilities. We may be able to utilise private hospitals or private practitioners and various other facilities where we think is it all integrated within the health care system and therefore it offers additional capacity that government does not have and the prospects of us investing in those is a lot more expensive. In future, that will be necessary. The relationship between the public sector and private sector, particularly the departments, is on an ongoing basis based on the need and where we think there is value for the public sector.

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We will keep that kind of approach as long as it is going to benefit government. If there is a hospital or private hospital that has low occupancy rate because there is a public hospital nearby, it does not make it necessarily cost-effective to move patients to a private sector where the cost per bed is more expensive, where there is overservicing and where there is a lot of other issues that would have drained government's resources. We have to keep that kind of balance. Thank you.

The CHAIRPERSON OF THE NCOP: There being no supplementary questions, we will move over to questions ... on Human Settlements, Water and Sanitation. Before we do that, let me take this opportunity to thank the Minister for having availed himself to attend to our questions, and this is indeed very encouraging. Thank you very much, Minister.

Question 72:

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION:

Chairperson, Question 72 is from I M Mseleku of the Western Cape who ask me whether I have any plans in place to reduce the backlog in the issuing of title deeds; if not, why not; if so, what plans and whether I had any discussions with the provinces regarding this matter; if not, why not; if so, what are the relevant details?

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My response to these questions is, yes, title deeds are very much at the top of our agenda. Fortunately, I have with me here, the Deputy Minister of Human Settlements, Ms Pam Tshwete, who's here to assist me with any information that I might need on matters that she is dealing with. Both of us have pledged that on every Friday we will make sure that we are out there giving out title deeds to those people who need them.

So far, I've done one, and she has been running around doing the rest, and I'm extremely grateful to her for that. We currently have a backlog of something in the region of 546,380 against a delivery of more than 4,4 million houses since 1994. So, while we were concerned about the delivery of title deeds for obvious reasons that we give them as an asset to the individual, and we have various other benefits that accrue to that, it shows ownership of a property and the state in the economy.

When we look at the backlog we have as opposed to the number of houses we have delivered, it is a very small number of units that we do not have title deeds to. But nonetheless, we are very concerned about it because even one title deed that is not in the hands of a right person is worrisome. Broken down, title deeds are as follows: In the Eastern Cape we have 82, 562 which the Deputy Minister will

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no doubt finish by next week, I just wanted to see if she's listening.

As I was saying, we have 82, 562 and it is going to take us some time to clear this. I will explain what the problems have been with these particular provinces. In the Free State we have 53, 471; in Gauteng we have 88,714; in Kwazulu-Natal we have 136,047; in Limpopo we have 40,602; in Mpumalanga we have 57,157; in the Northern Cape we have 16,872; in North West we have 54,071 and in the Western Cape we have 16,882.

Now, I want go on to explain what it is we have done to make sure that we are going to be able to fastrack this. In my previous life as Minister of Human Settlements, we had a MinMec on possibility three months before I was moved to another place, and we had agreed that those title deeds that are pre-1994 and those that go up to 2014, will be returned to national government so that national government would then be able to make sure that they are given out. The MECs will retain any outstanding title deeds between 2014 to the time that they are building.

We've got specifications about how to fastrack provision of title deeds in the sense that the House is registered as and when it is

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built, so that by the time we finish building it, the time between it is built and the time we hand over the title deed, is lessened. However, I've had a great deal of resistance from the provinces because they hold on to these title deeds for matters that I am not aware of. But we have now made it a requirement that they hand over all title deeds that are before 2014 so that we can fastrack this.

I am glad that I am talking in the House of NCOP where all of these provinces are represented because we would like your assistance in making sure that we can find the people and provide the environment to give them out. It is in our interest to do so. However, I must say that there have been problems especially in getting those title deeds that spend the period 2014 to before 1994 because of a number of reasons.

When we started building these houses from 1994 to 1996, we didn't have provinces. So, we built those houses. The legislation that was enacted to give powers to provinces was enacted in 1997, which was completely contradictory to legislation that we have. Here, was a requirement to have what is called a township establishment, which means that you create a boundary around which you are able to then allocate these houses.

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So, we have lot of these overlaps of legislation like the one of pre-1994 and now which have caused a legal problem for us to deal with. The Chairperson says that she's going to cut my head off. Thanks. [Time expired.]

Mr I M SILEKU: Minister, thank you very much for the answer. Minister, just yesterday I was in Cape Agulhus, and I had a chat with one of the officials there, specifically about the backlogs of title deeds. What is currently working in the Western Cape is that, apart from them disbursing the amount that comes from provinces to municipalities, specifically, rural municipalities, they do extra work in terms of capacity building, where they allocate a dedicated person who can actually deal with the backlog of title deeds.

So my question is: Are there other provinces within the country that are doing the same, instead of just receiving the money from the department? I ask this because, if you understand the function of human settlements, it is complex and it has got lot of departments. Also, it is underfunded in most municipalities. Like the Minister has previously said, it can not be right that one province is forward and the other provinces are lacking behind.

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So, as a country, if there's a province that is doing something in taking us forward, we should be going to that particular province and engage with it to find out what is it that is working for them, so that other provinces can learn from them. So, is the Minister willing to talk to the Western Cape Province in terms of backlog, so that they can share best practices with other provinces? Thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP: Before the Minister respond, can I first see other hands? I have hon Motsamai and I have the other member. Thank you. Minister, you can respond to that question.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I am actually not sure that the Western Cape has anything to sell. The problem with the Western Cape is that they deliver so few houses that the backlog is lower than anywhere else. But I must say that if there are any backlogs anywhere that precede 2014, the requirement is that they must be returned to national government. We have the capacity to deal with those backlogs.

But if you've got anything to show us that you are doing which the other provinces are not doing, I meet MECs every two months, and

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your MEC has not come up to indicate that you have a solution to this problem. So, I don't know what they are doing in Cape Agulhus.

The DEPUTY CHAIRPERSON OF THE NCOP: Can we please have order here. You ask someone a question; you listen when she is responding. Can we have order here? Over to you, Minister. You still have ...

[Interjections.]

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I didn't understand the comment.

The DEPUTY CHAIRPERSON OF THE NCOP: No, don't even give attention to that comment.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I should ignore it. Okay. We have regular MinMec with my MECs, we share best practice and we actually bond very well. None of them refer to themselves as coming from the Eastern Cape or Western Cape. They are just MECs for Human Settlements. Thank you.

Mr K MOTSAMAI: Minister, are you aware that there are a worthy syndicate who go around buying Reconstruction and Development Programme, RDP, houses from poor people and convert them into flats

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for profit? Don't you think that rushing into giving people the title deeds at all costs will fastrack the rate of homelessness of even those who once received RDP houses?

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Yes, I am aware and very concerned about the fact that we provide shelter for people who are very much in need of it. It is their constitutional right and our constitutional responsibility to provide houses to the indigent people. We have also spoken about their readiness to sell these houses to the nearest bidder.

Therefore, we would like the Members of the House to please assist us to educate our people that a house is an asset that they can pass on to their children. It is also an asset that nobody else would give them except this particular government. I am not sure that holding on to the title deed would make it any less difficult for them. They still sell them without title deeds.

So, it is in the nature of society we have created. This means that we have to create a different society that understands that their children need to be brought up in a house which is provided by this government for the needy. That is what it is for. It's not put up for sale. There is a clause in the law that says that the house

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provided by the government may not be sold within the first eight years. So, it is illegal to do so.

Mr T S C DODOVU: Through you hon Chair, hon Minister, thank you very much for continuing to provide those title deeds to the people because by so doing, you secure permanent tenure to the beneficiaries. My question is, whether in the course of fastracking the process of issuing title deeds to the people, will you also involve municipalities, because in my view, they will help the process to its finality. Thank you very much.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Yes, we do involve the municipalities especially in our meetings around this matter. But the people finally, are able to be given these title deeds by the provinces who then give them over to the municipalities. In the past, we have found out that the municipalities do not have the capacity to do the legal work that is required.

So, we will look at the possibility of including them, especially in the distribution. We have a new method by which we are putting together a beneficiary list. We have given to the municipalities the sole responsibility of creating a beneficiary list which we hope to

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publish in the same way the matric results used to be published in the past so that people know.

We then capture that on our system so that when the house is built, we know who the beneficiary is, and it is easy to follow up. Therefore, we have a seamless way of working with the municipalities. Thank you.

Mr D R RYDER: Sorry Minister, you just touched on the issue I wanted to raise. Earlier on, you spoke about the fact that provinces seems to be reluctant to go into the issue of publishing the title deeds. You seem not to know what the reason is. I will tell you what reason is. The reason is because these lists get manipulated time and time again, and exactly in the same case, I have Mr John Zwane in my constituency who has documentary proof that he was allocated the house.

When he went to the site to have a look, there was somebody else living in the house that was allocated to him. When he went to go and query it, the system has been updated and somebody else has been given his house. Who knows what kind of skulduggery for small skeletons brought that about, okay?

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So, the issue is, Minister, it is urgent that the beneficiary list becomes transparent and published. Therefore, I am going to ask you, please Minister, when can we expect this to happen?

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Yes, we are aware of the fact that there are accusations that these lists are generally manipulated. On our own inspection we found that there's an owner of the house who is 21 years old, and none of them are qualified to have a house. It became quite clear that there must have been other ways in which they would get these houses.

But the difference between what you're talking about and what I'm talking about is that, we are now using technology to make sure that we are able to use biometric systems to be able to identify that the owner of the house is indeed the beneficiary. It might take long and it might be expensive, but this is what we are investing in to make sure that we can cut down on corruption. Thank you.

Question 86:

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Sorry, Deputy Chairperson, I had put them in the order in which I am answering them. This is another human settlements' question and it is from hon Mthethwa. He wants to know the department filling of

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positions which had acting personnel. Hon members, there is a very high vacancy in the Department of Human Settlement, Water and Sanitation. We are determined to do something about that. In fact, I asked the Deputy Minister here and I said ...

IsiZulu:

Kungani isilinganiso sezikhala zomsebenzi siphezulu kangaka kuMnyango Wezamanzi?

English:

She said "Minister, I have no reason for this high number. Maybe it is Information Technology, IT, instability or something". But we have a very high rate of vacancies and we... [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: You may continue, we are looking at the culprit.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: ... she is a nearest reference point as I am sitting here, to find out because the grand total of the vacancy rate is something like 17.22% which is very high.

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In the corporate management, there are 176 vacant posts, in finance there are 27 posts vacant and in water trading, there are 38 posts, in the resource infrastructure, there are 345. You don't want this gory details but they are extremely and unacceptable high.

I am informed that part of the reason is that the department has experienced a very high turnover in the past eleven years. In fact, we have had something like eleven director-generals in the past eleven years. Four of them were permanent and seven of them were acting. With that kind of instability we have had this kind of a problem.

The second problem has been the fact that we would need to restructure the department to cut some of the posts and to be able to restructure that we need to get permission in terms of the Public Administration Management Act. We need to get permission to restructure and have a new organogram approved that would be fitting into what it is that we have here. Otherwise we have a lot of ghosts in our department. None of them are in this House otherwise it would be very eerie but we are doing something about it. Thank you.

Mr E M MTHETHWA: Minister, our concern still stands because we don't know the impact that these vacancies are causing in terms of service

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delivery. In future, may you furnish us maybe in writing so that we can monitor it because it is too high? Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: Before the Minister can respond, can we see the follow-up questions. You don't ask now I am just identifying. So we have one more. You are noted, hon members.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: We are struggling here, I think that there is a cross wire. Question 86 is the one that I am responding to and it doesn't relate to what has just been raised. Can we just [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: No, what he has asked is that, what is the possibility that we can get that kind of information in writing in order for us to monitor the progress with regards thereto. Am I presenting you correctly? That is what he has asked.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: We will certainly do that. Thank you.

Mr K M MMOIEMANG: Chairperson, let me first commend the Minister for filling the vacancy in the composition of Board of Sedibeng Water. My interest in the composition of the board is informed by the fact

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that Sedibeng Water is doing work in the *Vaal Gamagara, Waldrift* and *Namakwa Water* schemes in my province, so we must commend the Minister for constituting that board. The second one relates to what has been in public domain of the board of Housing Development Agency, HDA, and the suspension of the ceo and the executive. At a general level Minister without going to the *nitty gritty*, is there commitment to stabilise both the political and the administrative of that board given its importance of the HDA to the urban settlement grant which is mainly working in the urban metros? Thank you.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION:

Chairperson, we are continuously experiencing a problem here.

However, I am able to answer the questions. Yes, we are very eager to ensure that all our boards are fully functional. The responsibilities that they have are in law and they are absolutely essential to ensure that we perform our function.

I thought when the member stood up to commend me about filing these posts I thought he was going to offer me his curriculum vitae, CV. We have closed all possibilities in our boards. On the matter of the Housing Development Agency, HDA, there is a process which is very important that I explain here. When a Minister appoints a board she appoints it in line with legislation. When the legislation defines a

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Minister, the legislation defines a Minister in Cabinet. No Minister can act on their own whim, they act within the Cabinet structure. So when you appoint a board it has to go through Cabinet.

In the case of the HDA board, it did not go through Cabinet, unfortunately. Therefore, it is not properly constituted. That is the reason why I have asked them to step down. And that is the reason why I am going to defend my position. Two of the members of the HDA board, having been asked to step down have gone to lawyers

to challenge the Minister for asking them to step down. I want to indicate that when we ask people to serve on boards it is because we have confidence in them, it is not a right. Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP (Ms S E Lucas): The way that one is grooming himself now for that question.

Mr T J BRAUTESETH: Chairperson, Minister, part of the problem is your predecessor. In 2018, the acting director-general Deborah Mochotlhi completely and utterly bungled the disciplinary case of deputy-director-general Zandile Makhathini. The result of this incompetence was that Makhathini who is responsible for the loss of

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R140 million to the Vhuwani Project in irregular expenditure and in her irregular actions was reinstated.

We are thus justifiably concerned that the mechanisms in place to ensure that these individuals appointed are the best qualified candidates for the positions may be inadequate. Minister, I need to ask you what you would do to ensure that the likes of Mochotlhi and Makhathini will, in no way be involved in the recruitment and appointment of any senior staff in your department. Thank you.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: We are in the process of restructuring the department and I am aware of the cases that you are talking about. One of the things that we are going to do is to make sure that there is some kind of order and procedures are followed very thoroughly. Going forward, we have decided to appoint a committee of legal persons to assist me go through the quagmire of cases that might have been bangled or any cases that might be bangled. So I can assure you, it will not happen again. Thank you.

The DEPUTY CHAIRPERSON OF The NCOP: Thank you hon, Minister. The next question is question 90. What is sorry now?

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Mr M NHANHA: Deputy Chair, I rise on a point of order.

The DEPUTY CHAIRPERSON of the NCOP: If you are standing on a point of order, it is fine.

Mr M NHANHA: It is not about chocolate this time. I think it is rather unfair for the Minister to ask the Deputy Minister about high... [Interjections.]

The DEPUTY CHAIRPERSON of the NCOP: What is your point of order?

Mr M NHANHA: ... the Minister should rather ask the lady who said

IsiXhosa:

"Mayiwe le randi siza kuyichola thina."

USEKELA SIHLALO WENCOP: Nhanha, hlala phantsi.

Question 90:

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Deputy Chairperson, to the hon member who have been asking for some money, the chocolate we have been given him is more than R1 [Laughter.]

This question is asked by the EFF member, Mr Motsamai wants to know

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what is happening to Kwa-Masiza Hostel in Sebokeng and what is the allocation of occupation there. I just need to give a bit of history so that you can understand what was happening here. There are a total of 762 units in section seven hostel that you are talking about in Emfuleni and originally this was a hostel that was built by Escor when Escor was operational and it used house people who worked in Escor. The economy being what it is with its ups and downs still did not produce necessary resources to keep it going and Escor company fell.

That having happened the hostel was therefore left with the occupants there, with absolutely no possibility of employment. With time some of the residents left and some of the residents were there and the place was vandalised. We decided there after that what we will do is to revamp the hostel and change it into community rental units, because we had to find resources to recapitalise what we were doing. Now, I think that between our engagement with the community and I was thinking this through, there must have been a gap, because number one; some of the occupants refused leave the Escor building, this hostel and therefore make it very difficult for us to upgrade this particular facility. If you have any friends there hon Motsamai I would really greatly appreciate your support because we need them to vacate the place so that we can upgrade the place and make it

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liveable for people who need accommodation at the cheapest rate possible.

These community rental units are absolutely affordable for anybody who is working and right now we are held back because we are unable to make the progress that we will want to have in that place.

Mr K MOTSAMAI: Deputy Chairperson, I don't whether the Minister have ever visited the place, because the hostel Kwa-Masiza is overcrowded and there is also a new hostel that was built, is a building. When there a corrupt, councillor called Mothushmela who busy selling the houses, the building now as I speak, people are vandalising the property, they are stealing the doors, and they are doing all things. Did she ever visit that place, because Golden Gardens is next to Kwa-Masiza hostel and one person owns two houses in Golden Gardens, where the councillor is busy selling all the properties. Did she ever visit the place?

The DEPUTY CHAIRPERSON OF THE NCOP: I think you are recommending that she should visit the place, because the way you are asking the question, you expect the Minister just to know. We really appreciate it; I don't want the Minister to respond to question that is just coming out "have you ever". So that where we are you time that you

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could have used for something else, but Minister you can respond. It's very useful information that is coming out there, so you can respond if you want to.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I have visited the hostel but the hon member - sorry I was looking at the wrong member - the hon member was not there. I think that what I will do is invite him to be there so that he can point the councillor who is selling these, because you know when you deal with housing, it is a societal matter and we need the support of all of those people who have got information. I have been there but I was not aware of a corrupt councillor. Thank you.

Mr D R RYDER: Deputy Chair, yes, I am also familiar with the hostel. I have been there a couple of time and I know that the issue is that some of the constructions that happen there has a reached a stage and seems has stopped. So I am not sure you know, being in Emfuleni we are very aware of all the issues around corruption in Emfuleni, the fact that Sethgas is one of the people that has been fingered in a lot of issues in state capture and they very active in that specific area, is where their stores ... [Inaudible] are they any way involved in this, I don't, that's not the question Minister. The fact is this replicated also in Lesedi close by where you have

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similar old hostels that used to belong to Manzi etc. Where government has taken them on, renovated and things are not being handed over to beneficiaries, they been left, kind of almost complete but not handed over yet and vandalised as hon Motsamai said and doesn't seem be any political will to do the hand over. So my question is Sedibeng includes both Lesedi where I am aware of and this one at Emfuleni. I think that perhaps there need to be a specific visit to go and look at all of these kind of half finished projects and really get to grips at the fact that - and here is the question. How much corruption has taken and is the national department in control of these things, still or has it abdicated the responsibility to province?

The DEPUTY CHAIRPERSON OF THE NCOP: Some of the things are not necessarily related to question but are related issues.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: We are 120% in charge of what we are doing, in the Department of Human Settlements, Water and Sanitation and as I indicated, I would very much appreciate that the members here, perhaps we can have an agreement that we will visit these hostels. We have serious problems with societies where it is not possible for them to understand that for us to able to upgrade a hostel for instance and I have asked

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especially the members from KwaZulu-Natal when they asked about the Dube hostel. We take over the hostel to upgrade it because the living conditions are not suitable for human habitation and people refuse to leave and this a constant problem it happened in Hilbrow for a long time, it happens every where and we need all us to educate society, if we work together, we will get somewhere together. In the case of Emfuleni, the reason why it has taken so long to deal with this is matter is quarrel around the beneficiary list but of course if there is corruption there, I stand to be informed by yourself and we can deal with that all of us together. Thank you.

Ms S SHAIKH: Deputy Chairperson, and thank you Minister for providing clarity around the Kwa-Masiza hostel. In relation to your explanation does the department have any process in place to involved relevant stakeholders or engage existing residents, so that the department can then embark on upgrading the facilities. Thank you.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Yes, we do have the capacity to engage, we have a team called the National Rapid Response Team, which obviously goes ahead of us before we do anything to explain to the community what we are going to do then

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invariably go ahead because we have been given the go ahead. By the time we come back we find that is possible a different group of people who are there. The housing environment is a very difficult environment to deal with and we are constantly dealing with, having to go back and re-enforce a particular message but we do have mechanism and also work together with some nongovernmental organisation, NGOs, in the space to assist us, to do this. Thank you.

Question 77:

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: This question is asked by Ms Visser about Blue Drop and Green Drop. Blue Drop and Green Drop certification was an incentivised based regulatory programme to encourage water institutions to achieve excellent drinking water and waste water quality management. The programme includes risk assessment management to assist institutions, identifying all risks associated with water supply, waste water management for both infrastructure and water quality. The parameters that are monitored are based on the drinking water quality standard and also those that are for waste water standards.

However, after a while we discontinued the assessment and certification of green water and Blue Drop programme. We have

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decided that we are going to go back to that now and we have made that public. The reason that has been to me why we stopped the certification was insufficient resources to be able to do what needs to be done to do that. We still remain very determined to make sure that we have very good quality water for drinking which is Blue Drop and very good for the green water which is the other side of the Blue Drop. We will return to the assessment and make sure that we do give the certification for that.

Mr I M SILEKU: South Africans have no guarantee that the water they consume is not a potential risk of their health and their lives. In many areas people die because of waterborne diseases. This is worsened by the failure of sewage plans which causes contamination of streams, rivers dams and extensive part of our environment. Sewage plants are still not licensed in South Africa, no action is taken to stop this mismanagement trend by your department or Cooperative Governance and Traditional Affairs, Cogta on provincial or national level.

In terms of the implementation of The National Water and Sanitation Master Plan, it is vital that you work with Cogta to ensure that all municipalities comply with the implementation. A full Green Drop Report which is supposed to monitor and improve waste water

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management has not been publicised since 2011 of the country's 824 sewage plants. This is unacceptable. What function will you play in assisting Cogta to ensure compliance with municipalities within their mandates of bulk water supply and maintenance of water resources? Thank you very much.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Chair, the day to day monitoring of water to ensure that it is suitable for humankind is the responsibility of every municipality. Of importance right now, I would like to bring to the attention of the particular person, who has asked the question, that we have the City of Tshwane here, where The National Water and Sanitation Master Plan has not been adhered and implemented to in terms of the expansion and upgrades required on the infrastructure there. Perhaps, you can help me there. Should I continue to tell you what the problem is in Tshwane? Out of 15 waste water treatment works, only two are operating within the designed capacity in Tshwane, four of them are in a critical state and that is Rooiwal, Klipgat, Bavianspoort, Sunderland Ridge.

These are in a critical stage under The City of Tshwane Metropolitan Municipality. There is noncompliance of effluent which is discharged into water resource and as you can expect, it very negatively

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affects the quality of water that the people are supposed to drink. As you say, the master plan dating back to 2004 indicates very clearly that this is the responsibility of the municipality. In this case it is The City of Tshwane Metropolitan Municipality and I would like you to assist me to make sure that The City of Tshwane Metropolitan Municipality sticks to the master plan and what it is required to do. Thank you.

Ms M P MMOLA: Thank you hon Chair, thank you hon Minister for your response. How does the department intend to utilise the good governance recovery plan, to improve and sustain waste water discharge standards and the quality of water as per the South African National Standard for drinking water? I thank you.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I suppose that good governance is something that we can use in addition to the fact that it is standard requirement that all municipalities have to be responsible for making sure that the water that they provide us is of good quality.

Mr T J BRAUTESETH: Thank you hon Chair, Hon Minister, in your previous answers about water you spoke about quality water, my question is about no water at all. Recently, as a result of an

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eviction order from the Klein Akker farm in Kraaifontein, a group of approximately 263 people were evicted. The City of Cape Town offered them two other sites which they turned down. You and your Deputy Minister intervened and moved them the Mesco state farm near the Bottelary road in Stellenbosch. The problem is that these 263 people are living there right now with no water, no water at all hon Minister, no services ...

An Hon MEMBER: After they have been evicted from the farm that had water.

Mr T J BRAUTESETH... on the Mesco state farm, I have just said it. So the question is... sorry Chair, I am trying to pose my question not getting involved in a debate with the Deputy Minister. The bottom line is 263 people have been moved Mesco state farm; you have left them there with no water, no services, no quality of water Minister, and no water at all. What are you going to do to resolve this?

An Hon MEMBER: As if two wrongs will make a right.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: I think the hon member is doctoring the truth. The truth of the matter is that

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these people were evicted by the owner of the land. We asked the Department of Land Affairs to provide us with a place and they provided us a place irrespective of where people live, the government of that particular province and the municipality is bound by law and the constitutional rights of those people to provide them with water wherever they are.

We may have moved them to a different place but the responsibility is that of Cape Town to provide those people with water. It is their constitutional right. You should be taking water tankers to them, where they are residing right now. Now that you raised it, I am going to follow it up to ensure that you do that or else there will be necessary consequences if the Western Cape government does not do something about it. Everybody here in the Western Cape has a right to water, irrespective of where they live. Thank you.

IsiXhosa:

Mnu M. NHANHA: Xhamela, amanzi eli lizwe ngawabantu baseMzansi Afrika, wena ungumantshingilane nje ogade la manzi angasetyenziswa gwenxa. Omnye umsebenzi wakho kukubuyisela umthetho kweli candelo lezamanzi. Maninzi amagosa nababoneleli-nkonzo (service providers) abachaphazeleka kobu bugwenxa bokusebenzisa amanzi ethu. Ngawaphi

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amanyathelo athathwe leli sebe lakho ukohlwaya aba bantu banemikhuba emibi kangaka. Enkosi Xhamela.

UMPHATHISWA WEZOKUHLALISWA KOLUNTU, AMANZI NOGUTYULO: Ndiyabulela Chocolate ohlonophekileyo. [Kwahlekwa, kwaqhwyatywa]. Mandiqhubeke ndithi, kuyinyani ukuba amanzi eli lizwe ngawabantu belizwe. Asiyonyani ukuba mna ndingumantshingilane waloo manzi, ndifuna ukukulungisa nje kuloo ndawo.

English:

On the other hand, the member is asking me what steps I took to make sure that we have adequate water for everybody. I think that at my next appearance here, we will have a document to give to everybody here to indicate what we are doing to make sure that every water service authority sticks to what is required to do. I hope that that answers the question. We are busy with steps to make sure that it is a legal requirement for everybody who has a responsibility to provide water, to provide it. If they do not provide it, we have the necessary consequences that go with it. It is to put a fine on their head and make sure that we can extract some resources from them. Thank you.

Question 85:

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The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Deputy Chair, we are very much aware of the crisis and not only in Adelaide but in the entire Eastern Cape. The Deputy Minister and me were in the Eastern Cape over the weekend and the situation there is dire. In the area where we went to, Clarkbury on the other side of Engcobo, we were assisted by the Gift of the Givers Foundation, a charity organisation in putting some water tanks there. We were also assisted by the Amatola Water Board to provide temporal solution by using the water allocated to the Clarkbury High School.

In Adelaide, the Gift of the Givers has been requested to provide us with ground water in the form of bore holes and so far they have given us six bore holes which have a yield of approximately 5 litres per second. I do not know what that means but that is what it is and they are continuing to provide us with bore holes in Adelaide. So, the crisis that we had in Adelaide, hopefully, by the end of this week will be over on the basis of boreholes. Boreholes are not a permanent solution but we are working on making sure that with Amatola that we can provide a permanent solution there.

Ms Z V NCITHA: Hon Deputy Chair, the response is well appreciated especially that there is something that department is doing about the issue of Adelaide because they have been experiencing problems.

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I know other areas also do have such experiences. I am happy that she has touched on the issue of the Gift of the Givers Foundation. Is the community of that area participating in the process of this help that is being given by the charity? The reason behind this question is because we have an experience at Makana Local Municipality where they come as a charity organisation and in the middle of their assistance the status changed into a service provider. So, I would like to know if the community is participating and if the status of the Gift of the Givers is very clear especially that they are doing a borehole.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Well, to expand on the earlier question before we get to the Gift of Givers Foundation is doing is providing us with boreholes which is the immediate solution. Ultimately what we wanted to do in that area is to make sure that we can upgrade the Fish River water which is that water which feeds Adelaide. So, we will be upgrading it and making sure that that water with the necessary Adelaide Water Treatment Works will be providing the people of Adelaide with water.

In relation to the Gift of the Givers Foundation, I am not aware that they turned themselves into a service provider. They went to Makana Local Municipality on the basis of a volunteer organisation.

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Firstly, they went there on their own and they did not have much luck with interaction with the community there. So, they retreated. Two weeks before we had a festival there and I begged them to go back there and they were able to continue with their work.

Largely the work of the Gift of the Givers is that of a charity organisation. However, they do procure the services of people who drill boreholes depending on the depth to which that is being used. The deeper the hole, the greater the capacity is required and they then have to augment the capacity they have with that of other service providers. The Gift of the Givers Foundation is not a service provider and I will check on the information that is provided Ms Ncitha because we use this foundation and have used it as a charity organisation and as a partner of choice to government when we have an emergency. Thank you.

Mr M NHANHA: Hon Deputy Chair, I will choose not to talk about the Gift of the Givers Foundation issue. Notwithstanding the persistent drought in Adelaide that led to taps running dry, to what extent has the wildcat strike by employees of the Amatole District Municipality that was occasioned by the allegations of maladministration and corruption against the municipal manager, has exacerbated the

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situation in Adelaide and the entire Amathole District Municipality? You must bear in mind that it is my home, hon Minister.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Deputy Chair, the matter that the member is asking is one that I would also want answers to. My suggestion is that the NCOP has a responsibility of to make sure that all provinces and municipalities function optimally. So, I would ask the member to make sure that when you have the opportunity to call Amathole District Municipality, you can very directly ask your questions which I might also want answers from. Thank you.

Mr M DANGOR: Hon Deputy Chair, does the department have plans to collaborate with the Adelaide Municipality and other relevant stakeholders to work on a long-term plan of water management, maintenance and modernisation of the infrastructure for a suitable water supply? I wish to thank the Minister for interim measures they have taken thus to alleviate the problems of the people.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Deputy Chair, I am not sure if they have been able to take any measures because we had to send the Gift of the Givers Foundation. As I have indicated, they are the ones who have brought water to Adelaide and

I do not know if Amathole District Municipality has been able to deal with this matter. The Fish River Supply Scheme is the source of water for Adelaide. Unfortunately it has not been working optimally. They shared this information that it is Adelaide and Bedford who are depended on this. We intend to upgrade this water scheme to ensure that it does provide necessary supply to Adelaide in the long term.

Mr K MOTSAMAI: Chairperson, I would like to know from the Minister ...

Sesotho:

... hore mane Mzimkhulu ho na le sebaka se bitswang Emaqondeni. Ha ho metsi moo mme batho ba moo ba nwa metsi le diphoofolo le dibatana. Ke dilemo tse fetang tse tharo batho bao ba nwa metsi le dibatana. Ha ho metsi hohang. Batho ba moo ba tla fumana metsi neng?

LETONA LA BODULO BA BATHO, METSI LE DIKGWEREKGWERE: Tshwarelo, ha ke a utlwa hore ke hokae moo batho ba se nang metsi ntate.

Mong K MOTSAMAI: Sebaka ke Emaqondeni haufi le Mzimkhulu. Haebe o tseba ha Harry Gwala ...

English:

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The DEPUTY CHAIRPERSON OF THE NCOP: Hon member, you are busy asking the Minister a question. Can you please concentrate on what you are doing? Please focus. [Laughter.]

Mr K MOTSAMAI: It is next to Umzimkhulu. For more than three years people have lived there without water.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: One of the first things that I did when I became the Minister of Water and Sanitation was to go to KwaZulu-Natal because there was a crisis there. The crisis emanates from the fact that we do not have the capacity in our municipalities to do what needs to be done. We spent about two days, 24 hours around the clock trying to solve the problems of what we do there. We came across a number of issues that needed to be sorted out. Amongst them, I was told, sometimes the municipality would get a contractor to come and work on either a leak or something. By the time the contractor gets there, it comes across a group of people which calls themselves as Amadela Ngokubona.

So, we find impediments all the way through especially in KwaZulu-Natal and we are trying to work with that. I have asked for Imbizo

with Amadela Ngokubona and they feared that I might not come out alive. I was not aware of this matter ...

Sesotho:

... eo o buang ka yona. Ke tla ilo e bona eMqondeni.

English:

It is a prevalent problem in KwaZulu-Natal and it comes from municipalities not being able to cope with the demand of the work or not having the necessary expertise which also come from aging infrastructure that burst half the way through and it also comes from people there who hijack projects because they believe that 30% of the money that is given to any contractor should first be given to them. It is a whole myriad of problems that we are dealing with them.

Question 76:

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Deputy Chairperson, as we come to the end in response to the last question asked by the hon J J Londt from the Western Cape: The answer is hon member, the sustainable water management plan is implemented in all provinces, but of course we need to ensure that we monitor that it is implemented correctly. However, it is there and there is a

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requirement that all of them should implement it, but we should contextualise this global warming thing. It is something that we have to confront and it is something that we have to find long-term solutions beyond just a water management plan. That one is an addition to what we need to do.

Now we are looking at various other options of providing water. So far we have been dependent on natural water, rain, rivers, etc, but we have to find other sources of water. We have had in the Western Cape a case of a proposal of desalination. I am not sure that it actually worked as optimally as it should, but we might want to invest in that get in touch with our universities and technikons to see if they cannot assist us. However, over and above that of late we have found that actually we do have reservoirs of water that lie very much on around the bed of the river.

Our water research authority has put together a document which I would be very happy to come and share with this particular House because we are facing a dire situation.

From the statistics and the assessments that we have we are on the edge of a drought in the Western Cape, Eastern Cape and particularly in those areas that are right in the middle of our map. They show a

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very deep orange. So we have to find a way and I will be open to any suggestions. We have to find water. It is essential and it is that which creates life and we are drying up. Climate change is on us. Thank you.

Mr I M SILEKU: Hon Minister, [Nokwindla.] the issue here is bulk water supply. The Clanwilliam Dam has been delayed five years to complete because of the former Minister Mokonyane. Bulk water supply is a national competency which you are failing spectacularly at as a department. Even where there is an established infrastructure you are not building enough on that to ensure a water scarce country like South Africa is viable to investors to bring jobs.

My question is: Why is the department failing on that regard?

The DEPUTY CHAIRPERSON OF THE NCOP: Is there any other follow-up questions? I know you can respond. I am just checking.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Deputy Chairperson, I was just trying to get some clarity on what it is that the hon member is talking about. Bulk water supply is a responsibility of the municipality. So I was not sure what it is that he wanted me to say over and above that. The point that we are

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discussing in this question is that in view of the fact that we are facing and we are a water scarce country: What are we doing about that? We need every body to work optimally. I was indicating that we ourselves are busy investigating other opportunities of finding water and we are also are investigating other possibilities of doing what we do with Lesotho which is the provision of water across the border. We are hoping that we might encourage other countries that have access to water like maybe the Democratic Republic of Congo, DRC, to find the way of channelling the water to us. However, we are using every possible avenue. However, bulk water supply is the responsibility of municipalities.

The DEPUTY CHAIRPERSON OF THE NCOP: Minister, in any case I just allowed it, but it was to your discretion if it is not directly linked to the question that was asked.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: However, thank you for still accommodating it. The hon Smit.

Mr C F B SMIT: Hon Deputy Chairperson and hon Minister, Mogalakwena Local Municipality is about to run total out of water. The

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Doorindraai Dam that is the main supplier of water has got less than 12,7% water left and the last 10% is sludge. The Flag Boshielo water treatment plant that is supposed to bring water from the De Hoop Dam towards Mogalakwena has been long in waiting. Mogalakwena has been spending more than R400 million in infrastructure to get ready for the water supply once it reaches the border.

Can you please tell us what is the status of that project and when can the people of Mogalakwena expect that water from the Olifants River system will reach their border? Thank you.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Hon Member, the De Hoop Dam is not yet ready to provide water to Mogalakwena. For the time being we would be available as the department to provide the temporary supply of water until such time as we are able to solve the problem of De Hoop Dam. Does that answer the question? I am sorry that they do not have water ... [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Even if he does not respond, you have given him a response.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Sorry, what I was saying is I am sorry they do not have water, but this is the

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status of many other villages across the country and what we are doing we are providing temporary water until such time as we have the investments that we have put into our dams working. Thank you.

Xitsonga:

Manana B T MATHEVULA: Holobye, vanhu va le Giyani va hava mati naswona i khale.

The DEPUTY CHAIRPERSON OF THE NCOP: Use the gadget, Minister.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: She does it on purpose.

The DEPUTY CHAIRPERSON OF THE NCOP: Minister, no, we are in actual fact encouraging the use of other languages in the NCOP. So she is doing what is in line with what we are doing in the NCOP.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: However, she is [Stout.] naughty that one. [Laughter.]

Xitsonga:

Manana B T MATHEVULA: Holobye, vanhu va le Giyani va hava mati. Ku na 55 wa matikoxikaya laha vanhu va kona va ha hanyaka va ri hava

mati. Nakambe, ku na mali yo tala leyi humaka eka ndzawulo ya n'wina leyi nga yisiwa kona kambe na sweswi mati a ma humi. Holobye, xana mi endla yini leswaku vanhu va kuma mati?

INDVUNA YELITIKO LETEKUHLALISWA KWEBANTFU, EMANTI KANYE NENDLE:

Siswati:

Bantfu baseGiyani batawatfola emanti uma sesilungise lendzaba yaseGiyani. Asinayo imali leyanele kutsi singalungisa indzaba yemanti eGiyani. Kepha sisebentela ekufinyelele lapho.

Ngingakhulumisana neLihhovisi Letemafa Avelonkhe kodvwa futsi ngiyetsembe kutsi kuLolwabiwo Timali laphakatsi nemnyaka lolutawentiwa yiNdvuna Yelitiko, mhlawumbe kukhona lesitakutfole kute silungise lendzaba yaseGiyani. Banyenti bantfu lebabuke kwekutsi indzaba yaseGiyani ilunge ngoba kutotonkhe letindzawo lokhulume ngato kute emanti.

Evikini lelengcile ngibite i-Lepelle Northern Water kute itositjela kutsi yini leleyenta kutsi emanti angakwati kufika lapho kufanele afinyelele khona, njengoba njalo nje sikhandza kutsi ku-check point kuboniswa emanti. Babonisa emanti langcolile lakhiwa bantfu laphindze futsi anatfwe imfuyo yabo.

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English:

It is an extremely embarrassing situation to find ourselves, but we are working very hard to make sure that we can have maximum output from Giyani at the earliest possible.

Siswati:

Angikwati kwetsembisa ngobe nakimi kute imali. Uyabona njengoba ngikhuluma ngite lutfo, kodvwa ngiyetsembe kutsi lombuto longibuta wona utawuphindze uwubute nakuNdvuna yeLitiko Letetimali mhla ifike kuleNdlu, kutsi imali letawusetjentiswa eGiyani sitayitfola nini kute labantfu lokhuluma ngabo batfole emanti. Ngiyabonga.

Mr A B GOYIYA: Madam Deputy Chair and hon Minister, [Tyhopho kaPhatho.] you will agree with me when I say South Africa is a unitary state and that has just features of a federal state in that we are divided into provinces. However, all this provinces are guided by one Constitution and they have to adhere to the policies of government.

We have a problem here when there are people who want to define themselves outside the prescripts of the Constitution of the Republic. In that they would even come to this House and they would

always boast that this is what this party and that party is doing when in government.

Now the point we want to raise is that there is a sustainable water management plan that is there. Are there provinces uniformly implementing the sustainable water management plan? That is the first thing.

The second thing is that as much as we said when we started that water is a resource that belongs to the people of South Africa, but again there are some instances where water has been privatised.

[Interjections.]

Ms B T MATHEVULA: What is your question?

Mr A B GOYIYA: What is government's responsibility?

The DEPUTY CHAIRPERSON OF THE NCOP: Order members, order!

Mr A B GOYIYA: What is the government doing in order to make sure that that does not happen? For example, last year in this province, when there was a problem of water, there was a group of people who

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claimed to own a dam and opened the water and said they are donating the water to the municipality. Now, who does that water belong to? Why can't government take over the responsibility for those water rights? So it is a twofold question. Minister, I hope you have understood my question. Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you, hon Goyiya. Order members. Order, hon members. Can we now have the hon Minister.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Thank you.

The DEPUTY CHAIRPERSON OF THE NCOP: Order, hon members. Allow the hon Minister to respond. It is very rude when someone is in your House you do not even give an opportunity to greet you. It is very rude.

The MINISTER OF HUMAN SETTLEMENTS, WATER AND SANITATION: Thank you very much, hon Deputy Chairperson. Yes, I agree with the hon member that we are a unitary state. We should be and that is what the Constitution requires of us to be. He further goes on to say, but unfortunately there are people who want to behave like they are in a federal state and I agree. He does not mention those people, but I do agree that there are people who have been ... He knows them. He

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is merely insisting that there is a sustainable water management plan where everybody is directed to behave in a particular way and are we monitoring that?

The second question is that water is a resource that belongs to all the people and that it should not be privatised. What are we doing about it?

We are in the process of restructuring our legislation to deal with this matter. We want to make sure that we can give especially the poorest of the poor access to water because it is as much their right as it is for those who are privatising water. Water is becoming even more essential now that government is talking about the possibility of redistributing land. By the time you redistribute land you are then saying to the people who live on that land we want you to work that land. If they do not have water the redistribution of land will come to nothing if we do not provide them with water. So we are busy restructuring this and putting this into legislation, but it is very much at the early stages. The statistics that indicate how much of our people have water and how much of other people have water are quite shocking. However, we are working on that and we will be here on a regular basis.

[Interjections.]

No, no, you have water, do not worry about that. Thank you very much, hon Chairperson. [Applause.]

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much, hon Minister. Let us express our appreciation to the Minister and the Deputy Minister who attended this session to respond to questions as asked by the members of the NCOP. We will now continue. The Deputy Minister of Social Development will be the one that will take the next set of questions. So when the Deputy Minister is settled will be Question 80. Thank you.

Question 80:

THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, good afternoon, hon members and thank you for the opportunity. I need to indicate that Minister Zulu is out of the country, so I will be the taking the questions as asked. Question number 80 is asked by Mr Nchabeleng and he wants to know whether the illegal deductions from the grants of the South African Social Security Agency, Sassa, has been stopped, if not why not, if so what are the relevant details? Whether those who are responsible for the deductions have been prosecuted, if not why not?

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I need to indicate that the changes in the payment environment from Cash Paymaster Services, CPS, to South African Post Office, Sapo, has assisted us a lot in terms of transitioning and managing the illegal deductions in term of the question and I also need to indicate that, no, they have not stopped completely, because beneficiaries have to choose bank account. So, you do have some of our beneficiaries who have not yet transferred from the old green card or whatever bank related cards into our post office Sassa card. In that regard, they would experience some deductions, but I need to indicated that between 2016-18, we had 140 appeals that were brought to our attention in terms of illegal deductions and 7,5 million was refunded back to the beneficiaries. This was after a very short investigation just for us to verify that indeed they didn't have that which they had not authorised the relevant deductions. Thank you very much, Chairperson.

Sepedi:

Mna M E NCHABELENG: Tona, ke leboga kudu ka karabo yeo o re filego. Gape ke re re swanetše re kgopele baruti ba rena ba re thuše ka gobane bothata bjo re nago le bona mo - gothwe go na le dikereke tšeo di tšeago karolo ya lesome go mphiwafela wa batšofadi go dikarata tša bona tša Setheo sa Tšhireletšo ya Leago sa Afrika

Borwa. Re kgopela baruti ba rena ba thuše batho go kgonthiśiša gore ditšhelete tša bona ga di timelele.

English:

We can't be taking monies from poor people and being taken by the pastors and other loan sharks. So, what awareness programme are you running? Is there a programme that you run, for instance ...

Sepedi:

... yeo e ka rutago batho gore ba hlokomele, ba se dumele ditšhelete tša bona di tšewa ke mahodu. Ke a leboga.

English:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Chairperson, and thank you very, hon Nchabeleng, we want to make a call to our beneficiaries of social grants that it is very important that ...

Sepedi:

... ba kweśiše gore tšhelete yeo ba e hwetšago ya mphiwafela ge kgwedi e fela, go na le motho yo a e šometšego ga boima. Sabodedi re leka gore re bontšhe bao ba hwetšago tšhelete ya thušo ya leago gore le ge re ba fa tšhelete ye ... Go ba boima kudu, Ntate Nchabeleng,

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batho ba ka nagana gore bjale ka ge re ba fa tšhelete, ke ka lebaka la eng re nyaka go ba botša gore ba e šomiše bjang.

Go bohlokwa gore ge re bolela le bao ba hwetšago tšhelete ya thušo ya leago, re bolele le bona re gopola gore le bona ba na le boikarabelo. Re swanetše re ba kgopele, ke ka fao re netefaditšego gore karata ye ye ntshwa ye, go se kgonege gore motho goba khampani ye e itsego e goge tšhelete efe goba efe go yona. Re thibetše gore go se ke gwa ba le yoo a ka gogago tšhelete go dikarata tše tše diswa.

Re na le lenaneo leo re le bitšago Lenaneo leo le Kopantšwego la Phihlelelo la Boingwadišo bja Setšhaba moo re yago setšhabeng go ba ruta gore ba hlokomele dikarata. Re dira boipiletšo go bao ba hwetšago tšhelete ya thušo ya leago gore ka dinako kamoka ba sware dikarata tša bona ka polokego ka lebaka la gore ge ba ka fa motho yo mongwe a swara karata ya bona, a ka lekega go ntšha tšhelete ya bona ka mokgwa woo a ratago ka gona.

Re na le Lenaneo leo le Kopantšwego la Phihlelelo la Boingwadišo bja Setšhaba maikemišetšo e le go ruta batho ba rena bao ba hwetšago tšhelete ya thušo ya leago. Lenaneo le le ba thuša gore ba kwešiše gore ka karata ye ba ka kgona go ntšha tšhelete gararo ntle le gore

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ba lefišwe. Re dira boipiletšo go bona gore ba se ke ba e ntšha kamoka ka letšatši le letee. Ba swanetše ba tsebe gore karata ye e ka dula e na le tšhelete go tloga mathomong a kgwedi go fihla mafalelelong a yona. Ye ke ye nngwe ya dithuto tšeo re di fago setšhaba. Ke a leboga, Modulasetulo.

IsiXhosa:

Nksz Z V NCITHA: Sihlalo ohloniphekileyo, madibulele le ngcaciso icace kangaka kaMphathiswa. Ndingwenela ukwazi ukuba kule ngxaki abantu bakuthi bazifumana bekuyo yokutsalwa kwemali yabo, ingaba likhona kusini na icebo elizakuthintela le nto yokutsalwa kweemali zabantu abadala, kuba abantu besazi ukuba kukho le nxalenye yeshumi ekhulwini (10%) enakho ukusetyenziswa? Enkosi.

IsiZulu:

USEKELA NGQONGQOSHE WEZOKUTHUTHUKISWA KOMPHAKATHI: Ngiyabonga kakhulu mama, Sihlalo, into esifuna ukuyisho ukuthi, yebo, njengoba besengicacisile kuleli khadi lethu elisha akukhoneki ukuthi kungaba khona izimali ezidonswayo, akuvumelekanga, noma i-Social Assistance Act ivumela u-10% wokuthi ungadonswa umangabe kungumuntu ohola isibonelelo.

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Siye, njengoba siyiPhalamende, sacela u-section 26 ukuthi sikhone ukuthi sivale lesi sikhala ngoba lesi sikhala besenza ukuthi mhlawumbe uwumashonisa, mhlawumbe uwumuntu we-society kanjalo kanjalo bakhone ukuthi bathathe imali ingobo nje uma bengathathi engaphezu kwa-10% ngoba i-system ibingakubonisi.

Khona manje ngathi kuMkhandlu ukuthi akusakhoneki ukudonsa imali kodwa kubalulekile futhi ngisho ukuthi bakhona abamukeli bethu abangakawashintshi amakhadi, abasaphethe amakhadi amanye amabhange futhi labo siyazama ukubafundisa ngoba umangabe ungaliphathanga ikhadi lethu, uphethe ikhadi lomunye umuntu, loyo muntu uyakhona ukuthi akuthathele imali futhi uzokhokha izindleko zebhange eziphelele ezikhokhwa unoma wubani. Yingakho sizicelela nakuMkhandlu Kazwelonke Wezifundazwe ukuthi umangabe usuya emiphakathini noma nenza imisebenzi emiphakathini yenu nichazele abantu bethu ukuze bazokwazi ukuthi kubaluleke kangakanani ukuthi kusetshenziswe leli khadi elikhishwa nguHulumeni ngoba ngaleyo ndlela ngeke babe nezinkinga zokuthatelwa imali unoba wubani. Ngiyabonga.

English:

Mr M R BARA: Chairperson, Deputy Minister, the North Gauteng High Court did implore on the Department of Social Development to come up with legislation that would protect grant beneficiaries from this

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nefarious deductions. Now, what I would like to know is how far that process is so far? What steps have been taken in trying to meet up with what the high court had sanctioned against the department? Thank you, Chairperson.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, we just want to indicate that, indeed following the high court, we have amended the Social Assistance Act, Act 59 of 1992. The amendments were introduced to Parliament and it lapsed when the old administration has come to an end and we wish to confirm that. That legislation has been reintroduced to Parliament. That is the amendment as prescribed by the court. It is currently in Parliament awaiting parliamentary processes. Thank you very, Chairperson.

Xitsonga:

Manana B T MATHEVULA: Ndza khensa Mutshamaxitulu. Xandla xa Holobye, xana i tinhlayo tingani ta vanhu lava va nga si cincaka makhadi ya khale naswona mi endla yini ku hatlisisa leswaku vanhu hinkwavo va cincela eka lamantshwa? Ndza khensa.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, we make sure, because firstly, we had to get the old CPS card out of the system. The deadline was December last year. So, we have done that.

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The second step is for us to ensure that the beneficiaries are able to then be like understood what the benefits are to having the current card. So, at the moment we are educating our beneficiaries so that they understand the difference in terms of the card, but also understand the benefits of having the current card. That is why we are making sure that our Integrated Community Registration Outreach Programme, ICROP, grows and reaches more communities. We are also using the community radio stations more likely, but also South African Broadcasting Corporation, SABC, to be specific, precisely to can reach as many communities as possible.

Mr T J BRAUTESETH: Chairperson, you saved the best for last. Deputy Minister, I have walked a long road with this whole CPS-Sassa thing from my standing committee on public accounts, Scopa, days. In 2014, NET1-CPS issued an invoice for an amount of R316 million to Sassa and without any due diligence the then chief executive officer, CEO, Virginia Peterson, simply paid the money over. The North Gauteng High Court subsequently declare that payment to be irregular and Treasury also went on further and classify it as fruitless and wasteful expenditure. That matter even today had an appeal that was refused and today CPS is in the Supreme Court of Appeal petitioning to be able to appeal this matter.

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The problem is that five years on, Sassa is still short of R316 million, which is sitting in the CPS and not with the beneficiaries that should be benefiting. So, my question to you five years later on is that, can you please respond as to why Virginia Peterson, who facilitated the entire deal hasn't been disciplined, sued or prosecuted? Thank you, Deputy Minister.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, firstly the hon member would be aware that the question he is asking is not a question that he would expect an answer from me, because that question is sub judice. I like the fact that you are saying today they are in court. So, I can't as the Deputy Minister prejudge what the ...

Mr T J BRAUTESETH: Chair?

The HOUSE CHAIRPERSON (Ms W Ngwenya): Yes.

Mr T J BRAUTESETH: Chair, with due respect. Point of order! My question is about Virginia Peterson and not the matter in court. The matter in court is between CPS and Sassa and with Corruption Watch which is another respondent. The question is, what is Sassa going to do about their former CEO who with Minsiter Dlamini managed to steal

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R316 million from Sasaa? What are they going to do about it? Are people just going to walk away? That is the question. The question is about Virginia Peterson not about the CPS-Sassa argument.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Okay, hon member, you question is on 69 asked by hon Christian. Yes. Minister, we are going to question 69 now. [Interjections.]

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, are you expecting me to answer?

The HOUSE CHAIRPERSON (Ms W Ngwenya): Wait.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Okay.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Deputy Minister that is why I said now we are on question 69, because the question that he is asking is question 69. he is asking the question similar to question 69 and when I check he is over than the limit that I was. I must only take four hands with regard to follow up questions. So, now what he is asking is on question 69. Hon member, I don't know why you are standing, because I didn't point you. Sit down!

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Mr G MICHALAKIS: I am rising on a point of order.

The HOUSE CHAIRPERSON (Ms W Ngwenya): What is the point of order?

Mr G MICHALAKIS: Chairperson, my point of order is that you could hear it clearly that the hon member's question relates to Sassa. Question 69, relates to the Sapo. How is a follow up question related to Sassa applicable to a question on the post office? That is a follow up question to a question 80.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Okay, sit down, hon member. Hon Deputy Minister!

Mr G MICHALAKIS: Focus.

The HOUSE CHAIRPERSON (Ms W Ngwenya): I would like you to go to question 69, please.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, question 69 is asked....

Mr G MICHALAKIS: Chairperson, it is a point of order. The Rules allow for a certain number of follow up questions. You have granted

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the member a chance to ask the follow up question. He has asked his follow up question and then without the Deputy Minister answering the question, you moved on to the next question. The Deputy Minister need to respond to the follow up question in terms of the Rules.

The HOUSE CHAIRPERSON (Ms W Ngwenya): I am going to repeat what I have said. I am on question 69. [Interjections.]

Mr G MICHALAKIS: What happen to the follow up question in question 80?

The HOUSE CHAIRPERSON (Ms W Ngwenya): The Deputy Minister is going to answer this question on number 69.

Mr G MICHALAKIS: But then, House Chairperson?

The HOUSE CHAIRPERSON (Ms W Ngwenya): it was not your question. It was his question, but on the wrong number. Yes.

Mr G MICHALAKIS: Chairperson, with respect it is a point of order. If you allow this question on question 69 ...

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The HOUSE CHAIRPERSON (Ms W Ngwenya): Can you please sit down, member? Can you please sit down, because I am going to repeat what I have being saying? Can you please sit down, member? Sit down! Sit down, because I have ruled on this, that we are on question 69 and I am not going to move there. Hon member, can you please, sit down? I have ruled your point of order already. We are repeating what we have said, that is why I said sit down. There is nothing that we are going to talk more than what we have said. Sit down! Can you please sit down?

IsiZulu:

Ngicela uhlale phansi!

Mr A J NYAMBI: Chairperson, it is a point of order. If the presiding officer is presiding, whether there is a mistake or there is something that we realise that she has made a mistake. It is totally out of order as a member of the House to disregard the authority of the presiding officer. That is the first point. The second one is that in terms of the Rules of the NCOP, there is provision to deal with anything that you might think it is wrong, but disregarding the authority of the Chair is totally out of order and it is compromising the decorum of the House. So, that is why I am rising

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on a point of order raising the two things. What you are doing you know it is against the Rules and the convention of the NCOP.

Mr G MICHALAKIS: Chair, ... [Inaudible.] Rules of the council. How can members be expected to follow the Rules of the council? With respect, if we are expected to follow the Rules of council, which we gladly do, then at least we expect of the presiding officer to follow and know the Rules of council as well. Thank you.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Hon Deputy Minister, can you please answer question 69 asked by hon D C Christian, please?

Question 69:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: House Chairperson, Question 69 has been asked by the hon Christians. What impact will the resignation of a certain person – name furnished – as Chief Executive Officer of the SA Post Office have on the ability of the SA Social Security Agency to make grant payments through the Postbank?

I need to indicate, no, the CEO's resignation won't have any impact on our grant payment system.

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With regard to the request by the Chair in terms of the standing over of the question that the hon member asked; yes, as indicated, until the matter is sorted out – even though the matter is between Cash Paymaster Services, CPS, and Sassa, and the former CEO's matter is within that court case – it would be wrong for us to establish ... As he rightfully says, it's the former CEO. Before the matter is even concluded and we need to answer questions about what we are going to do about the former CEO and the same matter ... I don't think the law allows that. Thank you very much, House Chairperson.

Ms D C CHRISTIANS: Thank you, House Chairperson. The previous CEO was doing excellent work in turning the Post Office around. He revived the Post Office from the brink of collapse. He has now resigned and there are still issues with regard to accessing this Sassa grant in rural areas. How will you, along with the CEO of Sassa, ensure that social grants allow for more people to access these grants, especially in our rural areas where it still remains an issue?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, House Chairperson. Allow me to indicate that at the moment access to Sassa grants does not have rural or urban ... We acknowledge that when we signed with the Post Office ... that the Post Office would

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have limited aspects; however, that will be a question better answered by the Minister of Communications, telecoms and postal services because we have not entered into an agreement with an individual. We entered into an agreement with an entity. So, whether that individual is there or not, we as Sassa are not going to be engaging ... that a particular individual left and therefore, because he is not there, we can't access our rural areas. I don't think that is the correct way to say it. [Applause.]

Mr M R BARA: Thank you, House Chairperson. Deputy Minister, I understand that the agreement is not between individuals but entities. However, it's quite crucial that whoever is at the helm of each of the entities has to share the objectives and goals of each of those two entities.

What guarantees do we have that the incoming or new CEOs of the Post Office and Sassa will be able to work together for the benefit of grant beneficiaries in terms of getting or accessing their grants?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, House Chairperson. As indicated, I can only speak for the CEO of Sassa who reports directly to us. We can confirm that there are contractual obligations. We don't know the processes that the Post

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Office will follow. That will be a question better answered by the Minister responsible for the Post Office.

Mr K MOTSAMAI: Thank you, House Chairperson and Minister. I want to ask the Minister ...

Sesotho:

Bonkgono ba rona ba jelwa tjhelete nako le nako, selemo se seng le se seng. Hobaneng le sa eketse tjhelete ya bonkgono hore batho ba jang tjhelete ba se ke ba kgona ho ja tjhelete ya bonkgono?

Setswana:

MOTLATSATONA WA LEFAPHA LA TLHABOLOLO YA SETŠHABA: Modulasetilo, ke kopa go bua jaana ke re, ka gongwe ga ke a tlhaloganya potso. Fa leloko le le tlotlegang le re tšhelete ya bagodi e a jewa, o raya goreng? Santlha ke gore, re a dumela gore bagodi ba otlala ba maloko a bona ka tšhelete ya bona. Fa go kgonagala puso e tla ba okeletsa tšhelete. Ka jaalo, ke tsaya gore one a botsa potso mabapi le tšhelete ya bagodi e e jewang.

Bagodi ba na le ditlogolo le bana ba e leng maikarabelo a bona. Fa e le gore bagodi ba utswelwa tšhelete ke bangwe jaaka go ne go diragala malobeng, seno se ka se kgonagale. Ke setse ke tlhalositse

gore dikarata tsa rona tse dintšhwa ga di letlelele seno. Ke a leboga, Modulasetilo.

Xitsonga:

Manana B T MATHEVULA: Ndza khensa Mutshamaxitulu. Xandla xa Holobye, loko hi vhakela tindhawu laha ku holeriwaka kona midende vadyuhari va va va lo yima hi milenge naswona va yima nkarhi wo leha. Mudyuhari u pfuka nimixo kutani a fika a va eka xiyimo xa vukhume kasi emahlweni ka yena ku ri na khume ra vantshwa. Va sungula hi khume ra lava va nga rhanga vadyuhari va sala va lo yima. Van'wana va vona va wa etindhawini to holela kona. Xana mi endla yini ku dyondzisa vatirhi va n'wina leswaku loko va fika xosungula va pfuna vadyuhari kutani endzhaku va pfuna lavantshwa? Ndza khensa.

English:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Firstly, we want to acknowledge upfront the concern that the hon member has raised in terms of the long queues, the time that it takes to service, as well as the lack of facilities within the Post Office. That is part of the reason why we are intensifying our Integrated Community Registration Outreach Programme, ICROP, campaign because we believe there will be a solution. We are trying to say to our people that even if you were supposed to get the money on the 1st, your money

will be on your card from the 1st to the 31st. So, there is no reason for you to sleep on the pavement. That is a programme that we feel is important to intensify ... that we must communicate because we believe that will be a solution to the long queues, so that our beneficiaries will understand that their money is there. They don't have to be at the Post Office on the 1st day of the month. So, we are intensifying that and we acknowledge that it remains a challenge that we are working hard at addressing. Thank you very much, House Chairperson.

Question 82:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson: Whether her department has any plans to assist to prevent the loss of life of the (a) officers who are transporting money for social grants and (b) beneficiaries, details furnished, if not, why not; if so, (a) what plans and (b) what are the further relevant details?

On this question, I would like to indicate that the distribution of funds ...

Ms B T MATHEVULA: Chair, on a point of order: I want to check whether hon Ntsube is here.

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The CHIEF WHIP OF THE NCOP: Chair, as a practice, you would have realised that there are quite a number of members who are not in the House. An arrangement was sent to me to indicate which members will stand in for others. That applies to the DA and other parties. We have given information about hon Ntsube and that hon Gillion will stand in. [Interjections.] No, I am not responsible. I don't account to you. I account to the House, through the Chair.

The HOUSE CHAIRPERSON (Ms W NGWENYA): Chief Whip, thank you for explaining. Hon Gillion will stand in. [Interjections.] Hon Minister, did you answer Question 82? [Interjections.] Did they stop you? Are you not finished?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: With regard to the question, I would like to indicate that the Department of Social Development as well as Sassa does not get involved in the protection of those that move the money, because we are the administrators. Once again, this is a question that I would request the hon member to ask the Minister responsible for Postal Services, because our responsibility is to ensure that our beneficiaries get the money.

When they don't get the money, then the post office must take responsibility to ensure that the money gets to the beneficiaries.

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We respect the process that they take, but at the moment, we do get the security plans and as I said, as the department, we are not in a position to discuss the security plans, because it will compromise our processes.

Ms M N GILLION: Hon House Chair, Deputy Minister, my follow-up question is on the safety of our beneficiaries. This past week, the country has come to a standstill when a young student was brutally raped and killed in a post office. The beneficiaries of the Sassa grant are devastated outside. Can this department give us, the country and the beneficiaries of the Sassa grant the assurance that they will be safe when they go to withdraw their money?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, we once again, I want to pass our condolences to the family and we would like to take this opportunity to reassure our grant recipients that the post office is a safe space and that the issue around the protection of our beneficiaries has been raised. At the moment, given the explanation and the processes that we are entering in, it is a safe space.

However, I need to indicate that gender-based violence is a very serious issue in South Africa and it requires each one of us to take

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responsibility for ensuring that women are safe, whether it is at home, at the post office, on the streets or in Parliament, definitely, even in government. Wherever women are, they need to feel and be safe. I want to, once again, pass our condolences and indicate that yes, indeed, the post office is safe for the grant recipients. Thank you very much.

Ms D C CHRISTIANS: Hon Chair, Deputy Minister, in light of the previous questions that were asked with regard to the safety of transporting money, which you have answered, and also on beneficiaries receiving money in post offices and so on, how do you encourage people to use safer methods? How do you encourage people to make use of electronic payments? We all know that cash payments are risky and also expensive to the post office. So, how will you go about getting everyone to make use of electronic payments and how will you consult with these people before doing so?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, let me reconfirm that we have 18,4 million beneficiaries for the social grant. At the moment, we only have 290 000 who are cash beneficiaries. So, a reduction from 18,4 million to 290 000 is a clear indication that those are the only members that are receiving cash.

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As a department, we are encouraging our beneficiaries, especially, the younger ones, to actually use the different platforms, but we also ensure that our card is a Sars switch auto-transfer card so that they can use it, not on exclusive ATMs, but on other ATMs as well. All of that was precisely to address that issue.

With regard to the remaining 290 000, we will be testing different options like mobile money and all the different options, bearing in mind also that we are addressing the issue of the distances our beneficiaries have to travel.

In terms of that, we have also opened up the space for the retailers. In the previous tender, you would remember that it was a side arrangement, but now our beneficiaries can go into any retail store that is closer to them and they can get their money without being charged the administration fee.

So, we are doing a lot to try and get our beneficiaries into different options, acknowledging what the members has said that it is a bit risky to carry cash.

Ms S SHAIKH: Chairperson, Deputy Minister, thank you for those positive responses. Has the department worked out a plan to secure

the safety of beneficiaries at grant pay points, particularly those with disabilities? If not, why not, if yes, what are the relevant details?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, firstly, yes, it is a requirement that there should always be security at the pay point to secure, not only disabled people, but every grant recipient.

With regard to disabled people, first and foremost, I need to indicate that a lot of disabled people appoint curators. So, they don't necessarily go to the pension pay point themselves. There are a number of disabled grant beneficiaries who have appointed curators that go on their behalf. Hence, sometimes, you would see that there are less disabled people because they have the option to appoint a curator.

So, we secure the pension pay points as a matter of must. We also ensure that, at the time, and within the radius, as prescribed by the Social Assistance Act, the security measures are enforced. Thank you.

Question 89:

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THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, Question 89 asks how many drug rehabilitation centres did the department opened in the past two years and plans to build in the next five years in order to fight against drug abuse. In the past two years we have opened and build six drug rehabilitation centres that are owned by the state. In this financial year we will only be finalising two. Thank you very much, Chairperson.

Ms S A LUTHULI: Chair, the Deputy Minister is saying that in the past two years they have opened six and in the next five years they will open only two. So, one would like to say ...

IsiZulu:

... lento yezidakamizwa akuyona into encane.

English:

I think it also has a direct impact on the level of crime we have in South Africa. We would like the Minister and her department to open more centres and ...

IsiZulu:

... basheshe nanokuthi amabili awanele sidinga amanye ngaphezulu. Ngiyabonga.

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Setswana:

MOTLATSATONA WA TLHABOLOLO YA LOAGO: Modulasetilo, ke rata go re ...

English:

...in total South Africa has 240 drug rehabilitation centres. In this phase we are moving to the next value chain of the treatment facility where we are not increasing the drug rehabilitation facilities that have inpatient, but community-based ones. At the moment we have 23 community-based outpatients. We believe that when you are an addict you are a recovering addict for life therefore inpatient facilities are becoming expensive and unaffordable.

Secondly, in the next five years we will be building half way houses. This is the second layer of the support which entails prevention and aftercare so that we don't have a revolving door where addicts come in, come out and go back. We are increasing facilities in the second level of care and we are increasing prevention. It is not that we are not building facilities. We note the concern of the member. Thank you very much.

IsiXhosa:

Nks N NDONGENI: Mphathiswa ohloniphekileyo ndiyabulela ngempendulo yakho kwaye ndiyivile. Ingaba isebe lakho linazo kusini na

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izicwangciso zokusebenzisana namanye amasebe, zokulwisana nokusetyenziswa kweziyobisi ukuze singabinangxaki esisigxina kwinckitho karhulumente ngokwasezimalini?

THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson ...

IsiZulu:

... yebo sinazo, sinabo esibambisene nabo abaningi abahlukene. Okokuqala, sinazo izindawo zokwelapha engingazibalanga kulezi ezingu-240 aqhuthshwa izinhlangano ezingenzi nzuzo esizibhalisile saphinda sazigunyaza ngoba sibhalisa isikhungo siphinde sibhalise nezinkonzo ezizonikezwa.

Ngakhoke umangabe ungena kulomkhakha wokusebenza ngokusiza kwezezidakamizwa udinga ukugunyazwa kabili yithi. Ngakhoke sinazo futhi sinezindawo zokuhlunyeleliswa kwezimo ezizimele zangasese aqhutshwa ngathi ayimtholampilo, nawo siye sithi ukwengeza imibhede, sikhokhele njengoHulumeni ngoba ukuhlunyeleliswa kwezimo ezithinta izidakamizwa okunikezwa yithi uHulumeni akukhokhelwa. Ngakhoke bathola ukuhlunyeleliswa kwamahala.

Umangabe ezethu zigcwele sinayo imibhede kulezi zinhlangano ezingenzi inzuzo siphinde sibe nemibhede futhi eyabelwe

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ngokwephesenti kwimtholampilo ezimele yangasese. Ngakhoke, yebo, siyasebenzisana futhi. Okwesibili ukuthi sinabo esibambisene nabo phesheya kwezilwandle abanikelwayo, abasixhasayo njenge- United Nations Office on Drugs and Crime, UNODC, Inhlango Yezizwe ngaphansi kwe-Colombo Plan, le esizuza kuyona okwandisa ukufikeleka kuzikhungo zokuhlunyeleliswa kwesimo sokukungathwa yizidakamizwa, ukunakekelwa emuva kokuhamba uhlelo, ukuvimbela kanye nokweseka. Ngiyabonga, Sihlalo.

Xitsonga:

Manana B T MATHEVULA: Mutshamaxitulu eka Xandla xa Holobye, eka tsevu wa leti mi nga ti boxa ndzi lava ku tiva leswaku xana i tingani leti mi nga ti aka eka matikoxikaya na le malokichini? Ndza khensa.

English:

THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, yes, we do have treatment facilities in townships, and yes, we do have treatment facilities in rural areas. In the previous five years a lot of treatment facilities went there. The first six that we have built actually went to the townships. We have six in the townships across South Africa and we also have four in different rural areas.

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We acknowledge they are not enough. A lot of the nonprofit organisations, NPOs-run centres are in rural communities.

I also want to indicate that part of what we take into consideration is what the communities normally indicate. Different communities don't want drug rehabilitation facilities because of the stigma that is still there. They rather prefer community-based rehabilitation support services that are given within a comprehensive care centre. As the Department of Social Development we have built and completed 17 community care centres across the country which we will be handing over to communities. Within those community care centres, for example, all are in rural areas and in partnership with the tribal authorities. They will be providing rehabilitation services alongside all other comprehensive Social Development services so that we deal with the stigma that goes with being an addict.

Ms D C CHRISTIANS: Thank you Chairperson. Deputy Minister, I would like to know from you. As the country continues to struggle with drug and alcohol abuse there are thousands of social work graduates that were trained by your department but they so remain unemployed. Would these graduates possibly be incorporated into these new centres that you have mentioned and the centres that you envisage in the future?

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THE DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, yes, every community care centre has three social workers that would be employed and six auxiliary social workers to support the social workers. Based on the population space that particular centre would be servicing, they will then be supported by child and youth care workers. So, yes, the community care centres will have social workers. Thank you very much, Chairperson.

Question 68:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, question no 68, when will the Early Childhood Development, ECD, be transferred to the Department of Basic Education and what are the reasons for the current delays? I need to indicate that firstly, when a function shift takes place in government, the President pronounces the function shift and then a process of negotiation takes place and that is where we are currently. That between the two departments we need to work out which children, because we have got children divided into two, which is zero to four and the five to six. So those are the processes that are being worked out.

Secondly, we cannot finalise the process until the President proclaims and the President cannot do that until the National Macro Organisation of the Government, NMOG, processes are completed. I

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just want to indicate that the two Ministers are in the process of working out the modalities. Once they are done, that will go into the NMOG process and then we will go into the proclamation that the President has made. And then once the two departments has sorted that out then they would agree on which function of ECD, moves to the Department of Basic Education and which space.

I also need to indicate on ECD that the six year olds which are Grade R have always been at the Department of Basic Education for the past five years. So there is not any movement required in that regard. The five year olds, which is the pre-Grade R, are the ones that we are discussing. And we would agree that our teachers who do not want to change the nappies, we are very happy to change the nappies at social development. Thank you very much, Chairperson.

Mr M R BARA: Chairperson, I think the answer that I got from the Deputy Minister clearly indicates that I won't get an answer for my follow-up. Because you see, for me, this is a project and a project will have a start and end time. I don't think that this is an open-ended matter that says, we hope one day Early Childhood Development, ECD, will be transferred to basic education. For me, it should rather say, within this period, we would want to see all ECDs being under basic education like we normally do with your 2023 Vision or

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whatever the year should be. Now ... [Interjections.] Are you presiding Ma'am?

IsiXhosa:

Ndiza kucela undikhusele mama.

USIHLALO WENDLU: Mniken iithuba lakhe agqibe.

Mnu M N BARA: Ingaba ndikhuselekile kusini na ngoku?

USIHLALO WENDLU: Ewe, ukhuselekile ngoku sana.

Mnu M N BARA: Kulungile, ndiyabulela.

English:

... Deputy Minister, my issue is that given the fact that our ten year olds, 78% of them are unable to read with understanding, is a clear indication of the fact that there are those who are not within the system in order to be in a standardised kind of development as it were, which shows the indication that there is urgency on the matter. Are you saying to us here that at this point you can't tell us when this process will be finalised?

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The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, I would like to just provide some clarity that is very important to the hon members. You cannot assess every child based on whether they can read or write. Because, that is one of the mistakes that we do as developing countries. And that has led children who have dyslexia and children who have reading disabilities being left out of the system because, they are judged on the basis of whether they can read or write. That is not how children need to be assessed.

The ECD programme in itself has two sections and I thought I had explained. You have got five to six and then you have got zero to four. If we talk about the process of five to six, which is the pre-Grade R, which is what we are starting with this year. It took us five years and we have completed the migration of the six year olds. We will start the migration of the five year olds. We are talking about children.

Part of moving children is also about consolidating the services where the services don't exist. So hon member, we are dealing with the movement of ECD in three processes. The first process is, we continue the project of constructing ECDs through the conditional grant which is what we are doing currently as social development and that project is an ongoing project.

The second part of this project is the project of training of ECD practitioners. We are doing that as social development in partnership with higher education and that is an ongoing project. The curriculum has been agreed across the entire department.

The third component is the children themselves. Firstly, we deal with rural children, peri-urban and peri-rural in different categories. We have got children where the community is so small and the number of children requires non-centre based ECD facilities. So we deal with that. Then, the second part is where we have the actual ECDs, which are privately owned, ECDs that are run and subsidised by government and ECDs that are still to be registered.

If you are asking the question in terms of when that process is going to end, well, that is a process that won't end. Because children are born everyday and all of them require ECD at a different level. Thank you very much, Chairperson. [Applause.]

Ms M L MOSHODI: House Chair, thank you Deputy Minister for your response. My follow-up question is as follows, has the department done an audit of the Early Childhood Development, ECD, sector to assist their operational need and programmes to determine whether

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they are all conformed on meeting the Operational Policy Framework and the curriculum of the department?

What are the immediate tasks that are set for a smooth alignment of ECD sector with the policy framework of the Department of Basic Education? Thank you, House Chair.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, yes, the department has completed an audit of ECDs that are registered with the department. So we know where they are, what they are doing and what are the challenges. We have vetted all the people that work in those ECDs. And we have a thorough understanding of where the challenges are. That information has informed and enabled us to be able to equalise because, in the past, you did not have uniformity. You would have children in the Eastern Cape getting R10, the ones in Free State getting R11 and the ones in Gauteng getting R15 and then you will get children subsidised for hundred days there and fifty days here. So I want to confirm that the audit has assisted us to be able to equalise where we grant R15 per child per day for 265 days. That is now uniform that is in line with the policy in terms of ECD. But we seek to improve because, we believe that ECD is every day. We are now at 268 days at R15 per child that has been standardised through the ECD Policy.

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In terms of alignment with basic education, there's two things that we have done. The first one is that we have agreed on the curriculum for the ECD practitioners. They are trained so that they can work in the basic education or in the social development space.

The second aspect that we have agreed upon is the vetting and who should work in that space. We have aligned that between us basic education and social development. The last aspect is the assessment tools on the age cohort to say, how do you assess this child at this level in terms of the developmental value chain of the child that attends ECD, so that when the child graduates to go to Grade R, there is agreement - now it would be to Grade R, there is agreement on what is it that the child should be able to do when the child gets there.

Then we have the section of the ECDs that we know we have granted conditional registration, of which we are saying, there are basic things that you need to comply with. We have received a conditional grant, what we call the maintenance grant where we are assisting those ECDs to comply.

We have got ECDs that are not registered, that don't want to register but want to look after children. On those ones, we are

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effecting the relevant clauses of the Children's Act to enable us to close and move. But also, we have now rolled out a positive parenting programme, to educate parents not to register their children on ECDs that are not registered. But also, for the parents to ask the right questions. And to know when they get to an ECD, what must be on the wall, which is the vetting, who are the people that are working there and the registration, which is two registrations, the registration of the non-profit organisation, NPO, as an organisation and the registration of the ECD services. Because by the fact that you are an NPO it is not automatic that you are going to be providing ECD services. Those are some of the programmes that we are doing to educate parents who have children to be able to ask those relevant questions before they register their children. Thank you very much, Chairperson.

Mr M S MOLETSANE: Chairperson, I just want to find out from the Deputy Minister, I am aligning myself with those registered Early Childhood Development, ECDs. What are they doing in order to assist those ladies who are working there? Because when you look at the parity between the provinces, you will find that in Gauteng they are doubling the salaries of the Free State ones and then they are saying that they have already assessed that it is about R50 per child per day. But there is that big difference between the two. At

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the same time, what are they doing just to improve even the conditions because, when you look at them, most of them you will find that - especially those who are already taken to the school premises - they don't even have maternity leaves. Whenever they have to go for maternity they must get somebody to substitute them. Some of them had to pay for those people. They are not assisted at all. They don't have benefits but they are working for the government. So I just want to know, what is the office of the Deputy Minister doing to assist them? Thank you.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, thank you very much hon member for the question. Let me just confirm that government does not own any ECD. ECDs are women-run NPOs where women start ECDs and we come in to assist them. I would like to firstly indicate the following. The first one, I have already indicated that even though as a sector we have classified and categorised the sector. We are improving the conditions of service of ECD practitioners. The concern that the hon member is raising is a real concern in terms of the universalisation of the practitioners, how much this one gets and how much that one gets.

We only give an ECD R15 per child per day, one five - not five zero. In that one five, it is the administration, the food and it is

whatever else it is that the ECD would require. For other ECDs they are able to pay the practitioners more because they will enter into a fundraising or they will have external sources of funding besides government. For others, they have to make do only with the subsidy that they get from the state.

Our responsibility - what we first started was to get the universalisation, which is what we got right through the ECD Policy. The second step was to increase the number of days so that we can deal with the issues of stunting malnutrition. Because ECD for us is not only about the child being education, it is also an instrument for child protection. We then make sure that the children ...

With regard to the practitioners, I would appreciate if the hon member can give me the details where the specific practitioners are made to pay other people when they go on maternity leave because that is illegal. Maternity leave is something that is made provision for in the law, wherever incidences as prescribed by the member exist we would appreciate for us to be made available. But we cannot do is for us to enter into negotiations on behalf of the caregivers, when actually that is a space for the employer and employee. When we come into that space we are going to create a lot of problems and a lot of instability in the sector.

The policy sets the parameters that say, the same way where the Minister of Labour does the determinations that say, domestic workers from this area to that area must earn between this and that, the Minister of Labour does the same in terms of the sector of ECD. It is a sector where that determination is done. And our responsibility as social development, when we monitor ECDs, is to ensure that as part of the monitoring we ask the right questions through the workers establish and bring that back to the board and the management of the ECD. But we can do with some help where hon members arrive and such conditions exists. Thank you very much, Chairperson.

Mr S ZANDAMELA: Chairperson, Deputy Minister, you have said the grant for ECDs is equal across the provinces, but I want to bring to your attention that the ones from Mpumalanga are not equal especially from the ones in Gauteng. I want to be specific. There is a centre called Mgwezani in Kwaggafontein where they went to an extent of forcing the minors to bring their salary advices from their parents and they have even stopped the grant to that centre and of which it is a registered centre. Is the Deputy Minister aware of that practice that is being done in Mpumalanga?

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The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, thank you for the information and we will follow that up if the hon member can provide the relevant information.

Let me talk to the practice that the hon member is raising as a general concern. I want to indicate that when it comes to ECD not every centre is funded by social development. That is important for us to realise, that not every registered centre qualifies for a subsidy and we have not yet reached a stage where every ECD centre is subsidised that is what we want at social development. It is done incrementally every year within the available resources. The registration of the centre does not necessarily say the centre is going to be funded.

It is important that we also note that we do de-register centres. We de-register them when we find either practices of children being abused either the practitioners don't have the requisite skills because part of what the ECD Policy says is that at least one centre must have an ECD level 4. There are different scenarios where we de-register a centre and where sometimes we even close the centre as the Department of Social Development or as a measure, we even stop the funding of that centre. So unless I have the actual details of this particular centre I will not be in a position... But I have

just answered the question in general, that they are a lot of factors that we take into consideration when we deal with issues around children as prescribed within the Children's Act and the ECD Policy. Thank you very much, Chairperson.

Question 81:

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Chairperson, whether the department has any programmes for training and recruiting social workers, detailed furnished, if not why not, if so, what are the relevant details. Yes, the department does have a scholarship to train social workers and we have a programme to recruit social workers. I need to indicate on this one that the department of social development train social workers but the recruitment of social workers does not rest with the Department of Social Development alone.

We have seven departments in government that requires social workers. We ensure that they also recruit social workers but the training, the licensing, the registration, the discipline, the accountability of social workers rests wit the council and the council reports to the department. To ensure that we facilitate and increase the number of employed social workers, we have even cut the scholarship to half and further to zero at this particular moment.

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We are only seeing through those that are in their second, third and fourth year.

The resources that we were using for the scholarship we have converted into compensation of employees with the intention to try and absorb the number of social workers that are currently not employed. Social workers are categorised in two. There are the ones which the Department of Social Development funded and there are the ones who studied using their own funds. As a department we have to make sure that we are not only recruiting the ones that we funded but we are also recruiting the ones that were funded by their parents.

The Department of Health and the Department of Basic Education, Defence and Military Veterans, the Department of Police are amongst the departments that employ social workers. The Department of Justice as well will designate social workers as probation officers. Those are some of the areas where we are working to ensure that the high number of unemployed social workers can be employed. Thank you very much, Chairperson.

Ms M N GILLION: Deputy Minister, thank you for that response. Just a concern, Deputy Minister, the state of our country when it comes to

the social ills, and I am referring specifically to substance abuse and the results of substance abuse and the connection between substance abuse and gender-based violence. I think it is a crisis that we are facing in this country. I want to thank you for that response of talking about the task team for recruitment of social workers. Deputy Minister, can you give us the assurance that this department is taking the lead together with the other departments in making sure that we recruit social workers that are unemployed, social workers to assist us to work and bring a relieve on the social ills that we are facing in this country. Thank you.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: I want to assure the House that indeed the department of Social Development is taking the lead and the responsibility to ensure that social workers are being recruited. Indeed, we need more social workers in the space for prevention purposes – whether it is prevention for gender-based violence, prevention for HIV and Aids, prevention for a lot of social ills that we are experiencing. If we increase the number of social workers to implement the prevention strategy, we will definitely get better outcomes.

To make sure that we are ready for the process, we have issued an advert to call on unemployed social workers to register on the

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database so that we have a sense of where they are, who they are. and that the database is in place and we can confirm that we have 8 000 unemployed social workers of which this financial year provinces have allocation. It sounds like it's a small number but actually across them, to employ 900 social workers, of which they have started doing.

As the Department of Social Development, we are taking the lead, but we are also assisting and ensuring that we maintain the database so that the other departments that want to employ social workers cannot say we don't know where they are or where to find them. We are providing them and it is a shared government folder where all the other departments' human resource departments can access the system to get information.

We have also increased our funding to nonprofit organisations, NPOs, that are funded by the department to address the issue around the unemployed social workers. We are funding social worker posts in NPOs and part of the challenge that we were dealing was how much social workers are employed. We are slowly addressing that to make sure that it should not matter where you work but the occupation specific dispensation, OSD, is applicable to social work as a profession as well. Thank you very much, Chairperson.

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Mr Z MKIVA: Even though the Deputy Minister has already tackled part of what I wanted to ask, I want to check - given the fact that you have the database. We would like to get an understanding of how many graduates there are who are qualified as social workers. I am asking that question so that we can understand if the demand of our community in so far as social work is concerned, matches the supply that we have. It would be great if you give us the exact details so that we understand the numbers of social workers that we have in the country. Thank you.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Chairperson, I would not have the total number of social workers that the country has off my head right now, but I can say that on the database, as of yesterday, we have 8 000 unemployed graduates. With regard to how many social workers in total we have - I would not be able to answer that, except to say that the country need to implement that and the total we need is 65 000 social workers for the 57 000 million population that we have. This is in terms of the population as well as what we are working towards in implementing the different social services - just for the Children's Act alone.

Social Workers are sector specific within the sector and they also have specific qualifications which separate them from each other.

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There are forensic social workers, medical social workers because we need different set of skills at a particular time for a particular programme. That is the details that I can provide to the House at a later stage. Thank you very much, Chairperson.

Ms D C CHRISTIANS: Deputy Minister, as we have heard a number of people saying that social workers are vital, especially given the current scourge of gender-based violence. However, my question is with regard to certification of social auxiliary workers. Some of them struggle for up to two years to be registered by the SA Council for Social Services Professions. As you know, with such a social auxiliary worker, their salary is actually up to 7 129 per month. However, they have to forfeit that salary because they cannot be paid that money until they are registered. What are you doing to expedite this? Have you had any discussions with sector education and training authority, Seta, and with the Minister of Higher Education to see to it that these people can get their certification speedily?

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very Chairperson, I am not aware of the details that the member indicated with regard to auxiliary social workers. If they studied at a reputable and accredited training facility, they would be treated

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like any other graduates. I am not sure whether the Department of Higher Education will have to establish a different dispensation for auxiliary social workers. Maybe it is just two or three cases where they would struggle for one reason or the other, but I appreciate the details.

As a general practice we have not yet held that discussion as being a challenge that an auxiliary social worker who is qualified and has met the requirements as prescribed by the council struggled to be registered. We never had that discussion because we are not aware that it is a challenge, but we don't dispute the fact that here and there might be a challenge. We will then deal with the merits of the case as it is presented before us. Thank you very much, Chairperson.

Mr M R BARA: Chair, in the presentation that the Minister of Social Development made to the select committee when we were engaging on the annual performance plans, APPs, was that, given the number of unemployed qualified social workers, there would be an engagement that would take place between the department and the private sector because the feeling was that this needs to be partnership and the fact that the private sector has a huge role to play in order to take on some of the social workers. My question is, "Is there anything that has happened to date based on that commitment that the

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Minister made, if not, why has it not yet started when people are unemployed and waiting for something to happen?" Thank you, Chair.

The DEPUTY MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Chairperson, without me being able to answer for the Minister because I was not there when the commitment was made, what I can say is that as a general rule in the department, we do engage with the private sector and with different sectors where we make them aware that they require social workers to deal with certain aspect.

The pharmaceutical companies for example, is the one that deals with alcohol. We indicated that their harm reduction strategies must be led by social workers and different companies have responded at different levels of appointing social workers and one example that I can make is that we have introduced the smart drinking squad which is social workers that are assisting us to reduce the abuse of alcohol but also educate South Africans on alcohol as an example. That programme is paid for. The social workers are appointed by the industry at our recommendation.

We also have the programme that we are doing with the pharmaceutical companies on the issues around education and treatment fatigue, especially for HIV positive people and those on chronic illness. As

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a department we are responsible for the prevention of many diseases while health is responsible for the treatment. In our programmes we ensure that when we engage with the private sector, where they require social workers, we stress the fact that they require social workers. With regard to the commitment the Minister has made at the select committee, I can only respond generally. Thank you very much. [Applause.]

The HOUSE CHAIRPERSON (Ms W Ngwenya): Thank you hon members. I would like to thank the Deputy Minister for availing herself to take questions. [Interjections.] Order.

The Council adjourned at 18:30.